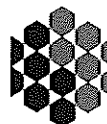


FROM THE MINISTER FOR HEALTH,
SOCIAL SERVICES AND PUBLIC SAFETY
Michael McGimpsey MLA



Department of
**Health, Social Services
and Public Safety**

www.dhsspsni.gov.uk

AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

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Our Ref: SUB/51/2010

27th January 2010

I welcome the Committee's report into obesity and acknowledge its support in addressing this important issue.

If the current level of obesity in Northern Ireland is not addressed there will be a significant negative impact on the health of our population and on our health care system. Therefore my Department, in partnership with a range of other departments and agencies, continues vigorously to tackle this major public health issue.

Successfully changing the behaviour and lifestyle requires an integrated, long-term and sustainable approach and I anticipate the Committee's report will stimulate discussion and further encourage cross-Departmental working.

I enclose my Department's response which indicates the current position in relation to the recommendations contained in the report and I trust you will find this informative. Officials can provide further clarification when they attend the Committee on 28 January.

Michael McGimpsey MLA
Minister for Health, Social Services and Public Safety

CURRENT DHSSPS POSITION ON THE RECOMMENDATIONS FROM THE HEALTH COMMITTEE INQUIRY INTO OBESITY

	RECOMMENDATION	CURRENT STATUS
1	<p>Obesity is the most serious and most challenging public health issue that we face at this time and it is also one of the most complex. There is therefore an urgent need to develop and implement a comprehensive and robust strategy to address the issue.</p>	<p>DHSSPS has established a cross-sectoral/Departmental Obesity Prevention Steering Group (OPSG) to oversee the implementation of Fit Futures and develop a new overarching 10 Year Obesity Prevention Strategic Framework (OPSF) with evidence based outcomes addressing obesity across the whole population.</p> <p>Four specialist Advisory Groups have also been established are currently developing relevant outcomes for the framework. These Advisory Group are:</p> <ul style="list-style-type: none"> • Food & Nutrition; • Promoting Physical Activity; • Prevention, Education & Public Information; and • Data & Research. <p>The OPSG reports directly to the Ministerial Group on Public Health (MGPH) and we anticipate seeking Executive approval of the Framework in 2010.</p>
2	<p>We share the deep concern of those who expressed regret that the Fit Futures Implementation Plan has not been formally signed off and implemented. The failure to do so has, we believe, created uncertainty and a potential hiatus until a full strategy is in place.</p>	<p>Fit Futures continues to be implemented by the Department who provide funding to the PHA, and the FSA to take forward a variety of initiatives and activities. Work is being taken forward at both the regional and local level to deliver on the 70+ recommendations in the Report and its Implementation Plan.</p> <p>The Advisory Groups have been established have already considered the progress against the Fit Futures recommendations, and their ongoing relevance given the changing policy context. The work started by Fit Futures will be further built upon through the new OPSF.</p>

	RECOMMENDATION	CURRENT STATUS
3	<p>We welcome and support the plans by the Department to develop a life course strategy however we fully recognise that tackling obesity effectively is not solely a matter for the health service. We note that the Fit Futures Report contained a joint target with the Departments of Education and Culture, Arts and Leisure. We strongly recommend that the new life course strategy be developed jointly in partnership with other departments, particularly the Department of Education, as has happened in England.</p>	<p>Representatives from the public and private sectors including Departments are members of the OPSG. Key departmental stakeholders include:</p> <ul style="list-style-type: none"> • DE; • DCAL; • DSD • DEL; • DRD; • DARD; and • DETI <p>DHSSPS is meeting DSD, DE, DEL, DoE and DRD in January and February 2010 as part of ongoing bi-lateral obesity discussions to establish how the OPSF links with other related strategies and to further develop partnership working.</p> <p>DE has worked closely with the Fit Futures taskforce in the past and continues to participate in the Obesity Prevention Steering Group and all its advisory groups. DE is committed to implementing the Fit Futures Action Plan in respect of food in schools, active schools and healthy schools.</p> <p>To date a great body of work has been undertaken in support of this eg the revised curriculum, nutritional standards for school lunches and other food in schools, the curriculum sports programme, extended schools programme and pupils' emotional health and wellbeing programme etc. DE & DHSSPS have consulted recently on a joint draft policy on Food in Schools with the intention of having the policy in place by March 2010.</p> <p>An update has also been sought from DCAL and officials should be able to provide further information when giving evidence to the Committee.</p>

	RECOMMENDATION	CURRENT STATUS
4	<p>Growing levels of obesity will continue to generate enormous costs to society, particularly the health and social care sector in the years ahead. Given this and the potential for significant cost benefits, we believe it is imperative that substantial and sustained resources are provided to implement the new life course strategy. We would urge that this funding be ring-fenced for at least the first phase of implementation (3-5 yrs) to ensure that it is not impacted by other acute and emerging priorities.</p>	<p>DHSSPS acknowledges that putting in place dedicated resources will increase the effectiveness of our combined efforts to address this issue. Therefore the financial implications of the OPSF will be considered as part of its development and this may require a bid being made for additional resources in the future.</p>
5	<p>It is very clear that single strong effective leadership is crucial in tackling obesity but the exact locus of that leadership has been the subject of debate. We recommend that the question of who provides overall leadership be considered in depth during the development of the Life Course Strategy and widely consulted upon before reaching a decision.</p>	<p>While obesity is clearly a cross-Departmental issue, there is a current consensus that it is best led by DHSSPS in partnership with other key stakeholders. Within the OPSF lead and delivery partners are identified for each recommendation, outcome or action.</p> <p>Progress against the OPSF will be overseen by the OPSG which will sit under the overarching structures of Investing for Health and the Ministerial Group on Public Health.</p>

	RECOMMENDATION	CURRENT STATUS
6	<p>We recognise that the establishment of the new Public Health Agency provides a unique opportunity to develop a joined-up approach across all Government Departments, public sector agencies including local authorities, the private sector, and the voluntary and community sectors to tackle obesity. We advocate that the Agency make this issue a top priority and we urge all departments to play their part in delivering a concerted long-term response.</p>	<p>The Public Health Agency is working towards ensuring a co-ordinated regional and local focus on obesity prevention, both for the whole population and specific target groups within it. Several examples of this joined up approach exist at local level in the form of multi sector steering groups led by the PHA, which jointly plan and oversee existing and new obesity prevention programmes. The PHA will seek to further develop this local co-ordinated work to ensure locally sensitive programmes and interventions are in place, whilst also ensuring a regional focus to provide strategic co-ordination. To this end, the PHA has identified a lead regional officer for obesity prevention who will provide a point of focus and contact for this work. The PHA also looks forward to the publication of the regional Obesity Prevention Framework for NI and to playing a significant part in its implementation, in conjunction with its many stakeholders at local and regional level including local communities. It is essential to develop a coordinated approach across government departments which could give an enhanced focus and build on the existing work on the ground and with individual departments.</p>
7	<p>We recommend that the Department commission an urgent audit of existing obesity-related initiatives so that the need for evaluation or further research can be identified and examples of good practice can be rolled out more widely. We recommend that the Public Health Agency, perhaps in conjunction with the planned All-Island Obesity Observatory, develops and maintains a central data base of projects and develops standardised evaluation tool kits.</p>	<p>This has already been identified and is currently under consideration through the Data and Research Advisory Group. Specific recommendations through the OPSF also identify this as an important action to take forward. The Public Health Agency and the Institute for Public Health in Ireland, including representation from the All-Island Obesity Observatory, are already involved in developing this recommendation.</p>

	RECOMMENDATION	CURRENT STATUS
8	<p>We recommend that the Department, in conjunction with the Health and Social Care Board, develops a range of evidence-based referral options for use by primary care practitioners.</p>	<p>There is an Enhanced Service provided by GP Practices which enables the early detection and subsequent provision of follow-up services to patients with a BMI >30. This extends beyond follow up clinical tests and repeat weighing and includes a resource kit detailing information on local opportunities for sport and leisure and quality physical activity.</p>
9	<p>We urge the Minister to exert influence at a national level to introduce the allocation of Quality and Outcomes Framework (QOF) points for positive obesity management rather than simply for maintaining a register of obese patients.</p>	<p>The GMS Contract is UK-wide and the Department continues to influence the development of QOF clinical indicators and works with the other UK Health Departments and NICE to make further improvements to those indicators on obesity. Until then the obesity element of the Long Term Condition Management Enhanced Service will continue in Northern Ireland.</p>
10	<p>We call on the Minister, as a matter of urgency, to undertake a comprehensive review of weight management services at all levels for adults and children. The review must address the need for dedicated obesity clinics and a separate bariatric service for Northern Ireland, including the provision of bariatric surgery and the lifelong medical follow-up for individuals required following such surgery. The review should also consider the merits of adopting examples of good practice from elsewhere, such as the Counterweight programme in Scotland and the Carnegie Weight Management programme in England.</p>	<p>The HSC Board is currently engaged in a bariatric surgery pilot programme. Referral guidance was provided to GPs. This exercise will help better understand the likely demand for surgery across the NI population. The pilot closed for new referrals at 30 November 2009. The Belfast Trust, which is charged with administering the pilot, has engaged two contractors in England to carry out clinical assessment and surgery. In total, some 177 referrals have been forwarded to the contractors. Of this figure, 20 have been rejected and 27 have not yet been received by one contractor. It is envisaged that pre- surgery assessments will be carried out on the remaining 157 referrals and should be completed during January 2010.</p> <p>On the matter of a review of weight management services, such a review would be beneficial to ensure appropriate services are available in primary, community and secondary care.</p>

	RECOMMENDATION	CURRENT STATUS
11	<p>We urge the Department and the Food Standards Agency to continue to work with manufacturers and to exert pressure at a national and European level to introduce regulatory controls on the levels of salt and saturated fat in manufactured foods.</p>	<p>The FSA is working with UK manufacturers retailers and catering organisations to promote reformulation activities, through voluntary means, to reduce levels of salt and saturated fat in their products. These include clear targets which we expect industry to work towards. At EU level we are working closely with the European Commission, other Member States and WHO on voluntary initiatives to reduce salt, and the FSA is leading the WHO Salt Action Network.</p> <p>The FSA is also participating in discussions on the potential development of a new EU wide initiative under the European Commission's High Level Group on fats (including saturated fat) similar to that on salt. At European level the Commission has taken a deliberate decision to follow a voluntary approach in the first instance, in part in recognition of the success of voluntary measures in the UK.</p> <p>Voluntary measures offer flexibility while placing a lesser burden on industry than legislative controls. The FSA will consider the need for legislative measures at a national level should the voluntary approach no longer prove successful.</p>
12	<p>We fully support the calls for a single, consistent food labelling scheme using the traffic light system and urge the Minister and the Food Standard Agency Northern Ireland to consider whether such a system could be made mandatory on all food retail products. We also call for more action to enforce a similar clear and simple nutrition labelling system at non-retail outlets, such as restaurants and catering establishments.</p>	<p>There are four different types of front of pack nutrition labelling schemes currently in use voluntarily by food companies in the UK. The Food Standards Agency (FSA) commissioned an independent evaluation to determine what elements of the schemes were most effective with consumers. The independent evaluation research was published in May 2009 and found that the existence of front of pack nutrition labelling schemes with differing interpreting elements was causing a degree of confusion and distraction for consumers. It concluded that the interpretative elements within the various front of pack labels in common use which were most effective were the words 'high, medium and low', traffic lights and percentages of Guideline Daily amount and that effectiveness of front of pack labelling could be improved further if a single front of pack approach was used in the marketplace. The FSA is planning to meet with representatives from key groups to identify a</p>

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		<p>common approach to front of pack nutrition labelling which all industry and the Agency can move towards.</p> <p>Front of pack nutrition labelling is one of the issues contained within the Commission proposal for an EU Food Information Regulation. EU negotiations are unlikely to be resolved before 2011.</p> <p>During 2009 the Food Standards Agency has been working with 21 catering Companies who have introduced calorie labelling at the point of choice in some or all of their catering establishments. An independent evaluation of this work has informed proposals for a voluntary calorie labelling scheme at point of choice which are currently being consulted on. Publication and wider roll out of Agency recommendations on calorie labelling in caterers is planned for early 2010.</p>
13	<p>While recognising the difficulty in regulating food portion sizes in catering and similar settings, we urge the Department and the Food Standards Agency Northern Ireland to examine how issues like food promotion and pricing impact on portion sizes and how they might be influenced.</p>	<p>The Agency's discussions with major catering businesses and the development of industry commitments to healthier catering cover a wide range of issues relating to portion size, including but not limited to the effects of promotion and pricing. Promotion and pricing are commercial decisions, however the Agency's catering round table meetings help companies to discuss the approaches they have trialled and which approaches have proven successful for the business and acceptable to consumers. This in turn informs businesses' development of future commitments.</p>

	RECOMMENDATION	CURRENT STATUS
14	<p>We believe there is confusion over what exactly constitutes 'five portions of fruit and vegetables a day' and particularly around the size and content of a portion. We urge the Public Health Agency to examine how greater clarity and understanding about this health message, and how it might impact on levels of obesity, can be achieved.</p>	<p>The PHA is aware that food portion sizes, not just for specific food groups such as fruit and vegetables, but also for population groups such as children can be confusing. The PHA through all of its nutritional publications for health and social care professionals and the public ensures that the 5 a Day message and what constitutes a portion is conveyed as accurately as possible. It has produced through its legacy organisations a range of publications for public information, nutrition training programmes and toolkits, for example for workplace catering establishments and schools, which specifically highlight food portion sizes for a range of population and food groups. In addition, this year a website www.enjoyhealthyeating.info and a related public information leaflet were launched. Within the website and as an integral part of the leaflet, the 5a day fruit and vegetable message and related portions is highlighted. Next year a lunchbox leaflet for parents of primary school children will be made available which will also include this message.</p> <p>In relation to fruit and vegetables, a range of publications are available highlighting specific portion sizes, not just for the adult population but also for young and developing children. However, the PHA acknowledges that it must continue to develop processes and products to reduce the level of confusion that exists and to this end it will consider how it can provide greater clarity on this important issue.</p>
15	<p>We call on the Executive to ensure that the Strategy for Sport and Physical Recreation in Northern Ireland is properly resourced and implemented without further delay and that this work dovetails with the development of the life course obesity strategy.</p>	<p>An update has been sought from DCAL and officials should be able to provide further information when giving evidence to the Committee.</p>

	RECOMMENDATION	CURRENT STATUS
16	<p>We urge each and every Department to recognise that they have a crucial role to play in responding to the obesity epidemic either through direct action or through policies and practices that impact on the obesogenic environment.</p>	<p>The OPSG membership includes; DE, DCAL, DSD, DEL, DRD, DARD, and DETI.</p> <p>DHSSPS is meeting DSD, DE, DEL, DoE and DRD in January and February 2010 as part of ongoing bi-lateral obesity discussions to establish how the OPSF links with other related strategies and to further develop partnership working.</p> <p>These bi-lateral meetings will also serve to identify where individual Departments lead on individual outcomes and to encourage buy-in and long term commitment to the OPSF</p>
17	<p>We call on the Department of Education to make at least 2 hours of PE in schools compulsory and subject to regular monitoring by the Educational and Training Inspectorate.</p>	<p>As part of DCAL's 10 year Strategy for Sport and Physical Recreation, (currently with the Executive for consideration), the Education Minister has made a commitment to: establish a baseline by 2010 for the number of children of compulsory school age participating in a minimum of two hours quality physical education; and, by 2014 to provide every child here over the age of 8 years with the opportunity to participate in at least two hours per week of extra-curricular sport and physical recreation</p> <p>As part of the Strategy, Government is to ensure schools move towards provision of two hours physical education and sport per week. Any action in this regard will be agreed pending baseline outcomes.</p> <p>Already, DE has in place a primary curriculum sports programme which is delivered by the GAA and IFA on behalf of the Department. The aim of this programme is to develop the physical literacy skills of our youngest pupils, raise pupils' confidence, self-esteem and motivation to learn, and support a healthy lifestyle by encouraging on-going participation in physical activity.</p>

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18	We urge the full involvement of local councils in developing the new life course strategy.	<p>Given their responsibility for Leisure Centres and local play areas Local Councils are also represented specifically in the Physical Activity Advisory Group.</p> <p>As the role of Local Councils is redefined particularly in respect to the proposed power of well-being and the issue of community planning it is anticipated that they will become key stakeholder in the delivery of the OPFS.</p>
19	We urge the Minister to work with colleagues throughout the UK to explore the feasibility of banning the advertising of food and drink products that are high in fat, salt or sugar before the 9 pm watershed.	<p>The issue of broadcast advertising is not devolved and therefore responsibility of this issue remains with the UK Government. It if our understanding High Fat, Salt, Sugar (HFSS) advertising has already been banned on terrestrial TV during children's programming but not on digital channels.</p> <p>However, the OPFS may recommend that further work is done to lobby and advocate for tougher regulations in this area.</p>
20	We call on the Minister to develop a comprehensive media approach as part of the life course strategy and to consider, for example, how new and emerging media such as text and Twitter could be used to engage with young people.	<p>The Prevention, Education and Public Information Advisory Group is considering relevant outcomes in relation to obesity related public information campaigns. This group is currently identifying existing media campaigns and messages on both a local and regional level to ensure that future messages to the public are unified and consistent.</p> <p>Delivery of a consistent campaign message is likely to be the responsibility of the PHA, working in close partnership with other relevant organisations. Any campaign will utilise relevant media channels to reach its target audience.</p>

	RECOMMENDATION	CURRENT STATUS
21	<p>We call on the Executive to fully recognise the potential impact of the obesogenic environment on the health and wellbeing of the population and to consider the merits of introducing a system whereby the impact of all major policy decisions are subject to an obesity proofing exercise.</p>	<p>DHSSPS continues to advocate the use of Health Impact Assessment (HIA) to ensure that all health related issues, including those relevant to obesity, are considered and incorporated into all relevant policy developments. Particular support to Government Department's is offered in this respect.</p> <p>DHSSPS is also participating in the revision of the Planning Policy Statements which are currently under review. It is hoped that a more health orientated outlook can be included; this will take into consideration the obesogenic environment. This will also require participation from local councils who will have greater responsibility for the planning decisions within their own areas.</p>
22	<p>In developing the Life Course Approach we urge the Department to take account of health inequalities and particularly the need to address the higher levels of obesity in areas of social deprivation.</p>	<p>The draft OPSF values and principles include those of equity and inclusion, and a number of draft outcomes refer specifically to health inequalities and targeting areas of social deprivation.</p> <p>Addressing health inequalities is also under active consideration through the current review of Investing for Health which will contribute to the OPSF.</p>

	RECOMMENDATION	CURRENT STATUS
23	<p>We recognise the benefits for both employers and employees of promoting healthy lifestyles in the workplace and we urge all employers to consider initiatives that promote healthy eating and greater levels of exercise in the workplace.</p>	<p>The PHA has a Healthy Workplaces co-ordinator with responsibility for supporting the Work Well initiative designed to develop a healthy workplace and will contribute to the OPSF outcomes.</p> <p>Business in the Community (BITC) Northern Ireland is represented on the Promoting Physical Activity Advisory Group and is currently advising on outcomes which could affect employers and employees and increase the amount of physical activity opportunities available through the workplace.</p> <p>DRD is also represented and advising on outcomes which may provide people with physical activity opportunities on their way to and from the workplace.</p> <p>Additional information has been sought from the FSA and officials should be able to provide further information when giving evidence to the Committee.</p>
24	<p>We urge the Department to examine how data collection can be improved through reform and better funding of the Child Health System. This should facilitate extending BMI measurements beyond Primary One children. Enhanced funding should also facilitate better collection of adult data based on actual BMI measurements rather than self-reporting.</p>	<p>Outcomes specifically relating to this recommendation have already been identified through the Data & Research Advisory Group. Improvements to the Child Health System are being addressed which should lead to more accurate and robust data and there are plans to collect BMI data of Primary 7 children.</p> <p>The Advisory group is also assessing information on adult data, based on actual BMI, which is currently being collected in GP Practices.</p>