

Consultation on the development of an Obesity Policy and Action Plan for Ireland

A report developed for the Department of Health by the Institute of Public Health in Ireland



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Executive Summary

Tackling overweight and obesity is a priority within the implementation of *Healthy Ireland – A Framework for Improved Health and Wellbeing 2013-2025*. The Department of Health established a Steering Group to oversee the development of an Obesity Policy and Action Plan 2015-2025. The Steering Group designed a consultation process to capture stakeholder views and enhance the effectiveness of policy.

The consultation process comprised three strands. The first strand comprised a broad consultation with identified stakeholders, the second strand comprised a focused consultation with health care providers and the third strand comprised a consultation with children and young people. This report presents the findings of the first strand of consultation.

A consultation event was held on 27 April in Farmleigh House in Dublin. The event was attended by over 100 stakeholders invited by the Department of Health. Participants were provided with a comprehensive consultation document in advance of the event which included 32 consultation questions related to potential actions to address overweight and obesity. Participants responded to these defined consultation questions through facilitated roundtable discussions with the findings recorded by scribes. Scribe notes and the discussion at the open forum were analysed to reflect the feedback of participants and to elicit key points to consider in the development of effective policy. These key points are provided below:

Targets and indicators

Feedback highlighted the need to adopt a clear, evidence-informed approach to target setting and to carefully consider issues of measurability and accountability within Irish health information systems. The need for better integration between targets, actions and monitoring mechanisms was highlighted. It was seen that targets and indicators should present clear priorities in terms of prevention and management, in terms of healthy weight, overweight and obesity and in terms of defined population subgroups. A wide range of indicators were proposed including indicators to track changes in practice, in environments and attitudes as well as in end-outcomes such as BMI.

Core principles

There was broad support for the principles set out in the consultation document. It was proposed that the principles needed to be reflected more strongly within the actions, in particular with regard to issues of gender sensitivity and health inequality. A shift from a 'child focus' to a 'maternity and early years focus' with an emphasis on family was proposed.

Department of Health

Options proposed in the consultation document were welcomed but commentary consistently highlighted the need to firm up the level of commitment and apply more

decisive language. A more comprehensive range of legislative and clearly articulated regulatory actions in the context of sponsorship, marketing, labelling, retail product placement and taxation measures were sought. Stakeholders requested further clarification on the governance and accountability arrangement within the Department of Health with a focus on how interdepartmental cooperation will really be achieved and reflected. The leadership, roles and responsibilities could be better depicted in a diagram. It was noted that greater engagement with the Department of Agriculture, Fisheries and Food on the *Food Harvest 2020* agenda would be beneficial.

Primary care/health promotion and improvement/hospitals

It was proposed that obesity prevention might be better served by a concentrated focus on maternal and infant/early years nutrition rather than on infant feeding alone. A significant implementation gap in breastfeeding policy was noted. There was considerable support for a well-resourced implementation of weight management and obesity prevention in the primary care setting and in the context of the under 6 GP contract. An appraisal/audit of HSE capacity was proposed. Particular reference could be made to enhancing system wide capacity - mobilising all HSE staff resources rather than focussing on named services or settings. It was proposed that the system shift towards comprehensive standardised staff training and implementation across all HSE services. There was considerable support for existing measures including hospital food policies but there was a proposal to step up action in developing health service settings as healthy workplaces. There was some confusion in terms of the existing screening/referral/care pathways as well as what is being proposed and a request to provide further detail.

Education

Stakeholders sought a firmer direction on the food in schools issue. It was proposed that rather than further offer low level support for ad hoc developments, it would be better to move towards a longer term strategic policy-led 'whole of school' approach. The same approach was proposed in the context of physical activity in schools encompassing elements of PE, active travel and school rules. This approach should be underpinned by supports for school development and training. Stakeholders sought further clarity on physical activity measures and how the National Physical Activity Plan and Obesity Policy and Action Plan will be coordinated. A particular focus on disadvantaged education settings was endorsed.

Local government

Stakeholders identified an information gap on what is happening in the local government context with a need for mapping of activity and resources as well as further dialogue with relevant leaders. It was proposed that the role of local government should be progressed in both the physical activity and food environment domains and that a firmer set of commitments should be articulated. The actions articulated in the context of food poverty were considered underdeveloped by some stakeholders.

Food industry

Some stakeholders considered that product claims and labelling were already sufficiently addressed in current regulation. A number of concerns in the context of the implementation and monitoring of menu calorie posting were raised. It was raised that the commitments to product reformulation could be complemented by action on portion size, calorie and nutrition content including training for catering staff. It was suggested that compliance with existing voluntary codes on marketing, sponsorship and promotion should be assessed prior to moving to further regulation.

Workplace

Further clarity was sought in terms of the healthy workplace options presented in the consultation document. It was noted that the financial incentives relating to active travel were unlikely to be relevant to rural settings. The importance of further addressing workplace stress and mental health issues in the context of overweight and obesity was raised. Some participants viewed the inclusion of an obesity focus within the role of the Health and Safety Authority as inappropriate.

Individuals, families and communities

Stakeholders proposed that the work of community groups and elements of community development infrastructure could be better described, including a model for cooperation. Resource provision at community level was seen as a significant barrier to mobilising communities on the issue of overweight and obesity. Coordination with actions in the local government domain was proposed. In keeping with other sections, further clarity was sought on the National Physical Activity Plan.

Data and research

The options proposed in the consultation document were largely endorsed by stakeholders. Stakeholders placed an emphasis on integration between actions related to surveillance, research and policy translation/monitoring of actions. In addition, the need for longitudinal survey data and ongoing monitoring of public attitudes was highlighted. There was significant support for an annual bulletin which would encompass broad aspects of policy development, information and resource sharing and building knowledge and capacity.

Other issues

- The policy could better articulate actions in the context of controlling portion size.
- Specific actions should be articulated to address barriers in translating nutritional knowledge into behaviour.
- The role of alcohol in overweight and obesity should be better acknowledged.
- Health Impact Assessment should be expanded to examine obesity impact of all government policies.
- There was evidence of areas of disagreement between some major stakeholders.

Barriers, opportunities and accountability

Stakeholders requested that further detail be provided in terms of how obesity prevention and management will be actioned as a governmental priority across all departments. Some stakeholders requested greater transparency in the set-up and operation of high level obesity related groups within the Department of Health. Several alternative models were proposed including a 'national office for healthy weight'. The importance of consistency and long-term continuity in political commitment, civil service leadership and reporting/review were highlighted as critical. It was proposed that the policy should include a specified communications plan.

Stakeholders placed particular emphasis on the importance of effective cross-sectoral working and effective leadership within key government departments. It was proposed that successful implementation would require adequate resources and continuity of leadership. Joined-up thinking and action with the *National Physical Activity Plan* was emphasised as a crucial element of success. Specifying clear short-term, medium term and long-term goals and lines of accountability were also viewed as important in maintaining momentum, stimulating real change and ensuring transparency on progress.

Conclusion

This report presents a summary of the feedback of key stakeholders based on a consultation document presenting options for action to address Ireland's overweight and obesity epidemic. There was a very significant level of engagement by a wide range of stakeholders which has resulted in a useful set of considerations for policy development. The findings from this consultation strand along with those from the other two strands of consultation will be studied to inform and enrich the forthcoming Obesity Policy and Action Plan.

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Glossary of Terms

BMI	Body Mass Index
CEO	Chief Executive Officer
COSI	Childhood Obesity Surveillance Initiative
DEIS	Delivering Equality of Opportunity In Schools
ETB	Education and Training Boards
FETAC	Further Education and Training Awards Council
FSAI	Food Safety Authority of Ireland
GP	General Practitioner
HBSC	Healthy Behaviour in School-aged Children
HSE	Health Service Executive
LCDC	Local Community Development Committee
MABS	Money Advice and Budgeting Service
NGO	Non-Governmental Organisation
PE	Physical Education
PHN	Public Health Nurse
RCPI	Royal College of Physicians in Ireland
SAGO	Special Advisory Group on Obesity
SLÁN	Survey of Lifestyles, Attitudes and Nutrition
SPHE	Social, Personal and Health Education
TUSLA	Child and Family Agency
VEC	Vocational Educational Committee
WHO	World Health Organization

Chapter 1. Overview of consultation

1.1 Policy context

Healthy Ireland - A Framework for Improved Health and Wellbeing 2013-2025 is the public health framework for improved health and wellbeing.ⁱ The framework is designed to bring about real and measurable change, based on a whole of government approach to health and wellbeing. *Healthy Ireland* identifies a number of public health priority areas including addressing obesity.

The *Report of the National Task Force on Obesity* proposed 93 actions to address the issue of overweight and obesity in Ireland.ⁱⁱ The taskforce report was significant in articulating a strategic approach to Ireland's overweight and obesity problem but it remained the report of a taskforce rather than a fully mandated government policy. The *Report of the Inter-sectoral Group on the Implementation of the Recommendations of the National Task Force on Obesity* reflected that while progress has been made in some areas, further comprehensive investment in obesity prevention is required.ⁱⁱⁱ

Tackling overweight and obesity was identified as a priority within the implementation of *Healthy Ireland*, and to that end, the Department of Health initiated the development of an Obesity Policy and Action Plan for Ireland. A Steering Group was established to oversee this and as part of its work the group developed and implemented a consultation process.

1.2 Consultation process

1.2.1 Consultation events

The consultation process comprises three events. The first consultation was held in Farmleigh on 27 April 2015 and was a general consultation with invited stakeholders. The second event was a focussed consultation with health care professionals and service providers based on a model of care for obesity developed by the Royal College of Physicians in Ireland (RCPI) Policy Group on Obesity. This took place on 15 May 2015 at the RCPI. The third event is scheduled for September 2015 and will engage the views of children and young people. This strand of consultation will be led by the Department of Children and Youth Affairs and is in line with best practice in consulting with children and young people as articulated in *Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014-2020*.^{iv}

1.2.2 Consultation document

A consultation document to support the process setting out a range of possible policy and intervention options in the context of prevention and management of overweight and obesity was developed by the Steering Group.

1.2.3 Interpretation and use of consultation findings

The findings from all consultation events will be carefully considered by the Steering Group and will guide the development of the Obesity Policy and Action Plan in terms of priorities with a focus on what is effective and feasible in the Irish context.

Whilst drawing on a broad range of expertise, it is important to note that consultation processes do not provide representative samples of public opinion. Rather, consultations seek information, comments and views on pre-defined consultation questions from interested stakeholders. The nature of consultation exercises means that respondents are self-selecting and cannot therefore be considered to be a representative sample of public opinion.

1.3 Overview of the first consultation event

The Department of Health hosted a consultation event with invited stakeholders on 27 April 2015 at Farmleigh House, Dublin. The invited stakeholder list was based on existing contacts identified by the Department of Health as well as those proposed by members of the Steering Group.

Stakeholders were provided with the consultation document on confirmation of their intended attendance around three weeks in advance of the consultation event. The format of the day comprised an opening address by Minister for Health, Dr Leo Varadkar T.D., followed by presentations from key speakers in the area of overweight and obesity. The main part of the day was given over to three round table discussions followed by an open forum session.

The programme is outlined in **Table 1**:

Table 1: Programme for Consultation Event

Time	Item	Speaker
9.00	Registration	
9.30	Welcome	Mr Owen Metcalfe, Chair
9.40	Official opening	Dr Leo Varadkar
10.00	Obesity in Ireland	Prof Donal O'Shea
10.15	Overcoming obesity: Translating global learning to a national programme	Dr Sorcha McKenna
10.45	Break	
11.15	First Round Table: Measuring success	
12.15	Second Round Table: Themes and Sectors	
1.15	Lunch	
2.15	Third Round Table: Accountability, Opportunities and Barriers	
3.15	Plenary session: Open forum	Mr Owen Metcalfe and Dr John Devlin
3.30	Closing remarks	Dr John Devlin
3.40	Close of meeting	

1.3.1 Stakeholders

246 stakeholders were invited to attend the consultation event on 27 April. 112 stakeholders attended on the day, excluding guest speakers. A wide range of stakeholder organisations were represented, including government departments, academia, health care professionals, allied health professionals, researchers, public health practitioners, community and voluntary sector organisations, local government, food/hospitality industry and sporting bodies. Stakeholders were assigned a workshop table in advance and remained with the same group for each of the three round table discussions.

1.3.2 Facilitators and scribes

Each workshop table was supported by a pre-designated facilitator and scribe. Facilitators and scribes received a guidance document in advance of the consultation event which provided further information on the purpose of the round table discussions and their respective roles. A briefing was held on the morning of the consultation event with all facilitators and scribes to outline the practicalities of the day and answer any queries. Facilitator and scribe information packs were distributed and a scribe notes box was provided for scribes to deposit their notes at the end of the day.

1.3.3 Consultation questions

The consultation document included thirty two consultation questions. At the first round table discussion respondents at all 13 tables discussed questions one to five which related to measuring success and core principles. Questions 8-28 were discussed at the second round table. These questions related to sectoral interests and were pre-allocated to tables as outlined in **Figure 1**. At the third and final round table discussion, respondents at all 13 tables discussed questions six to seven and questions 31-33, related to governance opportunities and barriers.

Figure 1: Sector specific groups

Sector	Questions	Number of groups
Health	8-10	3
Education	11-13	2
Local government	14-16	1
Food industry	17-19	2
Workplace	20-22	1
Individual, families and communities	23-25	2
Data and research	26-28	1
Cross-sectoral	11-28	1

1.4 Data analysis and interpretation

Scribes' notes from the consultation event were counted and then stored in compliance with a defined data handling protocol. Data were analysed using a thematic approach for round tables one and three. Respondent feedback from round table 2 was collated and comments have been presented under individual options for action. A number of invited stakeholders who were unable to attend on the consultation day provided written comments following the event. These have been incorporated into the findings within this report.

The following chapters present the findings of the qualitative analyses undertaken. In some scribe notes, published and unpublished research was presented as evidence to support view points on the impacts of certain measures. This evidence has been referred to only in general terms and no appraisal of the quality of such evidence has been made in this report.

This report has been prepared by the Institute of Public Health in Ireland for the Department of Health. The report contains the key findings from the comments and feedback received from stakeholders on the consultation document during round table discussions. Feedback from the open forum is also included.

Chapter 2. Analysis of round table discussions

2.1 Overview

This chapter summarises the key findings emerging from the round table discussions. Outputs from analysis of the responses are presented under each consultation question according to a standardised format. Within each round table discussion, the context for the consultation question is presented, reflecting the information provided in the original consultation document. For clarity and ease of reference, the exact wording of each consultation question is included. The responses from round tables one and three are presented under key themes. The responses from round table two are presented according to the individual options for action in the consultation document.

2.2 Roundtable 1 – Measuring success

In the first round table discussion, respondents were asked to first consider issues relating to measuring success (targets and indicators) and then to comment on the core principles listed. All groups addressed the following questions:

Consultation questions on ‘measuring success’:

- Q1. Are the current targets valid? Should these guide the 2025 targets and what are reasonable targets that the Obesity Policy and Action Plan should aim towards?***
- Q2. What are the key indicators to be measured to assess the success of the Obesity Policy and Action Plan?***
- Q3. Are there other targets that should be considered?***
- Q4. Are you satisfied with these principles?***
- Q5. If not, what should be omitted or included?***

2.2.1 Context

Healthy weight targets were set out in *Changing Cardiovascular Health. National Cardiovascular Health Policy 2010-2019^v* and reflected in *Healthy Ireland* to increase by 5% and 6% the number of adults and children respectively with a healthy weight between 2009 and 2019. The Obesity Policy and Action Plan is intended to operate over a 10 year timeframe and requires targets to be set for 2025. Final targets may benefit from a more nuanced approach, reflecting issues such as grades of obesity as well as known age, gender

and socioeconomic differences. In addition, consideration should be given to including indicators of success, for example in levels of physical activity and consumption of particular foods.

2.2.2 Key themes relating to target setting

Text from the scribes' notes was grouped thematically in the following sections.

General approach to target setting

There was a consistent request for greater clarity and transparency around target setting and for targets to be SMART (specific, measurable, accountable, realistic and timely). Respondents proposed that there be separate headline targets in relation to prevention and management/reduction. It was proposed that both interim and end strategy targets should be set for five and ten years respectively. Further clarity was sought in terms of governance and accountability mechanisms relating to achievement of the targets. It was also proposed that the targets, indicators and actions of the policy be integrated with a greater flow through from targets to indicators to actions.

Informants to new targets

Noting that the targets were set in 2009, several responses proposed updating targets which could be informed, either by looking at progress to date within the cardiovascular targets or more broadly by using international evidence including that from the recent Lancet series.^{vi}

The lack of clear baseline data was a significant cause of concern and there was a clear request for targets to be measurable. There was consensus on the need for baseline rates to be established using current data; suggestions included using SLÁN or the *Healthy Ireland* survey, and for these rates to be amenable to regular monitoring through a quality surveillance system.

Facets of overweight and obesity that should be reflected in the targets

It was noted by several groups that while the targets specify a population level increase in healthy weight, the title and much of the document refers not to healthy weight but to overweight and obesity. There was a general preference for consistent use of positive language and positive framing of the issue. At the same time it was recognised that, when use of the terms overweight and obese were warranted, these should be treated as two distinct issues which may require different approaches.

A more nuanced approach to target setting was proposed as it was recognised that subgroups within the population had different baselines and may take different lengths of time to achieve change compared with the general population. Targets for different socioeconomic groups were suggested by all tables and most also mentioned further breakdown by age group, in particular very young children, teenagers and older adults. Specific targets were also proposed in the context of gender, ethnicity, women aged 14-45 (as an indicator of childbearing years) and intellectual disability.

Level of target setting

There were mixed views regarding the level at which the targets were set. Some groups considered 5% and 6% overly ambitious and suggested 2-3% would be more realistic, while others felt the current targets were too low, particularly for children and those in lower socioeconomic groups. Several groups suggested that the first target should be to halt the current upward trend in overweight and obesity rates. There was an acknowledgement that participants did not have adequate data to hand to make an informed view on the level of target setting.

It was also noted that achievement of the previous targets set out in *Changing Cardiovascular Health* and reflected in *Healthy Ireland – A Framework for Health and Wellbeing* is still unknown and that the increase in obesity rates between 1990 and 2011 would suggest that these targets have not been met (even taking account of the suggested 'stabilising' of obesity rates). Again, it was noted that the percentage of healthy weight adults and children should indicate a 'reasonable' target for the period up to 2015.

2.2.3 Key themes relating to the use of indicators

Text from the scribes' notes on the use of indicators to measure success was grouped thematically in the following sections.

General approach to deciding indicators

There was general consensus on the need for broader indicators to support overall targets. As with the targets, it was highlighted that indicators should be based on the SMART principles. It was suggested that indicators should include process, impact and outcome type variables and indicators should be prioritised over a five year period.

It was proposed that any set of indicators should reflect population subgroups and factors relating to the environments that drive health behaviours, not just obesity prevention. Indicators should take into account indirect benefits and societal effects. Physical activity indicators should reflect those in the forthcoming *National Physical Activity Plan*.

Respondents advocated for systems which allow for appropriate measurement, tracking and accountability of policy indicators. It was noted that consideration should be given to adopting the approach used in *Better Outcomes, Brighter Futures* where named government departments are assigned responsibility for delivery of a relevant outcome/indicator.

Examples of key thematic areas to be addressed in indicators

There were a number of suggestions in relation to the areas that should be addressed within the indicators. It was proposed that sector specific indicators should be built upon buy-in from the named sectors at the development stage. Respondents suggested that a key indicator should be developed for each of the five themes (prevention; food supply availability and marketing; physical activity; clinical care and management and; information, research and impact of obesity).

In relation to 'prevention', respondents were keen to know what is included within this key theme and to what extent had the impact of poverty been considered as part of 'prevention'.

Other indicators suggested include:

- Waist circumference measures, in addition to BMI
- Reduction in weight
- Number of healthy schools/towns/workplaces
- Number of obesity training courses for professionals
- Health inequalities
- Community participation/ engagement
- Change in social attitudes towards overweight and obesity
- Urban/rural variability
- Effectiveness of policy and/or legislative change
- Interagency collaboration
- Health promotion
- Clinical care models for graded ages in children
- Mental health

Indicators proposed specifically in the context of food consumption

Regarding dietary intake it was proposed that indicators should be developed relating to:

- Overall quality of diet, consumption of fruit and vegetables, consumption of sugar sweetened drinks and consumption of foods high in fat, salt and sugar ('Top Shelf' foods)
- Total energy intake
- Fibre intake
- Breastfeeding and weaning
- Reformulation surveillance i.e. Industry compliance with reformulation and number of companies reformulating products
- Food poverty
- Practical skills based education on budgeting, food preparation and menu planning

Indicators proposed specifically in the context of physical activity

While the policy was welcomed, the lack of adequate inclusion of physical activity was considered a major weakness. Respondents acknowledged that the consultation document states it is in line with and compliments the *National Physical Activity Plan*, however, feedback indicated that this is not sufficiently strong or reassuring. The linkage and complementarity between the obesity policy and *National Physical Activity Plan* needs to be explicit.

A number of references were made to the lack of attention given to the issue of sedentary behaviour within the consultation document. It was noted that there is no reference to sedentary lifestyles and how to get those individuals who are inactive to become more active, despite the evidence showing that this is where the greatest health gain (at population level) is to be achieved. Respondents presenting this view highlighted that physical fitness ameliorates the health risks associated with obesity; an obese fit person has a better health profile than a normal weight unfit person. Drawing on evidence from a recent UK House of Commons report *The Impact of Physical Activity on Diet and Health*, it was noted that physical activity in its own right has huge health benefits, independent of a person's weight.^{vii}

In respect of giving more attention to tackling the issue of sedentary behaviour, there was a call to change the 'Physical Activity' theme to 'Increase Physical Activity and Address Sedentary Lifestyles'.

It was proposed that an overall indicator of the level of physical activity should be developed as well as sub-indicators measuring, for example, intensity, type of activity and access to supportive environments for the population and for subgroups. It was also suggested that key indicators should take account of levels of sedentary activity, including a reduction in time spent sitting. Similar to the target set for increasing the number of healthy weight

adults and children, it was suggested that a 5% shift in levels of sedentary behaviour, physical activity, fibre consumption and fat intake would be realistic.

Other targets for consideration

As part of the broader indicators of success, a 'life-satisfaction' evaluation amongst those still in the obese category but losing weight due to participation in an intervention could be a valuable motivational tool for others considering becoming involved in such an intervention.

It was also advised that when analysing data, it must be disaggregated for sex and age in order to determine which sections of the population the policy is benefiting from the policy and where efforts need to be concentrated.

2.2.4 Key themes relating to core principles of the policy

The core principles of the consultation document were informed by the *Healthy Ireland* Guiding Principles, which include better governance and leadership, resources, partnerships, systems for healthcare, evidence, measurement and evaluation and programme management. Respondents were asked to comment on the eight principles listed in the consultation document which were:

- Action and implementation oriented
- Evidence-informed and bench-marked against best international practice at both policy and implementation levels
- Holistic and balanced on issues of prevention and management
- Life course oriented with an initial focus on children
- Health inequality focussed
- Gender sensitive
- Collaborative
- Accountable at a whole-of-government level through the *Healthy Ireland* framework.

Findings indicated that the principles were broadly acceptable and there were no calls to omit any principles. However suggestions were made in relation to rewording and modifying the principles. It was proposed that the principles need to be clearly visible throughout the document, and in particular, they should be better reflected in the actions.

The follow sections provide an overview of the comments relating to each of the above principles.

Action and implementation oriented

It was suggested that this principle should be amended to read: ‘Action, implementation and outcome oriented’. It was noted that this principle can only be truly embraced with commitment to resources and budget.

Evidence-informed and bench-marked against best international practice at both policy and implementation levels

Some participants preferred the term ‘evidence-based’ instead of ‘evidence-informed’ citing the *Better Regulation* policy document to support this suggestion.

Holistic and balanced on issues of prevention and management

Suggestions broadly relating to this principle included: a stronger focus on prevention; recognition of the determinants of health; supporting systems based thinking; reflecting the need for both bottom up and top down approaches and; inclusive of both an environment and a population focus.

The following addition to this principle was also suggested: “Holistic and balanced on issues of prevention and management *and promoting people’s overall health and wellbeing*”. The question was also posed about the balance on issues of prevention and management and the appropriate proportion of each as currently only 1% of the health budget goes on prevention.

Life course oriented with an initial focus on children

Two approaches were proposed in respect of this principle:

1. ‘Lifecourse’ should be decoupled from children
2. The initial focus on children should be broadened to incorporate pre-pregnancy, pregnancy and the first two years of life or that the focus should be on children and families.

Other respondents commented on this principle in relation to the need to address/educate parents, given that there is no reference to parental responsibility in the consultation document. It was also suggested that this principle be changed to ‘Life course oriented with an initial focus on children *and families*’.

Health inequality focussed

It was noted by some respondents that this principle needs to be strengthened. There were suggestions for the alternative phrasing ‘healthy equity’ to be used in place of ‘health inequality’.

Gender sensitive

It was suggested that this be extended to include cultural sensitivity and, as outlined in the general observations (above), care should be taken to ensure this principle is reflected throughout the document. It was acknowledged that whilst this principle promotes gender sensitivity, a gendered approach is not discernible in any of the actions.

It was noted that too often the word 'gender' is synonymous with 'women' and 'femininity'. The evidence of a the need to support men to become more physically active and to reduce their weight is compelling. It was also highlighted that despite mentioning a gendered approach, the consultation document doesn't specify men as a target group, with many men now child-minding who require support in relation to diet and physical activity for their children.

Collaborative

This should be extended to include a focus on a multi-sectoral approach, supportive of engagement and inclusion.

Accountable at a whole-of-government level through the Healthy Ireland framework

There was universal acknowledgement that this was a very important principle, with the view that this principle should be prioritised as first in the list of principles. Comments linked to the principle of accountability included the need for accountability through a range of mechanisms, reflecting inter-sectoral involvement, enforceability through both regulation and engagement and the need for clarity regarding conflicts of interest.

Additional principles

Additional principles were suggested which could be grouped into the following themes: human rights based/ethical; empowering; pioneering/innovative; resource provision; and psychological factors (such as problem eating).

It was also noted that '*generating an evidence base*' within an Irish context is not currently outlined within the principles of the consultation document. The current principles call for evidence informed approaches, but respondents noted that any approach or intervention used should also be subject to research that will inform future practice in Ireland.

Transparency was suggested as an additional core principle with the need for open communication at every level within respective organisations and among all stakeholders.

2.3 Roundtable 2 – themes and sectors

2.3.1 Context

Respondents were pre-assigned to one of seven sector specific groups or a cross-sectoral group, reflecting where possible their area of interest (see Fig. 1, chp. 1). In the second round table discussion each group was asked to comment on the actions outlined in the consultation document for that sector, to nominate their top three actions and to suggest other relevant actions for that sector. Responses to questions 29 and 30 on other options for action are also reported in Tables 2-9 as ‘Additional Options’.

2.3.2 Consultation questions (8-10) - Health and Social Care

Three groups were asked to respond to the following questions relating to this sector:

Consultation questions on options for action in the health sector:

Q8. Are you satisfied that these are the actions that should be undertaken in the health sector to contribute to preventing, detecting and addressing overweight and obesity?

Q9. Which three of the above seem to you to be the most important?

Q10. Are there any of these options that should be omitted or others that should be included?

This is an overview of the response to options for action within the health and social care sector as outlined in the consultation document. Twenty options for action by the health sector on preventing and addressing overweight and obesity were provided in the consultation document. Of these, six were to be directly led by the Department of Health (Table 2), seven by primary care and health promotion and improvement teams within the HSE (Table 3) and seven by hospital groups within the HSE (Table 4).

2.3.3 Consultation feedback on options for action principally led by the Department of Health

Health and Social Care key options for action that could be pursued by the Department of Health are listed in **Table 2**. Respondent feedback on these options is listed below.

Table 2: Comments on options for action principally led by the Department of Health

<p>Option: Develop a code of practice for food and beverage company sponsorship of sporting and allied events.</p>
<p>Comment: It was proposed that the code of practice for food and beverage industry sponsorship of sporting and allied events should be mandatory. Participants suggested that any such code should be extended across a suite of settings and include issues such as marketing and advertising. A recent Lancet publication was cited in support of codes of practice around issues such as labelling.</p>
<p>Option: Implement legislation to support calorie posting.</p>
<p>Comment: Respondents reported that calorie posting on menus needs to be broader and reflect overall nutrition, for example by adopting a traffic light system similar to that used on food labels. Calorie posting alone, though welcomed, was not thought to be a high priority, given current evidence. Other respondents felt there was an over emphasis on calorie posting while the emphasis should be on nutrition not calories.</p> <p>It was proposed that there should be broader reference to legislation for example on advertising foods high in fat, salt and sugar and it was suggested that the issue should be treated similarly to tobacco or alcohol. Legislation on a sugar tax was also proposed as it was felt there was sufficient evidence to warrant its introduction.</p>
<p>Option: Fulfil a lead role in all-island, European and global studies, networks and collaborations on the issue of obesity.</p>
<p>Comment: This option was supported, particularly with reference to all-island collaboration on obesity related issues.</p>
<p>Option: Meet the objectives of the <i>European Food and Nutrition Plan 2015-2020</i> regarding the creation of healthy food and drink environments including:</p> <ul style="list-style-type: none"> ○ Strengthening measures that reduce the overall impact on children of all forms of marketing of foods high in energy, saturated fats, <i>trans</i> fats, sugar or salt. ○ Lending support to legislation at European level to facilitate the removal of VAT on bottled waters. ○ Promoting, through government leadership, product reformulation, improvements to the nutritional quality of the food supply, use of easy-to-understand or interpretative, consumer friendly labelling on the front of packages and healthy retail environments.
<p>Comment: With regard to consumer friendly labelling, respondents felt this should be mandatory and the language used should be strengthened from ‘promote’ to ‘implement’. Terms used should be specific, for example does ‘sugar’ refer to sucrose or foods with a high glycaemic index. A second point within this option on healthy food environments was supported in particular with regard to product placement, for example sweets at the checkout in supermarkets.</p> <p>The removal of VAT from bottled water was considered unnecessary in light of a public funded public water scheme.</p>

Option: Agree, implement and report on a programme of work in the context of the commitments made under outcome 1 'Active and healthy, physical and mental wellbeing' of <i>Better Outcomes, Brighter Futures – the national policy framework for children and young people 2014-2020</i> .
No specific comment made.
Option: Conduct a comprehensive assessment of the economic tools, including supply chain incentives, targeted subsidies and taxes with a view to mobilising fiscal measures to incentivise healthy choices.
Comment: There were calls for greater clarity around the comprehensive assessment of economic tools.
Additional Option: An additional option was suggested on specifying the role of the Department of Health in liaising with other departments regarding their role in obesity prevention, including leading out on health proofing of relevant policies. It was also suggested that the measures outlined in the RCPI publication should be better reflected here.

2.3.4 Consultation feedback on options for action in the context of primary care and health promotion and improvement

Overweight and obesity are significantly associated with heavier use of primary care and hospital services in Ireland.^{viii} The *Health Service Executive Framework for Action on Obesity 2008-2012* has led to the establishment of structures to support progress.^{ix} Primary care is recognised as the core health care setting in the prevention, detection and management of overweight and obesity. Appropriate resourcing and development of the primary care service will support the role of general practitioners and primary care teams in the detection and management of overweight and obesity. The new GP contract offers the potential for a greater emphasis on weight management and obesity prevention in children. **Table 3** presents options and respondents' comments on proposed actions in the context of primary care and health promotion and improvement.

Table 3: Comments on options for action in the context of primary care and health promotion and improvement programmes

<p>Option: Develop an infant feeding policy that promotes, supports and protects breastfeeding and addresses issues of early and inappropriate weaning. This policy will reflect the learning from the <i>Review and Evaluation of Breastfeeding in Ireland – A Five Year Strategic Action Plan</i> including development of supportive and protective legislation where appropriate.</p>
<p>Comment: While there was general support for this option, it requires a multidisciplinary response and adequate resourcing. It could also be broadened to include pre-pregnancy and pregnancy nutrition and continue for the first two years of life and followed by an early childhood food policy. Information for parents about infant foods (including nutritional information) should be simple and accessible. One group reported a considerable gap between policy and practice, while another noted this policy is currently being reviewed.</p> <p>It was also reported that there should be a greater emphasis on breastfeeding as a means of obesity prevention, with respondents noting that promotion of breastfeeding has been omitted from the Department of Health options for action.</p>
<p>Option: Develop appropriate children screening systems and clinical care models.</p>
<p>Comment: It was suggested by one group that screening should be replaced with surveillance where reference is made to the development of child screening systems and clinical care models. It was also proposed that family care models should be included within this option. Concern was expressed about current levels of provision and it was felt more could be learned about hospital versus community responses through an audit of HSE capacity. It was noted that home referral pathways are in place for access to dieticians and psychologists. The importance of GP involvement, including access to relevant services for children identified as obese or at risk of obesity was noted. The linkage between primary care and school health services was highlighted as important within the wider health and wellbeing agenda.</p>
<p>Option: Enhance and resource appropriate health promotion programmes that contribute to addressing obesity with SMART objectives.</p>
<p>Comment: It was suggested that this option should be reworded to read ‘Develop and resource evidence based health promotion programmes that effectively address obesity’. Moreover health promotion should not be limited to primary care.</p> <p>It was noted that health promotion messages for the whole population should be augmented by targeted approaches/campaigns for specific population groups (including children) as appropriate.</p>
<p>Option: Provide for a greater emphasis on weight management and obesity prevention in the context of the revised GP contract.</p>
<p>Comment: Support for this option was noted by respondents.</p>
<p>Option: Resource the system to ensure implementation of the algorithms, agreed by the</p>

ICGP for children and adults, by multidisciplinary primary care teams.
Comment: Support for this option was noted by respondents. In addition, reference was made to support for involving broader community resources such as gym/exercise coaches and peer support.
Option: Explore the potential for expanding evidence based programmes that support community development initiatives to provide skills and knowledge relevant to obesity prevention and management.
Comment: Prevention was identified as requiring a greater focus. It was proposed that the language used in this option needs to be stronger and more specific. It should identify interventions and include a commitment to invest in them.
The aim of obesity prevention and management and how it can be achieved relevant to the profession/service should be embedded in the 3 rd level courses from the other sectors that health wants to engage with e.g. engineering, urban planning, architecture.
Option: Enhance the capacity of psychologists, dieticians and physiotherapists to contribute to a multi-disciplinary approach to obesity in primary care.
Comment: Respondents noted that enhancing the capacity of psychologists, dieticians and physiotherapists should be reflected in both training and increased numbers of staff. Moreover this should be extended to include all HSE healthcare staff or other staff such as PHNs.
Developing programmes and enhancing the capacity of HSE health professionals should begin with a standardised training programme in ‘understanding obesity’.
Training and up skilling of primary care staff in prevention and treatment is needed especially in light of the new GP contract for children under 6 years. Staff training and willingness to encourage physical activity in the workplace should also be addressed.

2.3.5 Consultation feedback on options for action in the context of hospitals

The Health Service Executive will work in collaboration with Hospital Groups and others to implement actions related to healthy eating in the hospital setting. **Table 4** presents options for action in the hospital setting and respective comments from the specific sectoral group.

Table 4: Comments on options for action in the context of hospitals

Option: Develop appropriate integrated clinical care models for adults and children.
Comment: In the first instance it was reported that the term ‘hospitals’ should be expanded to include facilities such as residential settings.
An integrated model of care needs to take account of how the new national exercise referral framework can provide a pathway for not just those who are obese but those who have co-morbidities as well.

Option: Develop appropriate clinical care pathways for children and adults aligned to the chronic disease model of care.
Comment: Respondents requested clarification regarding the difference between clinical care models and clinical care pathways respectively as outlined in the above two options.
Option: Develop a system for recording, monitoring and evaluating issues relating to overweight and obesity in all services i.e. primary, hospital, community and long term services.
Comment: In relation to the development of a system for recording, monitoring and evaluation of obesity related issues – there is a need for clarification in defining the issues. Initial assessment should be considered separately and metrics and data are needed in all cases.
Option: Develop a number of specialist consultant-led centres with full multidisciplinary staffing for the management and treatment of more complex cases of obesity including access to surgery as appropriate.
Comment: This option should specify how many specialist centres will be developed.
Option: Develop hospital food policy guidelines in line with best practice in supporting healthy eating.
Comment: The development of healthy hospital food policy guidelines as outlined was supported by respondents.
Option: Develop and implement a policy on ‘top-shelf’ foods in vending machines on HSE premises.
No specific comment made.
Option: Develop, standardise and provide generic healthy eating training courses to clinicians and front line staff dealing with patients.
Comment: Healthy eating courses are needed for health professionals as research is continually evolving. Primary care dietitians should be placed at team level and not network level so they can function as part of the multidisciplinary team. It was proposed that this option for action should be extended to include physical activity. The lack of a national coordinating centre for training should be addressed. Training should also be provided at undergraduate level. It was noted that there is no reference to ‘physical activity’ training within the consultation document.
Additional option: An additional option was suggested on recognising the HSE as a workplace and targeting the workforce through the health promoting hospital service. It was suggested that obesity prevention measures could be incorporated into the Healthy Ireland implementation plan for hospital groups.

Prioritisation of options for action in the health and social care sector

Of the groups commenting on prioritisation of the options for action with the health and social care sector, the following observations were made:

One group prioritised action in three areas:

- Enhance the role of health care staff in promoting healthy eating and physical activity – making every contact count;
- Balance resources between physical activity and healthy eating; and
- Implement the food and nutrition plan and the physical activity plan supported by appropriate legislation.

The second group prioritised action in the areas of legislation, resources and measurement.

The third group selected three priorities: one from each of the sectoral groups within health and social care options for action:

Priorities for Department of Health:

- Expand the option for action on the development of a code of practice for food and beverage company sponsorship of sporting and allied events.
- Strengthen implementation of legislation to support calorie posting;
- Separate and strengthen the option for action on marketing and advertising.

Priorities for Primary Care and Health Promotion & Improvement:

- Strengthen option for action on the development of an infant feeding policy;
- Enhance actions around the development of child screening systems and clinical care models; and
- Develop a new option focusing on pre-pregnancy and pregnancy.

Priorities for hospitals:

- Develop appropriate integrated clinical care models for adults and children
- Develop a number of specialist consultant-led centres with full multidisciplinary staffing for the management and treatment of more complex cases of obesity including access to surgery as appropriate.
- Develop a new option for action on health promoting hospitals.

A general comment was that options were too focused on nutrition and needed to include more actions relating to physical activity.

2.3.6 Consultation Questions (11-13) - Education

Childhood is a critical period in determining the lifetime risk of overweight and obesity. Family eating patterns are important but the school environment also has an important role in reinforcing healthy eating and facilitating children to make healthier choices. **Table 5** provides an overview of options on how the education sector could enhance its contribution to preventing, and addressing overweight and obesity.

Consultation questions on options for action in the education sector:	
Q11.	<i>Are you satisfied that these are the actions that should be taken in the education sector to contribute to preventing, and addressing overweight and obesity?</i>
Q12.	<i>Which three of the above seem to you to be the most important?</i>
Q13.	<i>Are there any of these options that should be omitted or others that should be included?</i>

2.3.7 Consultation feedback on options for action principally in the context of the education sector

Seven options are presented in the consultation document for action by the education sector on preventing and addressing overweight and obesity. Two groups were asked to respond to questions relating to this sector. In addition, the cross-sectoral group commented here.

Table 5: Comments on options for action principally in the context of the education sector

Option: Explore the potential for expanding evidence informed ‘food in schools’ programmes.
Comment: It was noted that more detail is required in relation to this option for action. The development of a healthy lifestyle policy was proposed, similar to the anti-bullying policy which schools are required to have within the framework of their overall code of behaviour. Some proposed a national food policy for schools which would include nutritional standards and there could be learning from other jurisdictions (NI/UK). It was suggested that a ‘Whole School’ approach be adopted instead of focusing on individual programmes and that this should encompass all elements of school life which can affect food and physical activity and overweight/obesity. There was some concern in respect of the perceived non-translation of programmes such as ‘Food Dudes’ to life outside of schools. Suggestions for inclusion under such an approach were moving towards 100% healthy school menu options being provided in DEIS schools; introducing cooking skills at primary school level and; allowing sufficient school break time for eating. Other suggestions included the introduction of a nutrition education and skills based cookery programme in transition year e.g. Cook It/ Healthy Food Made Easy.

Sponsorship by fast food companies is quickly replacing alcohol sponsorship of sport. This is very concerning and is common in schools even when they have a healthy eating policy in place.

Option: Develop and implement a formal policy on 'top-shelf' foods in vending machines and retail outlets across primary, secondary and tertiary education settings.

Comment: The 'Whole School' approach was highlighted in reference to this option with the view to developing a formal policy which included the issue of 'top shelf' foods in schools. It was generally felt that a more holistic food/ healthy eating policy for schools as described above could incorporate issues regarding availability of 'top shelf' foods.

Option: Develop a five year action plan so that by 2020 all schools will participate in the *Healthy Ireland* agenda.

Comment: Clarification and further elaboration is needed on this option regarding school participation in the *Healthy Ireland* agenda.

Option: Support and promote the implementation of the Health Promoting Schools model in primary and post-primary schools and other educational settings.

Comment: It was suggested the options relating to the development of a five year action plan and the implementation of the Health Promoting schools model should be combined. There should be greater recognition of the need for long term commitment from both school principals and health services in delivering this model.

Option: Support the implementation of physical activity guidelines through active play and active travel to school

Comment: It was felt that physical activity guidelines could be combined with the option to support the proposed actions within the forthcoming *National Physical Activity Plan* (which seeks to develop the implementation of a quality PE curriculum for all children).

While there was strong support for greater prioritising of PE within the curriculum at both primary and secondary level, there should be a move towards facilitating children being active in everyday life rather than just focusing on sports participation. Referring again to the need for a 'Whole School' approach, it was felt that a more holistic 'Physical activity policy' could address diverse issues such as 'no running' rules/ active play to partnerships with local government and local community organisations to share skills, facilities and other resources. Physical activity needs to be addressed throughout the school day.

There were calls to balance the emphasis on food and nutrition in schools with the need for a stronger focus on physical activity. It was requested that where national governing bodies of sport which want to work with schools, this should be provided as an extra-curricular activity and not in place of physical education lessons. In this way children would be adding to their physical activity time.

Option: Support the proposed actions within the forthcoming *National Physical Activity Plan* to develop and focus on the implementation of a quality PE curriculum for all children.

See comment above.

Option: Prioritise support for healthy eating and physical activity in pre-schools, schools and third level training settings meeting the needs of disadvantaged communities, including DEIS schools and VECs.

Comment: The focus on disadvantaged communities in this option was welcomed but again further elaboration is needed on how this would be achieved. The reference to VECs should be updated to reflect new structures (ETBs) while the reference to ‘third level training settings’ could be simplified to ‘third level education’. Youth Reach centres could also be included within this option. It was also suggested that the phrase ‘prioritise support’ should be replaced with ‘implement’. It was noted that this is the only option which specifies pre-schools and third level education and a call was made for this to be redressed, in recognition that obesity prevention measures are relevant across all pre-schools and third level settings.

Prioritised options for action in the context of the education sector

The various sectoral groups made a number of suggestions in relation to prioritisation of the options for actions within the education sector.

The three priorities agreed by one group included:

- Broader interpretation of the option for action on exploring the potential for expanding evidence informed ‘food in schools’ programmes.
- Reworded option on prioritising support for healthy eating and physical activity in pre-schools, schools and third level training settings meeting the needs of disadvantaged communities, including DEIS schools and VECs.
- Development of a new option on the need for resourcing by a support service.

A second group prioritised the option for action around supporting and promoting the implementation of the Health Promoting Schools model. They recommended that all relevant actions be broadened to incorporate the informal education sector and within the formal education sector there needs to be greater acknowledgement of the role of early years and third level sectors.

The third group prioritised options relating to education as follows:

- Develop and implement a formal policy on ‘top-shelf’ foods in vending machines and retail outlets across primary, secondary and tertiary education settings.
- Support and promote the implementation of the Health Promoting Schools model in primary and post-primary schools and other educational settings.
- Prioritise support for healthy eating and physical activity in pre-schools, schools and third level training settings meeting the needs of disadvantaged communities, including DEIS schools and VECs.

Other prioritised actions included:

- Support the proposed actions within the forthcoming *National Physical Activity Plan* to develop and focus on the implementation of a quality PE curriculum for all children.
- Prioritise support for healthy eating and physical activity in pre-schools, schools and third level training settings meeting the needs of disadvantaged communities, including DEIS schools and VECs.
- *Healthy Ireland* agenda and *Health Promoting Schools* viewed as being one and the same; it was suggested that these should be recorded in that way.

A number of other suggestions were made in relation to potential options for actions relating to education:

- Department of Social Protection should be listed as a lead agency
- Programmes and interventions should be subject to evaluation and dissemination of learning from both successful and unsuccessful activities
- Collaborate with planning regulations on proximity of food outlets to schools including licensing of mobile food outlets
- Address the issue of corporate sponsorship and aim for a commercial free ethos in schools and summer camps
- There should be a separate option for pre-schools including workforce development and involvement of parents
- Review the SPHE curriculum to see how effective it is in addressing the issue of overweight and obesity
- Include the further education sector; there should be a separate option for actions third level reflecting the different needs of students in third level education
- The informal education sector needs to be reflected within the options for action
- Teachers in primary school should be supported to deliver more effective physical education classes and 60 minutes of exercise should be standardised in all schools
- Provide training and access to resources on obesity prevention for teachers
- Parents are recognised as the primary educators of their children and resourced to support the children to live full and healthy lives. This should happen from the pre-natal stage and both parents should be fully included in this process.

2.3.9 Consultation questions (14-16) - Local government

Local government has an important role in creating places and communities which make the healthier choice the easier choice. **Table 6** presents some options in terms of how key government departments and county and city councils, together with their related services

and agencies, could enhance their existing contribution to preventing and addressing overweight and obesity.

- Consultation questions on options for action in local government:**
- Q14.** *Are you satisfied that these are the actions that should be undertaken in local government to contribute to preventing, and addressing overweight and obesity?*
- Q15.** *Which three of the above seem to you to be the most important?*
- Q16.** *Are there any of these options that should be omitted or others that should be included?*

2.3.10 Consultation feedback on options for action in the context of local government

Nine options are presented in the consultation document for action by local governments together with key government departments and related services. One group responded to questions relating to this sector (**Table 6**).

From the outset of the discussion, it was suggested there should be greater reference to nutrition within the listed options. A second theme was strong support for coherence and integration with existing policies and programmes. Suggestions to support this were: conducting a mapping exercise of existing work, especially successes; use current opportunities to input into Local Community Development Committee (LCDC) plans; engage with CEOs to develop wellbeing frameworks and adopt quality of life approaches to their areas and; collaborate with the HSE to set out aims and objectives for community GPs.

Table 6: Comments on the options for action in the context of local government

Option: Integrate evidence-informed obesity prevention measures into Local Economic and Community Plans.
Comment: Respondents noted that the integration of obesity prevention measures into Local Economic and Community Plans, should be a core principle for this sector not an action and that there should be further liaison with LCDCs.
Option: Explore the potential for learning from WHO Healthy Cities initiatives regarding obesity prevention.
Comment: It was suggested that the wording in the above option could be changed from ‘explore’ to ‘identify and implement’ regarding relevant WHO Healthy Cities initiatives and specific initiatives, for example, those relating to the proximity of fast food outlets to schools, could be named.
Option: Support obesity prevention measures within relevant existing policy and guidance manuals including those relating to planning, recreation, sport and transport.
Comment: There was a suggestion to changing the wording in from ‘support’ to ‘include’ regarding obesity prevention measures in relevant existing policy could strengthen this statement. However, it was recognised that where such measures are included in policy, implementation can remain a challenge particularly where such measures are seen as a

barrier to trade.
Option: Support and enhance where possible the role of recreation and active travel officers from the perspective of obesity prevention.
Comment: It was suggested that existing funding streams such as the Social Inclusion Community Activation Programme (SICAP) should be considered.
Option: Support the inclusion of measures relating to physical activity, as set out in the <i>National Physical Activity Plan</i> .
Comment: Support for this option; however, other felt it was too vague.
Option: Build on existing programmes such as <i>Active School Flag</i> to include provision of safe routes for cycling and walking and traffic-calming measures on routes to school.
Comment: Support for this option.
Option: Enhance the capacity of local government to develop evidence-informed approaches to creating and protecting healthy food environments.
Comment: It was proposed that this option could be supported by a greater understanding of food, in particular the impact of easy access to foods high in fat, salt and sugar, and by working with local groups involved with food initiatives such as community cafes.
Option: Develop, pilot and evaluate a tool which supports local governments in this regard and encompasses guidance on issues of policy development/review, licensing of food/alcohol retail outlets, sponsorship and marketing and allotments.
Comment: Respondents noted that a mapping exercise to document existing data and practice could support this option.
Option: Provide focused support in the area of addressing food insecurity and food poverty in disadvantaged community sectors
Comment: It was recommended that a list of specific actions to progress this option on support to address food insecurity and food poverty in disadvantaged communities should include: food labelling; food gardens/allotments; breakfast, lunch and after-school clubs; summer camps; cooking in schools; guidance for corner shops stock ingredients and; support for existing initiatives such as Cook It, Money Advice and Budgeting Service (MADS), and Healthy Food Made Easy.
Additional option: Include Health Impact Assessments (HIAs) as part of all proposed developments and public buildings, enterprises e.g. trains which could offer healthy food options. HIAs to be included in the processing of planning applications with consideration given to the numbers of fast food outlets and off licences already in existence.
It was recommended that there should be a policy priority for LCDCs to support applications by local community groups that seek to support goals within the <i>National Physical Activity Plan</i> and <i>Obesity Action Plan</i> . Is there a place for Local Sports Partnerships to play a specific lead role here in supporting sporting organisations respond to the issue?

Prioritised options for action in the context of local government

The three priorities agreed by this group were:

- Support the inclusion of measures relating to physical activity, as set out in the *National Physical Activity Plan*.
- Provide focused support in the area of addressing food insecurity and food poverty in disadvantaged community sectors
- The third priority option was proposed as a combination of:
 - Support obesity prevention measures within relevant existing policy and guidance manuals including those relating to planning, recreation, sport and transport.
 - Develop, pilot and evaluate a tool which supports local governments in this regard and encompasses guidance on issues of policy development/review, licensing of food/alcohol retail outlets, sponsorship and marketing and allotments.

The group strongly articulated the point that the option for action '*Integrate evidence-informed obesity prevention measures into Local Economic and Community Plans*' should be a principle and therefore was not considered in this prioritisation exercise.

Other priorities were identified as follows:

- Support obesity prevention measures within relevant existing policy and guidance manuals including those relating to planning, recreation, sport and transport.
- Integrate evidence-informed obesity prevention measures into Local Economic and Community Plans.
- Support the inclusion of measures relating to physical activity, as set out in the *National Physical Activity Plan*.

2.3.11 Consultation questions (17-19) - Food industry

The food industry in Ireland has a considerable contribution to make to the creation of healthy food environments. The food industry comprises many sectors including primary suppliers as well as manufacturers, retailers and the catering food service sector. A key challenge for government and for every sector of the food industry is to continue to grow Ireland's position as a leader in the production of high quality foodstuffs while also ensuring that the food industry maximises its role in protecting human health.

Consultation questions on options for action within the food industry:

- Q17.** *Are you satisfied that these are the actions that should be undertaken within the food industry to contribute to preventing, and addressing overweight and obesity?*
- Q18.** *Which three of the above seem to you to be the most important?*
- Q19.** *Are there any of these options that should be omitted or others that should be included?*

2.3.12 Consultation feedback on options for action within the food industry

Table 7 presents eight options to further mobilise key industry sectors and commercial enterprises to play a meaningful role in the prevention and management of overweight and obesity in Ireland. Two groups were asked to respond to questions relating to this sector. In addition the cross-sectoral group commented here.

Table 7: Comments on options for action within the food industry

Option: Promote corporate social responsibility policies of major food producers and retailers to include commitments in respect of overweight and obesity. For example a commitment to reduce total calories in food products.
Comment: It was noted that this option should be more specific and could be guided by learning from alcohol commitments. The role of the FSAI should be acknowledged here. It was suggested that the portion size of high calorie food and drinks should be reduced.
Option: Commit to giving clear, consistent, and honest product claims on foods that they sell.
Comment: Regarding the option on food labelling and claims, there were differing views. Some participants viewed existing regulation as sufficiently covered by legislation while others noted gaps in the legislation that needed to be addressed.
Option: Comply with calorie posting legislation.
Comment: On the issue of calorie posting on menus, it was reported that this needs to be refined to take into account different types of food outlets. The cost especially to small businesses should be recognised and accuracy of data was of concern. There needs to be further clarification on implementation and compliance to avoid this becoming a ‘tick box’ exercise. It was also suggested the emphasis should be on food choices.
Option: Prioritise the development of healthier products within product reformulation.
Comment: Respondents noted that this option could be extended to address portion size, calorie content and nutritional content. It was suggested the Department of Agriculture should commit to research programmes to support reformulation in favour of health.

Option: Ensure that the pricing of low calorie options does not exceed that of the higher calorie equivalent.
Comment: It was suggested that taxation could be used to support pricing of lower calorie products, by removing VAT from bottled water for example. Pricing policies could also be extended to alcohol as well as access to facilities for physical activity. The existence of anomalies in taxation for the same product from different settings was noted. At the same time the role of industry in setting the sale price was questioned.
Option: Monitor and report upon the level of compliance with the World Health Organization Code on the Marketing of Breastmilk Substitutes.
Comment: It was felt that the option on the marketing of breast milk substitutes could be strengthened by a ban on the advertising of follow on milk. The issue of the cost to the HSE of infant formula was raised while it was also noted there needs to be collaboration with workplaces to support employees who wish to breastfeed.
It was noted the policy of the Department of Agriculture, Food and Marine to make Ireland the most successful producer of 'milk solids' is contrary to the <i>WHO Code on Marketing Breast Milk Substitutes</i> and <i>Healthy Ireland</i> and this matter should be addressed.
Option: Abide by the voluntary code on food sponsorship, advertising and promotion.
Comment: This option which refers to various food industry codes could be enhanced by an annual Report Card by industry. Regarding broadcasting codes, it was noted that the uneven distribution of regulation across different platforms disadvantages the more regulated (TV) sector and drives advertising into unregulated spaces. More generally it was suggested that compliance with existing codes had to be addressed first before taking on new issues.
There was a call for a blanket ban on advertising fast foods, confectionary and soft drinks on all mediums as well as a ban on vending in schools with more resources allocated to obesity prevention among staff.
Option: Promote locally sourced, food in season, whole foods.
Comment: There was a call for concrete examples such as farmers markets to support this option but at the same time the links to obesity needed to be clarified. It was suggested that such activities could be incentivised and that work should be undertaken to make access to standards such as the 'Healthy Mark' less daunting for local producers. Use of the term 'green procurement' was also suggested.

Other suggestions were made in relation to proposed actions for the food industry. These included the development of a framework for healthy environments in food service and retail outlets supported by a scoring system to assess food quality and availability. It was also suggested that a Further Education and Training Awards Council course/training for catering staff on nutrition and portion size should be in place. On a similar note, it was proposed that there should be better regulation and standardisation regarding portion size. It was also suggested that the concept of industry should be broadened and clearer links

made to obesity. There were also calls for legislated changes to be monitored carefully for impact.

The need to establish links between the food industry and other sectors was also highlighted. It was noted that actions for the sport and leisure industry need to be included; as well as considering the contribution of alcohol to obesity and finally, the role of industry/business from the perspective of workplace wellbeing.

Prioritised options for action within the food industry

The three priorities agreed by one group were as follows:

- Prioritise the development of healthier products within product reformulation.
- Monitor and report upon the level of compliance with the World Health Organization Code on the Marketing of Breastmilk Substitutes.
- Develop a food environment framework.

A second group prioritised the options as:

- Strengthen the option related to promoting corporate social responsibility policies of major food producers and retailers.
- Reword the commitment to giving clear, consistent, and honest product claims on foods.
- Comply with calorie posting legislation.

2.3.13 Consultation questions (20-22) - Workplace

Overweight and obesity issues are a significant concern in the Irish workplace. Obesity is associated with negative effects on both physical and mental health and also with a higher number of sick days to the detriment of both employee and employer. In addition, overweight employees may be vulnerable to workplace bullying, discrimination and restricted opportunities for promotion. In a recent judgement the European Courts have classified obesity as a disability.

Consultation questions on options for action in the workplace:

Q20. Are you satisfied that these are the actions that should be progressed in the workplace to contribute to preventing, and addressing overweight and obesity?

Q21. Which three of the above seem to you to be the most important?

Q22. Are there any of these options that should be omitted or others that should be included?

2.3.14 Consultation feedback on options for action in the workplace

Table 8 presents options in terms of how a range of stakeholders could contribute to creating workplace environments that support employees to be a healthy weight and protect the wellbeing and productiveness of overweight and obesity employees.

Five options are presented in the consultation document for action by a range of stakeholders to create workplace environments that support employees to be a healthy weight and protect the wellbeing and productiveness of overweight and obese employees. One group was asked to respond to questions relating to this sector. In addition the cross-sectoral group commented here.

Table 8: Comments on options for action in the workplace

<p>Option: Support the proposed action within the forthcoming <i>National Physical Activity Plan</i> around making workplaces more supportive of measures to incorporate physical activity into everyday working lives.</p>
<p>Comment: There could be greater clarity between the following three options:</p> <ul style="list-style-type: none"> • Support the proposed action within the forthcoming National Physical Activity Plan around helping workplaces to incorporate physical activity into everyday working lives. • Develop a Health Workplace Framework under the auspices of the Healthy Ireland Cross Sectoral Group to support businesses to develop healthy workplace policies which facilitate active travel, physical activity and healthy eating. • Support and encourage the adoption of best practice initiatives as set out in <i>Good for Business, Good for the Community - Ireland’s National Plan on Corporate Social Responsibility</i>^x.
<p>Option: Continue to provide financial incentives and information to employees to engage in active travel including the Tax Saver Commuter Ticket Scheme and Cycle to Work Scheme.</p>
<p>Comment: It was noted that this option should be broader and appropriate for rural as well as urban workplace settings and take into consideration the number of employees. For example, while smaller workplaces may not be able to provide facilities they could be incentivised to seek out local partners.</p>
<p>Option: Develop a Healthy Workplace Framework under the auspices of the Healthy Ireland Cross Sectoral Group to support businesses to develop healthy workplace policies which facilitate active travel, physical and healthy eating.</p>

Comment: This option could be extended to take into account the effects of stress and poor mental health on health and wellbeing. It was suggested that a ‘Whole Workplace’ approach be adopted which includes inputs from both employers and employees. It was suggested that the following options be incorporated into this framework:

- Support the proposed action within the forthcoming *National Physical Activity Plan* around helping workplaces to incorporate physical activity into everyday working lives.
- Support and encourage the adoption of best practice initiatives as set out in *Good for Business, Good for the Community - Ireland’s National Plan on Corporate Social Responsibility*.

Whilst encouraging employers to introduce workplace health promotion initiatives, some respondents noted that it may be better to change this action to ‘Encourage employers to introduce voluntary workplace health promotion initiatives’. This would involve a number of different groups to promote this work. The *Healthy Ireland* working group on public sector workplaces could also add to the promotion of a Healthy Workplace Framework in this sector.

In promoting active travel, better infrastructure needs to be put in place in a variety of settings from showering facilities in workplaces to safe and well lit walking and cycle paths in our towns and cities. More flexible working hours should be promoted amongst employers to enable their staff to build physical activity into their working day.

The National Transport Authority Smarter travel workplaces should be highlighted and included. There should be a commitment from Government to direct all public sector places of work to engage in the initiative i.e. the workplace charter. There were calls for the HSE to pave the way, by supporting their workforce to practice healthy eating habits and maintain a healthy weight. As a major employer, the HSE should be an exemplar to others and share its successes. Work time is constantly eroding break time making it difficult to combine physical activity in the working day.

Option: Enhance the role of Occupational Health and Health and Safety Authority in relation to obesity in the workplace

Comment: Caution and sensitivity was urged in delivering this option, which describes extending an obesity focus to the role of health and safety, so as not to inadvertently discriminate against overweight and obese employees. At the same time, the role should be proactive, not reactive.

Option: Support and encourage the adoption of best practice initiatives as set out in *Ireland’s National Plan on Corporate Social Responsibility – Good for Business, Good for the Community*.

Comment: Regarding the option to support best practice initiatives as set out in the National Plan on Corporate Social Responsibility, it was felt that there needed to be greater involvement across all sectors and that the wording should include mental health.

The three priorities agreed by the first group were as follows:

- Continue to provide financial incentives and information to employees to engage in active travel including the Tax Saver Commuter Ticket Scheme and Cycle to Work Scheme.
- Develop a Health Workplace Framework under the auspices of the Healthy Ireland Cross Sectoral Group to support businesses to develop healthy workplace policies which facilitate active travel, physical activity and healthy eating.
- Enhance the role of Occupational Health and Health and Safety Authority in relation to obesity in the workplace.

The second group identified ‘Support and encourage the adoption of best practice initiatives as set out in Ireland’s *National Plan on Corporate Social Responsibility – Good for Business, Good for the Community*’ as their prioritised option.

2.3.15 Consultation questions (23-25) - Individual, families and communities

In the context of families, the importance of the family and the role of parents as the most influential factor on a child’s eating and physical activity patterns particularly within the early years are well-evidenced.^{xi} . Most programmes target families seeking to encourage healthy weight management through positive lifestyle changes in a family environment. The parental influence on child lifestyle behaviours is fundamental and work is needed to empower individuals to make informed choices and to enhance levels of personal motivation and confidence as agents of change with regards to body weight. Research tells us that many people in Ireland do not recognise that they, or their children, are overweight. In addition, many people cannot easily judge an appropriate portion size.

Consultation questions on options for action on empowering individuals, families and communities:

Q23. Are you satisfied that these are the actions that should be undertaken to better support individuals, families and communities to contribute to preventing, detecting and addressing overweight and obesity?

Q24. Which three of the above seem to you to be the most important?

Q25. Are there any of these options that should be omitted or others that should be included?

2.3.16 Consultation feedback on options for action in empowering individuals, families and communities

Table 9 presents twelve options in terms of how to support individuals, families and communities to engage with achieving and maintaining a healthy weight. It also proposes options in terms of mobilising communities and the community and voluntary sector to address issues of overweight and obesity. Two groups were asked to respond to questions relating to this sector. In addition the cross-sectoral group commented here.

Table 9: Comments on options for action in empowering individuals, families and communities

Option: Improve signposting to credible, non-commercial and evidence-informed sources of information and advice on physical activity and diet including infant and child nutrition.
Option: Continue to support effective community based programmes to enhance knowledge and skills regarding healthy eating.
There is a need to explore new user friendly settings for such approaches. Interventions in local sports clubs have a strong evidence base to suggest a greater take-up and impact due to perceived 'safe environment' in which they are undertaken. One example is the HSE/GAA Cork Beats Stress programme.
Option: Enhance the use of social media and motivational/support techniques to support healthier choices.
Option: Enhance the effectiveness of social networks and community groups in addressing overweight and obesity.
Option: Support the proposed action within the forthcoming <i>National Physical Activity Plan</i> to develop a public awareness, education and communication strategy including an annual physical activity promotion campaign.
Option: Support the proposed action within the forthcoming <i>National Physical Activity Plan</i> to promote active communities, with a particular focus on disadvantaged areas, people with disabilities, older people and those who are otherwise socially excluded.
Community based physical activity programmes should be supported nationwide as per the <i>National Physical Activity Plan</i> .
Option: Ensure cultural sensitivity and recognise the need to adapt strategies to varying local situations and resources.
Option: Develop standards and quality assurance in collaboration with commercial weight loss organisations.
Option: Support the provision and expansion of parenting programmes that incorporate healthy lifestyle choices and behavioural change

Option: Maximisation and development of a living landscape in promoting a more active population e.g. Norwegian outdoor crèches, outdoor classrooms in parks/beaches, rooftop gardens, greenways etc.

Option: Ensure the sharing of existing community facilities to improve access and promote new options in pursuing healthy eating and an active lifestyle

Option: Encourage cross sectoral working and community engagement in providing a suite of supports for families and individuals to support healthy weight management

Overall comment:

Respondents did not address individual options but rather commented on the underlying issues. These are reflected below:

- There were calls for clarity around sources of funding to counteract frustration with current cuts.
- Respondents wanted recognition by state agencies of how community organisations work. It was also noted that better use should be made of existing community infrastructures and resources should be allocated to supporting and upskilling staff/volunteers. Furthermore, it was felt that there should be better coordination of evidence and better links to practice, which are more accessible by communities. There were also calls for coordination with local authority work in addressing obesity.
- It was also noted that language relating to overweight and obesity needs to be inclusive and positive; there should be a focus on health not just obesity; the language should be enabling not dictating. It was also reported that there needs to be greater recognition of the impact of environments on individual behaviour; giving thought to how to address cost and convenience as factors contributing to obesity.
- There were calls for the curbing of commercial interest/sponsorship of sports activities, as well as quality control regarding information on social media sites.
- Clarity on how the proposed actions will be measured was also raised as part of discussions by respondents. Further clarity on actions and implementation of the *National Physical Activity Plan* was requested.
- ‘Individuals, Families and Communities’ should be included in Figure 4 (p11, consultation document) on an equal footing with the other stakeholders for emphasis purposes.
- The role of the family in family eating patterns is acknowledged but there is little by way of actions/options to address this and provide the support needed by parents and caregivers.
- Giving communities a voice was considered essential in the implementation of the Obesity Policy and Action Plan.

- The options for actions should include the importance of parents as role models to build self-esteem in their children to support them in making healthier choices.
- Support for breastfeeding needs to be increased as there is very little support within the home/family or community once women leave hospital.
- There is a value in community/commercial weight reduction groups for adults but we need to develop standards to ensure that the information being distributed is correct and evidence based.
- In disadvantaged areas there needs to be support for programmes that facilitate peer trainers to deliver cooking/nutrition programmes and to support projects like food growing schemes. Empowering and supporting people to self-care and self-manage their health should be driven by a national self-care strategy which could compliment and support the prevention of obesity and promote better health and wellbeing outcomes in Ireland e.g. www.selfcare.uk.org

Prioritised options for action in empowering individuals, families and communities

One group prioritised the options in the following way:

- Modification of the following option: ‘Improve signposting to credible, non-commercial and evidence-informed sources of information and advice on physical activity and diet including infant and child nutrition.’ There was a call to change the focus from improved signposting to better resource provision and coordination of information on nutrition and physical activity.
- ‘Support the provision and expansion of parenting programmes that incorporate healthy lifestyle choices and behavioural change’. It was suggested that this option be enhanced on two levels - from a community training perspective and to commence in pregnancy. Programme delivery should be linked to key performance indicators.
- A new option was proposed in relation to the role of local government.

The second group combined options under three issues:

- Standards and quality assurance
 - Improve signposting to credible, non-commercial and evidence-informed sources of information and advice on physical activity and diet including infant and child nutrition.
 - Continue to support effective community based programmes to enhance knowledge and skills regarding healthy eating.

- Develop standards and quality assurance in collaboration with commercial weight loss organisations.
- Support the provision and expansion of parenting programmes that incorporate healthy lifestyle choices and behavioural change
- Equity of access
 - Ensure cultural sensitivity and recognise the need to adapt strategies to varying local situations and resources.
 - Ensure the sharing of existing community facilities to improve access and promote new options in pursuing healthy eating and an active lifestyle
 - Encourage cross sectoral working and community engagement in providing a suite of supports for families and individuals to support healthy weight management
- Active living and green space
 - Support the proposed action within the forthcoming *National Physical Activity Plan* to develop a public awareness, education and communication strategy including an annual physical activity promotion campaign.
 - Support the proposed action within the forthcoming *National Physical Activity Plan* to promote active communities, with a particular focus on disadvantaged areas, people with disabilities, older people and those who are otherwise socially excluded.
 - Maximise and develop a living landscape in promoting a more active population e.g. Norwegian outdoor crèches, outdoor classrooms in parks/beaches, rooftop gardens, greenways etc.

The third group prioritised as follows:

- Improve signposting to credible, non-commercial and evidence-informed sources of information and advice on physical activity and diet including infant and child nutrition.
- Strengthen options pertaining specifically to the National Physical Activity Plan
- Develop standards and quality assurance in collaboration with commercial weight loss organisations.

2.3.17 Consultation questions (26-28) - Data and research

A well-defined, comprehensive and policy-relevant research programme is envisaged as part of the forthcoming Obesity Policy and Action Plan. **Table 10** presents options in terms of the key elements and the content of such a research programme.

Obesity surveillance is the ongoing collection and collation of data to provide information on levels, and trends and on vulnerable groups. Surveys and research projects undertaken have developed relatively independently over time with a range of funding sources, a variety of

methodologies and a selection of drivers. There has been a practice of once-off projects rather than a harmonised approach. While there is a wealth of expertise and historic data there is a need for a co-ordinated comprehensive approach with a clear dissemination strategy.

Consultation questions on other options for action:

- Q26.** *Are you satisfied that these are the actions that should be undertaken on data and research to contribute to preventing, detecting and addressing overweight and obesity?*
- Q27.** *Which three of the above seem to you to be the most important?*
- Q28.** *Are there any of these options that should be omitted or others that should be included?*

2.3.18 Feedback on options for action in the context of data and research

Thirteen options are presented in the consultation document for action by a range of stakeholders to develop a coordinated and comprehensive approach to obesity surveillance, measuring impacts and knowledge translation. One group was asked to respond to questions relating to this sector. In addition the cross-sectoral group commented here.

Table 10: Comments on options for action in the context of data and research

Obesity Surveillance
Option: Develop a national or island of Ireland comprehensive dietary health surveillance system using EU Menu methodology.
Comment: This option was welcomed and it was suggested that this should consider food context as well as nutrition.
Option: Participate fully in existing international monitoring and surveillance systems including the <i>Childhood Obesity Surveillance Initiative</i> and the <i>Health Behaviour in School-aged Children study</i> .
Comment: It was noted that surveillance should include monitoring of sedentary behaviour and levels of physical activity.
Option: Produce publicly available annual data on key trends in overweight and obesity among adults based on the <i>Healthy Ireland Survey</i> .
Comment: While the group supported the idea of data being disseminated annually as described in option three, they did not think this was likely to happen. Furthermore, it was suggested that a longitudinal approach would be preferable to cohort studies in this context.
Option: Develop a comprehensive child health information system which allows for linkage of data on birthweight to data collected at the 7-9 months developmental screen and the 2, 5 and 6 year old screening.

<p>Option: Support for the development of a comprehensive child information system option was noted; respondents felt it could also include data collection on attitudes. Information systems would need to be in place for recording the data. In addition this should incorporate pregnancy data which is already being collected.</p>
<p><i>Measuring the impact of policy</i></p>
<p>Option: Agree a core set of indicators and a defined monitoring framework for the final targets and actions of the Obesity Policy and Action Plan.</p>
<p>Option: Agree the terms of reference for, and conduct, an interim (2020) and final (2025) review of the implementation of the Obesity Policy and Action Plan.</p>
<p>Option: Conduct a national obesity research prioritisation exercise using established methodology and involving appropriate stakeholders.</p>
<p>Overall Comment: The above options, which look at measuring the impact of policy, were considered collectively. It was suggested that the wording needs to be strengthened, replacing words such as ‘agree’ with ‘prioritise’, ‘fund research’ and ‘implement’. While the respondents agreed with all three options, they highlighted the need for the third level sector to be named stakeholders and suggested the use of client companies such as Enterprise Ireland to engage effectively with this sector. The need for linking policy, research and practice was reiterated here.</p>
<p><i>Impact of interventions</i></p>
<p>Option: Maintain a catalogue of service-led and community-led obesity prevention and management programmes.</p>
<p>Comment: Suggested word change: replace ‘catalogue’ with ‘register; it was advised that such a register would have to meet minimum standards. However it was acknowledged that very strict criteria may exclude some interventions so a balanced approach would be required.</p>
<p>Option: Enhance the capacity of these programmes to engage in evaluation and information sharing.</p>
<p>Comment: It was felt that programmes without the capacity to engage in evaluation and information sharing should not be supported.</p>
<p>Option: Audit and review existing service evaluations.</p>
<p>No specific comment made.</p>
<p>Option: Monitor the compliance of services with standards and guidelines on obesity prevention and management.</p>
<p>Comment: There needs to be an Irish Standards Guide or set of principles developed in consultation with and agreed by key stakeholders on best practice for interventions. The Guide should outline staff responsibility as the policy and action plan is rolled out.</p>

Option: Make provision for the structured engagement of service users and their carers in reviewing the impact of changes in service quality and provision.
Comment: Suggested rewording: 'Involve and engage service users in review and feedback'.
<i>Knowledge translation</i>
Option: Develop an annual bulletin on progress with the Obesity Policy and Action Plan and disseminate widely.
Comment: This option could be broadened to include a deeper understanding of the policy process, the promotion of resources and new knowledge and building workforce capacity. Particular priorities included translating research into policy development and prioritising and funding obesity research.
Others felt that an annual bulletin is not sufficient for knowledge translation; it was suggested that an annual seminar which brings people together to learn from one another and provides information about funding for initiatives which bring back to their workplace/communities.
In knowledge translation, publishing progress is important but so too is updating and interpreting the new evidence constantly emerging in the field of nutrition. This can inform policy as it progresses.

General comment on options for action

All actions require more clarity. There is need to specify what indicators will be measured to access the impact of the action plan i.e. the prevalence of overweight and obesity among different population groups, the percentage of dental decay, percentage of screen time etc. There is need to set interim targets and measures over the 10 year timeframe to enable clear evaluation of the progress over the short term.

Prioritised options for action on data and research

The three priorities agreed by the first group were:

- Develop a national or island of Ireland comprehensive dietary health surveillance system using EU Menu methodology.
- Combine and strengthen the options listed under 'Measuring the impact of policy'
- Redefine the option to 'Develop an annual bulletin on progress with the Obesity Policy and Action Plan and disseminate widely'.

This group also called for strong links between surveillance, research and policy translation. An additional suggested option was to draw in venture capital funding into obesity research.

The second group prioritised surveillance, but did not specify which options this referred to.

2.3.19 Consultation questions (29-30) - Other sectors and other options

The previous sections have presented a number of options for action under sectoral interests. It is acknowledged that there are other sectors and actions with important roles to play. Respondents were invited to make comment in an overall capacity to ensure all actions and sectors were included.

Consultation questions on other options for action:

Q29. *Are you satisfied that the main actions that should be undertaken have been covered in sections 7.1 to 7.4?*

Q30. *If not, what other actions/sectors should have a defined role within the forthcoming Obesity Policy and Action Plan?*

2.3.20 Consultation feedback on other sectors and other options

Many of the suggested actions echoed those already described in the previous sections. For readability they have been grouped into three categories: nutrition; physical activity and; general.

Nutrition

In terms of food consumption outside of the home, there was endorsement for calorie posting in restaurants. It was also noted that addressing portion size through increasing peoples understanding (conscious intervention) and action to reduce serving size (unconscious intervention) should be considered within the proposed actions outlined in the consultation document. In respect of food retailing, it was felt that there should be a focus on increasing consumers' understanding of the nutritional content of food not just calories; it was suggested that consideration should be given to the use of technical aids and apps to support this. Similarly, a dual approach to food labels was proposed in relation to consumers' understanding of nutrition labelling and their ability to use the food traffic light system. However, there was an acknowledgement of the need to address barriers around translating nutritional knowledge to behaviour.

In terms of where food is served, respondents highlighted the important of 'healthy' menus in private as well as public sector organisations. Discussions also included the ability to leverage procurement power of government for healthy food options. Respondents also called for a focus on healthy eating policies in schools and preschools, as well as the inclusion of nutritional knowledge in relevant third level curriculum and in-service training across a range of sectors from catering staff to teachers to healthcare professionals.

There were calls for a reduction in marketing and advertising of foods high in fat, salt or sugar to children including consideration of different types of broadcasting exposure.

Respondents discussed the need to address the association between food and entertainment; in particular, recognition of the role of alcohol in overweight and obesity.

Other nutrition related matters which were noted included:

- A greater understanding of what determines food preferences;
- Tackling food poverty indicators; and
- Coordination of data collection on breastfeeding to 6 months

Physical activity

Calls for greater links between the Obesity Policy and Action Plan and the forthcoming *National Physical Activity Plan* have featured strongly through the consultation feedback. In this section, there were calls for linkages between the two action plans to be more specific. It was also noted that there should be a focus on physical activity policies in schools and preschools, including compulsory PE. More generally, respondents commented on the need to address barriers around translating physical activity knowledge to behaviour.

Increasing activity amongst sedentary people was considered a priority; as was addressing the links between screen time and sedentary behaviour among children. Consideration should be given to the use of technical aids and apps to support objective measurement of physical activity. Similarly, it was suggested that the Physical Activity Report Card could be used for accountability purposes.

In terms of active travel, there was a proposal for the introduction of a target that 50% of children should be walking or cycling to school. In this context, consideration should be given to urban design and planning issues. There is also an important role for tourism in terms of promoting and facilitating active travel.

General

A number of general observations were made which could be considered across sectors. It was suggested that there should be mandatory reporting of health linked to medical card status. It was noted that there should be greater support for social and psychological wellbeing.

Respondents highlighted the value of conducting a Health Impact Assessment for all policies from an obesity perspective. It was also noted that the economic benefits of tackling obesity should form the case for implementing change.

Discussions pertaining to accountability highlighted the need for a clearer overview of how actions get agreed and are tracked; the need for separate monitoring from interventions; and assigning responsibility for reviewing evaluated pilot interventions and mainstreaming them.

It was suggested that the sports sector could be a named sector within the Obesity Policy and Action Plan with a particular role to play. Likewise, the leisure industry should be included as a key sector in implementing some of the actions. Non-governmental agencies, as well as the Department of Social Protection, Department of the Environment, Community and Local Government should also be included.

2.4 Roundtable 3 – barriers, opportunities and accountability

2.4.1 Context

This section provides an overview of issues in relation to leadership on addressing overweight and obesity at government level. **Figure 3** in the consultation document presents key elements of governance and government leadership in terms of the overall policy. It sets out how the Irish government can be effective in policy development and in engaging the relevant stakeholders.

This consultation document has provided an overview of options for action to meet the challenge of our evolving obesity epidemic. Action is needed on many levels and in a range of sectors to effect a significant change in our national health behaviour profile.

2.4.2 Consultation questions (6-7) - Governance

The governance section of the consultation document gave a brief description of what may be included in five key elements of governance at government level: accountability; policy development; legislation and regulation; leadership and engagement and; resources. Respondents were asked if they agreed with these and if other issues should be included. A number of cross-cutting themes emerged and these are presented below. Comments directly relevant to the named elements of governance are reported thereafter.

Consultation questions on governance of the new policy and action plan:

Q6. Do you agree with these key considerations for governance?

Q7. If not, what should be omitted or included?

2.4.3 Consultation feedback on governance

Governance structures

There was considerable feedback on governance structures in terms of overseeing the implementation of an Obesity Policy and Action Plan. Among the main messages emerging from the round table discussion, was the need for governance structures to be clear and more transparent. There were calls for a ‘whole of government’ approach with one clear driver - the Department of the Taoiseach; and the Department of Health as the lead implementer. In addition to the whole of government approach, respondents highlighted the need for obesity to be a high level priority in overall government business with suggestions for a Minister of State for public health with a particular focus on obesity.

Comments on governance also included recommendations that governance should apply at many levels not just government. There was a sense that the existing governance arrangements were too ‘top heavy’.

It was suggested that the governance structures could be presented using an illustration similar to the ‘*Healthy Ireland Working in Partnership*’ diagram (p17, *Healthy Ireland*). The graphic should show the inter-relatedness of the key considerations for governance or replace Figure 3 (in consultation document) with the structures and roles outlined in *Healthy Ireland*. Respondents felt it would be helpful to know what is expected of people at different levels than what is currently presented in Figure 3 in the consultation document.

Particular emphasis was placed on clarifying roles and responsibilities as part of the governance arrangements. It was highlighted that the policy and action plan need to be very clear about who is responsible for specific actions. Respondents were keen to know who would have the ultimate responsibility for the policy. It was also noted that existing accountability for programmes is not working adequately.

In terms of the cross-sectoral group, respondents felt there should be greater clarity around the membership of this group and the Special Advisory Group on Obesity (SAGO); the selection process; the terms of reference; and that the minutes should be publicly available. It was noted that cross-sectoral and departmental representation on SAGO is critical and that this group needs a budget to fund priority actions. It was also felt that the cross-sectoral

framework isn't strongly enough reflected throughout the consultation document and the whole of society and whole of government should be explicitly stated.

There were calls for commitment from senior civil servants as well as harnessing all potential groups with an influence through multiple communications channels. One suggestion related to the established to an 'Office for Healthy Weight' which would essentially be a national governance office similar to the Road Safety Authority or the National Office for Suicide Prevention. Final comments concerned capacity within *Healthy Ireland*; given the extent or remit of *Healthy Ireland*, respondents were concerned about whether there would be sufficient focus on obesity.

Monitoring and surveillance

At the outset of this discussion, it was felt that a lack of clarity around actions will impact on their ability to be measured. Respondents reported that a timeframe for actions must be identified and be manageable. The question was also posed: 'Where does monitoring and surveillance sit?'.

Respondents felt that regular review and monitoring of governance should be brought to the forefront of the policy and action plan. It was recommended that a schedule for structured systematic review should be in place, which would include both an interim and full review to ensure the action plan was on track to meeting its own targets and objectives. It was also noted that the policy and action plan needs to be sufficiently flexible to move on from an initiative that isn't successful; this requires accurate and ongoing monitoring. It was suggested that regular report card/traffic light system monitoring of each initiative/action in the action plan may be one way of achieving this. In summary, there were calls for monitoring mechanisms throughout the life of the action plan, not just at the end.

Cross-sectoral work

There were calls for greater coordination of actions between government departments. It was highlighted that there should be greater recognition of 'ownership' as opposed to 'buy in' for effective partnership working. Respondents also highlighted the need for pooling of resources.

Implementation plan

The new Obesity Policy and Action Plan requires a long term focus; continuity was considered critical to the new policy recognising that it takes a long time to build relationships and embed these local structures. In terms of implementation, there were calls for better structures for stakeholders to deliver the outcomes and the need for clearer mechanisms in relation to who is responsible/lead agency. Each sector needs an implementation plan and that attention needs to be given to translating options into achievable actions. It was recommended that the policy and action plan outlines the details of actions which are measurable and accountable (*see Better Outcomes Brighter Futures*).

Finally, it was suggested that the action plan should include ongoing learning assessments to maintain momentum for the policy.

Communication

The points made in relation to communication were varied; respondents highlighted the importance of gender sensitive messages which concurs with points made earlier in the consultation relating to the need for a gendered approach throughout the consultation document. Respondents highlighted the issue of communicating accountability and reflecting and acknowledging achievements resulting from the policy and action plan.

Accountability

The consultation document names the *Healthy Ireland* high level cross sectoral group led by the Department of Health as having overall responsibility for developing reporting and accountability mechanisms. This will be supported by SAGO which will report to the cross sectoral group. There was endorsement for the cross sectoral and cross departmental working group with calls for SAGO to include a broader range of departments. Others called for clarification around the membership/representation on SAGO, the role of this group and its independence from government. There were suggestions around reviewing the membership SAGO, incorporating the legacy of the previous obesity framework. It was also noted that there should be greater exploration of accountability among those working under the auspices of SAGO.

Much was noted on the issue of accountability. Respondents supported the role of the Department of Health as the 'driver' of the strategy, but other departments should be accountable for its implementation and outcomes.

It was reported that there could be greater clarity and transparency on who is responsible for carrying out actions and who they are accountable to at each stage and within this, a recognition that actions requiring input from multiple stakeholders need greater breakdown of responsibility and accountability. The issue of responsibility and accountability featured heavily in the comments from respondents. There were calls for clearer mandates and clear lines of accountability. One suggestion included the development of a 'flowchart to illustrate lines of accountability' to provide greater clarity and transparency for those delivering services as to responsibility and accountability. It was felt that all agencies working in this sector need to be accountable and properly committed for this to succeed.

Whilst responsibility and accountability have been discussed collectively, there were also calls to differentiate between responsibility and accountability. According to feedback from respondents, accountability means being answerable for your actions after completion of a task and cannot be shared with others. Responsibility means being in charge of an action before and/or after a task and can be shared with others. You could be responsible without being accountable but not the other way around.

The discussion around accountability included accountability for targets and outcomes. It was noted that there appeared to be an element of weakness/ lack of clarity around multi-sectoral responsibility/accountability. Reference was made to the accountability structures outlined in *Better Outcomes Brighter Futures* which are considered to be more manageable because each outcome has a sponsor department. Linking with relevant interdepartmental groups on the *National Physical Activity Plan* and *Our Sustainable Future - A Framework for Sustainable Development for Ireland*^{xiii} was also suggested in terms of accountability. It was also suggested that indicators should be set for all levels, with the focus on accountability of the process, not just outcomes.

Finally, it was noted that in order to incorporate independent accountability, the outcomes of the policy and action plan should be subject to the scrutiny of the Joint Oireachtas Committees.

Policy development

The consultation document proposes the use of integrated social impact assessment (SIA) as set out in Healthy Ireland on relevant policy development. In the first instance, it was noted that the term 'proposed' is a loose term, indicating, although not stipulated by respondents, that a more definitive term could be used.

With reference to SIA, it was noted at the outset that terms such as 'integrated SIA' are not widely known. Respondents called for:

- More detail on SIA
- The purpose of SIA /why will it be used?
- Who will carry out SIA?
- Who will resource SIA?
Model/tool is to be applied
- Is there a willingness to implement the recommendations of any IA?
- How will it be linked with other impact assessments? There was a suggestion of incorporating a mental health perspective into SIAs as well as adopting a broader definition of SIA to include Health Impact Assessment.

In terms of broader representation, it was noted that not all government departments are represented in the development of the policy; the steering group is currently missing representation from agriculture, transport etc. Respondents also drew attention to the role of LCDC, HSE, NGO sector, private sector and the food industry in policy development.

With regard to policy development, there were calls for clarification around outcomes, metrics, how will it work? It was noted that there needs to be greater clarity and integration of policies; similarly, the need for better synergy with other policies was highlighted, as was the importance of linking of policy research and practice. The need to include health

inequalities within policy development was highlighted. Finally, the question was asked: “Who decides which policies are relevant?”.

Legislation and regulation

The consultation document indicates that the Department of Health will develop appropriate legislation for the health system and liaise with other departments should legislation be considered desirable for other sectors. Respondents felt that the word ‘desirable’ should be replaced with stronger terms, such as ‘In conjunction with other departments....legislation will be identified and enacted...’. It was also suggested that the Department of Health should outline its commitment to Environmental Impact Assessment under ‘Legislation and regulation’.

Leadership and engagement

The consultation document establishes the Department of Health as playing a leading role in engaging with other government departments on obesity related issues in accordance with *Healthy Ireland* structures. In addition, the Department will participate in existing international networks and collaborations and seek new partnerships.

Respondents felt there was a need for stronger, more decisive language, showing clear leadership from the Department of Health, this should be reflected throughout the consultation document with many of the comments on rewording of actions. One specific suggestion included: Rephrase to read ‘Establish a cross-sectoral group to implement the strategy led by the Department of Health’.

Much of the discussion on leadership and engagement centred on identifying and engaging with relevant government departments and sectors including industry and professional bodies. In the delivery and implementation of an Obesity Policy and Action Plan, there needs to be acknowledgement of the multiple stakeholders involved in the process as well as acknowledgement of conflicts of interest with the food industry. Given the potentially controversial involvement of the food industry, it was recommended that this requires a strong statement on engagement, drawing on WHO guidance. It was also suggested that advocacy groups need to be included within governance arrangements for the policy and action plan. Reference has been made to engagement with a wide range of stakeholders, including the general public; in this context it was proposed that a process, structures/ mechanisms for engaging with other professionals is an important dimension in tackling obesity. In particular, it was noted that the role of the HSE, TUSLA and other key service providers are not referenced; this omission needs to be clarified.

Healthy Ireland was considered to be an umbrella framework, which required development. Respondents felt *Healthy Ireland* was more a policy than a monitoring or accountability mechanism. One further point relating to *Healthy Ireland* was the need for an inequalities section within the framework.

From a leadership perspective, there was endorsement for champions that can lead a bottom up approach as well as those leading a top down approach.

Resources

The consultation document indicates that health system priorities will reflect measures needed to tackle obesity. It states that many will come from existing resources while others will require consideration as part of the *HSE National Service Plan*. The question was posed: Will existing resources be enough?; noting that the consultation document makes no reference to resources.

It was noted that the Obesity Policy and Action Plan should be resourced by other sectors such as social care, education and those sectors which reflect the wider determinants of health. By making specific reference to the health system as a source of funding, the onus was being taken off other departments/sectors in terms of the potential contribution they could make to tackling overweight and obesity. In order to strengthen the language used in relation to resourcing, it was suggested that 'consideration' should be replaced with 'commitment' or 'prioritisation'.

A number of concerns were raised in terms of resources to implement the policy and action plan. It was noted that there should be acknowledgment of the lack of funding and commitment of resources allocated to tackling obesity to date. Suggestions with regard to funding included:

- More efficient use of existing resources
- Additional resources for data collection
- Need for dedicated ring fenced budget
- Resourcing to be realistic not aspirational

Respondents highlighted the potential value in relevant departments pooling resources to tackle obesity. It was noted that more consideration needs to be given to the practicalities of facilitating interagency, cross sectoral working.

2.4.4 Consultation questions (32-34) - barriers, opportunities and accountability

The following consultation questions seek your views on the key facilitators and barriers to effective progress on overweight and obesity in Ireland.

In the third round table discussion, respondents were asked to first consider issues relating to governance and then to comment on potential facilitators and barriers to implementation of the Obesity Policy and Action Plan.

Consultation questions on facilitators and barriers to successful policy on overweight and obesity:

Q31. What are the critical factors that are instrumental to achieving successful outcomes to this policy?

Q32. What are the main barriers you see which might impact negatively on the policy?

Q33. How might any barriers you suggest be overcome?

2.4.5 Consultation feedback on barriers, opportunities and accountability

The final section of the consultation document asks three questions on factors for success, barriers and overcoming barriers. The feedback from respondents has been collated and is presented by theme.

Critical factors for successful outcomes

Some respondents felt that the action plan needs to focus on 3-5 specific issues, with measures of success defined for each action and monitoring systems established. It was suggested that one person needs to drive each action, with buy in from many government departments and other sectors.

Capacity and resources

The issue of resourcing featured strongly in the previous section under governance. In terms of factors critical to the success of the policy, respondents highlighted the importance of adequate resources and long term planning to build continuity, as well as personnel to deliver and implement the action plan. It was also noted that public funding should be linked to key performance indicators on obesity, with a bonus system rather than a penalty system.

Leadership

As previously discussed under governance structures, respondents highlighted the potential place for champions/ role models. There was discussion around community and consumer mobilisation.

Communication

There were calls for a good public education campaign to support a new Obesity Policy and Action Plan. Respondents reported the need for better communication; delivery of simple, clear messages which everyone can understand; and avoidance of mixed messages. It was noted that good evidence-based programmes currently exist, but these need to be well communicated and repeated across the country.

Monitoring and Surveillance

Respondents highlighted the need for systematic monitoring and surveillance.

Partnership working

Suggestions under this theme included the need for a multi-level approach as being critical to successful outcomes. Cross-government buy in was considered to be crucial; the delivery of the Obesity Policy and Action Plan should not just be the responsibility of the Department of Health, but there needs to be agreement with other departments to prioritise health. Implementation should be shared with other departments.

Success is also dependent on the need to identify which partners will deliver along with lead agencies. It was also suggested that an inter-sectoral group to follow the trajectory of *Healthy Ireland* in reporting to the Cabinet Subcommittee on Health, the Senior Officials Group and the *Healthy Ireland* Council would be critical to successful outcomes.

Actions, targets and accountability

A number of the issues around targets and accountability have been extensively documented in relation to governance. In terms of targets, respondents reported the need for realistic, specific targets and measurable outcomes. It was suggested that the policy should be framed according to short, medium and long term goals. There were calls for efficiencies in the total number of actions for clarity of purpose as well as to avoid duplication. Implementation with clear detail and named accountable individuals and accountability for each sector was also identified as critical to the success of the policy and action plan.

Interventions

Targeted interventions should be delivered with a clear method of prioritisation. It was suggested that if an initiative is working well, it should be continued, but branded under the auspices of *Healthy Ireland*. Respondents noted that no single measure will work; remedial action will be needed; and that good and effective interventions should be profiled for wider learning.

Joined up policy

There were calls to dovetail the consultation document with *Healthy Ireland* and the *National Physical Activity Plan*. It was also noted the success of the *Healthy Ireland* plan is critical to the success of the Obesity Policy and Action Plan. Reference was also made to the application of Health Impact Assessment in the development of the Obesity Policy and Action Plan.

Barriers

Financial restrictions

Respondents highlighted the lack of funding, resources and capacity as potential barriers to successful implementation of the Obesity Policy and Action Plan. Reference was made to one existing policy and the forthcoming *National Physical Activity Plan*, as not being adequately implemented or resourced. It was also reported that the vision for *Healthy Ireland* has not been sufficiently resourced and therefore is not being fulfilled.

Engagement

A number of barriers related to lack of engagement or the right type of engagement were highlighted. Respondents reported that not all stakeholders from the food industry had been engaged in the consultation process. More generally, it was reported that there was a lack of integration, lack of strong advocacy and apathy from other sectors (unnamed). It was also reported that there was a lack of understanding of the environmental factors contributing to obesity, both across government as well as society. Emphasis was placed on having the right people engaged in the policy development process.

Commitment

Comments relating to commitment suggested that there is a lack of commitment to tackling obesity and that there are vested interests which don't want the policy to succeed. It was noted that responsibility is not shared across all departments, with particular reference made to the absence of any reference to the Department of Social Protection in the consultation document. There were calls for more political will. Respondents commented on the momentum which is needed around an Obesity Policy and Action Plan; momentum for the policy needs to be visible and sustained.

Other

A number of comments which did not fit with any of the previous are presented in this short section. Some of the issues relating to the consultation document concerned the impact the Obesity Policy and Action Plan would have on competitiveness and job security within the food and hospitality industry.

Some respondents felt the task outlined in the consultation document is too big and too vague, with limited chance of success. Similarly, it was noted that, if the policy and action

plan are too broad, it will not be achievable. Also, if the policy is not sufficiently funded then it will struggle to be effective. Others raised the issue of naming the policy an 'obesity policy'. Finally, reflection on the history of the previous obesity policy was noted, calling for consideration of the elements of the previous policy which were not successful.

Overcoming barriers

A number of suggestions were made in relation to overcoming barriers, which might otherwise impact negatively on the Obesity Policy and Action Plan. These are presented thematically as follows:

Leadership and Commitment

There were calls for clear leadership for the policy and action plan, with commitment that extends beyond the timeframe of current government structures. Respondents highlighted the need for the Department of Health to demonstrate commitment to the decisions it made. It was emphasised that the steering group / Department of Health needs to ensure that the consultation document becomes government policy, unlike the *Report of the Task Force on Obesity*. Comment was also made on the need for careful consideration in the selection and autonomy of the Chair or Chairs of groups tasked with implementation of the policy.

Joined up policy

The importance of joined up policy was highlighted in the context of publishing the Obesity Policy and Action Plan in conjunction with the National Physical Activity Plan. There were suggestions to include *Health 2020*^{xiii} and the *Ottawa Charter*^{xiv} in the new policy and action plan. A consistent approach to policy making is required in order to avoid duplication eg food labelling.

Partnership working and capacity

Building alliances with NGOs was seen as an important aspect of implementing the Obesity Policy and Action Plan. Respondents recommended greater sharing of responsibility and having the capacity to implement the actions outlined in the obesity policy; attention should also be given to training in capacity building. There were requests to improve capacity with the HSE to undertake community engagement and participation.

Outcomes focussed

It was reported that there needs to be an acknowledgement of successes in tackling obesity. Whilst there needs to be a focus on short term actions and immediate results, it will be important not to lose sight of the long term focus of the policy. Respondents highlighted the need for a cultural shift in relation to obesity; obesity needs impetus, similar to the workplace smoking ban, in order to change behaviour and prioritise the issue.

Communication

Respondents noted that the language used within the consultation documents and subsequent Obesity Policy and Action Plan should be more accessible. Stakeholder specific actions can be best communicated by those with sector specific knowledge. Public information campaigns should be supported with local community initiatives. Respondents noted the importance of public understanding of the obesity issue and called for a change in the debate on causes of overweight and obesity; there is a need to reframe the discussion on the interaction between the individual and environment.

Timeframe

It was reported that the overall Obesity Policy and Action Plan needs to be time bound and that measurement of success should be related to a timeframe, which should coincide with the *Healthy Ireland* action plan.

2.5 Open Forum

In the plenary session, a small number of issues were raised in the open forum. The first issue highlighted was the perceived inappropriateness of involvement of the food and hospitality industry in the consultation process. Breastfeeding was also highlighted as a particularly important aspect of helping to prevent obesity which should receive greater attention in the consultation document. The final issue raised concerned the need for agriculture policy to be more integrated with health policy and the degree to which agricultural policy is aligned to healthy eating and obesity. This challenge was supported with particular reference to *Harvest 2020*.^{xv}

Conclusion

This report sets out the key findings from the stakeholder consultation event which sought to inform the development of an Obesity Policy and Action Plan for Ireland. The consultation event stimulated a high level of engagement from a wide range of stakeholders (see Appendix) providing a number of useful insights or policy development

A consultation document outlining a range of policy and intervention options in the context of prevention and management of overweight and obesity was made available to stakeholders prior to the consultation event and formed the basis of the round table discussions. The feedback presented in this report reflects stakeholders' opinions on the proposed targets, key indicators, principles, actions and governance and accountability arrangements set out in the consultation document.

Through the round table discussions, stakeholders were invited to comment on a series of sector-specific actions and to prioritise actions. Comprehensive comments were provided on the various options and some clear priorities for action did emerge. However it is important to note that consensus was not always achieved around the issues and priorities and many parties pointed to the need for a comprehensive package of measures rather than a shortlist of priorities.

Responses focused on the need for enhanced commitment across government on the issue of obesity, firmly embedded mechanisms to ensure meaningful action and clear governance and accountability arrangements. The consultation responses would suggest that a broad comprehensive framework is required as a basis for the prevention and management of overweight and obesity in Ireland. A number of areas were highlighted as requiring some further development in the final policy and action plan, including the approach to addressing health inequalities, food poverty, and the contribution of alcohol to levels of overweight and obesity. In addition, a number of important considerations were raised in the context of laying the groundwork for successful implementation.

The consultation day facilitated the sharing of a wealth of knowledge and expertise on the issue of obesity in Ireland. Stakeholders demonstrated both commitment and passion in terms of addressing the issue as a public health priority and contributing to an effective policy for Ireland.

Combined with the findings from the other two strands of consultation, the overall responses will be carefully considered by the Steering Group in the development of the final Obesity Policy and Action Plan.

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^{xiv} WHO (1986) The Ottawa Charter for Health Promotion. Available at: <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/>

^{xv} Department of Agriculture, Fisheries and Food (2010) *Food Harvest 2020 - a vision for agri-food and fisheries*. Dublin: Department of Agriculture, Fisheries and Food

Appendix – Stakeholder Organisations

Alcohol Action Ireland

Athletics Ireland

Barnardos

Broadcasting Authority of Ireland

Child Development Initiative, Tallaght

Community Games

Curriculum Development Unit, Education and Training Board

Cycling Ireland

Dental Association

Dental Health Foundation

Department of Children and Youth Affairs

Department of Health

Department of Justice and Equality

Diabetes Ireland

Dublin City University

Dublin Institute of Technology

Early Childhood Ireland

Environmental Health Officers' Association

Food and Drink Industry Ireland

Food Safety Authority of Ireland

Foróige

Health Food for All

Health Research Board

Health Service Executive (Health and Wellbeing Division)

Institute of Technology, Carlow

Irish Cancer Society

Irish College of General Practitioners

Irish Congress of Trade Unions

Irish Farmers' Association

Irish Football Association

Irish Heart Foundation

Irish Nutrition and Dietetic Institute

Irish Schools' Athletics Association

Irish Sports Council

La Leche League

LeisureWorld

Mayo County Council

National Adult Literacy Agency

National Transport Authority

National University of Ireland, Galway

Nutrition and Health Heart Foundation

Nutrition Solutions

Pavee Point

REPS Ireland (Register of Exercise Professionals)

Restaurants Association of Ireland

Restrantuers' Association

Royal College of Physicians in Ireland

Safefood

SpunOut (Youth Information website)

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