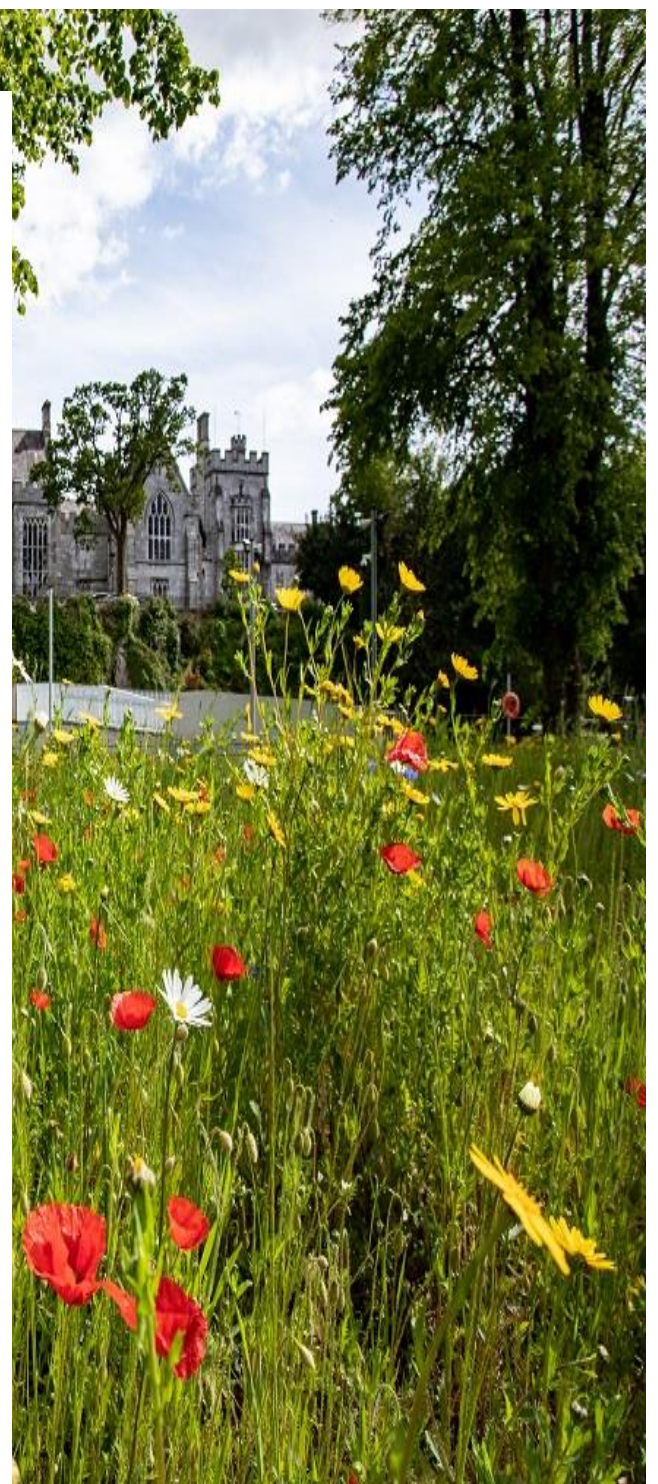


Evaluation of the Implementation of A Healthy Weight for Ireland

2016-2025

Obesity Policy and Action Plan



UCC

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Executive Summary

In Ireland, adult and child obesity levels remain unacceptable high. Though evidence indicates some stabilisation in recent years, current rates impart significant health risks particularly for the younger population. Left unaddressed this will have serious consequences for the future health and wellbeing of the population, it will increase the burden on an overstretched health system and will have significant economic consequences. Addressing this complex condition requires action beyond a focus on changing individual lifestyle behaviours with the need to implement policies at national and local government level to address the current unsustainable obesogenic (obesity promoting) environments. Implementing these policies requires continued cross government commitment and the infrastructural support for the agencies responsible for policy implementation.

In 2016 the Irish Government launched “A Healthy Weight for Ireland: Obesity Policy and Action Plan” (OPAP) a whole of Government policy to address the complex multi-factorial problem of obesity. The OPAP provides the ten-year road map through which the government and associated agencies can tackle this problem more effectively. To achieve the targets outlined in the policy, “Ten Steps Forward” have been identified. Within each interdependent step, a number of actions, sixty in total, were identified as necessary to achieve the desired targets and outcomes of the policy. The aim of the current report is to present the results of a midway independent expert-led evaluation of the OPAP.

Approach

The evaluation assessed independent expert opinions on the level of implementation of the OPAP actions and the rate of progress of the implementation. Evidence of implementation for each OPAP action was initially compiled by researchers in the School of Public Health, University College Cork into an evidence document. This document, which addresses the implementation of each of the 60 actions during the period between January 2016 to May 2021, was validated by Government officials for completeness.

The evidence document was subsequently circulated to an expert panel consisted of 51 independent, non-government, experts from organisations and academic units with expertise in public health nutrition. Drawing on the evidence document, the panel rated the extent of implementation via an online survey.

Results

The assessment of implementation and the rate of implementation progress showed areas of high levels of implementation while also highlighted areas of limited action. Overall, across all actions (short-term, medium term and long-term) 10% (6/60) were rated by the expert panel with high levels

of implementation, while 23% (14/60) with high levels of progress. Half of all actions (30/60) were rated with medium level of implementation and 53% (32/60) with medium rates of progress. Thirty percent (18/60) of actions were rated with low levels of implementation and 17% (10/60) were rated with low levels of progress. Finally, 10% (6/60) of actions were rated with very little implementation, with progress on 8% of actions (5/60) rated as 'very little'.

Conclusion

The current health status, including the high rates of obesity of people living in Ireland urgently needs to be addressed through upstream actions addressing our food and physical activity environments and the wider built environments together with effective policies and programmes targeting individuals and families in diverse settings both outside and within the health sector. While much progress has been achieved, continued commitment across Government Departments to support the Obesity Policy and Action Plan is required.

1. Introduction

Obesity remains a global public health crisis, which has been exasperated by the Covid-19 pandemic. The current obesity crisis has the potential to reverse recent favourable trends in life expectancy (1,2) and to undermine the financial viability of health systems worldwide. In Ireland it is estimated that almost 1 in 4 adults (23%) are living with obesity (3) with 37% of the adult population classified as overweight. The most recent Healthy Ireland survey indicates that 29% of adults reported gaining weight during the Covid 19 pandemic (4) In children, recent figures indicate that 16% of children between the ages of 7 and 12 years are living with obesity (5). The unacceptably high prevalence of obesity globally has led to increased investment in obesity prevention. However, there is a need to go beyond the focus on changing individual behaviours and to focus on upstream actions to address changes in policies and environments. In Ireland, in 2016 the Irish Government launched a whole of Government policy to address the complex multi-factorial condition of obesity. ‘A Healthy Weight for Ireland, 2016-2025’, the governments National Obesity Policy and Action Plan (OPAP) (6) under the Healthy Ireland Framework (7). The aim of the current publication is to report on a midway evaluation of the OPAP implementation as assessed by a panel of independent experts, to increase accountability, rate the performance of lead stakeholders, and spread awareness of the current progress that has been made in the implementation of the 10 action areas.

1.1 A Healthy Weight for Ireland 2016-2025

The launch of the Obesity Policy and Action Plan represented an important milestone in Ireland’s response to the on-going epidemic of overweight and obesity and non-communicable disease (NCD) in both adults and children. The Obesity Policy and Action Plan provides the ten-year road map through which the government and associated agencies can tackle preventable, non-communicable diseases in a more effective way. The OPAP is based on scientific evidence, international best practice and stakeholder consultation (including health professionals and children). Lead by the Department of Health, the OPAP has an implementation focus which aims to facilitate and strengthen coherent engagement and cooperation across government departments, statutory and other sectors, communities, and individuals. The aim is to create cohesive action across multiple settings and sectors to maximise national efforts in preventing NCDs.

To achieve the targets outlined in the policy, “Ten Steps Forward” were identified. Within each interdependent step, a number of actions were outlined as necessary to achieve the targets of the policy. A time frame for the completion of each action was assigned according the three categories; short-term (2016-2018), medium term (2016-2020) and long-term (2016-2025) respectively. A total of 60 actions were identified to be completed over a ten-year period.

1.2 Purpose of the evaluation

While effective government policies and actions are essential to increase the healthiness of our food and physical activity environments, monitoring the degree of implementation of the policies and actions and the impact of these policies is essential to ensuring progress towards better health status of the population. This report and accompanying evidence document (Appendix 2) highlights the evidence of implementation relating to each action with an assessment of the level of implementation and rate of progress by a panel of independent experts. The evaluation was conducted by a team of researchers in the HRB Centre for Health and Diet Research, School of Public Health, University College Cork. The following sections outline the framework of the evaluation, followed by the results of the evaluation.

2 How was progress and level of implementation of actions assessed?

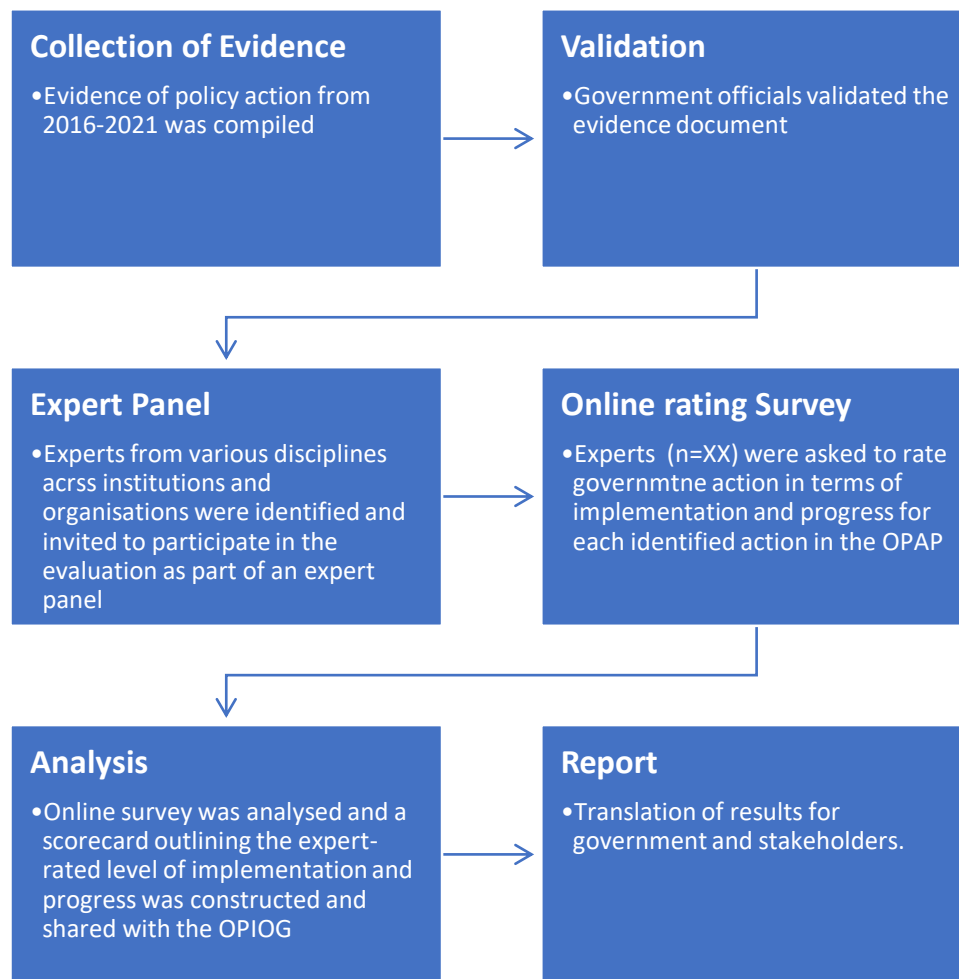
2.1 Collection of the Evidence

Researchers from the Centre for Health and Diet Research, University College Cork compiled the OPAP Evidence Document with support from relevant government departments and lead agencies responsible for delivery of each action (Appendix 2). The evidence document outlines the evidence of implementation relating to each action during the period between January 2016 to May 2021. A broad view of relevant evidence was taken, to include:

- Evidence of commitments from leadership to explore policy options
- Allocation of responsibility to an individual/team (documented in a work plan, appointment of new position)
- Establishment of a steering committee, working group, expert panel etc.
- Review, audit or scoping study undertaken
- Consultation processes undertaken
- Evidence of a policy brief/proposal that has been put forward for consideration
- Preparation of a regulatory or economic impact assessment, health impact assessment etc.
- Regulations / legislation / other published policy details
- Monitoring data
- Policy evaluation report

The compiled evidence was validated by government officials for completeness prior to dissemination to an expert panel for review. Figure 1 outlines the evaluation process.

Figure 1: Process for the OPAP evaluation



2.2 What tool was used to measure implementation

An online survey was developed and tailored to allow the expert panel to assess level of implementation and rate of progress for each action by the responsible lead partners identified in the OPAP for the short-term, medium-term and long-term actions.

2.3 Who conducted the assessment?

An expert panel, consisting of a group of independent, non-government, informed public health experts and organisations was identified. A total of 123 experts were invited to participate, 68 experts agreed to take part and the panel was established. In total 51 experts full completed the online rating survey. All experts consented to take part in the panel and declared potential conflicts of interest. A list of experts and their affiliated organization can be found in Appendix 2.

2.4 How did they conduct the assessment?

Through an online survey the expert panel were asked to rate the level of implementation of each action and the rate of progress relative to the timeframe outlined in the OPAP report.

Implementation

Experts rated the **current degree of implementation** based on the OPAP Evaluation Evidence Document **against the planned actions outlined** in the **OPAP** Policy Document. They were asked to consider the question *“To what extent do you feel that the action has been implemented, based on the evidence provided?”* Table 2 (Scale 1) outlines the ‘level of implementation’ options available to the experts.

Progress

Experts were then asked to rate the **progress compared** to the **assigned timeline** in the **OPAP** Policy Document. Experts were asked to rate whether they thought the action would be fully implemented by 2025 (or the end date specified in the OPAP). They were asked to consider the question *“Will the action be fully implemented by 2025 (or by the end-date specified in the policy)? If not, what level of progress do you predict will be achieved?”*. Table 2 (Scale 2) outlines the ‘level of implementation’ options available to the experts.

Experts rated each action by assigning two scores; an implementation score and a progress score, using a six-point scale (Table 2). In rating, the experts were asked to take the following into account:

1. The **quality of government policies/actions** compared to those specified in each action statement.

For example, a regular auditing schedule will be considered stronger than a responsive monitoring process or an implemented and evaluated programme will be considered stronger than a pilot programme without concrete plans for expansion/sustainability.

2. The **extent of implementation of government policies/actions** compared with the **planned action**, considering all aspects of the policy cycle.

- *Agenda setting and initiation.*
- *Supporting policy or framework development.*

- *Implementation (including interventions, steering groups/committees).*
- *Evaluation*

3. Experts were asked to consider the status of each action as they are now in comparison to the planned timeframe outlined in the OPAP Policy Document.

The mean rating for each action was used to determine an overall percentage level of implementation and progress separately. These ratings were then categorised into High (>75% implementation/progress), Medium (51-75%), Low (26-50%) or Very little, if any (<25%).

Table 2:

Scale 1: Implementation Score Rating Scale	
Rating	Description
1	<20% implemented compared to the planned action outlined in the OPAP.
2	20-40% implemented compared to the planned action outlined in the OPAP.
3	40-60% implemented compared to the planned action outlined in the OPAP.
4	60-80% implemented compared to the planned action outlined in the OPAP.
5	80-100% implemented compared to the planned action outlined in the OPAP (meets all expectations and timeframe).
6*	>100% implemented compared to the planned action outlined in the OPAP (exceeds expectations or the planned timeframe).
Scale 2: Progress Score Rating Scale	
Rating	Description
1	Action will be <20% implemented by 2025.
2	Action will be 20-40% implemented by 2025.
3	Action will be 40-60% implemented by 2025.
4	Action will be 60-80% implemented by 2025.
5	Action will be 80-100% implemented by 2025.
6	Action has already been fully implemented.

3 How did the Experts rate the progress and level of implementation of OPAP actions?

Across all actions (short-term, medium term and long-term) 10% (6/60) were rated by the expert panel with high levels of implementation, while 23% (14/60) with high levels of progress. Half of all actions (30/60) were rated with medium level of implementation and 53% (32/60) with medium rates of progress. Thirty percent (18/60) of actions were rated with low levels of implementation and 17% (10/60) were rated with low levels of progress. Finally, 10% (6/60) actions were rated with very little implementation, with progress on 8% of actions (5/60) rated as 'very little'.

3.1 Short Term Actions (2016-2018)

Figure 2 outlines the Level of implementation and rate of progress for the OPAP short term actions. Of these actions, 67% were rated with high or medium levels of implementation. Four actions (17%) were rated as high level of implementation, 12 (50%) were rated with medium levels of implementation, 7 (29%) were rated with low levels of implementation, while 1 (4%) action was rated with very low levels of implementation (Figure 2). The actions identified with high levels of implementation were:

- Action 1.9 "Develop proposals for a levy on sugar sweetened drinks"
- Action 5.3 "Develop a suite of healthy eating guidelines for the general population as well as for one to five year olds and a weight loss food guide"
- Action 5.4 Establish a multi-stakeholder partnership to share knowledge and experience on healthy weight initiatives
- Action 7.1 Appoint a clinical lead on obesity to provide a model of care for children and adults and oversee its implementation

The action rated with very little implementation was:

- Action 6.9 Develop quality assurance guidance for the commercial weight loss sector.

In relation to rate of progress it was acknowledged that progress was being made for all actions with no action being rated with 'very little' progress. Eight actions (33%) were rated with high levels of progress, 10 (42%) with medium level of progress while 6 actions (25%) were rated with low levels of progress. It should be noted for some actions where 'implementation' was rated as medium or low, progress was rated higher, indicating the experts acknowledged action ongoing in this area. For example, action 1.1 '*Implement a whole of school healthy lifestyle programme*' was rated with

medium level of implementation progress was rated as high. Action 3.4 *'Develop proposals on the scope of corporate social responsibility relating to obesity prevention promoting overall health and wellbeing in the workplace'* was rated with low levels of implementation, but progress was rated as medium.

5.5	Continue to develop, implement, and review the healthy lifestyles programme in schools.		
6.5	Integrate obesity prevention, early detection, and self-care into integrated care programmes.		
6.8	Include services users (including children and young people) in the development and implementation of programmes in which they are involved.		
6.9	Develop quality assurance guidance for the commercial weight loss sector		
6.12	Develop and implement training programmes and courses on overweight and obesity, including anti-stigma, for staff of all functions and disciplines in health services.		
6.13	Review and improve the quality of food in hospitals; develop a food and nutrition policy for hospitals.		
7.1	Appoint a clinical lead on obesity to provide a model of care for children and adults and oversee its implementation.		
9.1	Review progress in achieving the inequalities target, with a view to assessing the need for additional targeted actions for disadvantaged groups.		
10.1	Develop a multi-annual obesity research plan within the context of the overall research plans of the Department of Health in particular those elements that focus on population health.		
10.2	Develop proposals for implementation of a nutrition health surveillance system.		
10.6	Develop an obesity database for surveillance and planning purposes within the dataset arising from the GP contract		
10.9	Align targets with outcome indicators in the Healthy Ireland Outcomes Framework. Develop a suite of performance indicators to monitor progress on the implementation of the Obesity Policy and Action Plan.		

3.2 Medium Term Actions (2016-2020)

Figure 3 outlines level of implementation and rate of progress for the OPAP medium term actions (n=13). Of these actions one action (8%) was rated with high level of implementation, 7 (54%) with medium level of implementation, 4 (31%) with low level of implementation and 1 (8%) with very little implementation. The action identified with high levels of implementation was:

- Action 8.1 Implement the National Physical Activity Plan for Ireland

The action identified with very little implementation was:

- Action 8.3 Develop a physical activity plan to address the needs of severely overweight and obese individuals.

In relation to the rate of progress, 1 (8%) action was rated with high level of progress, 10 actions (77%) with medium progress, 1 (8%) with low progress and 1 (8%) with very little progress. Action 8.3 *'Develop a specific physical activity plan to address the needs of severely overweight and obese individuals'* was rated with very little implementation and very little progress, while action 6.3 *'Develop and implement appropriate child development and growth monitoring system with appropriate recording and response programmes'* was rated with low implementation and low progress.

Figure 3: Level of implementation and rate of progress for the OPAP medium term actions.

MEDIUM TERM ACTIONS (2016-2020)		Implementation (%)				Progress (%)			
Action	Action summary	Very little	Low	Medium	High	Very little	Low	Medium	High
3.5	Consider measures to introduce maximum portion sizes for relevant foods and drinks, on a voluntary basis initially. The effects of measures implemented should be regularly monitored.	Medium				Medium			
6.1	Include obesity prevention and care as part of the GP contract. This will build on the previous developments for the under six years of age GP contract.	Medium				Medium			
6.2	Strengthen the capacity of primary care teams to support obesity prevention and evidence-based weight management services.	Medium				Medium			
6.3	Develop and implement appropriate child development and growth monitoring system with appropriate recording and response programmes. T	Low		Medium		Low		Medium	
6.4	Implement the brief intervention model (outlined in Making Every Contact Count) as per Healthy Ireland in the Health Services Implementation Plan	Medium				Medium			
6.7	Develop and integrate evidence based, effective, community-based health promotion programmes targeted at highrisk groups within all community health organisations	Medium				Medium			
6.1	Investigate the role of new drug therapies in reducing overweight and obesity	Low		Medium		Medium			
7.2	Develop standards, clinical guidelines and quality assurance programmes for obesity and weight management services in the health sector	Medium				Medium			
7.4	Develop and implement integrated clinical care models for adults and children (including chronic diseases and services for people with disabilities) with appropriate clinical care pathways for all patients.	Medium				Medium			
8.1	Implement the National Physical Activity Plan for Ireland.	High							
8.2	Develop guidelines to reduce sedentary levels in the population.	Low		Medium		Medium			
8.3	Develop a specific physical activity plan to address the needs of severely overweight and obese individuals	Very little	Low	Medium		Very little	Low	Medium	
10.11	Conduct a mid-term review of the Obesity Policy and Action Plan.	Low		Medium		Medium			

3.3 Long Term Actions (2016-2025)

Figure 4 outlines level of implementation and rate of progress for the OPAP medium term actions (n=23). Of these action 1 (4%) was rated with high level of implementation, 12 (52%) with medium level of implementation, 7 (30%) with low level of implementation and 4 (17%) with very little implementation. The action identified with high level of implementation was:

- Action: 10.5: 'Sustain ongoing obesity surveillance through Healthy Ireland and COSI by means of a monitoring progress'

The actions identified with very little implementation are:


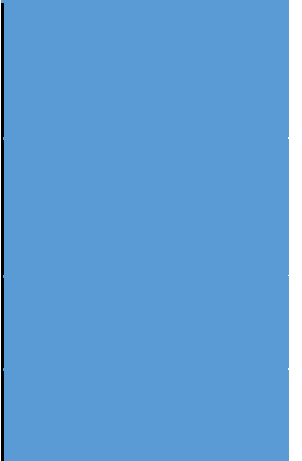

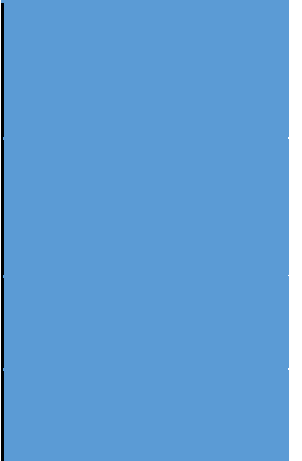

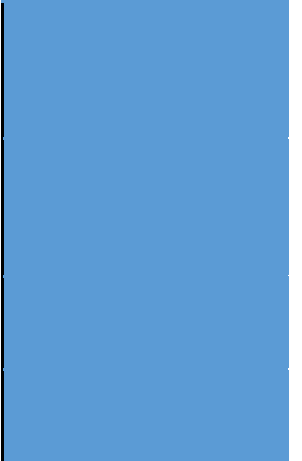

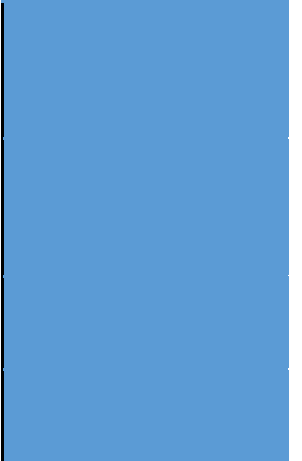











- Action 1.3: Develop and implement training programmes, including brief interventions, and courses on overweight and obesity, including anti-stigma, for and by teachers;
- Action 10.3: Investigate the effectiveness (including cost effectiveness);
- Action 10.7: Enhance the research capabilities, training and capacity to provide for knowledge translation;
- Action 10.8: Develop and obesity 'knowledge translation' programme to inform the Action Plan.

Regarding level of progress 4 actions (17%) were rated with high level of progress, 12 (52%) with medium progress, 3 (13%) with low level of progress, and 4 (17%) with very little levels of implementation. The actions with very little levels of implementation (1.3, 10.3, 10.7, 10.8) were also the actions the experts identified as 'very little' progress being made. Three actions identified with medium level of implementation, had their progress rated as high, these include:

- Action 1.5: Expand parenting programs that incorporate healthy lifestyle and behavioural change;
- Action 1.6: Examine expansion of current effective programmes, such as Food Dudes and Incredible Edibles and develop further opportunities for collaboration with other Government departments and state agencies in the promotion of fresh produce and its role in a healthy, balanced diet;
- Action 5.1: The Department of Health, through Healthy Ireland, will provide leadership, engage and co-ordinate multi-sectoral action and implement best practice in governance of the Obesity Policy and Action Plan.

3.2 Long term actions

LONG TERM ACTIONS (2016-2025)		Implementation (%)				Progress (%)			
Action	Action summary	Very little	Low	Medium	High	Very little	Low	Medium	High
1.3	Develop and implement training programmes, including brief interventions, and courses on overweight and obesity, including anti-stigma, for and by teachers.	Very little				Very little			
1.4	Provide potable water in all learning centres (from preschool and crèches to universities and adult learning centres) and ensure all new builds provide potable water on opening.	Medium				Medium			
1.5	Expand parenting programs that incorporate healthy lifestyle and behavioural change.	Medium				High			
1.6	Examine expansion of current effective programs, such as Food Dudes and The Incredible Edibles and develop further opportunities for collaboration with other Government departments and state agencies in the promotion of fresh produce and its role in a healthy, balanced diet	Medium				High			
1.7	Monitor compliance with the WHO Code of Practice on the Marketing of Breastmilk Substitutes (WHO, 1981)	Medium				Medium			
2.2	Develop, implement, and evaluate calorie posting legislation.	Low				Medium			
2.3	Review EU consumer information labelling of food products and with a view to its application in the Irish market	Low				Medium			
2.4	Provide a submission to the Broadcasting Authority of Ireland’s Review of the Children’s Communication Code on advertising of energy dense food and drinks	Medium				Medium			
3.1	Agree food industry reformulation targets and review progress.	Medium				Medium			
4.1	Develop consecutive five-year evidence-based communication strategies aimed at creating behaviour change, including the development of print, online and social media resources. T	Medium				Medium			
5.1	The Department of Health, through Healthy Ireland, will provide leadership, engage and co-ordinate multi-sectoral action and implement best practice in the governance of the Obesity Policy and Action Plan.	Medium				High			
5.2	Develop and implement a nutrition policy and action plan.	Low				Low			
6.6	Review and implement the HSE–ICGP weight management algorithms for children and adults and their healthy weight management guidelines before, during and after pregnancy.	Low				Low			

6.11	Implement and monitor the forthcoming breastfeeding action plan. Implementation will require investment in whole-time equivalents across acute and primary care settings in addition to enhanced training, provision of supports to mothers and social marketing.		
7.3	Plan for and support the development of specialist, consultant-led multidisciplinary care, based on the chosen model of care and the RCPI report, for adults on an equitable geographic basis (one within each hospital group) and one for children at national level.		
9.2	Scale up effective community-based programmes with a focus on disadvantaged areas to enhance knowledge and skills with regard to healthy eating and active living.		
9.3	Develop programmes to improve healthy eating for mothers, preconception, and for infants and children up to two years.		
10.3	Investigate the effectiveness (including cost effectiveness) of obesity interventions and programmes		
10.4	Develop and implement a national physical activity surveillance system.		
10.5	Sustain ongoing obesity surveillance through Healthy Ireland and COSI as a means of monitoring progress.		
10.7	Enhance the research capabilities, training, and capacity to provide for knowledge translation.		
10.8	Develop an obesity 'knowledge translation' programme to inform the Action Plan.		
10.1	Develop an annual bulletin or score card on progress in relation to the Obesity Policy and Action Plan and disseminate results		

4. Discussion

This report summarises expert opinions of the level of implementation and level of progress for each action outlined in the Irish Government's Obesity Policy and Action Plan (OPAP). Effective government policies and actions are key to creating health promoting environments that enable positive lifestyle behaviours, including healthy dietary and physical activity habits and to reducing the pervasive levels of obesity, diet-related non-communicable disease (NCD), and their related inequalities. The process of monitoring progress in the implementation of these policies will contribute to the establishment of health promoting environments, thereby enabling the healthier choices to be the easier choices. In this independent assessment of the level of implementation and progress in implementation of the OPAP the ongoing efforts of the Irish government to implementing the actions of the Obesity Policy and Action Plan since its launch in 2016 are acknowledged. Across the short-term, medium-term, and long-term actions medium to high levels of progress and implementation were observed in some areas, while implementation was limited in other areas. It should be noted that the evidence document that formed the basis of the expert-panel evaluation was compiled prior to May 2021. Thus, it should be acknowledged that further work has been completed in the intervening period, including the launch of the Obesity Policy and Action Plan progress report which was launched in Feb 2022 (8).

This evaluation and the accompanying evidence document highlight that progress has been made towards implementing policies and interventions to reduce population level obesity rates in Ireland. In particular, evidence of high level of implementation around the levy on sugar sweetened beverages, development of a suite of healthy eating guidelines across the population, the appointment of a clinical lead on obesity, the implementation of a national physical activity plan and sustaining the ongoing surveillance initiatives of COSI and Healthy Ireland, are evident. However, a number of action gaps as identified by the expert panel remain. These gaps include: the development of guidelines to support materials for those working in the built environment for urban development and planning; the development of an obesity database for surveillance and planning; the development and implementation of appropriate child development growth and monitoring systems; the development and implementation of a dedicated nutrition policy and action plan; and the development and implementation of a national physical activity surveillance system.

5. Conclusion

Immediate implementation of policies with the sufficient infrastructure support that enable healthy, obesity reducing environments are urgently required to tackle the burden of obesity in Ireland. While much progress has been achieved, continued commitment across Government Departments to

support the Obesity Policy and Action Plan is required. To address the burden of obesity and diet-related NCDs it is essential that a cross government, inter-agency, whole systems approach continues to be prioritised.

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Appendix 1: List of Experts

Name	Organisation
Dr. Jean O'Connell	The Association for the Study of Obesity (ASOI)
Dr. Aoife Lane	Athlone Institute of Technology (AIT)
Ginny Hanrahan/ Fiona Mc Veigh	CORU
Claire Hurley/Eoin Karr	Cork Sports Partnership
Dr. Tara Coppinger	Cork Institute of Technology (CIT)
Janette Walton	Cork Institute of Technology (CIT)
Dr Mary Rose Sweeney	Dublin City University (DCU)
Dr. Donal O'Gorman	Dublin City University (DCU)
Dr Evelyn Hannon	Galway-Mayo Institute of Technology
Phelim Quinn	Health Information & Quality Authority (HIQA)
Dr Ailis Brosnan	HSE
Clare Deasy	HSE Health Promotion
Dr Sarah O' Brien	HSE
Dr Cathy Breen	Clinical Specialist Dietitian in Obesity and Diabetes, St Columcille's Hospital, Loughlinstown, Co Dublin
Susie Birney	Irish Coalition for People living with Obesity (ICPO)
Deirdre Kindlon	Irish Coalition for People living with Obesity (ICPO)
Ms Janis Morrissey	Irish Heart Foundation
Mr Chris Macey	Irish Heart Foundation
Ms Jennifer Feighan	Irish Nutrition and Dietetic Institute
Lewis Purser	Irish Universities Alliance
Prof Francis Finucane	Galway University Hospitals and Saolta.
Prof Saoirse Nic Gabhainn	Health Promotion Research Centre, NUI Galway
Dr. Colette Kelly	Health Promotion Research Centre, NUI Galway
Dr Catherine Hayes	Faculty of Public Health Medicine RCPI
Dr. Gracce O'Malley	Division of Population Health Sciences, RCSI
Dr Catherine Conlon	Safefood
Dr. Joana Caldeira Fernandes da Silva	Safefood
Dr. Cormac Powell	Sport Ireland
Ian Lumley	An Taisce
Professor John Kearney	Technological University Dublin (TUD)
Dr. Fiona Chambers	University College Cork (UCC)
Prof. Kevin P. Balanda	University College Cork (UCC)
Professor Thia Hennessy	University College Cork (UCC)
Professor Mary Mc Carthy	Cork University Business School, University College Cork (UCC)
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Appendix 2: Evidence Document

A Healthy Weight for Ireland

2016-2025

Obesity Policy and Action Plan

EVALUATION EVIDENCE DOCUMENT

January 2016 - May 2021



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Introduction

'A Healthy Weight for Ireland, 2016-2025', the Government's National Obesity Policy and Action Plan (OPAP) ⁽²⁾ was launched by the Irish Government in September 2016 under the auspices of the overall Healthy Ireland Framework. This represented an important milestone in Ireland's response to the on-going epidemic of overweight and obesity, and non-communicable disease (NCD) in both adults and children.

Obesity is a key priority within the Healthy Ireland Framework³. The OPAP provides a ten-year road map through which the Government and associated agencies aim to tackle preventable, non-communicable diseases, in a more effective way. The OPAP is based on scientific evidence, international best practice, and stakeholder consultation (including health professionals and children). Led by the Department of Health (DoH), the OPAP has an implementation focus which aims to facilitate and strengthen coherent engagement, and cooperation across government departments, statutory and other sectors, communities, and individuals. The aim is to create cohesive action across multiple settings and sectors to maximise national efforts in preventing NCDs.

To achieve the targets outlined in the policy 'Ten Steps Forward' have been identified (see Figure 1). Within each interdependent step, several actions have been identified as necessary to achieve the desired outcomes and targets of the policy. The key features of the OPAP which supports implementation, includes definitive governance and accountability, with the identification of the lead and lead partners responsible for each action. A time frame for the completion of each action was also assigned according to three categories: short-term (2016-2018), medium term, (2016-2020) and long-term (2016-2025).

A total of 60 actions were identified to be completed over a ten-year period. Twenty-four actions were due to be completed by 2018, fourteen actions by 2020, and the remaining twenty-two actions to be completed by 2025.

² Department of Health, A healthy weight for Ireland: obesity policy and action plan 2016 - 2025. Dublin: DoH, 2016. <http://hdl.handle.net/10147/620617>

³ Department of Health, Healthy Ireland a framework for improved health and wellbeing 2013 – 2025 Dublin: DoH, 2013 <http://hdl.handle.net/10147/296821>

Evaluation of the “A Healthy Weight for Ireland 2016–2025; Obesity Policy and Action Plan”.

Funded by the Health Research Board, the Centre for Health and Diet Research (CHDR) has been commissioned to conduct a mid-way evaluation of the policy implementation. Researchers based at the School of Public Health; University College Cork (UCC) have compiled the OPAP Evaluation Evidence Document (for Ireland) with support from relevant government departments. The researchers aim to highlight the evidence of implementation relating to each action from January 2016 to May 2021. This information was validated by government officials prior to dissemination to an expert panel.

A broad view of relevant evidence was taken to include, inter alia:

- Evidence of commitments from leadership to explore policy options.
- Allocation of responsibility to an individual/team (documented in a work plan, appointment of new position).
- Establishment of a steering committee, working group, expert panel etc.
- Review, audit, or scoping study undertaken.
- Consultation processes undertaken.
- Evidence of a policy brief/proposal that has been put forward for consideration.
- Preparation of a regulatory or economic impact assessment, health impact assessment etc.
- Regulations/legislation/other published policy details.
- Monitoring data.
- Policy evaluation report.

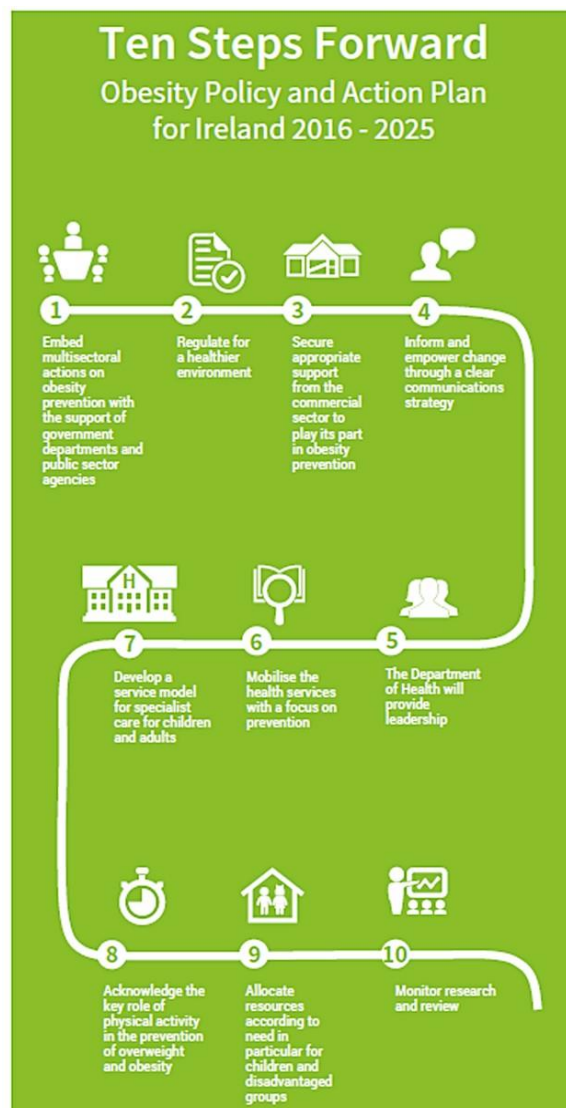


Figure 1 “Ten Steps Forward” from ‘A Healthy Weight for Ireland, 2016-2025’, the governments National Obesity Policy and Action Plan ⁽²⁾.

An expert panel consisting of a group of independent, non-government, informed public health experts and organisations will support the assessment process. An online survey will allow the expert panel to rate the performance of the lead partners responsible for implementing the planned actions within the specified period. The process will result in the development of an implementation scorecard to visually represent the progress that has been made thus far, highlighting areas where progress is lacking. The findings are expected to be available by mid-2021 and will be communicated with government, non-government stakeholders, and the general public, to increase awareness and accountability, and to ensure the policy achieves its desired targets by 2025.

1. Online Rating Survey Instructions

1.1 How do I rate the implementation and progress of each action?

You will rate each action by assigning two scores; an implementation score and a progress score, using a six-point scale. Please see below for more information about the scales used for each score and things to consider, in addition to a rating example.

1.1(a) Implementation Score

The first thing you will be asked to **rate** is the **current degree of implementation** (based on this document – the OPAP Evaluation Evidence Document) **against** the **planned actions outlined** in the **OPAP** Policy Document.

Key Questions

To what extent do you feel that the action has been implemented, based on the evidence provided?

Scale 1: Implementation Score Rating Scale	
Rating	Description
1	<20% implemented compared to the planned action outlined in the OPAP.
2	20-40% implemented compared to the planned action outlined in the OPAP.
3	40-60% implemented compared to the planned action outlined in the OPAP.
4	60-80% implemented compared to the planned action outlined in the OPAP.
5	80-100% implemented compared to the planned action outlined in the OPAP (meets all expectations and timeframe).
6	>100% implemented compared to the planned action outlined in the OPAP (exceeds expectations or the planned timeframe).

There is also a 'unable to rate' option, but please only use this if really needed and provide comments in the comment box explaining why you cannot rate the particular action.

1.1(b) Progress Score

The second thing you will be asked to rate is the **progress compared** to the **assigned timeline** in the **OPAP** Policy Document. You will be asked to rate whether you think the action will be fully implemented by 2025 (or the end date specified in the OPAP). You will also be asked for the reason for your answer.

Key Questions

Will the action be fully implemented by 2025 (or by the end-date specified in the policy)?
If not, what level of implementation do you predict will be achieved?

Scale 2: Progress Score Rating Scale	
Rating	Description
1	Action will be <20% implemented by 2025.
2	Action will be 20-40% implemented by 2025.
3	Action will be 40-60% implemented by 2025.
4	Action will be 60-80% implemented by 2025.
5	Action will be 80-100% implemented by 2025.
6	Action has already been fully implemented.

Your rating requires expert judgement, taking the following into account:

1. The **quality of government policies/actions** compared to those specified in each action statement.

For example, a regular auditing schedule will be considered stronger than a responsive monitoring process or an implemented and evaluated programme will be considered stronger than a pilot programme without concrete plans for expansion/sustainability.

2. The **extent of implementation of government policies/actions** compared with the **planned action**, considering all aspects of the policy cycle.

- *Agenda setting and initiation.*
- *Supporting policy or framework development.*
- *Implementation (including interventions, steering groups/committees).*
- *Evaluation*

3. You should **consider the status of each action** as they are **now in comparison** to the **planned timeframe outlined** in the OPAP Policy Document.

Progress ratings require your expert opinion. You should consider the intentions and plans of the Government, Government support for National Government Organisation's (NGO) (e.g., funding to deliver actions related to the OPAP) and the establishment of working or advisory groups, etc.

It should be noted that due to COVID-19 and the Irish Governments Resilience and Recovery Plan (which includes various public health guidelines and restrictions), deliverables on some actions have been negatively affected. Before awarding an implementation and progress score please give due consideration to the actions where it is noted deliverables have been affected by the pandemic.

1.2 Confidentiality

All responses are confidential, and you will not be quoted verbatim. Your answer will be used to highlight action areas which may require particular attention.

1.3 Supporting Evaluation Evidence Document

The OPAP Evaluation Evidence Document outlines the full details of the current evidence of implementation for each action from January 2016 to May 2021. This document has been prepared by the UCC research team and validated by the DoH.

This document is designed to support you in the rating process and to give you the confidence to make those judgements. It is important to read the OPAP Evaluation Evidence Document before putting in your rating for each action.

1.4 Worked Example of the Evidence Rating Process

This is an example of the type of summary you will be rating and how your rating will be tabled. You are required to read the information in the box below, paying special attention to the **action as it is listed in the OPAP Policy Document**, the **stakeholders responsible**, and the **projected time frame** for full implementation.

You will then compare this proposed action to the actual implementation of that action based on the evidence summary provided to you. The sources for the evidence summary are listed and you may click on the hyperlinks if you

require more information. You will then assign the overall implementation score for that action in the online survey (using scale 1) and an overall Progress Score (using scale 2). See an example of the assigned ratings below.

SAMPLE ACTION	
Monitor compliance with the WHO Code of Practice on the Marketing of Breastmilk Substitutes (WHO, 1981).	
Timeframe	2016-2025
Lead Responsible	HSE, FSAI
Lead Partners	DoH, DII, HSE, FSAI
Evidence of Implementation	<p>Evidence Summary</p> <ul style="list-style-type: none"> • Compliance is supported by guidance documents and tool kits that are in line with the World Health Organisation (WHO) Code of Practice. • The FSAI responds to reports of non-compliance but does not have a regular auditing schedule. • The FSAI has a dedicated expert working group on Infant feeding which is overseen by the HSE. • HSE has indicated that a revised Code is imminent. <p>In reflection of the World Health Organisation (WHO) Code of Practice, new EU food law came into effect on 22nd February 2020 which further restricts advertising and marketing of infant formula (formula products suitable for infants' age 0 to 12 months) to promote and protect breastfeeding. To ensure compliance, the Food Safety Authority of Ireland (FSAI) and the specialised nutrition member companies of Dairy Industry Ireland (DII) have developed a new guidance document for industry partners and health professionals. A compliance assessment tool for industry partners has also been developed.</p> <p>The FSAI follows up on reports of non-compliance but there is no evidence of a routine auditing schedule. The FSAI has an expert working group which includes representatives from all healthcare professions involved in infant feeding in Ireland. This group produce scientific recommendations in partnership with the Food Unit from the DoH. This is overseen by the Health Service Executive (HSE).</p>
Sources of Evidence	<p>FSAI. (2020) <i>Guidance Published on Stricter Rules for Advertising and Marketing Infant Formula</i>, available: https://www.fsai.ie/news_centre/infant_formula_guidance_09042020.html</p>

Overall Sample Expert Rating for Sample Action		
Implementation Score:	4	60-80% implemented compared to the planned action outlined in the OPAP.
Progress Score:	5	Action will be 80-100% implemented by 2025.

2. Definitions

Algorithm	An algorithm is a procedure for resolution of a problem.
Anthropometric	The scientific measurement of the human body for comparison.
Bariatric	The medical discipline that treats obesity.
Body Mass Index	A measurement obtained by dividing a person's weight by the square of the person's height, which is used as an indicator of the degree of obesity.
Brief Intervention	A technique used to initiate change on unhealthy or risk behaviour. Brief interventions involve screening and assessment of health behaviours as well as elements of motivational interviewing.
Calorie Posting	Posting of the calorie details of meals on menus alongside the price of items, at the point where the food is ordered in restaurants, takeaways, and food service outlets.
Co-morbidities	The presence of one or more diseases/disorders alongside a primary disease/disorder.
Corporate Social	The responsibility corporations have towards the global and local communities in which they operate.
Determinants of Health	The social determinants of health are the circumstances in which people are born, grow, live, work and age, as well as the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces i.e., economics, social policies, and politics.
Discretionary Income	The income that remains after personal necessities are accounted for.
EU Food Information	New rules on the provision of food information to Consumers (FIC) (Regulation (EU) No 1169/2011) applicable since December 2014.
Evidence Based	When decisions are made based on concrete research findings and widely accepted evidence.
Evidence Informed	When decisions are taken based on the best available evidence.
Exclusive Breastfeeding	When no other liquids are given other than breast milk.
Food Environments	The collective physical, economic, policy, and socio-cultural surroundings, opportunities and conditions that influence people's food and beverage choices, and nutritional status.
Food	Refers to food and non-alcoholic beverages. It excludes breastmilk or breastmilk substitutes.
Government	Includes any Government departments and, where appropriate, other agencies (i.e., statutory bodies such as offices, commissions, authorities, boards, councils, etc.). Plans, strategies or actions by local Government should not be included, although relevant information can be noted in the 'context/comments' sections.
Health and Wellbeing Bill	The proposed Health and Wellbeing (Workplace Wellbeing) Bill will require public service employers to develop a "healthy workplace" policy to promote the physical, mental, and social wellbeing of employees.

Health Inequalities	A difference in health status or in the distribution of health determinants between different population groups.
Health Promoting Schools Initiative	A World Health Organisation concept whereby schools assess health needs and work towards better health for all who learn and work in a school setting.
Healthy Ireland	The Healthy Ireland Framework was adopted by the Irish Government in 2013 and is the overarching framework for action to enhance population health. The Healthy Ireland Annual Fund supports several healthy eating and physical activity programmes.
Healthy Ireland Council	A multi-stakeholder national forum aiming to provide the platform to connect and mobilise communities, families, and individuals to support everyone to enjoy the best possible health and wellbeing in the context of Healthy Ireland.
Healthy/unhealthy Food	Categorisation of foods as healthy/unhealthy are in accordance with the WHO and EU guidelines. Where it is not clear which category to use, categorisation of foods should be informed by rigorous criteria or the use of a nutrient profiling model.
Knowledge Translation	An umbrella term for all the activities involved in moving research from the laboratory, the research journal, and the academic conference into the hands of people and organisations that can put it to practical use.
Modifiable Risk Factors	Factors that can be altered/modified to reduce risk. For example, changing a diet for longer life would be a modifiable risk factor, whereas an individual's age could not be modified for longer life.
Non-Communicable Diseases	Medical condition(s) that cannot be transmitted to others.
Nutrients of Concern	Salt (sodium), saturated fat, trans fat, and added sugar.
Obesity	A medical condition in which excess body fat has accumulated to the extent that it may have a negative effect on health. People are considered to be living with obesity when their body mass index (BMI) exceeds 30 kg/m ² .
Obesogenic Environment	An environment that promotes gaining weight and one that is not conducive to weight loss.
Overweight	A medical condition in which excess body fat has accumulated to the extent that it may have a negative effect on health. People are considered overweight when their BMI is in the range of 25 to 30 kg/m ² .
Pandemic	An epidemic occurring on a scale that crosses international boundaries, affecting many people.
Policy Implementation	An iterative process of policy making in which policy decisions are translated into practice.
Psychosocial	Referring to the interaction between psychological and social factors.
School Meals Scheme	A scheme operated by the Department of Social Protection, which supplies funding towards provision of food services for disadvantaged school children.
Sedentary Behaviour	Any waking activity characterised by an energy expenditure the same or less than 1.5 metabolic equivalents and a sitting or reclining posture.
Surveillance	Collection and analysis of health data about overweight and obesity, which is then used to drive decisions about health policy. This applies to surveillance of populations and is distinct from active surveillance, which applies to individuals.

TILDA	The Irish Longitudinal Study on Ageing
Trans Fats and Saturated Fats	Trans fats are unsaturated fats often present in highly processed foods. Saturated fats also occur in processed foods. Both of these raise cholesterol and are considered bad for heart health.
Transition Probabilities	The probability of transition from one state to another, for example from living with obesity to being a healthy weight.
Tusla	The Child and Family Agency
Whole of School Approach	Cohesive, collective, and collaborative action in and by a school community that has been strategically constructed to improve student learning, behaviour and wellbeing, and the conditions that support these.

3. Abbreviations

ABC	Area Based Childhood
ALCI	Association of Lactation Consultants in Ireland
ASF	Active School Flag
BAI	Broadcasting Authority of Ireland
Best ReMaP	Best practice in Reformulation, Marketing, and Public procurement
BMI	Body Mass Index
BOAT	Breastfeeding Observation Assessment Tool
CAG	Clinical Advisory Group
CDM	Chronic Disease Management
CES	Centre for Effective Services
CHDR	Centre for Health and Diet Research
CHO	Community Healthcare Organisations
CIT	Cork Institute of Technology (now known as Munster Technical University)
CLG	Company Limited by Guarantee
COSI	Childhood Obesity Surveillance Initiative
CPD	Continuing Professional Development
CSO	Central Statistics Office
CSPPA	Children’s Sport Participation and Physical Activity
CSR	Corporate Social Responsibility
CYPSC	Children and Young People’s Services Committees
DAFM	Department of Agriculture, Food, and the Marine
DCEDIY	Department of Children, Equality, Disability, Integration and Youth
DECC	Department of the Environment, Climate and Communications
DECLG	Department of Environment, Community and Local Government
DEIS	Delivering Equality of opportunity In Schools
DES	Department of Education and Skills
DETE	Department of Enterprise, Trade and Employment
DoE	Department of Education
DF	Department of Finance
DFHERIS	Department of Further and Higher Education, Research, Innovation and Science
DHLGH	Department of Housing, Local Government and Heritage
DII	Dairy Industry Ireland
DoH	Department of Health
DoT	Department of Transport
DRCD	Department of Rural and Community Development
DSP	Department of Social Protection
DTCAGSM	Department of Tourism, Culture, Arts, Gaeltacht, Sport and Media
DTTAS	Department of Transport, Tourism and Sport

EC	European Commission
EHIS	European Health Interview Survey
ELC	Early Learning and Care settings
ESRI	Economic and Social Research Institute
EU	European Union
EUHLG	European Union High Level Group
FDI	Food Drink Ireland
FIC	Food Information to Consumers
FIRM	Food Institutional Research Measure
Food-EPI	Healthy Food-Environment Policy Index
FOP	Front Of Pack
FSAI	Food Safety Authority of Ireland
GMS	General Medical Services
GP	General Practitioner
GUH	Galway University Hospital
GUI	Growing Up in Ireland
HBSC	Health Behaviour in School-aged Children
HEI	Higher Education Institution
HEPA PAT	Health Enhancing Physical Activity Policy Audit Tool
HFME	Healthy Food Made Easy
HFSS	High in Fat, Sugar and/or Salt
HIDP	Healthy Ireland Demonstration Project
HISS	Healthy Ireland Smart Start
HIQA	Health Information and Quality Authority
HRB	Health Research Board
HSE	Health Service Executive
HTA	Health Technology Assessment
IBEC	Irish Business and Employers Confederation
ICGP	Irish College of General Practitioners
IEHG	Ireland East Hospital Group
IHF	Irish Heart Foundation
INFORMAS	International Network for Food and Obesity/NCDs Research, Monitoring, and Action Support
IPH	Institute of Public Health (in Ireland)
IUNA	Irish Universities Nutritional Alliance
LCDC	Local Community Development Committee
LCPE	Leaving Cert Physical Education
LSP	Local Sports Partnership
MAPP	Midlands Area Parenting Partnership
MDT	Multi-Disciplinary Team
MECC	Making Every Contact Count programme

NCAGL	National Clinical Advisor and Group Lead
NCCA	National Council for Curriculum and Assessment
NCD	Non-Communicable Disease
NCEC	National Clinical Effectiveness Committee
NCG	National Clinical Guideline
NCN	National Childhood Network
NCPE	National Centre for Pharmaco-Economics
NGO	Non-Government Organisation
NIIS	National Immunisation Information System
NNSC	National Nutrition Surveillance Centre
NPAP	National Physical Activity Plan
NTPF	National Treatment Purchase Fund
NUGAG	NUtrition Guidance expert Advisory Group
NUIG	National University of Ireland Galway
OPAP	Obesity Policy Action Plan
OPIOG	Obesity Policy Implementation Oversight Group
PCRS	Primary Care Reimbursement Service
PHEW	Programme for Healthy Eating and Weight management
PPFS	Programme for prevention, Partnership and Family Support
RCPI	Royal College of Physicians in Ireland
ROI	Republic Of Ireland
RSG	Revision Steering Group
SCH	St. Columcille's Hospital
SECAD	South and East Cork Area Development
SOL	Statements Of Learning
SPHE	Social, Personal, and Health Education
SPHeRE	Structured Population and Health-services Research Education
SSDT	Sugar Sweetened Drinks Tax
SSE	School Self-Evaluation
SVUH	St. Vincent's University Hospital
TU Dublin	Technical University Dublin
UCC	University College Cork
UCD	University College Dublin
WHO	World Health Organisation

4. Action Areas – Ten Steps Forward

This section outlines a high-level summary of action across ten steps (ten steps forward). A detailed summary of evidence is outlined under each action in section five of this document.

Step 1 - Embed multi sectoral actions on obesity prevention with the support of Government departments and public sector agencies.

Nutrition standards for school meals were published in 2017 and disseminated to primary and post primary schools. These standards were developed by the Obesity Policy Implementation Oversight Group (OPIOG) Healthy Eating Sub Group, established in 2016, to support the Department of Social Protection School Meals Scheme but equally apply to all food healthy eating policies in schools. The OPIOG was established under the chair of the Department of Health (DoH). The group consists of government, academic and state body representatives. The OPIOG held its inaugural meeting in October 2017. A Sugar-Sweetened Drinks Tax (SSDT) was introduced in 2018. An evaluation of the impact of this tax is currently underway.

First 5- A Whole-of-Government Strategy for Babies, Young Children and their Families 2019-2028 was published in November 2018 by the Department of Children and Youth Affairs (now called the Department of Children, Equality, Disability, Integration and Youth (DCEDIY). A Healthy Eating, Active Living Programme was established as a policy priority programme within the HSE and a three-year National Implementation Framework for the programme was finalised.

Step 2 – Regulate for a healthier environment

A healthy Ireland Stakeholder Forum on the Built Environment was planned in partnership with various government departments and was held in November 2018. A behavioural study on the most effective method of posting calories on menus to customers was published by the Economic and Social Research Institute (ESRI). The DoH is preparing legislation for calorie posting.

Step 3 - Secure appropriate support from the commercial sector to play its part in obesity prevention.

A Reformulation Sub-Group of the OPIOG was established in January 2018. The primary aim of the sub-group is setting targets on food and drink reformulation. In 2018 and 2019 workshops between the sub-group and food sector stakeholders took place. Following this, a draft Reformulation Roadmap was considered by OPIOG, and a consultation was held. An action plan for implementation is nearing finalisation.

Codes of practice for food and beverages promotion, marketing and sponsorship have been developed involving representatives from the food industry, advertising sector, statutory agencies, and various government departments. The codes of practice were published in 2018.

Step 4 - Implement a strategic and sustained communications strategy that empowers individuals, communities, and service providers to become obesity aware and equipped to change, with a particular focus on families with children in the early years.

In 2017 a five-year child obesity communication campaign from *safefood*, the HSE, and Healthy Ireland was launched (START). This campaign aims to support parents to develop and continue healthy lifestyle behaviours to help prevent childhood obesity. A mid cycle evaluation of the START campaign was recently underway to inform the future direction for the campaign in 2021 and 2022. The Department is developing a five year adult obesity campaign to be led out by Healthy Ireland in partnership with *safefood* and the HSE. This campaign will launch in the second half of 2021.

Step 5 - The Department of Health, through Healthy Ireland, will provide leadership, engage and co-ordinate multi-sectoral action and implement best practice in the governance of the Obesity Policy and Action Plan.

Since their formation, the OPIOG and OPIOG Sub Groups hold regular meetings to advance plans for obesity prevention interventions and initiatives in Ireland.

Step 6 - Mobilise the health services to better prevent and address overweight and obesity through effective community-based health promotion programmes, training, and skills development and through enhanced systems for detection and referrals of patients living with overweight and obesity at primary care level.

The 2015 GP contract provides free care to children under six years of age that includes weight and height monitoring. As part of the GP General Medical Services (GMS) Agreement, GPs will avail of Making Every Contact Count (HSE Intervention) with their GMS/GP Visit Card patients.

The Obesity Programme Clinical Advisory Group was established in the HSE in 2017. In addition, the HSE Breastfeeding Action Plan 2016-2022 (being extended for an extra year due to COVID-19 is being implemented, and the HSE Food, Nutrition and Hydration Policy for Adults in Acute Settings was launched in 2019.

The DoH together with the HSE are at the final stages of the development of a Healthy Communities Programme for disadvantaged areas. The programme which includes a focus on healthy eating will be launched in the second half of 2021.

Step 7 - Develop a service model for specialist care for children and adults.

A National Clinical Lead for Obesity was appointed in September 2017. A Clinical Advisory Group and a National Clinical Programme for Obesity were also established in 2017. Work advanced over the ensuing period in relation to the development of a model of care for the management of overweight and obesity. This was announced on by the Minister for Health on World Obesity Day (4th March 2021). An OPIOG Healthcare Sub Group has been established to implement the Model of Care.

Step 8 - Acknowledge the key role of physical activity in the prevention of overweight and obesity.

Healthy Ireland developed the 'Get Ireland Active! The National Physical Activity Plan for Ireland' (NPAP). This plan is in collaboration with the Department of Tourism, Culture, Arts, Gaeltacht, Sport and Media (formerly the Department of Transport, Tourism and Sport), and a range of other stakeholders. Summary and Implementation Reports have been published for 2017, 2018, and 2019.

Step 9 - Allocate resources according to need, in particular to those population groups most in need of support in the prevention and management of obesity, with particular emphasis on families and children during the first 1,000 days of life.

The Healthy Ireland Fund was established in 2017 with an annual budget of €5 million, subsequently increasing to €6 million. The HI Fund has supported numerous initiatives focused on preventing overweight and obesity with some being expanded. The Healthy Communities Programme has been designed to help action this step of the OPAP.

Step 10 - Develop a multi-annual research programme that is closely allied to policy actions, invest in surveillance, and evaluate progress on an annual basis.

The Healthy Ireland Outcomes Framework, published in 2018, has developed a set of performance indicators to monitor future progress with the Healthy Ireland agenda, including on overweight and obesity.

The development of a multi-annual obesity research plan is being prepared. There have been several research initiatives in this area, including the IUNA (Irish Universities' Nutrition Alliance) surveys. The IUNA National Children's Food Survey II (for 5 to 12-year-olds) was published in September 2019.

The Healthy Ireland and COSI (Childhood Obesity Surveillance Initiative) surveys provide periodic research information on obesity in adults and children. The 2019 Healthy Ireland Survey found that 37% of those surveyed were overweight and 23% were obese, which showed continued stabilisation. The COSI survey published in 2020 (based on findings from 2018/2019) found an overall level of overweight and obesity of 19% for primary schoolchildren, but with greater prevalence among girls and significantly greater for children in DEIS (Delivering Equality of opportunity In Schools) schools.

The Health Behaviour in School-aged Children (HBSC) Ireland report *Trends in Health Behaviours, Health Outcomes and Contextual Factors between 1998-2018: findings from the Irish Health Behaviour in School-ages Children Study* was launched on the 8th of March 2021.

Additionally, the development of a Healthy Food-Environment Policy Index (Food-EPI) for Ireland based upon an international assessment framework was published in November 2020. The Food-EPI assessed and compared the extent of implementation of government policies for creating healthy food environments against international best practice. Healthy Ireland has commissioned behavioural research with the ESRI in 2017, 2018 and 2019 on signposting calories on menus, portion size, and consumer understanding of food labels to help inform obesity policy actions.

5. Actions

<p>ACTION 1.1</p> <p>As an integral part of the ‘healthy school’ concept, develop and implement a ‘whole of school’ healthy lifestyle programme (including, but not limited to, the curriculum on; nutrition, physical activity, smoking, alcohol, and mental wellbeing), incorporating knowledge, skills and greater understanding of environmental factors that influence children and young people.</p>	
Timeframe	2016-2018
Lead Responsible	DoE ⁴
Lead Partners	DoH, DSP, Safefood, HSE, Schools
Evidence of Implementation	<p>Evidence Summary</p> <ul style="list-style-type: none"> • Wellbeing guidelines for young adults in post-primary schools (developed and implemented in 2015 and 2017 respectively, ongoing curriculum expansion). • Updated national healthy eating guidelines with guidance for children over five years of age and young adults (published in 2016, disseminated to schools in 2017). • Nutritional standards in schools have been available since 2017. • Physical activity curriculum for young adults in the last years of post-primary school (introduced in 2018, implementation in progress). • Nutrition standards mandating provision of healthy foods in any state-funded meal programmes while also recommending healthy foods in all schools not funded under government schemes (implemented in 2017). • A well-being framework for all children in education settings (developed and implemented in 2019, mandatory self-evaluation in progress). • Several supported (government) programmes as part of the Healthy Ireland Framework aimed at; promoting healthy food choices in schools, improving healthy food access (particularly for disadvantaged children), encouraging healthier environments and, encouraging physical activity opportunities in schools. • Interventions to teach children about nutrition and to encourage children to be more physically active. • The DoH is establishing a Food in Schools Forum (based on the Northern Ireland Model) in the third quarter of 2021 and the first meeting is in May 2021. <p><u>School Curriculum</u></p> <p>The Framework for Junior Cycle was developed in 2015 and contains an area of learning entitled <i>Wellbeing</i>. Its implementation is supported by the Junior Cycle Wellbeing Guidelines, introduced in 2017 and now fully implemented. The guidelines were updated in 2021 (link is provided in sources of evidence).</p> <p>The framework and guidelines are a means through which schools can demonstrate their dedication to the wellbeing of students in the first three years in post-primary school settings. Specific Statements Of Learning (SOL) highlight the need for students to be “a confident and competent participant in physical activity and is motivated to be physically active and understands the importance of food and diet in making healthy lifestyle choices” (Cellbridge</p>

⁴ Formerly the Department of Education and Skills (DES)

Community School, 2015). As of 2020 the Junior Cycle Wellbeing Programme accounts for 400 hours of timetabled engagement (increased as planned from 300 hours in 2017).

There are two senior cycle PE curricula: The Leaving Certificate PE and the Senior Cycle PE Framework. The latter framework is for those who are not choosing to do PE as an examinable subject for the Leaving Certificate. The post-primary curriculum on physical activity was developed and introduced on a phased basis in September 2018 as part of new specification for the Leaving Certificate Physical Education (LCPE) exam. Both subjects were piloted and rolled-out in 2020.

In December 2016, the Irish healthy eating guidelines were updated, and the Healthy Food for Life resources (including a revised food pyramid) were published. The guidelines provide specific guidance for children (over the age of five years) and young adults. These healthy eating guidelines were circulated to all schools in 2016/17.

The nutritional standards for school meals were published in 2017 under the auspices of Healthy Ireland. The standards aim to ensure that children and young people in schools participating in the scheme are provided with healthy balanced meals that follow the Healthy Eating Guidelines. These standards are a valuable resource to enable and promote healthy eating and healthy lifestyles in schools. Approximately €53.5 million was spent on food under this scheme in 2020 with €65.1million budgeted for 2021. School nutrition standards are monitored by the Department of Social Protection (DSP).

The DSP continued to implement the School Meals Programme to pupils during the pandemic schools lockdown. This was assisted by principals and teachers in delivering food to pupils' homes. Healthy Ireland and *safefood* have developed Nutrition Guidelines for Food Parcels.

The Hot Food Pilot Scheme commenced in 2018 and Nutrition standards for hot school meals were published in January 2021 and are available online. In March 2021, the Minister for Social Protection launched the Hot School Meals Programme for primary school students. This programme will be available in 189 schools (including 171 DEIS schools) where there are no kitchen facilities on school premises.

To obtain funding the meals provided must meet the nutrition standards for hot meals (2 servings of vegetables, salad, or fruit, 1 serving of wholemeal cereals/bread/pasta/rice/potatoes, and 1 serving of meat/poultry/fish/egg/beans or nuts). It also recommends that the curriculum, school's environment, and policies support children and young people to make healthier choices.

The Wellbeing Policy Statement and Framework for Practice 2018–2023

A whole of school healthy lifestyle framework entitled *The Wellbeing Policy Statement and Framework for Practice 2018–2023* was released by the Minister for Education and Skills in 2018 and revised in October 2019. This framework applies to schools, centres for education, children, and young people, parents/carers, support services, government departments, non-government organisations, and all those with an interest in wellbeing promotion in education. It provides an overarching structure encompassing existing, ongoing, and developing work under four key areas of wellbeing promotion: (i) culture and environment, (ii) curriculum (teaching and learning), (iii) policy and planning, and (iv) relationships and partnerships. The definition of wellbeing is broad

and acknowledges individual and environmental factors and “is a fluid way of being and needs nurturing throughout life” (WHO, 2001).

Department of Educations’ (DoE) Support Services are supporting schools and centres to implement this, as well as supplying online wellbeing resources. By 2023 every school and centre for education is needed to use the School Self-Evaluation (SSE) process to monitor the implementation of this policy. This tool will initiate a wellbeing promotion review and development cycle. Information for schools will soon be found on the Health Service Executive (HSE) website.

The HSE has an Education Programme to support teachers to promote healthy dietary behaviours, physical activity, and wellbeing in primary and post primary schools. The support includes providing access to useful resources that teachers can access and download. The programme also provides professional development for teachers. The resources align with the DoE Wellbeing Framework for Practice.

School Initiatives

Several whole school initiatives are supported by Healthy Ireland in conjunction with government departments (DoH, DoE, and the Department of Agriculture, Food, and the Marine (DAFM)).

These include:

- The Active School Flag (ASF): A DoE initiative supported by Healthy Ireland. The flag is awarded to schools that strive to achieve a physically educated and physically active school community. Schools must re-apply for the flag every three years. Over 1,600 primary schools have engaged with the ASF since inception. ASF is currently developing a specific post-primary programme for secondary schools.
- Incredible Edibles: Educates primary school pupils on healthy eating habits with the objective to decrease childhood obesity in Ireland. The DoE and the DoH, through the Healthy Ireland framework, have joined Agri Aware's Incredible Edibles patrons along with the DAFM, Bord Bia, and some horticultural and food companies to support this programme. Please see further detailed information on this scheme under **Action 1.6**.
- The School Fruit and Vegetables Scheme (Food Dudes, Ireland): Promotes science-based healthy eating by encouraging primary school children to increase fruit and vegetables intake through; (i) repeated tastings, (ii) rewards, and (iii) role modelling. In 2017, the School Milk Scheme merged with the School Fruit and Vegetables Scheme (Food Dudes) and offers participating schools access to 250ml of milk per day, free-of-charge for children up to 18 years of age. Please see further detailed information on this scheme under **Action 1.6**.
- The Daily Mile: Is a school-based achievement programme which aims to encourage primary school children to be more active and to help them understand the benefits of physical and mental health, and well-being. This global programme was launched in Ireland in 2018 by the Minister of State for Transport, Tourism, and Sport and coordinated by Athletics Ireland. As of February 2021, 1,027 Irish primary schools were engaged in this programme.
- The Healthy Ireland Demonstration Project (HIDP): Led by the HSE Clinical Lead for Obesity and researchers at the University of Limerick (UL), is examining physical activity and healthy eating in the context of post-primary schools. School closures have had significant impacts on this research programme. However, students from seven post

	primary schools are being tracked as part of ASF and HIDP efforts to measure the impact of COVID-19 on health behaviours in adolescents.
Sources of Evidence	<p>School Curriculum:</p> <p>NCCA. (2017) <i>Junior Cycle Wellbeing Guidelines</i>, available: https://ncca.ie/media/2487/wellbeingguidelines_forjunior_cycle.pdf</p> <p>NCCA. (2021) <i>Junior Cycle Wellbeing Guidelines</i>, available: https://ncca.ie/media/4940/updated_guidelines_2021.pdf</p> <p>State Examinations Commission. <i>Physical Activity Leaving Cert Curriculum</i>, available: https://www.examinations.ie/?l=en&mc=ex&sc=pe</p> <p>Government of Ireland. (2019) <i>Wellbeing Policy Statement and Framework for Practice 2018–2023</i>, available: https://www.education.ie/en/Publications/Policy-Reports/wellbeing-policy-statement-and-framework-for-practice-2018%E2%80%932023.pdf</p> <p>HSE. (2021) <i>Healthy Food for Life</i>, available: https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/health/food-pyramid-images/foodforlifefoodpyramidrationale2016.pdf</p> <p>HSE. (2020) <i>Health and Wellbeing, Healthy Eating Guidelines</i>, available: https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programs/health/healthy-eating-guidelines/</p> <p>Healthy Ireland. <i>Nutrition Standards for School Meals</i>, available: https://assets.gov.ie/15978/6ade4b9f4810445e8c6516b3a33d330b.pdf</p> <p>HSE. (2021) <i>Health Promotion, Schools</i>, available: https://www.healthpromotion.ie/health/schools</p> <p>Government of Ireland. (2021) <i>School Meals</i>, available: https://www.gov.ie/en/publication/a9bfb-school-meals/</p> <p>Government of Ireland. (2021) <i>Minister Humphreys launches Hot School Meals Programme 2021: Record 35,000 students to benefit</i>, available: https://www.gov.ie/en/press-release/2b993-minister-humphreys-launches-hot-school-meals-programme-2021-record-35000-students-to-benefit/</p> <p>School Initiatives:</p> <p>Active School. (2021) <i>Homepage</i>, available: http://activeschoolflag.ie/</p> <p>Agri Aware. <i>Incredible Edibles, Home Page</i>, available: https://www.incredibleedibles.ie/</p> <p>Food Dudes. (2020) <i>About Food Dudes</i>, available: https://www.fooddudes.ie/about-food-dudes/</p> <p>University of Limerick, Department of Physical Education and Sport Sciences. (2019) <i>PESS News & Information; MSc Studentship Physical Activity & Health. Healthy Ireland Demonstration Project</i>, available: https://pess.blog/2019/09/02/msc-studentship-physical-activity-health-healthy-ireland-demonstration-project/</p> <p>University of Limerick, (Department of) Physical Education and Sport Sciences. (2021) <i>Physical Activity and Health</i>, available: https://www.ul.ie/pess/research-0</p> <p>The Daily Mile Foundation. (2021) <i>Homepage</i>, available: https://thedailymile.ie/</p> <p>HSE. (2020) <i>HSE Education Programme</i>, available: https://www.hse.ie/eng/about/who/healthwellbeing/hse-education-programme/</p>

ACTION 1.2

Develop and implement an integrated and holistic health and wellbeing model for early childhood services (Outcome 1 in Better Outcomes, Brighter Futures).

Timeframe

2016-2018

Lead Responsible	Department of Children, Equality, Disability, Integration and Youth ⁵ (DCEDIY)
Lead Partners	Childcare committees in Local Community Development Committees, HSE, DoE, Tusla (Child and Family Agency), DSP, National Childhood Network
Evidence of Implementation	<p>Evidence Summary</p> <ul style="list-style-type: none"> • An updated child health programme and supporting framework aimed to ensure best practice, equity, and expansion, in the service delivery for children (over 18 years) in Community Health Organisations (CHO), and Hospital Groups was implemented in 2017. Expansion and evaluation currently in progress. • A pre-school health promotion training programme (the Nurture Programme) for early childcare providers (implemented in 2018, commitment to review and expand by 2021). • Whole-of-Government strategy (First 5) aiming to improve the affordability, accessibility, and quality of early childhood experiences to improve children’s development, health, and wellbeing was published in 2018, and is currently in initial implementation phase. • A child and infant well-being programme (Healthy Ireland Smart Start, aimed at children aged less than 3 years) aims to increase information and support (developed and implemented in 2016, evaluation completed in 2019). • In 2020 the government launched a suite of healthy eating resources for one to four-year-old children for parents to help them make healthy food choices. Preschool and crèche workers were also involved in focus testing. These recommendations have been used to inform Nutrition Standards for Early Learning and Care Settings by DoH and partners. DCEDIY will hold a consultation workshop for key stakeholders and the standards will be published in early autumn. <p><u>National Healthy Childhood Programme</u></p> <p>The National Healthy Childhood Programme (led by the HSE) was introduced in 2016 and a supporting framework was launched in May 2017. The programme aims to ensure that Irish child health services are delivered to the highest standard (using best-practice evidence for prevention, health promotion, and reducing inequalities). It covers child health reviews, vaccinations, and screening. The service is free to all children.</p> <p>The National Healthy Childhood Programme recognises and incorporates;</p> <ul style="list-style-type: none"> • A model of progressive universalism – help for all and more for those who need it. • Broader policy and strategic context (e.g., Healthy Ireland; Better Outcomes Brighter Futures; National Maternity Strategy; A Healthy Weight for Ireland). • Ongoing need for updating and developing staff training programmes. • Need for constant surveillance and response to emerging evidence on the most effective interventions to prevent and promote health. <p><u>The Nurture Programme - Infant Health and Wellbeing,</u></p> <p>This programme preceded the National Healthy Childhood Programme but forms a key foundation of the above framework. It commenced in 2016 and partners the HSE, the Atlantic Philanthropies, the Katharine Howard Foundation, and the Centre for Effective Services (CES). Nurture Infant Health and Wellbeing Programme is a child and infant well-being programme for parents with children over three years of age and health professionals providing care for children over three years.</p> <p>It aims to improve the information and professional supports that are provided to parents during pregnancy and the first three years of their child's life. This operates through primary care</p>

⁵ Formerly the Department of Children and Youth Affairs

networks and increases information accessibility for parents (through websites, antenatal classes, and home visits). Increased training for health professionals when supporting parents, particularly with infant mental health issues and encouraging breast feeding is also part of this programme. This includes training and Continuing Professional Development (CPD) to upskill health professionals and incorporates healthy eating and physical activity components.

Six implementation teams have ensured the continued creation of resources (e-learning and training programmes, parental resources for children aged zero to five years) throughout 2019. The evaluation included a mixed methods process evaluation in 2017 and 2018. The final 2019 evaluation included interviews, focus groups and surveys of 400 key stakeholders. There was considerable progress in all key deliverables and the progress will be sustained under 'First 5: A Whole-of-Government Strategy for Babies, Young Children and their Families 2019-2028'.

First 5: A Whole-of-Government Strategy for Babies, Young Children, and their Families 2019-2028

First 5: A Whole-of-Government Strategy for Babies, Young Children and their Families 2019-2028 was published in November 2018. This ten-year plan aims to improve early childhood experiences. The vision includes ensuring "those providing services for babies, young children and their families will be equipped to contribute to their learning, development, health and wellbeing" (*First 5, A Whole-of-Government Strategy for Babies, Young Children and their Families 2019-2028, Summary*).

A key action area includes reform of Early Learning and Care Settings (ELC) (and school-age childcare) by seeking to further improve affordability, accessibility, and quality. This includes measures such as the National Childcare Scheme (a statutory entitlement to financial support for childcare as of October 2020). It also aims at moving towards a graduate-led professional ELC workforce and the extension of regulations and support to all paid childminders and school-age childcare services.

Healthy Ireland Smart Start (HISS) Programme

The First 5 strategy will continue to build on the Healthy Ireland Smart Start (HISS) Programme. This pre-school health promotion training programme increases the capacity of early childcare providers to ensure children in pre-school settings (less than three years of age) are supported to adopt healthy lifestyle behaviours (i.e., nutrition and healthy eating, oral health, physical activity, emotional well-being, literacy, as well as health and safety). This is achieved through a 21-hour training programme (including information on self-assessment processes), definitive managerial commitment to the programme, and online resources. This to enable them to better support children in adopting healthy lifestyle behaviours (nutrition and healthy eating and physical activity).

To date, the HISS Programme has been delivered to over 15% of ELC services nationally and continues to reach a further 5% of ELC services in the country each year. There is government commitment in the First 5 Implementation Plan (2019-2021) to continue to develop content to address gaps through training, extending the programme to children under three years, and expanding the programme to all ELC Services. A programme review is due to be completed in May 2021.

In June 2020, the FSAI published Scientific Recommendations for Food Based Dietary Guidelines for one- to five-year-old children. These were based on research compiled by the FSAI's Scientific

	<p>Committee and reflecting international best practice. This process commenced in response to a request from the Minister for Health in 2018. The OPIOG Healthy Eating Sub Group is responsible for developing Healthy Eating Guidelines and Children’s Food Pyramid resources to reflect the recommendations in the FSAI report</p> <p>In October 2020, the Ministers for Health and Children, and the Minister of State for Public Health and Wellbeing launched these first National Healthy Eating Guidelines for one- to four-year-old children. The new Guidelines aim to help parents/guardians and child carers establish and promote healthy dietary behaviours in young children. They include a Children’s Food Pyramid to illustrate what foods and portion sizes a young child should be consuming. In addition, the Guidelines have outlined the need for young children to take a vitamin D supplement in particular months to help encourage strong bone development.</p> <p>The Healthy Eating Sub Group requested the WHO Europe Department of Nutrition and Food Safety, through the work of the Nutrition Guidance Expert Advisory Group (NUGAG) Sub Group on Policy Actions, to outline Policy options for better nutrition in Ireland. These policy actions are being considered by the Healthy Eating Sub Group to help address nutrition policy action gaps for inclusion in the OPAP mid-term review.</p> <p>Mychild.ie, launched in December 2018, is an HSE pregnancy and child health website and set of three books for parents and parents-to-be. Mychild.ie is designed to be a one-stop-shop where parents can access accurate and trusted information and advice on pregnancy and all the way through the first three years of their child’s life. It provides evidence-based information across a range of topics including healthy eating and physical activity, to help improve parenting knowledge and skills.</p>
<p>Sources of Evidence</p>	<p>Government of Ireland. (2020) <i>Ministers Donnelly, O’Gorman and Feighan launch first-ever National Healthy Eating Guidelines for One- to Four-Year-Olds #kidspyramid</i>, available: https://www.gov.ie/en/press-release/f42a0-ministers-donnelly-ogorman-and-feighan-launch-first-ever-national-healthy-eating-guidelines-for-one-to-four-year-olds-kidspyramid/</p> <p>Food Safety Authority of Ireland. (2020) <i>FSAI Published First Healthy Eating Recommendations for 1–5-Year-Olds</i>, available: https://www.fsai.ie/news_centre/press_releases/healthy_eating_1-5yearolds_22062020.html</p> <p>HSE. (2020) <i>The National Healthy Childhood Programme</i>, available: https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/child-health-and-wellbeing/national-healthy-childhood-programmenew.html#our%20work</p> <p>HSE. (2017) <i>Framework for The National Healthy Childhood Programme</i>, HSE Health & Wellbeing Division and HSE Primary Care Division, 24th May 2017, available: https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/child-health-and-wellbeing/nhcp%20framework.pdf</p> <p>HSE. (2019) <i>Better for every child, Summary Report, The evaluation of the Nurture Programme: Infant Health and Wellbeing</i>, available: https://www.hse.ie/eng/health/child/nurture/the-evaluation-of-the-nurture-programme-infant-health-and-wellbeing-summary-report.pdf</p> <p>HSE. (2020) <i>Brief updates from the Nurture Programme</i>, available: https://www.hse.ie/eng/health/child/nurture/updates.html</p> <p>Government of Ireland. (2019) <i>A Whole-of-Government Strategy for Babies, Young Children and their Families 2019-2028</i>, available: https://assets.gov.ie/31184/62acc54f4bdf4405b74e53a4afb8e71b.pdf</p>

	National Childhood Network. (2021) <i>Introduction – Healthy Ireland Smart Start</i> , available: https://www.ncn.ie/index.php/healthy-ireland-smart-start HSE. (2020) <i>My child</i> , available: https://www2.hse.ie/my-child/
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ACTION 1.8 Develop proposals on the rollout of evidence-based fiscal measures to support healthy eating and lifestyles.	
Timeframe	2016-2018
Lead Responsible	DoH
Lead Partners	DF
Evidence of Implementation	<p>Evidence Summary</p> <ul style="list-style-type: none"> • A voluntary tax-incentive scheme encourages employers to support employees to buy exercise equipment. • There are no other known proposals developed for fiscal measures to support healthy eating and lifestyles. <p><u>Cycle to Work Scheme</u></p> <p>The Cycle to Work Scheme is a tax incentive scheme which aims to encourage employees to cycle to and from work. Under the scheme employers can pay for bicycles and bicycle equipment for their employees and the employee pays back through a salary sacrifice arrangement of up to twelve months. The employee is not liable for tax, PRSI, levies, or the universal social charge on their repayments. The maximum claimable amount was increased in August 2020 with two expenditure limits, depending on the type of bicycle purchased.</p> <p>For pedicels/ebikes and related safety equipment the limit is €1,500. For other bicycles and related safety equipment the limit is now €1,250. Prior to 1 August 2020 the limit for all bicycles and safety equipment was €1,000. Employers may opt in to take part in the scheme on a voluntary basis.</p>
Sources of Evidence	Revenue. (2020) <i>Taxation of Employer Benefits - Cycle to work Scheme</i> , available: https://www.revenue.ie/en/jobs-and-pensions/taxation-of-employer-benefits/cycle-to-work-scheme.aspx

ACTION 1.9 Develop proposals for a levy on sugar sweetened drinks.	
Timeframe	2016
Lead Responsible	DoH
Lead Partners	DF
Evidence of Implementation	<p>Evidence Summary</p> <ul style="list-style-type: none"> • Sugar-Sweetened Drinks Tax (SSDT) was enforced by the Revenue Commissioners through the 2017 Finance Act and was successfully implemented in 2018. This was expanded to additional products in 2019. <p>The DoH introduced the SSDT through evidence presented in the 2016 working paper (link below under Sources of Evidence) and through comprehensive public consultation. The tax was incorporated into the 2017 Finance Act and 2017 Budget.</p> <p>The SSDT commenced on the 1st of May 2018 and its scope was expanded in January 2019. The excise duty tax applies to water and juice-based drinks as well as plant protein drinks, and drinks</p>

	<p>containing milk fats with lower calcium levels. Industry must self-register for the tax, but the Revenue Commissioners has responsibility for enforcement.</p> <p>Ireland is one of the few EU countries to have a fiscal policy to support healthy dietary choices. Currently France, the UK, Estonia, and Portugal are the only other EU countries to have introduced a SSST.</p>
Sources of Evidence	<p>Department of Finance. (2016) <i>Sugar Sweetened Drinks Tax, Public Consultation, 11th October 2016</i>, available: http://www.budget.gov.ie/Budgets/2017/Documents/Sugar-Sweetened Drinks Tax Public Consultation final.pdf</p> <p>Lenus. (2017) <i>Introducing a tax on sugar sweetened drinks: health rationale, options and recommendations: A Department of Health working paper</i>, available: https://www.lenus.ie/handle/10147/621453</p> <p>Revenue. (2020) <i>Sugar Sweetened Drinks Tax (SSST)</i>, available: https://www.revenue.ie/en/companies-and-charities/excise-and-licences/sugar-sweetened-drinks-tax/index.aspx</p> <p>Obesity Evidence Hub. (2020) <i>Countries that have implemented taxes on sugar-sweetened beverages (SSBs)</i>, available: https://www.obesityevidencehub.org.au/collections/prevention/countries-that-have-implemented-taxes-on-sugar-sweetened-beverages-ssbs</p>

ACTION 1.10	
Review the evidence, including the effectiveness of implementation, for fiscal measures on products that are high in fat, sugar, and salt to reduce their consumption.	
Timeframe	2016-2018
Lead Responsible	DoH
Lead Partners	HRB, IPH, DF, Academic Institutions
Evidence of Implementation	<p>Evidence Summary</p> <ul style="list-style-type: none"> The evaluation of the effectiveness of the SSST includes routine revenue reporting, data on the energy drink sugar and artificial sweetener content (pre-post SSST introduction). <i>Safefood</i> analysis of annual consumer tracking research was due to be completed in 2020 however this has been delayed. There are no fiscal measures implemented to reduce salt intake but there is ongoing research in this area with the FSAI. The FSAI are committed to ongoing advocacy and partnership with the Food Industry to monitor and reduce population consumption of salt intake to a specified target. There are no fiscal measures implemented to reduce fat intake. <p><u>Fiscal Measures relating to Sugar</u></p> <p>The Finance Department reported net excise receipts of €16.3 million in 2018, €33 million in 2019, and €31.3 million in 2020 related to the SSST. An evaluation of the SSST evaluation has commenced within the DOH.</p> <p>As part of their broader public health campaigns (e.g., START Campaign-2017-2022 and the earlier campaign “Let’s take on childhood obesity”), <i>Safefood</i> continue to monitor the sugar content of drinks available on the Irish market, pre- and post-introduction of the SSST tax.</p> <ul style="list-style-type: none"> “Let’s Take on Childhood Obesity”: This campaign monitored the self-reported consumption of drinks (e.g. water, sweetened beverages) between 2013 and 2016 (pre SSST). This data will be collected again as part of the evaluation of the START campaign

	<p>which is due to run from 2017-2022. <i>Safefood</i> reports that additional analysis of annual consumer tracking research is due to be completed in the coming months. They have also reported that the SSBs infographic is currently being updated.</p> <ul style="list-style-type: none"> • Sweetened Drinks Label Survey: In 2018, a survey of 86 labels of both artificially and naturally sweetened drinks was completed post-introduction of the SSDT. Many sweetened drinks (88%) contained at least one artificial sweetener and had a sugar content just below the levy application threshold. The accompanying <i>safefood</i> internal report (entitled “<i>A sweet tooth – the role of artificial sweeteners in reducing our sugar and calorie intake</i>”) highlighted the need for further research into the health effects of specific artificial sweeteners due to the potential for increased, compensatory consumption post-SSDT tax introduction. • Energy Drinks Evaluation: A 2019 survey by <i>safefood</i> compared the energy drinks market in Ireland pre- and post-the SSDT introduction. It found there was a growth in the energy drinks market but that there was also a marked increase in the number of energy drinks with a diet or sugar-free alternative. The sugar content of the energy drinks decreased with a reduction equivalent to almost two-level teaspoons of sugar per serving. The average caffeine content of all energy drinks increased from 90mg to 106mg per serving (80mg in an espresso cup of coffee) but remained the same per 100ml. There was a reduction in the percentage of products eligible for sugar tax from 74 % in 2015 to 41% in 2019. <p>These survey results were translated into public health educational resources such as the 2019, ‘The Facts About Sugar in Drinks’ chart (link provided below), as well as additional information on the <i>safefood</i> website.</p> <p><u>Fiscal Measures relating to Salt</u></p> <p>While evidence of effectiveness of fiscal measures was not evident, the following pieces of work have been commissioned under the FSAI’s Salt Reduction Programme.</p> <ul style="list-style-type: none"> • In 2016 the FSAI have conducted a report on ‘<i>Salt and Health: Review of the Scientific Evidence and Recommendations for Public Policy in Ireland</i>’. The report concluded several general recommendations regarding the achievable population-based salt intake targets and ongoing advocacy regarding the salt content of new products and the reformulation of existing products. • In 2019, the FSAI commissioned a new study to determine the level of current salt intake in Ireland. The commencement of the data collection phase of this study was postponed as a result of COVID-19. It is now anticipated that this will commence in Q3 of 2021. In addition, the FSAI (on the behalf of Ireland) are participating in an EU Joint Action on Reformulation from 2020-2023. This Joint Action (Best ReMaP, which stands for Best practice in Reformulation, Marketing and Public Procurement) commenced in October 2020. Further information relating to the Best ReMaP project is outlined under Actions 3.2 and 3.1.
<p>Sources of Evidence</p>	<p>Fiscal Measures Relating to Sugar: Revenue. <i>Excise Receipts by Commodity</i>, available: https://www.revenue.ie/en/corporate/documents/statistics/excise/net-receipts-by-commodity.pdf Safefood. (2021) <i>START Campaign</i>, available: https://www.Safefood.net/Media-centre/Campaigns/START Safefood. (2017) <i>Let’s take on childhood obesity</i>, available: https://www.Safefood.net/research-reports/take-on-childhood-obesity</p>

	<p>Safefood. (2019) <i>A survey of energy drinks on the island of Ireland - 2019</i>, available: https://www.safefood.net/getmedia/6e07c7e7-da23-4d8a-b643-6e0ffe80fc00/Energy_drinks_report.aspx?ext=.pdf</p> <p>Safefood. (2021) <i>The fact about sugar in drinks</i>, available; 1669 - Safefood - Sugary Drinks Chart - 2019 - D2.indd</p> <p>Fiscal Measures Relating to Salt:</p> <p>FSAI. (2014) <i>Objectives of Salt Reduction Programme</i>, available: https://www.fsai.ie/science_and_health/salt_and_health/objectives_of_salt_programme.html</p> <p>FSAI. (2016) <i>Salt and Health. Review of the Scientific Evidence and Recommendations for Public Policy in Ireland (Revision 1)</i>, available: https://www.fsai.ie/science_and_health/salt_and_health/the_science_of_salt_and_health.html</p>
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ACTION 1.11	
Develop joint proposals with relevant departments such as, but not limited to, DAFM, DoE, DF, DECC, DETE and HSE, on measures to incentivise healthier behaviours.	
Timeframe	2016-2018
Lead Responsible	DoH
Lead Partners	DAFM, DoE, DF, DELG, DETE and HSE or others
Evidence of Implementation	<p>Evidence Summary</p> <ul style="list-style-type: none"> • A tax incentive to build fitness facilities for employees. • Four national, government-endorsed programmes aiming to increase physical activity and wellbeing in primary schools, sports federations, and in the community. • Budget 2019 provided €20 million for the establishment of the Sláintecare Integration Fund. Some of the projects supported from the Sláintecare Integration Fund were piloted in 2020 (e.g. sexual health service). • See Action 1.1 for information on Food Dudes (DAFM) and Incredible Edibles (Bord Bia). • See Action 9.1 for additional information on community food initiatives. <p>The Finance Act 2018 introduced a new incentive for the provision of fitness centre facilities for employees. From February 2019, the Accelerated Capital Allowances scheme is available for capital expenditure incurred by employers on or after 1st January 2019, on the construction of fitness centre equipment for use by company employees only.</p> <p>The Irish Government funded or supported relevant agencies in implementing multiple national programmes aimed at increasing physical activity. These include,</p> <ul style="list-style-type: none"> • Get Ireland Walking: Led by Sport Ireland, co-funded by Healthy Ireland, and supported by multiple partner organisations. Implementation is guided by the 41 actions outlined in the Get Ireland Walking’s Strategy and Action Plan – 2017-2020, all of which align with Ireland’s National Physical Activity Plan. It aims to create networks, provide information, and increase opportunities for Irish people to be more active by walking. • The Active School Flag: Please see Action 1.1, under School Initiatives for information on the ASF. • The Daily Mile: Please see Action 1.1, under the School Initiatives heading for information on the Daily Mile. • GAA National Healthy Club Project: Is partnered with the HSE and is funded by Irish Life through a Corporate Social Responsibility (CSR) investment (2015-2021). This achievement programme invites GAA clubs to register to gain a Healthy Club award by

	<p>providing opportunities to improve the physical, social, emotional, and psychological health of all players, officers, coaches, parents, supporters, and members of the local community. Since its launch in 2013, the programme has met the Phase three engagement targets with 150 Clubs involved. Phase four targets include engaging with clubs to increased involvement to 300 clubs across all counties in Ireland by 2021.</p> <ul style="list-style-type: none"> • Grow it Yourself (GIY): Is a leading (non-profit) social enterprise that encourages everyone to grow some of their own food for a healthy and sustainable environment. GIY has developed two campaigns (Innocent Big Grow and Grow it Forward) and two programmes (Grow at School and Community Classrooms). GIY has piloted a school food growing and research programme in 32 primary schools across Ireland from 2019-2021 (funded from the Community Foundation Ireland). Participating schools have received identical vegetable garden kits, a school garden plan, and associated curriculum resources. The programme is specifically designed for primary schools and for the academic year with curriculum plans and teachers' resources guides for the full school year.
Sources of Evidence	<p>Government of Ireland. (2019) <i>Minister for Health announces €20 million funding for 122 Sláintecare projects</i>, available; https://www.gov.ie/en/press-release/a98320-minister-for-health-announces-20-million-funding-for-122-slaintecare/</p> <p>Pobal. (2021) <i>Sláintecare Integration Fund, Sláintecare</i>, available: https://www.pobal.ie/programmes/slaintecare-integration-fund/</p> <p>Government of Ireland. (2021) <i>Sláintecare in Action 2019</i>, available: https://www.gov.ie/en/publication/cf284-slaintecare-in-action-2019/</p> <p>Revenue. (2019) <i>Accelerated allowances for the provision of childcare services or fitness centre facilities</i>, available: https://www.revenue.ie/en/tax-professionals/tdm/income-tax-capital-gains-tax-corporation-tax/part-09/09-01-11.pdf</p> <p>Sport Ireland. (2017-2020) <i>Get Ireland Walking; Strategy and Action Plan 2017-2020</i>, available: https://www.getirelandwalking.ie/files/2017103145513_626b84f6.pdf</p> <p>The Daily Mile Foundation. (2021) <i>Homepage</i>, available: https://thedailymile.ie/</p> <p>Athletics Ireland. (2018) <i>Miles of Smiles – Ireland joins The Daily Mile Movement</i>, available: http://www.athleticsireland.ie/news/miles-of-smiles-ireland-joins-the-daily-mile-movement/.</p> <p>GAA. <i>Get Involved in Healthy Clubs</i>, available: https://www.gaa.ie/my-gaa/community-and-health/healthy-club/get-involved</p> <p>GAA. (2019) <i>'Healthy Bodies, Healthy Minds, Healthy Clubs, Healthy Club Project</i>, available: https://www.gaa.ie/api/pdfs/image/upload/s2r7n9kr6icamfrtqlqv.pdf</p> <p>GIY Ireland Ltd. (2021) <i>Grow it Yourself</i>, available: https://giy.ie/about-us/</p> <p>GIY Ireland Ltd. (2021) <i>Grow at School</i>, available: https://giy.ie/programmes/grow-at-school/</p>

ACTION 2.1

Develop guidelines and support materials for those working in developing the built environment for urban development and planning in relation to reducing the obesogenic environment.

Timeframe	2016-2018
Lead Responsible	DoH, HSE
Lead Partners	County/City Councils, DECLG (now the DHLGH)

Evidence of Implementation	<p>Evidence Summary</p> <ul style="list-style-type: none"> • Key stakeholders have been engaged in the development process. • The National Physical Activity Policy (NPAP) Implementation Group and OPIOG are currently considering the next steps in this process. The NPAP Implementation Group is represented in the new Department of Housing, Local Government and Heritage (DHLGH) Town Centres First Group. • Guidelines and support materials have yet to be developed. <p><u>Stakeholder Engagement</u></p> <p>Collaboration between key stakeholders involved in this action has commenced. In November 2018, a forum entitled <i>Connect, Collaborate, Create; Co-Designing Healthier Communities, A Healthy Ireland Stakeholder Forum on the Built Environment</i>, was led by the OPIOG and guided by the NPAP Implementation Group. It brought together those with responsibility and expertise relating to the impact of the built and natural environments on all aspects of health and wellbeing. Expert feedback was gathered, collated, and analysed. The core points identified were guidelines and training were needed as part of the planning process to clearly express and incorporate the broad goals of health and wellbeing. There was a desire for more integrated, clear, and robust communication between government departments, local authorities, local communities, representative organisations, and vulnerable groups, with respect to planning issues.</p> <p>These core points were discussed by representatives from the DoH, DoT, DTCAGSM (formerly the Department of Transport, Tourism and Sport), and the Department of Housing, Local Government and Heritage (DHLGH) on the 13th of March 2019.</p> <p>The Town Centres First Group was subsequently established in late 2020 with the first meeting being held in December 2020. The NPAP Implementation Group co-chairs are represented in this group. The purpose of the Town Centres First Group is to consider a collaborative and strategic approach to the regeneration of Irish villages and towns, in line with the National Planning Framework and commitments in the Programme for Government, 2020.</p>
Sources of Evidence	<p>House of the Oireachtas. (2019) <i>Health Strategies, Dáil Éireann Debate, Wednesday 8 May 2019</i>, available: https://www.oireachtas.ie/en/debates/question/2019-05-08/785/</p>

ACTION 3.2 Develop, implement, and evaluate a code of practice for food and beverages promotion, marketing and sponsorship.	
Timeframe	2016-2018
Lead Responsible	DoH
Lead Partners	Food Industry, HSE, DCEDIY, Safefood, FSAI, Advertiser Organisations
Evidence of Implementation	<p>Evidence Summary</p> <ul style="list-style-type: none"> • Voluntary codes of practice were published in 2018. • The level of implementation of these codes is unknown due to delays in the development of a monitoring framework. • There is no known evidence of evaluation of these codes of practice. • Work will be progressed as part of an EU Joint Action on food reformulation and marketing (Best ReMap). <p><u>Voluntary Codes of Practice</u></p>

	<p>In February 2018, Voluntary Codes of Practice for Non-Broadcast Media were published. These codes of practice were developed through a broad range of consultations with food industry partners, government representatives, statutory agencies, and the advertising sector.</p> <p>The new voluntary codes will apply to non-broadcast media, including digital, out of home, print and cinema, as well as commercial sponsorship and retail product placement. The aim of the codes of practice is to reduce the exposure of the Irish population to marketing of high in fats sugar or salt (HFSS) foods, as well as encouraging healthy eating. In particular, the codes of practice seek to ensure that children are not exposed to marketing, advertising, or sponsorship associated with HFSS products.</p> <p>Whilst the code has been published, the extent of implementation is unclear and there is no evidence of evaluation of the code. The planned development of a monitoring and implementation framework has been challenging (as reported by the HSE) and has not progressed as quickly as planned.</p> <p>This work will be progressed under the EU Joint Action on Best Practices on Reformulation Marking and Procurement of food (known as Best ReMaP). Best ReMaP commenced in October 2020. Further information regarding Best ReMaP is outlined under Action 3.1.</p> <p>Other member states are testing the WHO CLICK monitoring framework to monitor the extent to which children are exposed to marketing of unhealthy products online (gaming, gambling, tobacco, HFSS, etc.). This framework has not been implemented in Ireland to date.</p> <p>Ireland is one of a few countries to have a code of practice and is the only EU country to have code rules on digital marketing. In addition, Ireland has legislative codes regarding high fat, salt, and sugar foods not being marketed to children and teenagers up to 18 years of age. In addition, Ireland has a nutrient profiling model to rate foods and is the first country in Europe to implement this.</p>
<p>Sources of Evidence</p>	<p>WHO Regional Office for Europe. (2018) <i>Monitoring and Restricting Digital Marketing of unhealthy products to children and adolescents</i>, available: https://www.euro.who.int/_data/assets/pdf_file/0008/396764/Online-version_Digital-Mktg_March2019.pdf</p> <p>Grammatikaki, E., Sarasa Renedo, A., Maragkoudakis, P., Wollgast, J. and Caldeira, L. (2019) <i>Marketing of food, non-alcoholic, and alcoholic beverages, A toolkit to support the development and update of code of conduct</i>, Publications Office of the European Union, Luxembourg, available: https://ec.europa.eu/jrc/en/publication/marketing-food-non-alcoholic-and-alcoholic-beverages-toolkit-support-development-and-update-codes</p> <p>European Commission. (2020) <i>CHAFAEA Health Programmes Database, Joint Action on Implementation of Validated Best Practices in Nutrition [Best ReMaP] [951202] - Joint Actions</i>, available: https://webgate.ec.europa.eu/chafea_pdb/health/projects/951202/summary</p> <p>Government of Ireland. (2020) <i>Non-Broadcast Media Advertising and Marketing of Food and Non-Alcoholic Beverages, including Sponsorship and Retail Product Placement: Voluntary Codes of Practice</i>, available: https://www.gov.ie/en/publication/403956-non-broadcast-media-advertising-and-marketing-of-food-and-non-alcohol/?referrer=http://www.health.gov.ie/wp-content/uploads/2018/03/Final-amended-printer-copy.pdf</p>

ACTION 3.3	
Establish a forum with industry to review and implement best practice initiatives towards a healthy food environment.	
Timeframe	2016-2017
Lead Responsible	DoH, Food Industry
Lead Partners	-
Evidence of Implementation	<p>Evidence Summary</p> <ul style="list-style-type: none"> • A sub-committee of the OPIOG are responsible for the improvement of the food environment through reformulation. • This sub-committee have led workshops which have involved industry representatives in 2018 and 2019. • A draft Reformulation Roadmap was approved by stakeholders in 2019 but is awaiting finalisation and alignment with European actions. <p>The OPIOG was established in October 2017 and the Reformulation Sub-Group of the OPIOG was established in January 2018. The work of the Reformulation Sub-Group is primarily to set targets on reformulation of food and drink. It will also make recommendations on addressing reduction of portion sizes and on monitoring and validation procedures.</p> <p>Workshops between the Reformulation Sub-Group and Food Industry stakeholders took place in 2018 and 2019. Following the workshops, a draft Reformulation Roadmap was developed by the OPIOG which included targets for reductions in salt, sugar, saturated fats, and calories, and a proposed approach to achieve these targets was considered by the OPIOG. The draft Roadmap was disseminated to stakeholders in November/December 2019 and were broadly accepted by all workshop attendees. The submissions received as a result of that consultation process were examined and the Reformulation Roadmap and Action Plan will be published in summer 2021.</p> <p>The OPIOG usually meets three or four times a year however in 2020 due to the COVID-19 pandemic, the group met once in 2020 (September). The most recent meeting was held in March 2021.</p>
Sources of Evidence	<p>OPIOG. (2017-2019) <i>Obesity Policy Implementation Oversight Group, Minutes of Meetings 2017-2019</i>, available: https://y8k9p3k8.stackpathcdn.com/wp-content/uploads/2020/05/OPIOG-Minutes-Oct-2017-May-2019.pdf</p> <p>European Commission. (2020) <i>3rd EU Health Programme, Call for project proposals under the Annual Work Programme 2020 (HP-PJ-2020) Version 1.0, 28 February 2020</i>, available: https://ec.europa.eu/research/participants/data/ref/other_eu_prog/hp/call-fiche_hp-pj-2020_en.pdf</p> <p>House of the Oireachtas. (2020) Wednesday 3 Jun 2020, Written Answers Nos. 725-749, <i>Obesity Strategy, Questions (735, 738)</i> https://www.oireachtas.ie/en/debates/question/2020-06-03/section/643/#pg-answers-735_738</p>

ACTION 3.4	
Develop proposals on the scope of corporate social responsibility relating to obesity prevention promoting overall health and well-being in the workplace.	
Timeframe	2016-2018

Lead Responsible	DoH
Lead Partners	DETE (formerly the DJEI), CSR Forum
Evidence of Implementation	<p>Evidence summary</p> <ul style="list-style-type: none"> • Development of a framework to outline the scope of Corporate Social Responsibility (CSR) is ongoing. • Guidelines to promote health behaviours during meetings was released in 2018 but the level of implementation and evaluation is unknown. • A voluntary tax-incentive scheme encourages employers to support employees to buy exercise equipment. <p><u>Healthy Workplace Framework</u></p> <p>The Healthy Workplace Framework was due to be released in 2019 but has not yet been finalised. Work in this area thus far includes a public consultation with interested stakeholders in 2018 (records available online, link to consultation report provided below) and the production of three research papers that are intended to inform the development of the framework.</p> <p>Once developed, the framework will enable the recognition and enhance existing initiatives to facilitate the sharing of experience and learning. The framework will be launched in the second quarter of 2021 and will provide the necessary supports and tools for organisations or companies who have not yet developed their own resources.</p> <p><u>Healthy Meeting Guidelines</u></p> <p>The Minister for Health Promotion launched the new Healthy Meeting Guidelines at the second Annual Healthy Ireland Network event in May 2018. These guidelines offer practical suggestions for healthy food options and for including opportunities for physical activity during routine workplace meetings. The level of implementation or evaluation of these guidelines is not known.</p> <p><u>Cycle to Work Scheme</u></p> <p>Please see Action 1.8 for details on the Cycle to work scheme.</p>
Sources of Evidence	<p>Government of Ireland. (2021) <i>Consultation on the development of a Healthy Workplaces Framework for Ireland, Consultation Report</i>, available: https://assets.gov.ie/7617/32948c3561434f0fb8d4312da3f8bed8.pdf</p> <p>Government of Ireland. (2019) <i>Healthy Workplace Framework</i>, available: https://www.gov.ie/en/publication/445a4a-healthy-workplace-framework/</p> <p>Government of Ireland. (2019) <i>Healthy Workplaces</i> available: https://www.gov.ie/en/publication/93daf8-healthy-workplaces/</p> <p>Healthy Ireland. (2021) <i>Healthy Meeting Guidelines</i>, available: https://assets.gov.ie/7609/f29effefbb3748608ed45c56fb78687d.pdf</p> <p>Ocean Publishing. (2021) <i>Healthy Workplace Framework, Update on Healthy Workplace Framework</i>, available: https://oceanpublishing.ie/health-safety/wp-content/uploads/sites/2/2021/02/Workplace-Framework-1.pdf</p>

ACTION 5.3

Develop a suite of healthy eating guidelines for the general population as well as for one- to five-year-olds, and a weight loss food guide.

Timeframe	2016-2017
Lead Responsible	DoH

Lead Partners	All Stakeholders
Evidence of Implementation	<p>Evidence Summary</p> <ul style="list-style-type: none"> • Healthy eating guidelines have been developed for children aged one to four years old. • A weight loss guide was produced in 2018 by the HSE. • Resources to support the general population and health professionals to understand and implement the Adult Healthy Eating Guidelines published in 2016 and 2019, respectively. • Additional standards for Early Learning and Care settings (ELCs) and supporting toolkit are pending. <p><u>Healthy Eating Guidelines for adults, teenagers, and children over five years</u></p> <p>In 2016, the Healthy Food for Life resources were developed and published by the DoH. They contain a suite of resources and graphics (including a revised Healthy Food Pyramid) for the Irish population. They provide a consistent and evidence-based approach for healthy eating advice.</p> <p>Under Healthy Ireland, the HSE released “A Guide to Managing your Weight” in 2018, which is available on the HSE website. This resource offers people a step-by-step guide to help them achieve and maintain a healthy body weight.</p> <p>In January 2019, the FSAI published the updated Healthy Eating, Food Safety and Food Legislation – a Guide Supporting the Healthy Ireland Food Pyramid. The guide includes colourful graphics aimed at health professionals, catering services, and food businesses to support their work. This will enable them to provide safe and trustworthy information to consumers about food to protect people in Ireland from five years of age onwards against diet-related ill health.</p> <p><u>Children’s Healthy Eating Guidelines</u></p> <p>The state funded programme School Meals Scheme, which prioritises the provision of meals to children particularly in areas of disadvantage, are aligned with a set of nutrition standards (informed by the healthy eating guidelines). The Nutrition Standards for School Meals were launched by the Minister for Health, the Minister for Education, and the Minister for Employment Affairs and Social Protection in September 2017.</p> <p>Regarding the standards for ELC settings, there are plans for the development of National Food Standards for ELC Settings, including a toolkit for implementation. This has been outlined in the First 5 Implementation Plan 2019-2021 which was published in May 2019. Work on this is following on from the Healthy Eating Guidelines for one-to-four-year-olds.</p> <p>On June 22nd 2020, the FSAI published Scientific Recommendations for Food Based Dietary Guidelines for one- to five-year-old children, based on research compiled by the FSAI’s Scientific Committee and reflecting international best practice. This process commenced, in response to calls from the Minister for Health in 2018, under the Healthy Eating Sub-Group of the OPIOG. This Sub Group is responsible for developing resources to reflect these new guidelines. The Healthy Eating Guidelines, Children’s Food Pyramid and associated resources for one-to-four-year-olds were formally launched on the 1st of October 2020. Please see second last paragraph under Action 1.2 for further information.</p> <p>New Standards for Hot School Meals were developed in 2020 to support the DSP’s pilot project on hot meals for schools which was successful and is being expanded. The food standards for hot meals are set up on the government’s website under the School Meals Scheme (link provided below). Please see Action 1.1 for further information on the Hot School Meals initiative.</p>

Sources of Evidence	<p>World Health Organisation. (2021) <i>Third meeting of the WHO Nutrition Guidance Expert Advisory Group (NUGAG) Subgroup on Policy Actions</i>, available: https://www.who.int/news-room/events/detail/2021/03/08/default-calendar/third-meeting-of-the-who-nutrition-guidance-expert-advisory-group-subgroup-on-policy-actions</p> <p>FSAI. (2020) <i>FSAI Publishes First Healthy Eating Recommendations for 1–5-year-olds</i>, available: https://www.fsai.ie/news_centre/press_releases/healthy_eating_1-5yearolds_22062020.html</p> <p>HSE. (2020) <i>Healthy Eating Guidelines</i>, available: https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programs/heal/healthy-eating-guidelines/</p> <p>Government of Ireland. (2019-2021) <i>First 5 Implementation Plan 2019-2021</i>, available: https://assets.gov.ie/26902/f3177b8853c640bcad4cfe75b47fd053.pdf</p> <p>FSAI. (2019) <i>Updated Healthy Eating Guidelines, Guide to Improve Nation’s Diet</i>, available: https://www.fsai.ie/news_centre/press_releases/healthy_eating_guidelines_28012019.html</p> <p>FSAI. (2009) <i>Very Low-Calorie Diet</i>, available: https://www.fsai.ie/faq/low_calorie_diet.html</p> <p>Safefood. (2021) <i>Healthy Weight Loss</i>, available: https://www.Safefood.net/weight-loss</p> <p>Government of Ireland. (2017) <i>New Healthy Eating Standards for School Meals Launched</i>, available: https://www.gov.ie/en/press-release/1605c7-new-healthy-eating-standards-for-school-meals-launched/</p> <p>HSE. (2018) <i>A Guide to Managing your Weight</i>, available: https://www.hse.ie/eng/about/who/healthwellbeing/healthy-ireland/hospital-groups/weight-management-guide-2018.pdf</p> <p>Government of Ireland. (2021) <i>Publication Eating Well</i>, available: https://www.gov.ie/en/publication/e15e3-eating-well/</p> <p>Government of Ireland. (2020) <i>School Meals Scheme</i>, available: https://www.gov.ie/en/service/29a3ff-school-meals-scheme/</p>
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ACTION 5.4 Establish a multi-stakeholder partnership to share knowledge and experience on healthy weight initiatives.	
Timeframe	2016-2017
Lead Responsible	DoH, Safefood
Lead Partners	NGOs, HSE, Tusla
Evidence of Implementation	<p>Evidence Summary</p> <ul style="list-style-type: none"> • A multi-stakeholder partnership was established in 2008 with the last meeting held in November 2020. <p>The All-Island Obesity Action Forum by safefood was established in December 2008 which consists of a range of stakeholders from over 31 different organisations. The activities of the forum are ongoing although the COVID-19 pandemic may have caused some delays to regular activities. Events include a bi-annual meeting (last held in November 2019) and regular e-bulletins/newsletters. The April 2020 newsletter included a section on COVID-19 and obesity. The most recent newsletter was published in May 2021.</p> <p>The All-Island Food Poverty Network was established in 2009 to tackle food poverty in Ireland. The Network is co-chaired by safefood and The Foods Standard Agency (Northern Ireland) and consists of a several members (including but not limited to the HSE, DoH, and Institute of Public Health). Regular meetings between these members take place to address food poverty. Annual</p>

	workshops are also held. The most recent meeting was in April 2021 and a remote (network) workshop will be held in November 2021.
Sources of Evidence	<p>Safefood. (2021) <i>Obesity Action Forum, About the Forum</i>, available: https://www.Safefood.net/obesity-action-forum/about</p> <p>Safefood. (2021) <i>Obesity Action Forum, Minutes of the Forum Meetings (10th November 2020)</i>, available: https://www.safefood.net/getattachment/e6a28195-7d0d-49ee-9fa0-fac5d06af0b8/AIOAF-Minutes-of-24th-meeting.pdf?lang=en-IE</p> <p>Safefood. (2021) <i>May 2021 Newsletter</i>, available: https://elinku.clickdimensions.com/m/1/21084885/p1-b21137-fe0effd76bff4c799ff10ac77a01f037/1/428/b10a2e77-8c63-4b9c-9236-6a8ce296437a</p> <p>Safefood. (2021) <i>Food Poverty, All-Island Food Poverty Network</i>, available: https://www.safefood.net/food-poverty-network</p>

ACTION 5.5	
Continue to develop, implement, and review the healthy lifestyles programme in schools.	
Timeframe	2016
Lead Responsible	DoE, DoH,
Lead Partners	HSE, Schools, Children and Young People, Teachers, Parents
Evidence of Implementation	<p>Evidence Summary</p> <ul style="list-style-type: none"> Well-being guidelines for young adults in post-primary schools (developed and implemented in 2015 and 2017 respectively, ongoing curriculum expansion). Physical activity curriculum for young adults in the last years of post-primary school (introduced in 2018, implementation in progress). Nutrition standards mandating provision of healthy foods in any state-funded meal programmes while also recommending unhealthy foods in all schools not funded under government schemes (implemented in 2017). A well-being framework for all children in education settings (developed and implemented in 2019, mandatory self-evaluation in progress). Several supported (government) programmes as part of the Healthy Ireland Framework aimed at promoting healthy food choices in schools, improving healthy food access (particularly for disadvantaged children), encouraging healthier environments and, encouraging physical activity opportunities in schools. Interventions to teach children about nutrition and to encourage children to be more physically active. The DoH is establishing a Food in Schools Forum (based on the Northern Ireland Model) in the third quarter of 2021 and the first meeting is in May 2021. See Action 1.1 for more details on the Framework for Junior Cycle, the Wellbeing Policy Statement and Framework for Practice 2018-2023, School Meals Scheme, Healthy Ireland School Initiatives (i.e., Active School Flag, Incredible Edibles, Food Dudes, Daily Mile). <p>The DoH, safefood, and the HSE provide support to the DoE to promote healthy lifestyles. This includes support on the topics of nutrition and physical activity. In addition, work is currently being undertaken by the National Council for Curriculum and Assessment (NCCA) on a new Primary Curriculum which will include Wellbeing as a core area and increase its time allocation (currently at public consultation).</p>

Sources of Evidence	<p>National Council for Curriculum and Assessment. (2017) <i>Junior Cycle Wellbeing Guidelines</i>, available: https://ncca.ie/media/2487/wellbeingguidelines_forjunior_cycle.pdf</p> <p>HSE. (2020) <i>Healthy Eating Guidelines</i>, available: https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programs/heal/healthy-eating-guidelines/</p> <p>State Examinations Commission. (2020) <i>Leaving Cert Physical Education 2020</i>, available: https://www.examinations.ie/?l=en&mc=ex&sc=pe</p> <p>Health Promotion. (2021) <i>Schools</i>, available: https://www.healthpromotion.ie/health/schools</p> <p>Safefood. (2021) Education, Post-Primary, Safefood for life, available: safefood for life safefood education</p>
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<p>ACTION 6.5 Integrate obesity prevention, early detection, and self-care into integrated care programmes.</p>	
Timeframe	2016-2017
Lead Responsible	HSE
Lead Partners	HSE
Evidence of Implementation	<p>Evidence Summary</p> <ul style="list-style-type: none"> • A national framework was published supporting the inclusion of obesity prevention and self-care into integrated care programmes. • A co-ordinator for each community area was appointed to support the implementation of this framework, as well as the publication of supporting resources. • Weight management will be considered in the creation of new care plans between primary care teams and adult elective teams, and between stakeholders of the mental health division. <p><u>National Self-Management Support Framework</u></p> <p>Under the Sláintecare Action Plan 2019, a National Self-Management Support Framework has been developed and implemented. To facilitate the rollout of this framework, a co-ordinator has been appointed in each CHO to support the implementation. An online collection of resources and a Living Well Programme is available for patients. In addition, there is a collection of resources for health professionals via the HSE website.</p> <p><u>Integrated Care Programme Development</u></p> <p>Work is in progress with Adult Elective Care Team and National Clinical Advisor and Group Lead (NCAGL) Primary Care to begin integration of weight management into new electronic care pathways directing referrals from primary care to elective care. Work is in progress to establish links with the Mental Health Division, Physical Health of Service Users, Adult Scheduled Care, Primary Care and Chronic Disease Leads, and the National Cancer Control Programme, to begin exploring how to integrate weight management into existing pathways of care.</p> <p>A Healthy Ireland Healthy Communities Programme is due to be rolled out (in eighteen areas) by the HSE in Autumn 2021. The Healthy Communities Programme will have a key focus on healthy eating and obesity prevention and management in socially disadvantaged communities.</p> <p>Please see Action 6.2 for detailed information on the appointment of National Clinical Lead for the National Obesity Management Clinical Programme and Action 6.4 for the Undergraduate curriculum for chronic disease prevention-and management, and the MECC programme.</p>

Sources of Evidence	HSE. (2020) <i>Self-management Support for Long-term Health Conditions</i> , available: https://www.hse.ie/eng/health/hl/selfmanagement/ HSE. (2020) <i>Living Well Programme</i> , available: https://www.hse.ie/eng/health/hl/selfmanagement/living-well-program/living-well-program.html
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ACTION 6.8
Include services users (including children and young people) in the development and implementation of programmes in which they are involved.

Timeframe	2016
Lead Responsible	DoH, DCEDIY, HSE
Lead Partners	All Stakeholders

Evidence of Implementation	<p>Evidence Summary</p> <ul style="list-style-type: none"> • National Youth Council members from a sub-committee were responsible for the development of a national physical activity plan. • Consultation with children and young people informed the development of a national youth strategy and a national weight management campaign (START campaign). The First 5 campaign also outlines developing children’s disability services. • The state child welfare agency performed an assessment of how well children and youth were engaged in decision making and have completed a range of strategies to address the identified issues. Activities included a youth participation strategy, training resources for practitioners/adults, a quality assurance framework, annual conferences, and a grant programme for initiatives relating to youth engagement. • Adult service user engagement is a separate priority action in an implementation framework to support the Sláintecare health and social service reform. • The government reviewed the local committee groups on how well they were engaged. The 2019 review identified areas for improvement. These have been included in a five-year community development strategy. Children and young people will be a key focal group in the Healthy Communities Programme. In addition, social prescribing is also a key part as well as Healthy Food Made Easy (HFME). • The ASF Post-Primary programme is being developed in consultation with transition year students at the six pilot schools that are involved in the pilot programme. <p><u>Children/Youth Service User Engagement</u></p> <p>There have been increased integration of children and young people in the development of programmes which are aimed at them.</p> <ul style="list-style-type: none"> • Findings from the Department of Children (now the DCEDIY), Healthy Lifestyles Consultation with children and young people on the theme ‘Healthy Lifestyles: Have your say’, was used to inform development of the START campaign. • There are two Comhairle na nÓg members on the National Physical Activity Plan Sub-Committee for Children and Young People, led by the Sport Division of the DTCAGSM (previously called the DTTAS). • The development process for <i>First 5: A Whole-of-Government Strategy for Babies, Young Children and their Families 2019-2028</i> included a consultation with young children involving 113 children across twelve ELC and primary school settings. • Under the 2019 policy as part of the Progressing Disability Services for Children and Young People Programme, it’s recommended as essential for there to be at least two
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parent/service user representatives on each local implementation group from the earliest stage, so that parents/service users are at the table when key principles for services are discussed and agreed.

As part of the Development and Mainstreaming Programme for Prevention, Partnership and Family Support (PPFS programme), Tusla is committed to a programme of action to embed children and young people's participation within the agency. The publication of *Children and Young People's Participation in Decision-Making within Tusla: A Baseline Assessment Prior to the Implementation of the Programme for Prevention, Partnership and Family Support* found that not all the structural and procedural building blocks, required to progress children and young people's participation, were in place at the time of data collection.

The implementation of this programme includes the following:

- Tusla's Child and Youth Participation Strategy 2019-2023 has been developed and disseminated.
- Continued development of the child and youth participation training and a participation toolkit for practitioners.
- Contracting the development of a quality assurance framework for participation.
- From 2016-2018, Tusla, with the support of Atlantic Philanthropies, made seed funding available to develop child and youth participation initiatives which were linked to those listed in the participation strategy.
- Annual National Child and Youth Participation conferences were held, with the most recent one being in April 2019. No conference was held in 2020 (most likely due to the COVID-19 pandemic).

Adult Service User Engagement

Priority seven of the Health Services People Strategy 2019-2024 is focused on *Network and Partner, Optimise the whole system*. This priority aims to engage service users in any implemented actions. Relationships with service users, families, citizens, staff, and other key stakeholders are developed and networks established to improve personal experiences, deliver safer and better healthcare, and public value for local communities.

Under Healthy Ireland, a Healthy Cities and Counties programme is currently running. It provides a means where local issues can influence national policy and provides a voice for Ireland in the WHO Network of European National Healthy Cities Networks. Local Authorities, through their Local Community Development Committee (LCDC), can apply to join the National Healthy Cities and Counties of Ireland Network. The LCDC comprises of members of the local authorities, public bodies, but also local community representatives and groups.

A government review of the performance of the LCDC found that more guidance and direction was needed to improve engagement, particularly with more marginalised communities. The report recommends the Department takes a stronger role at national level, leading on cross-Government coordination of local development and community development and securing greater national and local buy-in to the nascent structures. This is supported by recommendations grouped under the following three objectives.

1. Effective communication of the LCDC role to relevant local and national stakeholders.
2. Comprehensive training and support for LCDC Chief Officers, LCDC members, and local authority support staff.

	<p>3. Streamlined supports for LCDCs to sustain effective programme delivery and impact monitoring.</p> <p>The recommendations will be implemented in 2019 as a key action in the Government’s five-year strategy to support the community and voluntary sector in Ireland. It is recommended the next review be carried out in 2021. This engagement builds on the HSE Service User Engagement Framework 2008.</p> <p>In June 2019, the HSE published its People Strategy 2019–2024 which outlines the actions to support the implementation of Sláintecare. This People Strategy focuses on the delivery of <i>Sláintecare Strategic Action 9: Build a sustainable, resilient workforce that is supported and enabled to deliver the Sláintecare vision.</i></p>
<p>Sources of Evidence</p>	<p>Government of Ireland. (2019-2028) <i>First 5: A Whole-of-Government Strategy for Babies, Young Children, and their Families 2019-2028</i>, available: https://assets.gov.ie/31184/62acc54f4bdf4405b74e53a4afb8e71b.pdf</p> <p>Comhairle na nÓg. (2021) <i>Healthy Lifestyles Consultation: 29.10.2015</i>, available: http://www.comhairlenanog.ie/who-we-are/whats-new/healthy-lifestyles-consultation-29-10-2015/</p> <p>Safefood. (2021) <i>START Campaign</i>, available: https://www.Safefood.net/start/about</p> <p>NUIG. (2017) <i>Children and Young People’s Participation in Decision-Making within Tusla: A Baseline Assessment prior to the implementation of the programme for prevention, partnership and Family Support</i>, available: https://aran.library.nuigalway.ie/handle/10379/6612</p> <p>Tusla. (2016) <i>Child and youth participation toolkit</i>, available: https://www.tusla.ie/uploads/content/Tusla_-_Toolkit_(web_version).pdf</p> <p>Tusla. (2016) <i>Seed funding for Participatory Practice</i>, available: https://www.tusla.ie/uploads/content/PPFS_Participatory_Practice_List_2016.pdf https://www.tusla.ie/services/family-community-support/prevention-partnership-and-family-support-program/participation/child-and-youth-participation-yearbook/</p> <p>Tusla. (2016) <i>Seed Funding Initiatives</i>, available: https://www.tusla.ie/services/family-community-support/prevention-partnership-and-family-support-programme/participation/seed-funding-initiatives/</p> <p>Tusla. (2019) <i>Child and Youth Participation Strategy, 2019-2023</i>, available: https://www.tusla.ie/uploads/content/tusla_child_and_youth_participation_strategy-2019-2023.pdf</p> <p>Tusla. (2019) <i>Child and Youth Participation Conferences 2019 – Bigger and Better: Building on our Success</i>, available: https://www.tusla.ie/services/family-community-support/prevention-partnership-and-family-support-program/participation/child-and-youth-participation-conferences/</p> <p>HSE. (2015) Human Resources Division, <i>Health Services People Strategy 2019–2024</i>, available: https://www.hse.ie/eng/staff/resources/hrstrategiesreports/health-services-people-strategy-2019-2024-final-working-draft1.pdf</p> <p>Government of Ireland. (2017) <i>Review of Local Community Development Committees, July 2019</i>, available: https://assets.gov.ie/26971/fc5f55da04ec4574af1db0d87fac84ce.pdf</p> <p>HSE. (2021) <i>Progressing Disability Services for Children and Young People (2013) Guidelines on parent and service user representation on local implementation groups 24.6.13</i>, available: https://www.hse.ie/eng/services/list/4/disability/progressing-disability/pds-program/documents/guidelines-on-parent-reps.pdf</p>

ACTION 6.9 Develop quality assurance guidance for the commercial weight loss sector.	
Timeframe	2017
Lead Responsible	DoH
Lead Partners	Weight Loss Organisations, HSE
Evidence of Implementation	Work on this has commenced as part of the implementation of the HSE Obesity Model Of Care
Sources of Evidence	Not applicable

ACTION 6.12 Develop and implement training programmes and courses on overweight and obesity, including anti-stigma, for staff of all functions and disciplines in health services.	
Timeframe	2016-2018
Lead Responsible	DoE, HSE
Lead Partners	Training Colleges
Evidence of Implementation	<p>Evidence Summary</p> <ul style="list-style-type: none"> • Several training courses have been developed and implemented for health professionals providing care for children. For example, The Nurture Programme-Infant Health and Wellbeing, the HSE Healthy Weight for Children (e-learning module) and HSE Healthy Ireland Smart Start (HISS), and childhood obesity education for health professionals. • There are plans to review existing e-learning training courses/modules available for GPs. • A national event (led by the HSE) for all people and professionals interested in obesity was held. Topics included weight stigma, and future GP treatments. • A national weight management community programme (PHEW) was developed and implemented but is currently suspended due to COVID-19 restrictions. It will be restarted and was referenced in the Obesity Model of Care that was published in March 2021. • An evidence-based child and adolescent obesity service was established and adopts a family-based approach (W82GO). • A regional health service (Cavan Monaghan Healthy Families) provides a free, three-hour session for new parents/guardians of children aged zero to five years. • Cooking course was adopted to inform and encourage healthy food preparations and dietary behaviours. • In March 2021 as part of a Slaintecare Integration Programme the Royal College of Surgeons of Ireland launched free online training on Childhood Obesity Education for Irish health care professionals. <p><u>E-Learning Training Courses/Modules</u></p> <p>Many of these learning packages have been developed through and circulated via the Nurture Programme. Relevant packages include</p> <ul style="list-style-type: none"> • Healthy Weight for Children e-learning module included in Nurture E training suite – target audience Public Health Nurses, Area Medical Officers, and Practice Nurses. • HISS (see Action 1.2 for details). • MECC e-learning module (see Action 6.4 for details) targeting all health professionals.

Under the Healthy Weight for Children (zero to six years) Framework 2018, action area seven aims to ensure education and training, including e-learning modules are accessible to, and availed of by relevant staff working in the health sector (i.e., public health nurses, practice nurses, area medical officers). The HSE Healthy Weight for Children Action Plan 2021-2023 was due to be launched in the middle of May 2021, however this was postponed due to a cyberattack. It is expected to be launched at the end of May/start of June 2021. The Healthy Weight for Children Action Plan is an implementation guide for Level 0, 1a and 1b of the Model of Care for the Management of Overweight and Obesity for children and young people (link to this resource is provided below).

Furthermore, there is engagement with Irish College of General Practitioners (ICGP) via the Clinical Advisory Group (CAG), and *safefood*, to revise and update existing e-learning modules targeting GPs. The titles or content of these modules are only available to those who are members of ICGP.

Other Training/Education Programmes

In August 2020, the HSE National Obesity Management Clinical Programme hosted the second Annual Obesity Summer School at the Royal College of Physicians in Ireland (RCPI) which focused on several topics, including the stigma related to obesity. The free event was open to all people living with or interested in overweight and obesity, including members of the public, healthcare professionals and policy makers. The aims of the event were to highlight the progress in the understanding of obesity, explain the impact of weight stigma, and encourage discussion and interaction between clinicians and people living with obesity and overweight.

Topics included:

- Information about the symptoms, treatment and supports available.
- GP treatments and future available treatments.
- International experts discuss obesity care in Ireland and internationally, the reality of weight stigma, obesity, and COVID-19.
- The Model of Care for the management of overweight and obesity in Ireland is being developed by the HSE. The model will guide the HSE in the delivery of obesity care for children, young people, and adults (this model was later launched on World Obesity Day in March 2021).
- Examples of best practice in obesity care nationally were highlighted.
- People living with obesity share their stories and experiences.

See **Action 1.2** for additional information on the National Obesity Management Clinical Programme.

Regional Evidence

The Programme for Healthy Eating and Weight Management (PHEW) is a six-week programme run by community dietitians to support clients with a BMI >28kg/m² who want to lose weight. The programme is free of charge and lasts for approximately 90 minutes for each of the six weeks. The programme is run in South Dublin and East Wicklow. Unfortunately, due to the COVID-19 pandemic and ongoing restrictions, this programme is temporarily suspended.

W82GO Child and Adolescent Obesity Service was established in 2005 in response to the health implications linked with childhood obesity. The evidence-based programme is led by Children's Health Ireland at Temple Street Hospital by a multidisciplinary professional team consisting of

	<p>paediatrics, diabetics, clinical psychologists, and physiotherapists. The treatment programme adopts a family-based approach and focuses on nutrition, self-esteem, physical fitness training, and family communication, whilst encompassing a supportive, safe environment. The treatment programme is delivered in a group-based setting or one-to-one outpatient sessions during normal working hours.</p> <p>Cavan Monaghan Healthy Families is a joint initiative involving several local agencies, including the HSE, Dublin Northeast, National Childhood Network (NCN), Monaghan Integrated Development, Cavan and Monaghan Sports Partnerships, and the County Childcare Committees, who work together to promote healthier lifestyles. It offers two free programmes aimed at promoting and maintaining healthier lifestyles (the Obesity Prevention Programme and the Obesity Management Programme). The Prevention Programmes are aimed at expecting mothers/new parents/guardians of children aged 0-5 years and includes a three-hour session with interactive activities based on healthy eating, confidence building, play, and active games. The programme is also free for all families.</p> <p>I Can Cook it! is an eight-week practical skills nutrition programme that has been developed for local communities. The programme offers practical experience of preparing and cooking food as well as improving knowledge of healthy eating and food safety. I Can Cook It! is adapted from Cook It, a Northern Ireland programme.</p> <p>In March 2021, on World Obesity Day, the RCSI Sláintecare Childhood Obesity Team launched their online training course on Childhood Obesity Education for health professionals. The course will consist of five modules (one introductory module followed by four advanced modules lasting an hour each in duration). The course is free for all health care professionals in Ireland due to being funded by the Sláintecare Integration Fund.</p>
<p>Sources of Evidence</p>	<p>HSE. (2018) <i>Healthy Weight for Children (0-6 years) Framework (November 2018)</i>, available: https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programs/child-health-and-wellbeing/hwfc.pdf</p> <p>HSE. (2021) <i>Model of Care for the Management of Overweight and Obesity</i>, available: Model of Care full report (hse.ie)</p> <p>HSE. (2020) <i>HSE Obesity Management Clinical Programme hosted the 2nd Annual Obesity Summer School</i>, available: https://www.hse.ie/eng/services/news/media/pressrel/hse-obesity-management-clinical-program-hosts-the-2nd-annual-obesity-summer-school.html</p> <p>Royal College of Physicians of Ireland. (2017) <i>Improving care for people living with overweight and obesity</i>, available: https://courses.rcpi.ie/product?catalog=obesity-summer-school-2020</p> <p>HSE. (2017) <i>Cavan Monaghan Healthy Families Initiative</i>, available: https://www.hse.ie/eng/services/list/1/lho/cavanmonaghan/healthyfamilies/W82G</p> <p>(2017) <i>W82GO Child and Adolescent Obesity Service</i>, available: https://w82go.ie/</p> <p>HSE Public Health Agency (2020). <i>Cook it! Fun, fast food for less: community nutrition education programme</i>, available: https://www.publichealth.hscni.net/publications/cook-it-fun-fast-food-less-community-nutrition-education-programme</p> <p>HSE. (2020) <i>PHEW Weight Loss, PHEW – Programme for Healthy Eating and Weight Management</i>, available: https://www.hse.ie/eng/services/list/2/primarycare/pcteams/dublinsouthpcts/dunlaoghaireglathulepct/phew/</p>

	<p>Southern Health and Social Care Trust. (2021) <i>Healthy Eating, Cook it!</i>, available: https://southerntrust.hscni.net/health-wellbeing/health-improvement/healthy-eating/</p> <p>Childhood Obesity Education. (2021) <i>Launch of our online training course for health professionals</i>, available: https://childhoodobesity.ie/2021/03/03/launch-of-our-online-training-course-for-health-professionals/</p>
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ACTION 6.13 Review and improve the quality of food in hospitals; develop a food and nutrition policy for hospitals.	
Timeframe	2016-2017
Lead Responsible	HSE
Lead Partners	-
Evidence of Implementation	<p>Evidence Summary</p> <ul style="list-style-type: none"> • Review of compliance to the hospital vending machine policy was completed in 2015. The results were used to update the policy in 2019. • Monitoring the food environment in hospitals compared to national standards was completed in 2016. • An advisory group was set up in 2018 to improve the food environment in health services. • A food, nutrition, and hydration policy for hospitals was developed in 2019. The implementation is supported by a toolkit developed by the HSE and members of the Nutrition Policy Development Group. <p>In May 2016, Health Information and Quality Authority (HIQA) published the Report of the Review of Nutrition and Hydration Care in Public Acute Hospitals. This review uses the National Standards for safer better healthcare to assess how public acute hospitals are ensuring that patients’ nutrition and hydration needs are being adequately assessed, managed, and evaluated.</p> <p>The HSE Acute Operations developed a Food, Nutrition, and Hydration Policy for Adult Patients in Acute Hospitals. This was published by the HSE in November 2018 under the Healthy Ireland Framework. The policy and associated implementation toolkit were formally launched by the Minister for Health in April 2019. The aims of this policy are to:</p> <ul style="list-style-type: none"> • Improve the quality and safety of food and nutritional care in acute hospitals. • Ensure key areas of improvement recommended by HIQA are addressed. • Improve patient experience. • Support recommendations from the National Clinical Guideline (NCG): Nutrition Screening and use of Oral Nutrition Support for Adults in the Acute Care Setting. <p>The policy applies to care of all adult patients in Acute Hospitals including inpatients, emergency departments, and day procedure units.</p> <p>The Healthy Eating and Active Living Programme established the Healthier Food Environment Advisory Group in January 2018, which aims to improve the food environment across the health services. As part of this, the Healthy Eating and Active Living National Policy Priority Programme assessed the levels of compliance with the provisions of the HSE Healthier Vending Policy 2015. The HSE Healthier Vending Policy was then updated with the most recent version published in 2019.</p>
Sources of Evidence	<p>Health Information and Quality Authority. (2021) <i>Report of the review of nutrition and hydration care in public acute Hospitals (2016)</i>, available: https://www.hiqa.ie/reports-and-publications/key-reports-and-investigations/report-review-nutrition-and-hydration-care</p>

	<p>HSE. (2016) <i>HSE welcomes HIQA's 'Nutrition and Hydration in Hospitals' review</i>, available: https://www.hse.ie/eng/services/news/media/pressrel/nutritionhydrationacute.html</p> <p>HSE. (2020) <i>Healthier Eating Active Living Programme</i>, available: https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/healthier-eating-active-living-programme/</p> <p>HSE. (2019) <i>Healthier Vending</i>, available: https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/healthier-vending/</p> <p>HSE. (2018) <i>Food, Nutrition and Hydration Policy for Adult Patients</i>, available: https://www.hse.ie/eng/about/who/acute-hospitals-division/food-nutrition-and-hydration-policy-for-adult-patients/</p>
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ACTION 7.1	
Appoint a clinical lead on obesity to provide a model of care for children and adults and oversee its implementation.	
Timeframe	2016
Lead Responsible	HSE
Lead Partners	RCPI, Relevant Stakeholders
Evidence of Implementation	<p>Evidence Summary</p> <ul style="list-style-type: none"> • A clinical lead was appointed in 2017 with an advisory group also established. • A model of care for children and adults was launched in March 2021. <p>Professor Donal O'Shea was appointed Clinical Lead for Obesity in September 2017. A Clinical Advisory Group (CAG) has been established and is a committee of the Royal College of Physicians of Ireland (RCPI). Its multidisciplinary membership includes physicians and surgeons from hospital and community settings. The Chair of the CAG is Dr Brendan O'Shea, a GP and an academic who is involved in childhood obesity research and in addressing aspects of overweight with GP trainees.</p> <p>The programme initiation document and work-plan was approved by the CAG and the HSE with goals to publish a new model of care. A new HSE Model of Care for the Management Overweight and Obesity was launched on the 4th March 2021. The Model of Care sets out how the healthcare for children, young people, and adults living with overweight and obesity should be organised and resourced. The Model of Care describes the service required, the provider of the service, and its delivery. A population health approach has been adopted to manage obesity, and recognising the complex determinants of obesity (i.e., SES, genetics, and environment).</p>
Sources of Evidence	<p>HSE. (2020) <i>HSE appoints Professor Donal O'Shea as Clinical Lead for Obesity</i>, available: https://www.hse.ie/eng/services/news/media/pressrel/hse-appoints-professor-donal-oshea-as-clinical-lead-for-obesity.html</p> <p>HSE. (2020) <i>National Obesity Clinical Programme</i>, available: https://www.hse.ie/eng/about/who/cspd/ncps/obesity/national-obesity-clinical-programme.html</p> <p>Government of Ireland. (2021) <i>Minister for Health announces cohesive approach to tackling obesity on World Obesity Day</i>, available: https://www.gov.ie/en/press-release/0c648-minister-for-health-announces-cohesive-approach-to-tackling-obesity-on-world-obesity-day/</p>

ACTION 9.1	
Review progress in achieving the inequalities target, with a view to assessing the need for additional targeted actions for disadvantaged groups.	
Timeframe	2018
Lead Responsible	DoH
Lead Partners	-
Evidence of Implementation	<p>Evidence Summary</p> <ul style="list-style-type: none"> • Review of progress has included data collection on the cost of healthy food essentials in 2016 and 2018. • Data collection relating to overweight and obesity among primary school children is funded by the government. Ireland is taking part in global surveillance on childhood obesity (the WHO European Childhood Obesity Surveillance Initiative). • A government funded programme (the ABC programme) aimed at early intervention and prevention for children and young people, supports data collection through online toolkits and focuses on those disadvantaged early in life. • A government funded national survey enables comparison of the prevalence of obesity amongst those experiencing various levels of disadvantage. The target of the OPAP is to reduce inequality by 10%. • The Healthy Ireland Survey found that people living in deprived areas were more likely to be living with overweight or obesity. • Monitoring reveals there has been a 4% decrease in the proportion of household take-home income required for a healthy food basket due to an increase in welfare payments and a decrease in food prices. • Government supported community food programmes addressing food poverty in areas of social disadvantage were positively received by community members and are receiving ongoing funding for continued geographical expansion. • An All-of-Ireland, multidisciplinary network focused on addressing food poverty met biannually prior to 2020. Discussion included the issue of weight inequality and food poverty with those living with obesity. • A Healthy Ireland Healthy Communities Programme will be rolled out by the HSE in autumn 2021. The Programme is a key focus on healthy eating and obesity prevention in socially disadvantaged communities. <p>The inequalities target (as defined in the OPAP) prioritises addressing inequalities in the prevalence of overweight and obesity, for example, from pre-conception to two years, families, children, low-income groups, and people living in deprived areas. All actions in the OPAP are guided by the target of reducing weight inequality by 10%. Several healthy eating and physical activity projects have been funded under the Healthy Ireland Fund via the LCDs. The Healthy Ireland Fund Round 3 has been prepared.</p> <p><u>Data Collection</u></p> <p>Safefood have produced reports including the ‘Cost of a healthy food basket in the Republic of Ireland in 2018’ and a similar report for Northern Ireland (2018).</p> <p>The HSE is responsible for coordinating Ireland’s participation in the WHO European Childhood Obesity Surveillance Initiative (COSI) which measures trends in overweight and obesity among primary school aged children. This collaboration provides high-quality data to inform policy and</p>

practice in efforts to respond to the problem of childhood overweight and obesity. This is supported through Section 39 funding for operations of National Nutrition Surveillance Centre (NNSC). The summary report of findings for 2018/2019 was published in May 2020.

The need for an obesity impact assessment for new planning developments is also mentioned as part of the HSE Healthy Weight for Children (0-6 years) Framework: Areas for Action Summary (March 2019). A total of 112 recommendations were outlined following ten areas for action.

Part of the Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014-2020, identifies prevention and early intervention as a key transformational goal for children's services. This has led to the What Works initiative designed by the Department of Children and Youth Affairs (now the DCEDIY) and funded through Dormant Accounts. This aims to take a coordinated approach to enhance capacity, knowledge, and quality in prevention and early intervention for children, young people, and their families. The four aspects to this programme include data, evidence, quality, and capacity building.

Area Based Childhood Programme (2013-2017)

In conjunction with the What Works government programme, the Area Based Childhood (ABC) Programme is a prevention and early intervention initiative in thirteen disadvantaged areas around Ireland. As part of the National Evaluation of this programme, the Centre for Effective Services (CES) drew on readily available standardised measures to measure the impact of the national programme on children's outcomes. The CES evaluation team supported the areas to collect outcomes data for participating parents and children. An intended benefit of this approach was to strengthen capacity around the use of data for planning and service delivery. An online toolkit and an explanation video have been developed by CES to support services in their data collection.

The Children's Rights Alliance Report Card is an annual scorecard which independently reviews the Governments actions in protecting children. The 2021 Report was published in February 2021. The Children's Rights Alliance reports that there was a 4% decrease in the proportion of household take-home income required for a healthy food basket between 2016 and 2018 for both urban and rural families. Factors contributing to this included both a decrease in average food prices over the two-year period and an increase in household incomes including the increase of the minimum wage and the increase in social welfare payments.

The annual Healthy Ireland Survey collects data to measure progress towards the various policy initiatives under the Healthy Ireland Framework. The 2015 Healthy Ireland Survey found that 26% of those living in the most deprived decile were living with obesity compared with 16% for those living in the least deprived decile. The 2019 Healthy Ireland Survey found that 65% of those living in deprived areas were living with overweight or obesity compared with 55% of those living in affluent areas.

Community Food Initiatives

Safefood lead this programme in partnership with SECAD (South and East Cork Area Development) Partnership Company Limited by Guarantee (CLG), funded by Healthy Ireland. The project targets low-income communities and acts to positively influence the eating habits of families with children by developing skills and knowledge around food, food preparation, and healthy eating. Initiatives include partnering at-risk groups, awareness activities, skills training,

	<p>and stakeholder engagement. This is a whole-island programme, with fourteen initiatives active in the 2019-2021 period in both the ROI and Northern Ireland. In 2016-2018, thirty community initiatives were evaluated. The initiatives were positively rated by stakeholders and participants and were successful in enhancing the knowledge and skills of participants. These results informed the development of future initiatives, including enhancing programme sustainability. No anthropometric data was collected as part of this evaluation.</p> <p>See Action 1.1 and Action 5.3 School Meals Scheme where there is Government funding for the provision of nutritious school meals, with priority access for those in disadvantaged areas (DEIS schools) running their own school meals projects.</p> <p><u>Multidisciplinary Networks</u> <i>Safefood</i> co-ordinate an All-Island Food Poverty Network which was meeting bi-annually until 2020. A remote meeting took place in October 2020. The discussion includes reference to obesity management. For example, in April 2019, the meeting minutes describe a discussion around the inclusion of food insecurity questions which can be added to the Northern Irish Obesity Action Plan. The All-Island Food Poverty Network continue to meet regularly and have an annual workshop. The Network met in April 2021.</p> <p>Following on from Food Poverty discussions between Health and Wellbeing, DoH, DCEDIY, <i>safefood</i>, and the Children’s Rights Alliance in 2018, an OPAP Healthy Eating Food Poverty Sub Group are scoping out the food and nutrition elements relating to food poverty. This working group also includes the HSE and the DSP.</p> <p>In March 2021 the DSP announced that it is establishing an interdepartmental Food Poverty Working Group. The DoH will be represented on this working group and will provide feedback from the OPAP Healthy Eating Food Poverty Sub Group.</p> <p><u>Community Health and Wellbeing</u> The 2021 HSE National Service Plan states that initiatives and services have been identified for possible implementation with some focusing on areas of deprivation. In addition, enhanced community care developments have been highlighted as key area for action. Please see Action 6.5 for information on the Healthy Ireland Healthy Communities Programme.</p>
<p>Sources of Evidence</p>	<p>Safefood. (2021) <i>Food Poverty reports</i>, available: https://www.Safefood.net/food-poverty/reports</p> <p>Safefood. (2016-18) <i>Healthy Food, healthy families – A community approach, Evaluation of Safefood’s all-island Community Food Initiatives 2016-18, Community Food Initiatives</i> available: https://www.Safefood.net/getattachment/516a8a98-3f73-4612-9a89-1443c1b4554a/CFI-2016-18-evaluation-two-pager.pdf?lang=en-IE</p> <p>Safefood. (2019) <i>Minutes of Food Poverty Network Meeting #34</i>, available: https://www.Safefood.net/getattachment/5ee571ed-f999-4ad1-8e75-71c6b88e8b5c/Minutes-of-FPN-Meeting-held-on-8th-April-2019_2.pdf?lang=en-IE</p> <p>Children’s Rights Alliance. (2020) <i>2020 Report Card</i>, available: https://www.childrensrights.ie/content/report-card-2020</p> <p>Department of Children, Equality, Disability, Integration and Youth. (2021) <i>What Works</i>, available: https://whatworks.gov.ie/resources/collecting-outcome-data-in-services/</p>

	<p>HSE. (2019) <i>Healthy Weight for Children (0-6 years) Framework, Areas for Action – Summary</i>, available: https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/child-health-and-wellbeing/hwfc-action-areas.pdf</p> <p>HSE. (2021) <i>National Service Plan</i>, available: https://www.hse.ie/eng/services/publications/serviceplans/national-service-plan-2021.pdf</p> <p>Government of Ireland. (2021) <i>Minister for Health announces cohesive approach to tackling obesity on World Obesity day</i>, available: https://www.gov.ie/en/press-release/0c648-minister-for-health-announces-cohesive-approach-to-tackling-obesity-on-world-obesity-day/</p>
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ACTION 10.1
Develop a multi-annual obesity research plan within the context of the overall research plans of the Department of Health in particular those elements that focus on population health.

Timeframe	2016-2018
Lead Responsible	DoH, HRB
Lead Partners	-
Evidence of Implementation	<p>Evidence Summary</p> <ul style="list-style-type: none"> • This is an agenda point for discussion at the May OPIOG. Mapping of existing research will be carried out and priority areas for further research issues identified. • Small research projects related to OPAP issues (i.e., calorie posting, portion size, nutrition labelling) are ongoing with ESRI. However, it should be noted that certain aspects of this research have been delayed due to the COVID-19 pandemic. • Healthy Ireland commissioned the HRB to carry out an evidence brief on practices that increase breastfeeding to facilitate an improvement of breastfeeding rates in Ireland.
Sources of Evidence	<p>Health Research Board. (2017) <i>A review of practices that increase breastfeeding: the organization and implementation of systematic practices to facilitate and encourage breastfeeding in three countries. Evidence brief</i>, available: file:///C:/Users/ldelaney/Downloads/A%20review%20of%20practices%20that%20increase%20breast%20feeding%20(002)%20(1).pdf</p> <p>Economic & Social Research Institute. (2019) <i>The effect of spatial position of calorie information on choice, consumption and attention</i>, available: The effect of spatial position of calorie information on choice, consumption and attention ESRI</p>

ACTION 10.2
Develop proposals for implementation of a nutrition health surveillance system.

Timeframe	2016-2017
Lead Responsible	DoH
Lead Partners	Safefood, DAFM
Evidence of Implementation	<p>Evidence Summary</p> <ul style="list-style-type: none"> • Data for adults was last collected in 2010. There were government calls for this to be repeated in 2019. • Data for children aged one to four years has not been collected since 2011. There has not been a call for this to be repeated by Irish Universities Nutritional Alliance (IUNA). • Since 2016, national consumption data has been collected for children young people aged 5-12 and 13-18 years, respectively in HBSC • The 2018 Health Behaviour in School-aged Children (HBSC) collected data on children going to bed hungry and reported no changes since the 2014 study.

- COSI surveys provide periodic research information on obesity in adults and children. There is Government commitment to produce a research plan which includes a national nutrition surveillance system by 2020. *Safefood* prepared a report for the Department of Health on Examining Nutrition Surveillance on the island of Ireland, 2012. Further progress will be made on this as part of the OPIOG research plan 2021.

IUNA is the research collaboration which collected consumption data in Ireland. Funding for this research mainly comes from the DAFM under the FIRM (the Food Institutional Research Measure) grants programme. The Department of Health also supports this research. There are several surveys which have been developed (including IUNA surveys) for the following age groups; 1 to 4 years, 5 to 12 years, 13 to 17 years, 18-64 years and 65 years + (2003-2011).

In 2018, DAFM made an award of €1,343,013 to a research consortium consisting of University College Dublin (UCD), Technical University Dublin (TU Dublin), and Cork Institute of Technology (CIT) to conduct a second national survey: The National Teen's Consumption Survey (13 to 18 years olds in 2019-2020) and the National Children's Food Survey II (5 to 12 year olds in 2017-2018).

The National Teens Food Survey was conducted between 2005 and 2006 with 441 teenagers (13 to 17 year olds). The National Children's Food Survey was conducted with 600 children (5 to 12-year-olds) in 2017-2018. Data was collected on intake and composition of foods, body weight, lifestyle, food choice, blood, and urine. The database contributes to a valuable information resource for Government agencies concerned with developing healthy eating guidelines, obesity prevention, and food safety risk assessment.

In DAFM's 2019 research call for a National Adult Nutrition Survey was included, which would aid with obtaining and updating representative data on food consumption, lifestyle, and the health status of adults in Ireland. Funding of €1.2 million was awarded to the IUNA for this research which has been underway since March 2020. This data will update the 2010 survey.

The 2018 HBSC study indicates that 19% of 3rd and 4th class children reported going to bed hungry due to lack of food at home. The report also indicates that boys, younger children, and children from lower social backgrounds are more likely to report going to bed hungry. The HBSC Ireland report *Trends in Health Behaviours, Health Outcomes and Contextual Factors between 1998 and 2018: findings from the Irish Health Behaviour in School-ages Children Study* was launched in March 2021. Overall, the report indicates encouraging trends in relation to children's health behaviours. For instance, there was a statistically significant increase between 2002 and 2018 in the proportion of children who reported eating fruit more than once a day (17.6% in 2002; 23.3% in 2018).

Other National Surveys

The Healthy Ireland Survey is an annual interviewer-administered face-to-face survey commissioned by the DoH under the HI Framework. Data about diet and nutrition was collected from a representative sample of ~7500 people aged 15 years or older in Ireland. Data about nutrition was not collected in the 2019 survey. Due to COVID-19 the 2020 survey was conducted by telephone interviews. The 6th survey is underway and will also be conducted remotely.

The "Let's take on Childhood Obesity" campaign monitored the self-reported consumption of drinks (water and sweetened beverages) between 2013 and 2016. Data was published as part of the campaign's evaluation. This data will be collected again as part of the evaluation of the START

	<p>campaign (a public awareness campaign aimed at children and parents) which is due to run from 2017-2022. Safefood representatives report that additional analysis of annual consumer tracking research is due to be completed in the coming months.</p> <p>As part of action four of the Healthy Eating and Active Living Programme; National Implementation Plan 2017-2020, there is government commitment to implement a research and knowledge management plan for contributing to the development of national surveillance systems for both nutrition and physical activity. By the end of 2020, the key deliverable to achieve this action is a three-year action plan to deliver on priorities agreed and implemented, including publication of commissioned research, practice and policy guidance, and intervention evaluations published. The status of this is unknown.</p> <p>The Growing up in Ireland (GUI) is a national longitudinal study of children living in Ireland. These surveys are carried out by the ESRI and Trinity College Dublin and are funded through the DCEDIY. The primary aim of the Growing Up in Ireland study is to inform Government policy in relation to children, young people, and families.</p> <p>The study started in 2006 and follows the progress of two groups of children: 8,000 9-year-olds (Child Cohort/Cohort '98) and 10,000 9-month-olds (Infant Cohort/Cohort '08). Phase 1 of funding covered ages 9 and 13 years of the Child Cohort and ages 9 months to 5 years of the Infant Cohort. Phase 2 (2015-2019) covers ages 7/8 and 9 years for the Infant Cohort and ages 17/18 and 20 years for the Child Cohort. There has been an extension to Phase 2 which will include a fifth wave of the Infant Cohort '08 at age 13 years in 2021.</p>
<p>Sources of Evidence</p>	<p>IUNA. <i>National Food Consumption Surveys in Ireland</i>, available: https://www.iuna.net/surveyreports</p> <p>Government of Ireland. (2019) <i>Healthy Ireland Survey Documents</i>, available: https://www.gov.ie/en/collection/231c02-healthy-ireland-survey-wave/</p> <p>Safefood. (2017) <i>Let's talk on childhood obesity, Evaluation of a 3-year public health campaign</i>, available: https://www.Safefood.net/getmedia/06b21843-d47c-4156-8958-a4c1b0d81cad/Childhood-Obesity-Campaign-Evaluation-Final.aspx?ext=.pdf</p> <p>HSE/Healthy Eating and Active Living Programme. (2017-2020) <i>National Implementation Plan 2017-2020</i>, available: https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programs/heal/heal-docs/heal-program-national-implementation-plan-2017-2020.pdf</p> <p><i>Health Behaviour in School Children 2018 Study</i></p> <p>NUIG. (2020) <i>Irish Health Behaviour in School-aged Children (HBSC) Study 2018</i>, available: http://www.nuigalway.ie/media/healthpromotionresearchcentre/hbscdocs/nationalreports/2018-report---online-version-interactive---updated.pdf</p> <p>NUIG. (2020) <i>HBSC Trends, Health Behaviour in School-Aged Children (HBSC) Ireland</i>, available: http://www.nuigalway.ie/hbsc/hbsctrends/</p> <p>Growing up in Ireland. (2021) <i>Official Publications from the infant cohort (cohort '08)</i>, available: https://www.growingup.ie/growing-up-in-ireland-publications-on-the-infant-cohort/</p> <p>Safefood. (2012) <i>Examining Nutrition Surveillance on the island of Ireland</i>, available: https://www.safefood.net/research-reports/examining-nutrition-surveillance</p>

ACTION 10.6
Develop an obesity database for surveillance and planning purposes within the dataset arising from the GP contract.

Timeframe	2016-2018
Lead Responsible	DoH, HSE
Lead Partners	DoH, HSE
Evidence of Implementation	<p>Evidence Summary</p> <ul style="list-style-type: none"> • The Primary Care Reimbursement Service (PCRS) collate information from the GP contract. • Although the information is accessible, it is not disseminated in an easily accessible way at present. • The PCRS have committed to the strategic goal of developing a data/information sharing governance framework by the end of 2021. This is not obesity specific. <p>The data gathered by Primary Care Reimbursement Service collates returns from GP practices that identify the number of children who receive services under the GP under-6 contract. In terms of other special items such as the chronic disease management plan, the number of claims and the cost of such claims can be searched via an open access feature on the PCRS website. The breakdown can be as detailed as the monthly cost per service area or parameters can be set to include a national figure over a larger timeframe. There does not appear to be a single point or summary report of this data. It may not be easily accessible to policy makers.</p> <p>Contract stipulates children should receive a health and wellbeing check, including height and weight monitoring at age two and five years. At the end of 2017, 254,578 children under the age of six years held a GP Visit Card. The numbers of children under six holding a GP visit card were 259,261 at the end of 2018 and 261,056 at the end of 2019.</p> <p>Database not yet available in relation to the health and wellbeing assessment from the under 6's GP contract.</p> <p>In 2019-2021 Strategic Direction of the PCRS identified that the Reform GP contract including new chronic disease management programme for GMS/GP visit card population will affect the data they collect. A key strategic goal includes "Implement a robust data/ information governance framework".</p>
Sources of Evidence	HSE. (2020) <i>PCRS Reporting</i> , available: https://www.spcrs.ie/portal/annual-reporting

ACTION 10.9	
Align targets with outcome indicators in the Healthy Ireland Outcomes Framework. Develop a suite of performance indicators to monitor progress on the implementation of the Obesity Policy and Action Plan.	
Timeframe	2016-2017
Lead Responsible	DoH
Lead Partners	All Stakeholders
Evidence of Implementation	<p>Evidence Summary</p> <ul style="list-style-type: none"> • Outcome indicators have not been specifically assigned to monitor progress on the implementation. The biennial progress report does not appear to have been performed. • As per the original documents, targets remain focused on downward trends in excess weight and a reduction in weight inequalities only. There has been no revision or

expansion of the indicators based on current prevalence data or emerging evidence on the use of indicators other than BMI.

- The initial targets are aligned with HI Survey and COSI which has been repeated as planned. Percentage of adults and children with excess weight has remained stable. Disparity between disadvantaged groups appears to be stable in adults but is increasing in children.

The short-term (five-year) targets set out in the OPAP are:

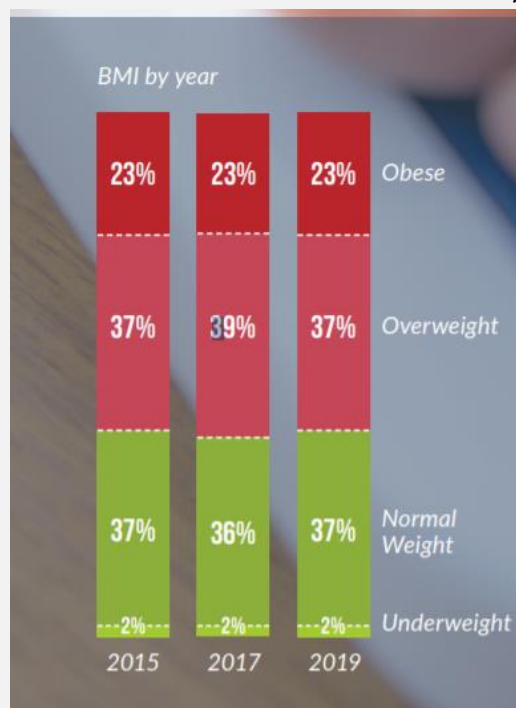
- A sustained downward trend (averaging 0.5% per annum as measured by the HI Survey) in the level of excess weight averaged across all adults.
- A sustained downward trend (averaging 0.5% per annum as measured by COSI) in the level of excess weight in children.
- Reduction in the gap in obesity levels between the highest and lowest socioeconomic groups by 10%, as measured by the HI and COSI surveys.

As per the OPAP, progress towards these targets was to be reviewed every two years with the need to revise targets to be considered with respect to contemporary prevalence data, ongoing modelling exercises and the impact of specific policies and interventions. There is no known compilation of the above target data, or a revision/expansion of such targets.

The Healthy Ireland Outcomes Framework was published in 2018. As part of the indicator set, under Health Status – Lifestyle and Behaviour Risks, it includes:

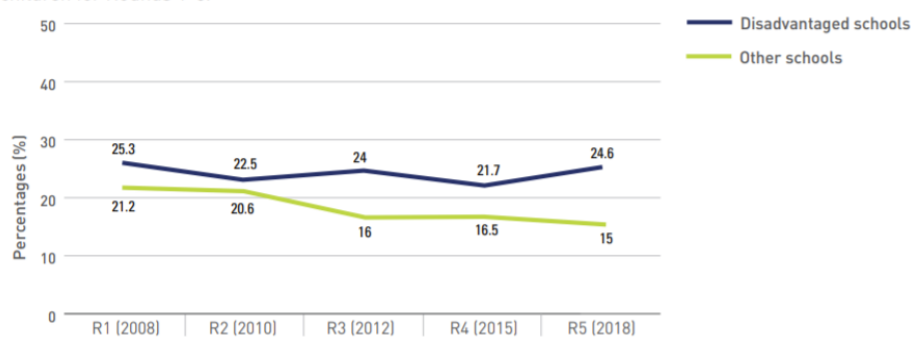
- Overweight and Obesity – measuring the proportion of adults who are overweight or obese.
- Physical Activity Levels – measuring the percentage of adults and children meeting physical activity guidelines.
- Breastfeeding Rates – measuring breastfeeding percentage rates (exclusively and non-exclusively) at first Public Health Nurse Visit and at the Public Health Nurse follow-up visit at three months.

Below are the results of the 2019 HI survey. The five-year targets have not been achieved.



COSI Weight Surveillance Results

Comparisons of overweight including obesity prevalence (categorised by IOTF standards) across five rounds of COSI by disadvantaged schools. Values are presented for first class children for Rounds 1-5.



The 2020 COSI report (which uses data from 2018-2019) shows that there is stabilisation of overweight and obesity prevalence. Despite this, a significant disparity is clear between disadvantaged and other schools. This disparity is widening, particularly in older primary school children.

Sources of Evidence

Healthy Ireland. (2018) *Outcomes Framework, the national framework for action to improve the health and wellbeing of the people in Ireland*, available: <https://assets.gov.ie/7626/cb95e0dbb01e4a9fb7ce7affd609507e.pdf>
 Healthy Ireland. (2019) *Summary Report 2019*, available: <https://assets.gov.ie/41141/e5d6fea3a59a4720b081893e11fe299e.pdf>

5.2 MEDIUM TERM ACTIONS (2016-2020)

ACTION 3.5

Consider measures to introduce maximum portion sizes for relevant foods and drinks, on a voluntary basis initially. The effects of measures implemented should be regularly monitored.

Timeframe	2017-2020
Lead Responsible	DoH
Lead Partners	Food Industry
Evidence of Implementation	<p>Evidence Summary</p> <ul style="list-style-type: none"> Behavioural research has been completed to determine the most effective measures on behalf of the DoH, which was published in 2020. A sub-committee of the OPIOG are tasked with considering measures on introducing maximum portion sizes for HFSS foods and drinks as part of preparing the Reformulation Roadmap. <p>Behavioural research that examines whether the amount of HFSS foods people eat can be reduced by printing salient visual cues on packaging that shows appropriate portion sizes was carried out by the Economic and Social Research Institute (ESRI) on behalf of the DoH in 2019. Results were published in November 2020. Results from a research bulletin show that nutrition labelling format plays a key role in informing consumers. In addition, portion size markings reduced over consumption and increased participant’s attention to the dietary recommendations displayed on the packaging. Reports on portion size and consumer understanding of food labelling will be published in 2021.</p>

	<p>The FSAI has undertaken a national consultation on food labelling on behalf of the Food Unit, Department in early 2021 and a report is now being compiled.</p> <p>The Reformulation sub-group of the OPIOG have discussed addressing reducing portion sizes and on monitoring and validation procedures. This will included be released as part of the Reformulation Roadmap due for publication in autumn 2021.</p>
Sources of Evidence	<p>Houses of the Oireachtas. (2019) <i>Obesity Strategy, Dáil Éireann Debate, 12 March 2019</i>, available: https://www.oireachtas.ie/en/debates/question/2019-03-12/275/</p> <p>Economic & Social Research Institute. (2019) <i>Obesity and Food Choice, Behavioural Science</i>, available: https://www.esri.ie/current-research/obesity-and-food-choice</p> <p>Economic & Social Research Institute. (2019) <i>Portion size markings on snack packaging influence how much people eat</i>, available: https://www.esri.ie/publications/portion-size-markings-on-snack-packaging-influence-how-much-people-eat</p> <p>Economic & Social Research Institute (2019), <i>The effect of spatial position of calorie information on choice, consumption and attention</i>, available: https://www.esri.ie/publications/the-effect-of-spatial-position-of-calorie-information-on-choice-consumption-and</p> <p>Economic & Social Research Institute. (2020) <i>ESRI Research Bulletin November 2020, Portion size markings on snack packaging influence how much people eat</i>, available: https://www.esri.ie/system/files/publications/RB202028_1.pdf</p>

ACTION 6.1	
Include obesity prevention and care as part of the GP contract. This will build on the previous developments for the under six years of age GP contract.	
Timeframe	2016-2020
Lead Responsible	DoH, HSE
Lead Partners	GPs, Allied Healthcare Professionals
Evidence of Implementation	<p>Evidence Summary</p> <ul style="list-style-type: none"> • Since 2015 GPs may opt in to deliver free to care to children under six years which includes regular physical measurements as a focus on disease prevention. There is limited data available to evaluate outcomes of this change. • Formal agreement for all GPs to be trained to better incorporate chronic diseases in all consultations with patients. • Formal agreement in 2019 to measure BMI as part of a chronic disease management programme which patients of certain age groups (over 75 years) and certain conditions are eligible for. The age-range of eligible patients was expanded in June 2020 to patients aged 70 years and over. <p><u>Children's Services</u></p> <p>This builds on the 2015 GP contract for the provision of care to children under six years of age, through which GPs perform periodic assessments which include promoting health and preventing disease. This involves recording age, anthropometric measures and plotting this data on a centile chart at ages two and five. Issues identified are addressed through the provision of health promotion advice, brief intervention and support, or referral to specialist services as required. Signing up to deliver care is optional for GPs. The list was published on the HSE website in September 2020 and updated in April 2021. The list details the process used by GP clinics to register for the under 6 childcare. There is no known public evaluation data.</p>

	<p><u>Adult Services</u></p> <p>For certain groups of patients, there is a formal agreement between the HSE and GPs to deliver certain aspects of care. New agreements were released in 2019 and updated in 2020 after the COVID-19 pandemic.</p> <p>As stated in the GP General Medical Services (GMS) Agreement 2019, GPs will implement aspects of the Making Every Contact Count (MECC) when seeing their GMS/GP Visit Card patients. The MECC training programme is available to health professionals since 2016 and contains resources and modules to enhance their skills in promoting behaviour change in their patients. This enables them to better support service users to make healthier lifestyle choices including healthy eating and physical activity.</p> <p>Furthermore, as per the 2019 GMS Agreement, the Chronic Disease Management (CDM) programme commenced on phased basis in January 2020 and will run until December 2021. Physical examinations form part of the scheduled care reviews in the treatment of chronic disease under the CDM Programme including the calculation of BMI. The plan was rolled out to patients above 75 years with one or more chronic conditions with plans for expansion to include all patients by 2023. Since June 2020, patients over 70 years are now eligible as part of a modified CDM plan in response to the COVID 19 pandemic. Reviews will continue to occur at the frequency planned but may also include both telephone and in-person reviews.</p>
<p>Sources of Evidence</p>	<p>HSE. (2020) <i>Chronic Disease Management Programme</i>, available: https://www.hse.ie/eng/about/who/gmscontracts/2019agreement/chronic-disease-management-program/</p> <p>HSE. (2020) <i>Health and Wellbeing, Making Every Contact Count</i>, available: https://www.hse.ie/eng/about/who/healthwellbeing/making-every-contact-count</p> <p>HSE. (2019) <i>Service Development, Modernisation & Reform Measures, and Eligibility</i>, available: https://www.hse.ie/eng/about/who/gmscontracts/2019agreement/agreement-2019-presentation.pdf</p> <p>HSE. (2019) <i>Terms of Agreement between the Department of Health, the HSE and the IMO regarding GP Contractual Reform and Service Development</i>, available: https://www.hse.ie/eng/about/who/gmscontracts/2019agreement/agreement-2019.pdf</p> <p>HSE. (2020) <i>Contract for the provision of Free GP Care to all Children under the age of 6</i>, available: https://www.hse.ie/eng/about/who/gmscontracts/under6gpcontract/</p> <p>HSE. (2021) <i>Agreement Regarding GP Contractual Reform and Service Development</i>, available: https://www.hse.ie/eng/about/who/gmscontracts/2019agreement/</p> <p>HSE. (2021), <i>GP Visit Cards, 3. Under 6s GP Visit Card</i>, available: https://www2.hse.ie/services/gp-visit-cards/under-6s-gp-visit-card.html</p> <p>HSE. (2021), <i>List of GPs Providing Services for Under 6s, Publication Date: 16th April 2021</i>, available: https://www.sspcrs.ie/libr/html/UGP_GPlist_by_LHO.pdf</p>

<p>ACTION 6.2 Strengthen the capacity of primary care teams to support obesity prevention and evidence-based weight management services.</p>	
<p>Timeframe</p>	<p>2016-2020</p>
<p>Lead Responsible</p>	<p>HSE</p>

Lead Partners	GPs, Allied Healthcare Professionals
Evidence of Implementation	<p>Evidence Summary</p> <ul style="list-style-type: none"> • Two national programmes were implemented in 2016 and 2017 addressing healthy living and obesity (the Healthy Eating and Active Living Policy Priority Programme and the National Obesity Management Clinical Programme respectively). • A clinical lead was appointed to co-ordinate the work in this area. • A clinical advisory group (CAG) was created to provide expertise, but frequency and outcomes of meetings are not publicly available. • Several care plans have been released to improve care delivery such as the Integrated Care Plan for Prevention and Management of Chronic Disease. • Algorithms for care delivery do not appear to have been updated as planned in 2017. • A national framework was published in 2018 which aims to provide direction toward facilitating healthy weight and the prevention of obesity in children aged 0-6 years. • An audit tool was released and has been reviewed by the CAG in 2019. • In 2019 an event was hosted through the National Obesity Clinical Programme to educate health professionals about the patient experience. • In 2021 a new HSE Model of Care for the management of overweight and obesity was launched. <p>The HSE established the Healthy Eating and Active Living Policy Priority Programme in late 2016, and in 2017 the National Obesity Management Clinical Programme was set up by the HSE Health and Wellbeing Division. The appointment of clinical leadership for obesity was a key HSE action under the policy and a clinical lead was appointed.</p> <p>A CAG was established to provide clinical expertise to the National Obesity Clinical Programme. Its multidisciplinary membership includes physicians and surgeons from hospital and community settings and is a committee under the RCPI. A comment cannot be made on frequency or content of meeting as minutes of group meetings, or a schedule of meetings is not publicly available.</p> <p>The primary goal of the National Obesity Clinical Programme is to improve access to services and quality of care for overweight people in Ireland. This will be achieved by developing integrated models of care that strengthen prevention, identification, early intervention, and treatment for overweight and obesity across primary care and acute services for both children and adults. For example, the Integrated Care Plan for Prevention and Management of Chronic Disease as listed on the HSE website.</p> <p>Healthy Weight for Children (0-6 years) Framework was published in 2018 which provides a strategic direction for a national and sustainable approach to facilitating healthy weight and the prevention of obesity in children in Ireland. The framework was developed by a multi-disciplinary working group with input from HSE, <i>safe</i>food, and Tusla. It provides strategic direction for a national and sustainable approach to facilitating healthy weight and the prevention of obesity in children in Ireland. A key aim includes mobilizing health services to address obesity rates.</p> <p>The Childhood Overweight and Obesity Sample Audit Tool was reviewed by the CAG in 2019. This tool provides practitioners with audit topic proposals and related tools to aid them in carrying out a clinical audit in this topic area i.e., obesity management.</p>

	<p>In August 2019, the National Obesity Management Clinical Programme hosted a Summer School at the RCPI. The aims of the event were to; (i) highlight the progress in the understanding of obesity, (ii) explain the impact of weight stigma, and (iii) encourage discussion and interaction between clinicians and people living with obesity and overweight. The Summer School event was also held virtually in August 2020.</p> <p>Please see Action 7.1 for information on the new HSE Model of Care for the Management of Overweight and Obesity which was launched on the 4th of March 2021.</p>
Sources of Evidence	<p>HSE. (2020) <i>ICP for Prevention and Management of Chronic Disease</i>, available: https://www.hse.ie/eng/about/who/cspd/icp/chronic-disease/</p> <p>HSE. (2020) <i>National Obesity Clinical Programme</i>, available: https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programs/heal/national-obesity-clinical-program/</p> <p>Government of Ireland. (2021) <i>Minister for Health announces cohesive approach to tackling obesity on World Obesity Day</i>, available: https://www.gov.ie/en/press-release/0c648-minister-for-health-announces-cohesive-approach-to-tackling-obesity-on-world-obesity-day/</p> <p>Irish College of General Practitioners (2011) <i>HSE/ICGP Weight Management Treatment Algorithm for Adults</i>, available: https://www.icgp.ie/go/library/catalogue/item?spld=DF2B8347-BCBE-4C31-94546BC305B29780</p> <p>HSE. <i>Healthy Weight Management Guidelines Before, During and After Pregnancy</i>, available: https://www.hse.ie/eng/health/child/healthyeating/pregnancyguidelines.pdf</p> <p>HSE. (2018) <i>Healthy Weight for Children (0-6 years) Framework (November 2018)</i>, available: https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programs/child-health-and-wellbeing/hwfc.pdf</p>

<p>ACTION 6.3 Develop and implement appropriate child development and growth monitoring system with appropriate recording and response programmes. This will build on the work on the under six years of age GP contract, the development of the Child Health Information System and the National Healthy Childhood Programme – a universal child health framework.</p>	
Timeframe	2016-2020
Lead Responsible	HSE
Lead Partners	HSE
Evidence of Implementation	<p>A collection of resources including a staff training module about growth measurement is available on the HSE website. The HSE are progressing a child health information system through the development of a National Immunisation Information System (NIIS) (Phase 1) and a National Child Health Information System (Phase 2). This is being led by the National Immunisation Office.</p> <p>Phase 1 of this work has been severely curtailed due to the COVID-19 Pandemic (staff have been redeployed to support the vaccine rollout in Ireland).</p> <p>See Action 6.1 for information relating to the under 6s GP visit cards.</p>
Sources of Evidence	<p>HSE. (2020) <i>Growth Monitoring Resources</i>, available: https://www.hse.ie/eng/health/child/growthmonitoring/</p>

ACTION 6.4	
Implement the brief intervention model (outlined in Making Every Contact Count) as per Healthy Ireland in the Health Services Implementation Plan. A training programme is in development with a target to begin delivery to the first cohort early in 2017 (this will include a focus on physical activity, healthy eating, and weight management). A programme of work has commenced with universities and training institutions to integrate chronic disease prevention into undergraduate training programme.	
Timeframe	2016-2020
Lead Responsible	HSE
Lead Partners	GPs, Allied Healthcare Professionals
Evidence of Implementation	<p>Evidence Summary</p> <ul style="list-style-type: none"> • The MECC programme has been developed and implemented under a national implementation group. • Further funding has been provided to universities to support the ongoing development of curriculum in this area. • There have been no publicly available data found to evaluate the uptake of the programme. • The MECC programme has been incorporated into all undergraduate health-professional curricula in addition to another training package relating to chronic disease. <p>The MECC framework and implementation plan was published in 2016. This framework was developed by the Health Behaviour Change Workstream, Health and Wellbeing Clinical Programmes Team under the leadership of the National Clinical Lead. The MECC national implementation group was established to provide structured support and coordination to local implementation. MECC actions have been included in local HI plans.</p> <p>The MECC e-learning training programme and resources are currently available online and annual targets for training uptake agreed. In October 2019, further funding (in the form of a research grant) was allocated to researchers in National University of Ireland Galway (NUIG) to support the ongoing development of this implementation plan and to survey those already engaged. The HSE National Service Plan 2020 projected that over 4,000 front line staff would complete this training by 2020. Data to confirm if this prediction has been achieved or superseded has not been found.</p> <p>The National Undergraduate Curriculum was developed and implemented under deliverable of the Sláintecare Action Plan 2019 through a partnership between the HSE and Higher Education Institutions (HEI). This includes a two-part chronic disease prevention curriculum. Part One entitled ‘Making Every Contact Count for Health Behaviour Change’ (as per the above e-training package). Part Two entitled “Part 2: Self-management Support for Chronic Conditions”. This curriculum is to be integrated into all undergraduate programmes for health professional developed with HEI’s and was launched in 2020.</p>
Sources of Evidence	<p>HSE. (2020) Health and Wellbeing, <i>Making Every Contact Count</i>, available: https://www.hse.ie/eng/about/who/healthwellbeing/making-every-contact-count</p> <p>HSE. (2020) <i>National Service Plan 2020</i>, available: https://www.hse.ie/eng/services/publications/national-service-plan-2020.pdf</p> <p>Health Research Board. (2018) <i>Supporting patients to make the best lifestyle choices- Making Every Contact Count</i>, available:</p>

	<p>https://www.hrb.ie/news/press-releases/single-press-release/article/supporting-patients-to-make-the-best-life-style-choices-making-every-contact-count/</p> <p>HSE. (2020) <i>National Undergraduate Curriculum for Chronic Disease Prevention and Management: Part 1</i>, available: https://www.hse.ie/eng/about/who/healthwellbeing/making-every-contact-count/national-undergraduate-curriculum-for-chronic-disease-prevention-and-management-part-1/</p> <p>HSE. (2020) <i>National Undergraduate Curriculum for Chronic Disease Prevention and Management, Part 2: Self-management Support for Chronic Conditions Facilitator Guide</i>, available: https://www.hse.ie/eng/about/who/healthwellbeing/undergraduate-curriculum-for-chronic-disease-prevention-and-management/self-management-support-undergrad-curriculum/chronic-disease-prevention-management-part-2.pdf</p> <p>Department of Health. (2019) <i>Slaintecare Action Plan 2019</i>, available: https://assets.gov.ie/22606/4e13c790cf31463491c2e878212e3c29.pdf</p>
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<p>ACTION 6.7 Develop and integrate evidence based, effective, community-based health promotion programmes targeted at high-risk groups within all community health organisations.</p>	
<p>Timeframe</p>	<p>2016-2020</p>
<p>Lead Responsible</p>	<p>HSE</p>
<p>Lead Partners</p>	<p>All Stakeholders</p>
<p>Evidence of Implementation</p>	<p>Evidence Summary</p> <ul style="list-style-type: none"> • Three community-based programmes have been developed which have considered equity, financial insecurity, and gender in engaging community members. • Healthy Food Made Easy (HFME) Programme is based on evidence-based national nutrition guidelines and has expanded in numbers as per 2018. • A men’s physical activity programme was evaluated, and the results were published in scientific journal and an evaluation report. • Local sports partnerships are increasing community capacity to offer opportunities for all to engage in physical activity. The Government has supported continued growth with additional funding in the 2019 Budget. <p>The HSE funds the HFME Programme. This is a basic nutrition and cooking course that aims to encourage healthy eating, improve knowledge of nutrition when preparing home-made meals, and enable eating healthy meals on a budget. HFME is a six-week course lasting between two – two and a half hours in duration. Participants are offered the opportunity to prepare, cook and eat healthy meals throughout the course. The course is delivered by peer trainers in communities where the Partnership is running (i.e., Northside Partnership, Cork Sports Partnership).</p> <p>The HFME course content is based on the most up-to-date healthy eating guidelines from the DoH. There has been continued expansion of the programme since 2006. In 2018 the programme was delivered to 6,285 participants across the ROI. HFME is currently being redesigned as an e-learning tool that will be suitable for website application.</p> <p>In June 2019, the Minister of State for Health Promotion launched Men on the Move, a community based twelve-week health promotion programme. This programme was developed and evaluated to identify how best to engage men in their health and wellbeing through physical</p>

	<p>activity. A pilot evaluation by Kelly et al (2019) found several key benefits on measures of physical fitness and chronic disease risk such as decrease in waist circumference.</p> <p>There is a strong collaborative partnership between Sport Ireland and Local Sports Partnership (LSP). The LSP network engages communities across the country to deliver inclusive, impactful, and sustainable opportunities tailored to local needs, getting Ireland more physically active, involved in sport, and improving the mental and physical health of the nation. In 2019, over half a million people from communities across Ireland took part in sport and physical activity opportunities organised by LSP.</p> <p>In October 2019, an additional €5.5 million was allocated to Sport Ireland as part of the 2020 Budget to support the delivery of the Government’s National Sports Policy (2018-2027). Key actions in this policy support the expansion and development of community capacity for engaging in sport. A key focus of these actions is engaging disadvantaged groups and reduce inequalities.</p> <p>Please see Action 6.5 for information on the Healthy Ireland Healthy Communities Programme.</p>
<p>Sources of Evidence</p>	<p>Northside Partnership. (2021) <i>Healthy Food Made Easy</i>, available: Healthy Food Made Easy - Northside Partnership</p> <p>HSE. (2020) <i>Dublin South Primary Care Teams</i>, available: https://www.hse.ie/eng/services/list/2/primarycare/pcteams/dublinsouthpcts/</p> <p>Kelly, L., Harrison, M., Richardson, N., Carroll, P., Robertson, S., Keohane, A., Donohoe, A. (2019) ‘<i>The impact of a gender-specific physical activity intervention on the fitness and fatness profile of men in Ireland</i>’, <i>European Journal of Public Health</i>, available: https://pubmed.ncbi.nlm.nih.gov/31168620/</p> <p>HSE. (2019) <i>Men on the Move, A Community Based Physical Activity Programme for Adult Men in Ireland, Evaluation Report: Executive Summary, June 2019</i>, available: https://www.corksports.ie/contentfiles/MOM/men-on-the-move-evaluation-report.pdf</p> <p>Sport Ireland. Local Sports Partnerships, available: https://www.sportireland.ie/participation/local-sports-partnerships</p> <p>Sport Ireland. (2019) <i>Sport Ireland Welcomes Budget 2020 Allocation</i>, available: https://www.sportireland.ie/news/sport-ireland-welcomes-budget-2020-allocation</p> <p>Government of Ireland. (2018-2027) <i>National Sports Policy 2018-2027</i>, available: https://assets.gov.ie/15979/04e0f52cee5f47ee9c01003cf559e98d.pdf</p>

<p>ACTION 6.10 Investigate the role of new drug therapies in reducing overweight and obesity.</p>	
<p>Timeframe</p>	<p>2016-2020</p>
<p>Lead Responsible</p>	<p>DoH, HSE (National Centre for Pharmaco-Economics (NCPE))</p>
<p>Lead Partners</p>	<p>DoH, HSE</p>
<p>Evidence of Implementation</p>	<p>Evidence summary</p> <ul style="list-style-type: none"> Investigation has commenced into one new drug therapy. There is no known publication, national recommendation, or changes to practice at this stage.

	<p>In 2017 the HSE included Liraglutide 3mg in the Medicines Management Programme reimbursement list. Currently, liraglutide is listed to optimise glycaemic control in Type 2 Diabetes when first-line, lifestyle interventions are not effective.</p> <p>A new anti-obesity drug, Semaglutide, which can cut body weight by up to 20%, has been recently approved by the European Medicines Agency and could be available to Irish patients by this year. Once it passes government checks, up to 750,000 adults here (15% of the entire population) will be eligible for the treatment. HSE Clinical Lead says trials with the drug in Ireland are highly successful and that this is the drug the obesity specialists have been waiting for.</p>
Sources of Evidence	<p>HSE. (2017) <i>Liraglutide (Type II Diabetes)</i>, available: https://www.hse.ie/eng/staff/pdrs/circulars/pharmacy/liraglutide.pdf</p> <p>HSE. (2020) <i>Semaglutide (Ozempic)</i> , available: https://www.hse.ie/eng/staff/pdrs/circulars/pharmacy/pharmacy-circular-022-20-semaglutide-ozempic%20%AE-.pdf</p> <p>European Medicines Agency, (2021) <i>Ozempic (Semaglutide)</i>, available: https://www.ema.europa.eu/en/medicines/human/EPAR/ozempic</p>

ACTION 7.2	
Develop standards, clinical guidelines and quality assurance programmes for obesity and weight management services in the health sector.	
Timeframe	2016-2020
Lead Responsible	DoH, HSE, HIQA
Lead Partners	NCEC
Evidence of Implementation	A new Model of Care is available. See Action 7.1 for further information.
Sources of Evidence	Not applicable

ACTION 7.4	
Develop and implement integrated clinical care models for adults and children (including chronic diseases and services for people with disabilities) with appropriate clinical care pathways for all patients.	
Timeframe	2016-2020
Lead Responsible	HSE
Lead Partners	-
Evidence of Implementation	<p>Evidence Summary</p> <ul style="list-style-type: none"> • A national framework was published supporting the inclusion of obesity prevention and self-care into integrated care programmes. • A co-ordinator for each community area was appointed to support the implementation of this framework, as well as the publication of supporting resources. • Weight management will be considered in the creation of new care plans between primary care teams and adult elective teams, and between stakeholders of the mental health division. • Two national programmes were implemented in 2016 and 2017 addressing healthy living and obesity (the Healthy Eating and Active Living Policy Priority Programme and the National Obesity Management Clinical Programme respectively). • Algorithms for care delivery do not appear to have been updated as planned in 2017.

- A national framework was published in 2018 which aims to provide direction toward facilitating healthy weight and the prevention of obesity in children aged 0-6 years.
- A number of care plans have been released to improve care delivery such as the Integrated Care Plan for Prevention and Management of Chronic Disease
- The MECC chronic disease management training programme has been developed, published, and implemented under a national implementation group with continued expansion funded.
- An audit tool was released and has been reviewed by the CAG in 2019. Please see **Action 6.2** for further information on this.
- A policy was published in 2019 to support the reconfiguration of services for children and young people with disabilities.
- On the 4th of March 2021, a new Obesity Model of Care was launched for adults and children.
- As of February 2020, there has been the implementation of clinical teams in some areas. Their networks are responsible for co-ordinating interdisciplinary care. It was hoped that all counties in Ireland would have an established team by the end of 2020 however progression has been affected due to the COVID-19 pandemic and restrictions imposed by the Irish Government.
- See Evidence Summaries for **6.2, 6.4, and 6.5** compiled below in relation to integrated clinical care models for chronic diseases.

Integrated care models and services for people with disabilities

In 2019, National Policy on Access to Services for Children and Young People with Disability and Developmental Delay was published under the Progressing Disability Services for Children and Young People Programme. Under this policy, Children’s Disability Network Teams are being established within defined geographic areas, conterminous with Primary Care Networks in each of the nine Community Healthcare Organisations.

Children’s Disability Network Teams will address the needs of children with a wide range of disabilities including, but not limited to, intellectual disability, physical disability, sensory disability, and autism. The team members will work within an interdisciplinary team model, contributing to a joint integrated plan for each child, young person, and family.

A National Working Group guides and oversees the programme. Local Implementation Groups (which include representatives of services and parents) are working out how services can be re-organised to achieve this improved structure and operation of services in their area.

As part of Sláintecare, a commitment was made for expansion of social care services for those with disabilities including increased access to community and primary care services. The 2019 Sláintecare End of Year Report states “progress was made on the implementation of children’s services under Progressing Disability Services policy on disability services, including agreement on the appointment of Children’s Network Managers and the recruitment of 100 posts including therapists to support the Assessment of Need process.” Report from the programme indicates there was ongoing disparity between the levels of service reconfiguration across the country, with full national coverage (in terms of a local level Children’s Disability Network Team) hoped to be achieved by the end of 2020 however this has been delayed due to the current pandemic.

Sources of Evidence	<p>HSE. (2020) <i>Progressing Disability Services for Children and Young People Programme (PDS)</i>, available: https://www.hse.ie/eng/services/list/4/disability/progressing-disability/pds-program/progressing-disability-services-for-children-and-young-people-program-2020.docx</p> <p>Government of Ireland. (2019) <i>Slaintecare Action Plan Year-End Report 2019</i>, available: https://www.gov.ie/en/publication/0d2d60-slaintecare-publications/#slaintecare-action-plan-year-end-report-2019</p>
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ACTION 8.1	
Implement the National Physical Activity Plan for Ireland.	
Timeframe	2016-2020
Lead Responsible	DoH, DTTAS
Lead Partners	Stakeholders
Evidence of Implementation	<p>Evidence Summary</p> <ul style="list-style-type: none"> • Implementation of the National Physical Activity Plan began in 2016. • Implementation Summary Reports are produced annually, outlining actions in each area in 2018 and 2019. Positive changes to population indicators of physical activity were reported. • Ongoing government funding allocated for continued implementation of the NPAP. <p>Get Ireland Active! – the National Physical Activity Plan for Ireland was launched on the 14th of January 2016. The National Physical Activity Plan (NPAP) contains sixty actions grouped under eight Action Areas. The key target is to increase the number of people taking regular exercise by 1% per annum over the lifetime of the plan. This will be achieved by giving people more opportunities to be active and making physical activity a normal part of everyday life.</p> <p>An Implementation Group was established in 2016 to progress the recommendations. It is co-chaired by the DoH and DTCAGSM (formerly the DTTAS). It includes representatives from the DoE, Department of Rural and Community Development (DRCD), DCEDIY, DHLGH, HSE, Sport Ireland, the Federation of Irish Sport, the Local Government Management Association, and the academic sector. The Government has showed support through ongoing provision of funding via the Healthy Ireland Fund. To view the published Implementation Reports for 2017 & 2018 click on the link. https://www.gov.ie/en/policy-information/b60202-national-physical-activity/.</p> <p>The NPAP Implementation Summary for 2019 was published in February 2021 (link provided below). <u>Implementation Summary 2019</u></p> <p>Implementation to date has concentrated on a range of priority activities including:</p> <ul style="list-style-type: none"> • Incorporation of physical activity as a key element of the Healthy Ireland National Communications Campaign. • Supporting the DoE in the provision of physical activity and physical education in schools. • Establishment of the Healthy Ireland Fund which has a focus on supporting measures aimed at disadvantaged groups or communities, children, and young families. • Extension of the number of Community Sport and Physical Activity Hubs. • Continued expansion of community walking groups under the Get Ireland Walking Strategy. • Engagement with key stakeholders to progress actions aimed at increasing national participation in physical activity.

	<ul style="list-style-type: none"> • Co-ordination and alignment of the aims and goals of the NPAP with the new National Sports Policy 2018–2027 and participation in Sport Leadership Group. • Progressing research into effective physical activity interventions. • Monitoring levels of physical activity, both for use in domestic policy development and to meet our international reporting requirements. • Considering the role of the environment, both built and natural, in enabling and promoting physical activity. <p>The next NPAP annual summary report is in development.</p> <p>The Irish Sports Monitor 2017 reported an increase of 2% in the population judged to be highly active after the first two years of the programme compared to baseline. In addition, the Healthy Ireland 2019 survey reported a rise of 2% in activity levels with 46% meeting the National Physical Activity Guidelines. However, the survey also found a significant gender gap in physical activity levels persists, with 54% of men vs 38% of women meeting the guidelines.</p> <p>The number of children taking part in sufficient physical activity is a particular cause for concern. The HBSC 2018 Survey found that 52% of children report exercising four or more times per week, unchanged from 2014.</p> <p>The Children’s Sport Participation and Physical Activity Study 2018 (CSPPA) found that only 13% of children (17% of boys and 9% of girls) are active enough to meet the physical activity guidelines of 60 minutes or more of moderate to vigorous activity per day. The numbers decline as children get older; for instance 17% of primary school children meet the National Physical Activity Guidelines, but only 10% of children at post-primary level do so.</p> <p>The new National Sports Policy 2018-2027, launched in July 2018, includes significant commitments to increasing participation levels, and commits to significantly increased investment in sport up to 2027 in pursuit of those commitments.</p>
Sources of Evidence	<p>Department of Health. (2021) <i>National Physical Activity Implementation Summary 2019</i>, available: https://www.gov.ie/en/policy-information/b60202-national-physical-activity/</p> <p>Department of Health. (2018) <i>National Physical Activity Plan Implementation Summary 2018</i>, available: https://assets.gov.ie/37037/0ad7874e15cd49dd9dc342e427fc242a.pdf</p> <p>Government of Ireland. (2019) <i>2017 Irish Sports Monitor Survey</i>, available: https://www.gov.ie/en/publication/f74e3b-2017-irish-sports-monitor-survey/</p> <p>Government of Ireland. (2019) <i>Healthy Ireland Survey Documents</i>, available: https://www.gov.ie/en/collection/231c02-healthy-ireland-survey-wave/</p> <p>Government of Ireland. (2017) <i>National Physical Activity Plan Implementation Template, October 2017</i>, available: https://assets.gov.ie/37701/68c3a1dd615a453c8966d32653031168.pdf</p> <p>Government of Ireland. (2020) <i>National Sports Policy 2018-2027</i>, available: https://www.gov.ie/en/publication/aaa7d9-national-sports-policy-2018-2027/</p> <p>NUIG. (2020) <i>Irish Health Behaviour in School-aged Children (HBSC) Study 2018</i>, available: http://www.nuigalway.ie/media/healthpromotionresearchcentre/hbscdocs/nationalreports/2018-report---online-version-interactive---updated.pdf</p> <p>Sport Ireland. (2018) <i>The Children’s Sport Participation and Physical Activity Study 2018, CSPPA 2018</i>, available: https://www.sportireland.ie/sites/default/files/2019-10/csppa-2018-final-report_1.pdf</p>

	Sport Ireland. (2018) <i>National Physical Activity Plan Implementation Summary 2018</i> , available: https://www.sportireland.ie/sites/default/files/2019-10/national-physical-activity-plan-implementation-summary-2018_0.pdf
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ACTION 8.2
Develop guidelines to reduce sedentary levels in the population.

Timeframe	2016-2020
Lead Responsible	DoH
Lead Partners	Relevant Stakeholders
Evidence of Implementation	<p>Evidence Summary</p> <ul style="list-style-type: none"> Information for parents about screen time recommendations is being highlighted as part of a public awareness campaign. Evidence is being collected which may inform the development of national sedentary behaviour guidelines. There is no known time frame or action plan for this. Guidelines for limiting screen time for children are in development with the aim to circulate in 2021. <p><i>Under the First 5- A Whole-of-Government Strategy for Babies, Young Children and their Families 2019-2028</i>, guidelines on sedentary behaviour, including guidelines on screen time for early childhood will be developed. The timeframe set for this be completed is 2020, with dissemination in 2021.</p> <p>Public awareness has commenced as part of the <i>safefood</i> START campaign (a public health campaign focused on weight management) where tips are available (via the website) for parents on the recommended amounts of screen time.</p> <p>Under Action 28 of the NPAP, a scoping exercise for national guidelines on sedentary behaviour commenced in 2019-2020. A review of this will be undertaken by the DoH in 2021. The DoH will take advice from the recently published WHO sedentary level guidelines to decide if these need to be included in the existing NPAP.</p> <p>The creation of an Evidence Base Hub is in process and may inform the development of the proposed national sedentary behaviour guidelines. Evidence synthesis service is currently underway with discussions between the HSE and Research Services in the DoH having commenced to aid with the process.</p>
Sources of Evidence	<p>Government of Ireland. (2019-2028) <i>First 5: A Whole-of-Government Strategy for Babies, Young Children and their Families 2019-2028</i>, available: https://assets.gov.ie/31184/62acc54f4bdf4405b74e53a4afb8e71b.pdf</p> <p>Safefood. (2021) <i>START, reducing screen time</i>, available: https://www.Safefood.net/start/reducing-screen-time</p> <p>Government of Ireland. (2021) <i>Healthy Ireland, Get Ireland Active! National Physical Activity Plan for Ireland (2016)</i>, available: https://assets.gov.ie/7563/23f51643fd1d4ad7abf529e58c8d8041.pdf</p>

ACTION 8.3
Develop a specific physical activity plan to address the needs of severely overweight and obese individuals.

Timeframe	2016-2020
Lead Responsible	DoH, HSE
Lead Partners	Relevant Stakeholders
Evidence of Implementation	Action not yet progressed.
Sources of Evidence	Not applicable

ACTION 10.11
Conduct a mid-term review of the Obesity Policy and Action Plan.

Timeframe	2020
Lead Responsible	DoH
Lead Partners	CHDR
Evidence of Implementation	DoH advised that a mid-term review will be carried out in 2021. The new Healthy Ireland strategy calls for a relook at the OPAP.
Sources of Evidence	Not applicable

5.3 LONG TERM ACTIONS (2016-2025)

ACTION 1.3
Develop and implement training programmes, including brief interventions, and courses on overweight and obesity, including anti-stigma, for and by teachers.

Timeframe	2016–2025
Lead Responsible	DoE
Lead partners	DoE, Teacher Colleges, HSE
Evidence of Implementation	Action not planned to be commenced until after the first half of the plan.
Sources of Evidence	Not applicable

ACTION 1.4
Provide potable water in all learning centres (from preschool and crèches to universities and adult learning centres) and ensure all new builds provide potable water on opening.

Timeframe	2016–2025
Lead Responsible	DoE
Lead Partners	DoE, Pre-schools, Schools, Colleges, Universities
Evidence of Implementation	<p>Evidence Summary</p> <ul style="list-style-type: none"> Quality and Regulatory Frameworks for Childcare (Early Years Services) Regulations state that potable water must be provided. Enforcement is carried out through Tusla’s Early Years Inspectorate. For post primary schools, there are guidelines about potable water. Schools are required to inform the DoE if there are any issues. Since 2016 no recent survey of action in this area has been completed. The Irish Heart Foundation (IHF) called on the Government to complete this in 2020.

	<p>Regulations for Early Learning and Care providers are provided for in legislation (Childcare (Early Years Services) Regulations, 2016) and state that “clean and safe drinking water is available and accessible to children at all times.” Inspections are carried out by Tusla’s Early Years Inspectorate. Regulation 22 (Food and Drink) states that ‘a registered provider shall ensure that adequate and suitable, nutritious and varied food and drink is available for each pre-school child attending the pre-school service’. Reports for specific facilities are available online.</p> <p>Tusla’s Guidelines on Mains Water Distribution Systems in post-primary schools (1st Edition, June 2014) states that clean water should be provided to students as a matter of routine. If a school has concerns about the quality of its drinking water, they can contact the relevant local authorities and Irish water to investigate. The school must notify the DoE and funding will be provided to address any discovered issues.</p> <p>There is no evidence available about how many applications for funding have been made by Irish schools or learning centres (IHF Budget Submission 2019). The last survey of how many schools have access to portable water in 2015 found that it was not available to students in four out of ten schools (IHF, 2019). There is no known commitment from the DoE to repeat the survey. The IHF have called for Government action in this area as part of their pre-budget submission for 2020.</p> <p>The DoE is satisfied that all primary and post-primary schools already provide free tap drinking water to their students. However, if there is a school that does not have a tap drinking water supply, the Department will provide funding to address this. For new primary and secondary school buildings and extensions the DoE provides drinking tap water systems as a matter of routine.</p>
Sources of Evidence	<p>Tusla. (2018) <i>Tusla Early Years Inspectorate, Quality and Regulatory Framework, Full Day Care Service and Part-Time Day Care Service</i>, available: https://www.tusla.ie/uploads/content/4566-TUSLA_QRF_DAY_CARE_LR.pdf</p> <p>Department of Education and Skills. (2014) <i>Technical Guidance Document TGD-030.1, Guidelines on Mains Water Distribution Systems in Primary Schools</i>, available: https://www.education.ie/en/School-Design/Technical-Guidance-Documents/Current-Technical-Guidance/TGD-030-1-Guidelines-on-Mains-Water-Distribution-Systems-in-Primary-Schools-First-Edition-June-2014-.pdf</p> <p>Irish Heart Foundation. (2020) <i>Pre-Budget Submission 2020</i> https://irishheart.ie/wp-content/uploads/2019/08/IHF-pre-Budget-submission-2020.pdf</p>

ACTION 1.5 Expand parenting programs that incorporate healthy lifestyle and behavioural change.	
Timeframe	2016-2025
Lead Responsible	HSE
Lead Partners	DoE, Pre-schools, Schools, Colleges, Universities
Evidence of Implementation	<p>Evidence Summary</p> <ul style="list-style-type: none"> An evaluation of a national, three-year public health awareness campaign (Let’s Take on Childhood Obesity, implemented from 2013-2016) showed positive impact on health behaviours.

- A National Child Health Programme produced a new implementation plan (2016) and a supporting framework (2017) which involved integration with several other existing child health programs (Nurture Programme-Infant Health and Wellbeing, MECC).
- Evidence from this evaluation was used to develop a five-year awareness public health campaign, the Healthy Eating and Active Living National Implementation Plan 2017 to 2020.
- A Whole-of-Government Strategy for babies, young children, and their families, was published demonstrating a commitment to increase access to information and training for parents.
- A national Government-led Parent unit was created in 2019 and is responsible for the development of new programmes and supports for parents. Deliverables for 2020 included a website and a public health awareness campaign (e.g., Let's Play Ireland Campaign).
- A number of community level parenting programmes were funded by the Healthy Ireland fund (e.g., Midlands Area Parenting Partnership). Others were run by charitable organisations receiving some Government funding.

Let's take on childhood obesity Campaign 2013-2016

Safefood launched Let's take on Childhood Obesity, a three-year public health campaign. The development and implementation partners key stakeholders including HI, the HSE, DoH, and DCEDIY (formerly the Department of Children and Youth Affairs (Republic of Ireland)), and the Public Health Agency and Department of Health (Northern Ireland).

The key aims were to reduce childhood obesity rates in children between 2 to 12 year olds through increasing parent's awareness and adopting practical solutions to improve healthy lifestyle behaviours. Results from the programme evaluation were released in 2017 and were generally positive. See below table for a summary.

Table 4: Summary of research results detailing what the parent reported on their child's lifestyles behaviours for pre and post-campaign

Key Issue	Pre-campaign	Post-campaign	% difference
Consumption of water at mealtimes	26%	36%	+10%
Consumption of fizzy drinks once a day	28%	24%	-4%
Food treat once a day	29%	32%	(+3%)
Reduce portion size	12%	18%	+4%
Increase in exercise (60 mins)	34%	35%	~
Increase sleep	41%	27%	(-14%)

Source: Safefood. (2017) 'Let's take on childhood obesity', Evaluation of a 3 year public health campaign, available: <https://www.safefood.net/getmedia/06b21843-d47c-4156-8958-a4c1b0d81cad/Childhood-Obesity-Campaign-Evaluation-Final.aspx?ext=.pdf>

START Campaign 2017-2022

The START campaign will build on the successes achieved in Let's take on Childhood Obesity programme. The START Campaign commenced in November 2017. This five-year public awareness campaign targets childhood obesity through a public awareness campaign aimed at parents. It partners Healthy Ireland, safefood, HSE, DoH, the Public Health Agency and partners.

The campaign will aspire to be a society-wide movement that will inspire and support parents to start building and persisting with healthy lifestyle habits. Key behaviours include.

- Minimise intake of foods high in fat, salt, and sugar.
- Establish water and milk as routine drinks.
- Advocate appropriate child-sized portion sizes.
- Increase healthier food choices – more fruit, vegetables, and salad.
- Increase physical activity levels.
- Limit screen-time
- Increase sleep-time.

Two mass-media phases (delivered in 2018) focused on encouraging a higher spend on fruit and vegetables by parents and on reducing screen time for children by encouraging play. Both phases of the START campaign in 2019 focused on encouraging parents to reduce the amount of treat foods given to children. The first phase of the campaign advertising featured on TV, radio, video on demand, outdoor and digital platforms. The campaign will be supported by media relations and social media.

The Healthy Eating and Active Living National Implementation Plan 2017-2020

The Healthy Eating and Active Living National Implementation Plan 2017-2020 aims to “build the capacity of families, communities and service providers to promote and support children to achieve and maintain a healthy weight as they grow”. This action has been led by the programme team of the National Child Health Programme with a three-year national implementation plan (2016) and a supporting framework (2017). As part of these documents, there are several other integrated activities; for example the MECC training programme. See **Action 6.4** for more details about this e-learning training programme which targets health professionals and teachers across many sectors. In addition, see **Action 1.2** for details on the Nurture Programme – Infant Health and Wellbeing.

First 5: A Whole-of-Government Strategy for Babies, Young Children, and their Families 2019-2028

Under *First 5: A Whole-of-Government Strategy for Babies, Young Children, and their Families 2019-2028*, there is commitment to streamline and improve existing parenting supports across a range of government departments and state agencies. Accessible, high-quality (parenting) programmes, information, and guidance will be made available for parents to promote healthy behaviours.

Parent Unit

A new Parenting Unit was established by the Department of Children and Youth Affairs in 2019 (now DCEDIY) to develop new parenting programmes and supports. The Parent Centre website and the Let’s Play Ireland campaign were created and launched by the DCEDIY in April 2020. These initiatives offer a suite of resources and information for parents (i.e., tips on healthy eating and ideas for play during social distancing restrictions).

Community Level Parenting Programmes

At a community level, via the LCDCs, parenting programmes on healthy lifestyles are funded by the Healthy Ireland Fund. For example, Midlands Area Parenting Partnership (MAPP) is made up of Tusla and HSE staff, and supported by range of community organisations. They rolled out the Triple P Positive Parenting Programme to parents of children and teenagers aged 2 to 15 years in

	<p>Laois, Offaly, Longford, and Westmeath. This included a workshop entitled “hassle free mealtimes”. Other parenting programmes which promote healthy living are offered via charitable organisations such as Barnardo's and Parent Plus (both partially funded the Government through schemes such as the Scheme to Support National Organisations).</p>
Sources of Evidence	<p>Safefood. (2017) <i>Let's take on childhood obesity</i>, available: https://www.Safefood.net/research-reports/take-on-childhood-obesity</p> <p>Safefood. (2021) <i>START Campaign</i>, available: https://www.safefood.net/start</p> <p>A Whole-of-Government Strategy for Babies, Young Children and their Families 2019-2028 https://assets.gov.ie/31184/62acc54f4bdf4405b74e53a4afb8e71b.pdf</p> <p>Healthy Eating and Active Living National Implementation Plan 2017-2020 https://www.hse.ie/eng/about/who/healthwellbeing/</p> <p>Government of Ireland. (2019-2028) <i>First 5: A Whole-of-Government Strategy for Babies, Young Children and their Families 2019-2028</i>, available: https://assets.gov.ie/31184/62acc54f4bdf4405b74e53a4afb8e71b.pdf</p> <p>Parent Centre Website DCEDIY 2020 https://www.gov.ie/en/campaigns/parents-centre/</p> <p>Let's Play Ireland 2020 https://www.gov.ie/en/campaigns/lets-play-ireland/</p> <p>National Childcare Programme 2016 https://www.hse.ie/eng/about/who/</p> <p>Framework for The National Healthy Childhood Programme 2017 https://www.hse.ie/eng/about/who/healthwellbeing/</p> <p>Triple P “Hassle-free mealtimes” course http://askaboutparenting.ie/hassle-free-mealtimes</p> <p>Parent Plus! Healthy Families Programme https://www.parentsplus.ie/about/</p> <p>Barnardo's https://www.barnardos.ie/resources/young-people/well-being</p>

<p>ACTION 1.6 Examine expansion of current effective programs, such as Food Dudes and The Incredible Edibles and develop further opportunities for collaboration with other Government departments and state agencies in the promotion of fresh produce and its role in a healthy, balanced diet (Foodwise, 2025; Department of Agriculture, Food and the Marine,2015).</p>	
Timeframe	2016-2025
Lead Responsible	DAFM
Lead Partners	DAFM, DoH, DSP, DF, DoE, Bord Bia, Agri-Aware
Evidence of Implementation	<p>Evidence Summary</p> <ul style="list-style-type: none"> • Food Dudes has been fully implemented and was evaluated in 2016. An expansion of the activities and resources is currently being piloted. Based on the pilot results, the expanded programme may be rolled out nationwide. • Incredible Edibles continues to be operational and received additional funding to engage a larger number of schools in 2017. There is no known evidence of recent evaluation, planned evaluation, or further expansion of this programme. • Safefood’s programme, Community Food Initiatives, has been implemented and evaluated at regular intervals. There is continued expansion to support new communities based on evaluation results. <p><u>Food Dudes</u> Is funded by DAFM with support from the EU and led by Bord Bia (an agency under the aegis of DAFM). Bord Bia are responsible for overseeing the implementation of the Food Dudes programme (first launched in 2007) which is co-financed by Irish and EU Government (EU School Fruit and Vegetables Scheme) under the Healthy Ireland Framework (2013-2025). UCD</p>

	<p>performed an evaluation of progress from 2007 to 2016. The data was used to inform the future of the programme. The results found increases in the proportions of pupils bringing and consuming fruit and vegetables at school, were seen in younger children. In addition, vegetable consumption at schools increased by more than four-fold (UCD, 2016). For older students, intake of fruit and vegetables increased initially post-programme and declined over time, but remained higher than baseline at the final evaluation point.</p> <p>The 2017-2018 programme enrolled 825 schools and close to 130,000 pupils. Over 450,000 fruit and vegetable portion packs were delivered to schools all over Ireland. Expansion of Food Dudes has been piloted under the EU Single School Scheme with UCD in the process of evaluating new measures such as a DVD series and bilingual resources. Further pilots are planned with an aim to engage 2,100 schools and over 300,000 pupils participate in an expanded programme over the next three years.</p> <p><u>Incredible Edibles</u> This programme (co-funded by DAFM) was successfully relaunched in 2020 as its 12th year in operation. It is a free initiative for primary schools that aims to educate pupils on growing and preparing fruit and vegetables, through the provision of free grow packs and curriculum-linked interactive educational resources. The programme received a number of awards in 2010/2011 and received endorsement at an EU level. The programme was expanded in 2017 with a 40% increase in the budget from the Irish Government. In 2018-2019, 1,300 primary schools participated. Components of this programme are currently being evaluated by UCC as part of a Master of Public Health thesis. This will be completed by Sept 2021.</p> <p><u>Community Food Initiatives</u> Please see Action 9.1 for information on Community Food Initiatives.</p>
<p>Sources of Evidence</p>	<p>Food Dudes. (2020) <i>About Food Dudes</i>, available: https://www.fooddudes.ie/about-food-dudes/</p> <p>Bord Bia Irish Food Board. (2021) <i>Food Dudes</i>, available: https://www.bordbia.ie/primary-school/food-dudes/#:~:text=Bord%20Bia%2C%20under%20its%20horticulture,Fruit%2C%20Vegetable%20and%20Milk%20Scheme.</p> <p>UCD. (2016) <i>Food Dudes Evaluation 2016 Report</i>, available: https://dynamic-dudes.bangor.ac.uk/pdfs/Food%20Dudes%20Evidence%20Base/15.Martin,%20C.,%20Murrin,%20C.,%20Serrat,%20S.%20B.,%20&%20Concannon,%20M.%20(2016)%20Food%20Dudes%20Evaluation..pdf</p> <p>Agri Aware. Incredible Edibles, <i>Home Page</i>, available: https://www.incredibleedibles.ie/</p> <p>Safefood. (2021) Community Food Initiatives, available: https://www.Safefood.net/community-food-initiatives</p>

<p>ACTION 1.7 Monitor compliance with the WHO Code of Practice on the Marketing of Breastmilk Substitutes (WHO, 1981).</p>	
<p>Timeframe</p>	<p>2016-2025</p>
<p>Lead Responsible</p>	<p>HSE/FAI</p>
<p>Lead Partners</p>	<p>DoH, DII, HSE, FSAI</p>

Evidence of Implementation	<p>Evidence Summary</p> <ul style="list-style-type: none"> • Compliance is supported by guidance documents and tool kits that are in line with the World Health Organisation (WHO) Code of Practice. • The FSAI responds to reports of non-compliance but does not have a regular auditing schedule. • The FSAI has a dedicated expert working group on Infant feeding which is overseen by the HSE. • HSE has indicated that a revised Code is imminent. <p>In reflection of the WHO Code of Practice, new EU food law came into effect on the 22nd of February 2020 which further restricts advertising and marketing of infant formula (formula products suitable for infants' age 0 to 12 months) to promote and protect breastfeeding.</p> <p>To ensure compliance, the FSAI and the specialised nutrition member companies of Dairy Industry Ireland (DII) have developed a new guidance document for industry partners and health professionals. A compliance assessment tool for industry partners has also been developed.</p> <p>The FSAI follows up on reports of non-compliance but there is no evidence of a routine auditing schedule. The FSAI has an expert working group which includes representatives from all healthcare professions involved in infant feeding in Ireland. This group produces scientific recommendations in partnership with the Food Unit from the DoH. This is overseen by the HSE.</p>
Sources of Evidence	FSAI. (2020) <i>Guidance Published on Stricter Rules for Advertising and Marketing Infant Formula</i> , available: https://www.fsai.ie/news_centre/infant_formula_guidance_09042020.html

ACTION 2.2 Develop, implement, and evaluate calorie posting legislation.	
Timeframe	2016-2025
Lead Responsible	DoH
Lead Partner	Public Sector Organisations
Evidence of Implementation	<p>Evidence Summary</p> <ul style="list-style-type: none"> • The HSE implemented an internal calorie posting policy in 2015 which applies to all vendors used within the service. • Calorie posting legislation has not been implemented by the national government. • A stakeholder consultation took place in 2020 from where draft legislation is being developed. • Evaluation of the effectiveness is being derived from the experience of businesses who have voluntarily implemented calorie posting, and from ESRI funded research. <p>In September 2015, the HSE implemented an internal calorie posting policy which applies to all in-house catering, contracted catering, and vending services throughout the HSE. The policy does not apply to in-patient menus. As part of this a supporting tool kit was created to assist implementation. As of 2019, a HRB SPHeRE research study evaluating the implementation of this policy is underway within the HSE. The study is entitled '<i>Factors influencing the implementation of calorie menu labelling policy in Irish public hospitals</i>'. Link to this is included under Sources of Evidence.</p>

	<p>Between January and February 2020, the Minister for Health sought views from relevant food business operators on the introduction of mandatory calorie posting in premises selling non-packaged foods. This built on consultation completed in 2012 and 2015.</p> <p>Several food businesses are already posting calories on their menus on a voluntary basis. This consultation includes questions directed specifically at those businesses to learn from their experience of adding calorie counts to their menus. The results of this consultation will assist in the development of the draft legislation. The DoH will publish a report containing an analysis of the responses to this consultation.</p> <p>Evaluation supporting the efficacy of calorie posting interventions is underway. A study (by Roberston et al, 2020) supported by the ESRI identified how to optimally position the posting for most effect. The authors conclude that an effective way to reduce calorie intake is to post calorie labels on menus but notes that the spatial location of calorie posting labels may strongly influence its effectiveness.</p>
Sources of Evidence	<p>Kerins, C., Houghton, C., McHugh, S., Geaney, F., Toomey, E., Hayes, C., Perry, I., Kelly, C. (2019) 'Implementation of a Calorie Menu Labelling Policy in Public Hospitals: Study Protocol for a Multiple Case Study', <i>Sage Journals</i>, available: https://journals.sagepub.com/doi/full/10.1177/1609406919878339</p> <p>Government of Ireland. (2020) <i>Consultation with Food Businesses on the Introduction of Mandatory Calorie Posting on Menus</i>, available: https://www.gov.ie/en/consultation/d9bfcc-consultation-with-food-businesses-on-the-introduction-of-mandatory-c/</p> <p>HSE. (2020) <i>Calorie Posting</i>, available: https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programs/heal/calorie-posting/</p> <p>Robertson, A. D., and Lunn, D. P. (2020) 'The effect of spatial location of calorie information on choice, consumption and eye movements', <i>Appetite</i>, 144, available: https://www.sciencedirect.com/science/article/pii/S0195666319306750?dgcid=author</p>

ACTION 2.3	
Review EU consumer information labelling of food products and with a view to its application in the Irish market.	
Timeframe	2016-2018
Lead Responsible	DoH, FSAI
Lead Partners	DFAM
Evidence of Implementation	<p>Evidence Summary</p> <ul style="list-style-type: none"> Currently there is no evidence of a formal review of EU information relating to the labelling of food products with a view to its application in the Irish market. <p>Front Of Pack (FOP) labelling was the subject of a Joint meeting in October 2018 between the Working Group of the Standing Committee on Plants, Animals, Food, and Feed - Regulation (EU) No 1169/2011 on the provision of Food Information to Consumers (FIC) and Advisory Group on the Food Chain, Animal, and Plant Health. Member states and industry representatives shared experiences of FOP schemes.</p> <p>A European Commission (EC) report, published in May 2020 concluded that "it seems appropriate to introduce a harmonised mandatory FOP nutrition labelling at EU-level." The</p>

	<p>Commission will in due course, prepare a legislative proposal in line with the European Green Deal as an objective of the Farm to Fork Strategy and with better regulation principles.</p> <p>An Oireachtas report outlining the impact of the European Green Deal 2020 in Ireland makes no reference to the Front of Pack labelling system.</p> <p>In February 2021, the FSAI opened a public consultation on behalf of the DoH calling for views and feedback on the proposed revision of numerous nutrition labelling issues. The consultation sought to obtain information to help establish a national position on EU food labelling reforms as part of the European Commission’s Farm to Fork Strategy. The aim is to establish labelling information that is clear and can help consumers to choose healthier food items.</p> <p>The key areas under current review and where the public consultation was sought include;</p> <ul style="list-style-type: none"> • Front of pack labelling: a proposal for mandatory coordinated front-of-pack nutrition labelling. • Nutrient profiles: establishing the setting of nutrient profiles which would ultimately reduce and restrict the use of nutrition and health claims to promote food with high fat, sugar and/or salt. • Origin labelling: consideration to the extension of mandatory origin or provenance labelling to certain products. • Date marking: a revision of the current EU rules on date marking (‘use-by’ and ‘best-before’) to support a reduction in food waste.
<p>Sources of Evidence</p>	<p>European Commission. (2020) Report from the Commission to the European Parliament and the Council <i>regarding the use of additional forms of expression and presentation of the nutrition declaration</i>, available: https://ec.europa.eu/food/sites/food/files/safety/docs/labelling-nutrition_fop-report-2020-207_en.pdf</p> <p>European Commission. (2020) <i>Front-of-pack nutrition labelling schemes: a comprehensive review</i>, available: https://ec.europa.eu/jrc/en/publication/eur-scientific-and-technical-research-reports/front-pack-nutrition-labelling-schemes-comprehensive-review</p> <p>European Commission. (2020) <i>Farm to Fork Strategy, for a fair, healthy and environmentally friendly food system</i>, available: https://ec.europa.eu/food/sites/food/files/safety/docs/f2f_action-plan_2020_strategy-info_en.pdf</p> <p>Houses of the Oireachtas, Oireachtas Library & Research Service. (2020) <i>L&RS Note, The European Green Deal and its implications for Ireland</i>, available: https://data.oireachtas.ie/ie/oireachtas/libraryResearch/2020/2020-05-14_l-rs-note-the-european-green-deal-and-its-implications-for-ireland_en.pdf</p> <p>FSAI. (2021) <i>FSAI Announces Consultation on Food Labelling</i>, available: https://www.fsai.ie/news_centre/press_releases/labelling_consultation_11022021.html</p>

<p>ACTION 2.4 Provide a submission to the Broadcasting Authority of Ireland’s Review of the Children’s Communication Code on advertising of energy dense food and drinks.</p>	
<p>Timeframe</p>	<p>2017</p>
<p>Lead Responsible</p>	<p>DoH</p>
<p>Lead Partners</p>	<p>DoH</p>

Evidence of Implementation	<p>Evidence Summary</p> <ul style="list-style-type: none"> The DoH submission is pending the Broadcasting Authority of Ireland (BAI) review of the Children’s Commercial Communications Code. <p>The BAI created a submission as part of the Joint Oireachtas Committee on Children and Youth Affairs Submission on Tackling Childhood Obesity on the 27th of June 2018.</p> <p>DoH attended a workshop in March 2019. The BAI completed its 2019/2020 review of the effectiveness of the Children’s Commercial Communications Code. Any changes made on foot of the review outcomes will entail a public consultation on a revised Code.</p> <p>In 2021, the BAI published its statutory report on the review of the Children’s Commercial Communications Code (link provided below).</p>
Sources of Evidence	<p>Broadcasting Authority of Ireland. (2018) <i>Joint Oireachtas Committee on Children and Youth Affairs Submission on “Tackling Childhood Obesity”, Submission from the Broadcasting Authority of Ireland, 27th June 2018</i>, available: https://data.oireachtas.ie/ie/oireachtas/committee/dail/32/joint_committee_on_children_and_youth_affairs/submissions/2018/2018-08-22_submission-the-broadcasting-authority-of-ireland-part-1_en.pdf</p> <p>Broadcasting Authority of Ireland. (2020) <i>Consultations</i>, available: https://www.bai.ie/en/consultations/?page_filter=2</p> <p>Broadcasting Authority of Ireland. (2021) <i>Statutory Report on the effect of the BAI Children’s Commercial Communication Code</i>, available: https://www.bai.ie/en/codes-standards/</p>

ACTION 3.1 Agree food industry reformulation targets and review progress.	
Timeframe	2016-2025
Lead Responsible	DoH, IBEC, FDI ⁶ , FSAI
Lead Partners	DAFM
Evidence of Implementation	<p>Evidence Summary</p> <ul style="list-style-type: none"> A finalised version of the Reformulation Roadmap is hoped to be submitted before the end of 2021. Supporting work includes Ireland’s participation in Joint EU action which contains a work package relating to reformulation. Please see Action 3.3 for information on OPIOG and Reformulation Sub-Group. <p>In relation to the EU context, Ireland is participating in a Joint Action under the third EU Health Programme, Best ReMaP. The Joint Action commenced in October 2020. One of the work packages under this Joint Action is on reformulation. This will be beneficial in assisting Ireland to achieve progress in its actions under the reformulation roadmap.</p>
Sources of Evidence	<p>OPIOG. (2017-2019) <i>Obesity Policy Implementation Oversight Group, Minutes of Meetings 2017-2019</i>, available: https://y8k9p3k8.stackpathcdn.com/wp-content/uploads/2020/05/OPIOG-Minutes-Oct-2017-May-2019.pdf</p> <p>European Commission. (2020) <i>3rd EU Health Program, Call for project proposals under the Annual Work Programme 2020 (HP-PJ-2020) Version 1.0, 28 February 2020</i>, available: https://ec.europa.eu/research/participants/data/ref/other_eu_prog/hp/call-fiche_hp-pj-2020_en.pdf</p>

⁶ Formerly the Food and Drinks Industry Ireland (FDII)
 Obesity Policy Action Plan: Evaluation Evidence Document

	House of the Oireachtas. (2020) Wednesday, 3 Jun 2020, <i>Written Answers Nos. 725-749</i> , Obesity Strategy June 3 rd 2020 Question 725, https://www.oireachtas.ie/en/debates/question/2020-06-03/section/643/#pq-answers-735_738
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ACTION 4.1
Develop consecutive five-year evidence-based communication strategies aimed at creating behaviour change, including the development of print, online and social media resources. The strategies should place a special emphasis on reducing inequalities. The strategy will bring a consistent approach with regards to information and messages across a number of sectors, including schools.

Timeframe	2016–2025
Lead Responsible	DoH
Lead Partners	HSE, Safefood
Evidence of Implementation	<p>Evidence Summary</p> <ul style="list-style-type: none"> • A five-year evidence-based public awareness campaign (the START campaign) was launched in 2017 and included all the required resources for implementation of this action. There is no specific mention of reducing inequality in this campaign. Please see Action 1.5 for information relating to the START campaign. • A Healthy Ireland awareness and engagement campaign (Healthy Ireland Communications and Citizens Engagement Campaign) was launched in 2018; a goal of this framework includes addressing inequalities in health outcomes. • Please see Action 9.1 under the heading ‘<u>Community Health and Wellbeing</u>’ for information regarding initiatives focused on areas of deprivation. <p>The new Healthy Ireland Communication and Citizens Engagement campaign was launched in January 2018. This campaign provides the overall strategic framework for progressing this action and work has continued throughout 2019. One of the goals of this framework is to reduce health inequalities.</p> <p>The aim of the Healthy Ireland campaign is to encourage people to make positive choices to improve their physical and mental health, while also providing support and information to help people make those healthier choices. The focus is on three key areas: eating more healthily, being more active, and minding our mental wellbeing.</p> <p>In 2019 the Healthy Ireland Communication and Citizens Engagement campaign aimed to raise awareness of Healthy Ireland as the trusted source of health information and to help people to begin healthier lives. Part of the campaign included a Healthy Ireland presence at events such as Bloom and the National Ploughing Championships.</p>
Sources of Evidence	Safefood. (2021) <i>START Campaign</i> , available: https://www.safefood.net/start Healthy Ireland (2013-2025). <i>A Framework for Improved Health and Wellbeing 2013-2025</i> , available: https://assets.gov.ie/7555/62842eef4b13413494b13340fff9077d.pdf

ACTION 5.1
The Department of Health, through Healthy Ireland, will provide leadership, engage and co-ordinate multi-sectoral action and implement best practice in the governance of the Obesity Policy and Action Plan.

Timeframe	2016-2025
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Lead Responsible	DoH
Lead Partners	DoH
Evidence of Implementation	<p>Evidence Summary</p> <ul style="list-style-type: none"> • A multi-sectorial oversight group (OPIOG) was set up by the DoH to provide leadership over implementation of the OPAP. Sub Groups have been assigned to specific action areas (such as food reformulation and healthy eating). • Ireland is also participating in an EU Joint Action aimed at food reformulation. • Ireland is represented on EU and global level as part of food reformulation action groups, a salt network, groups advocating about marketing to children, a physical activity steering group, and contributes to the implementation of an WHO EU food and nutrition action plan. <p>The OPIOG was established in October 2017. This group has representatives from multiple government departments, HSE, academic institutions, Safefood, and the FSAI. Two sub-groups were established in 2018 for reformulation of food and drinks, and healthy eating. The work of the Reformulation sub-group is primarily to set targets on reformulation of food and drink. It will also make recommendations on addressing reduction of portion sizes and on monitoring and validation procedures. The question of other Sub Groups will be reviewed by OPIOG on an on-going basis. A Stakeholder Forum was held in 2018 which focused on Actions 31 and 59 of the National Physical Activity Plan (developing the Built Environment to promote physical activity).</p> <p>Please see Action 3.1 for information on Best Remap.</p> <p>Healthy Ireland continues to be represented on the EU High Level Group (HLG) on Nutrition and Physical Activity; the Steering Group on Prevention and Promotion, and collaborates with the WHO on the Marketing to Children Network, as well as implementing the WHO European Food and Nutrition Action Plan (2013-2020). The FSAI represent Ireland on the WHO Salt Network.</p>
Sources of Evidence	<p>Kildare Street. (2018) <i>Dáil debates, Written answers, Thursday, 18 January 2018, Department of Health, Obesity Strategy</i>, available: https://www.kildarestreet.com/wrans/?id=2018-01-18a.555</p> <p>OPIOG. (2017-2019) <i>Obesity Policy Implementation Oversight Group, Minutes of Meetings 2017-2019</i>, available: https://y8k9p3k8.stackpathcdn.com/wp-content/uploads/2020/05/OPIOG-Minutes-Oct-2017-May-2019.pdf</p> <p>European Commission. (2020) <i>3rd EU Health Programme, Call for project proposals under the Annual Work Programme 2020 (HP-PJ-2020) Version 1.0, 28 February 2020</i>, available: https://ec.europa.eu/research/participants/data/ref/other_eu_prog/hp/call-fiche_hp-pj-2020_en.pdf</p>

ACTION 5.2	
Develop and implement a nutrition policy and action plan.	
Timeframe	2016-2025
Lead Responsible	DoH
Lead Partners	All Stakeholders
Evidence of Implementation	Evidence summary

	<ul style="list-style-type: none"> An Irish nutrition policy and action plan have yet to be developed. Scoping work was underway in 2018-2019 with the Institute of Public Health (IPH) and WHO. Currently mapping actions are already underway in looking at gaps. Five themes have been identified for policy options for better nutrition in Ireland; <ol style="list-style-type: none"> 1. Healthy Food & Drink Environment 2. Healthy Diet throughout the Life Course 3. Healthy Systems for the Promotion of Healthy Diets 4. Surveillance Monitoring Evaluation and Research 5. Governance and Intersectoral Alliances
Sources of Evidence	Institute of Public Health Ireland. (2020) <i>Homepage</i> , available: https://publichealth.ie/

ACTION 6.6	
Review and implement the HSE–ICGP weight management algorithms for children and adults and their healthy weight management guidelines before, during and after pregnancy.	
Timeframe	2016-2025
Lead Responsible	HSE, GPs
Lead Partners	HSE, GPs
Evidence of Implementation	<p>Evidence summary</p> <ul style="list-style-type: none"> Work is progressing to review algorithms for adults and children. There is limited publicly available evidence about when this will be completed or how this will be implemented. There is ongoing development of training programmes for professionals delivering weight management care for children ages less than six years. For example, the Nurture programme focusses on providing supports for pregnant women and parents of children aged 0 to 3 years. <p>The HSE reports that work is in progress to review the algorithm through the National Children’s Hospital Group; National Clinical Programme for Paediatrics; Integrated Care Programme for Paediatrics; NCAGL Primary Care (GP Contract); Women and Children’s Programme; the Nurture Programme – Infant Health and Wellbeing. It is unclear how implementation will be evaluated.</p> <p>As per the Healthy Weight for Children (0-6 years) Framework (November 2018), a key component of the National Healthy Childhood Programme (which has been implemented in stages since 2014) is to develop and update training programs for healthcare professionals to underpin the effective delivery of the models of care. This is supported by The Nurture Programme - Infant Health and Wellbeing. . See Action 1.2 for further information on the Nurture Programme.</p>
Sources of Evidence	<p>HSE. (2018) <i>Healthy Weight for Children (0-6 years) Framework (November 2018)</i>, available: https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programs/child-health-and-wellbeing/hwfc.pdf</p> <p>HSE. (2018) <i>The National Healthy Child Programme, Newsletter 5: Christmas 2018</i>, available: https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/child-health-and-wellbeing/news5.pdf</p>

ACTION 6.11	
Implement and monitor the forthcoming breastfeeding action plan. Implementation will require investment in whole-time equivalents across acute and primary care settings in addition to enhanced training, provision of supports to mothers and social marketing.	
Timeframe	2016-2025
Lead Responsible	DoH, HSE
Lead Partners	DoH, HSE
Evidence of Implementation	<p>Evidence Summary</p> <ul style="list-style-type: none"> • The implementation of the breast-feeding action plan is led by a national implementation group. • To enable monitoring, a mapping project was completed to capture baseline data about current resources. There is national oversight over target setting and monitoring in multiple settings. • Key implementation milestones that have been achieved include delivery of staff training, staff guidelines, HSE breastfeeding policies, quality improvement projects, and two annual social marketing campaigns (National Breast Feeding Week and Every Breastfeed Makes a Difference). • Funding has been allocated to national NGOs to build capacity of staff and communities to promote breastfeeding. <p>The HSE Breastfeeding Action Plan 2016 – 2021 sets out the priority areas to improve breastfeeding supports, to enable more Irish mothers to breastfeed, and to improve health outcomes for mothers and children in Ireland. The HSE’s National Breast-Feeding Implementation Group is mandated to implement the breastfeeding action plan.</p> <p>The Breastfeeding Mapping Project was undertaken in 2017 to explore the breastfeeding resources and supports available across the Maternity Hospitals and the CHOs in the ROI. It also highlighted gaps and used the data gathered to plan future services.</p> <p>Implementation of the Breastfeeding Action Plan includes the following milestones.</p> <ul style="list-style-type: none"> • Delivery of training and Continuing Professional Development (CPD) to enable staff promote breastfeeding and support initiation and continuation of breastfeeding as appropriate to their role (e.g., Guideline on the Observation of a Breastfeed and Use of the Breastfeeding Observation Assessment Tool (BOAT) Resource 2019). • Implementation of HSE policies to support breastfeeding in Maternity and Neonatal Units and in Primary Care services (e.g., National Infant Feeding Policy for Maternity and Neonatal Services 2019, National Infant Feeding Policy for Primary Care Teams and CHO 2019). • Coordination of quality improvement initiatives to increase breastfeeding initiation and continuation rates. • National oversight, target setting, and monitoring of breastfeeding rates in hospital and community settings. • Provision of information and support to mothers via breastfeeding.ie and the mychild.ie websites as of 2019 (please see Action 1.2 for further information on mychild.ie). These include extensive breastfeeding information, videos, and guides as well as the ‘Ask our Breastfeeding Expert’ service, plus wider pregnancy and child health information from the HSE.

	<ul style="list-style-type: none"> • Provision of Section 39 funding to national organisations (Association of Lactation Consultants in Ireland (ALCI), La Leche League, Cuidiú, Friends of Breastfeeding) to build capacity to support and promote breastfeeding through training and CPD for peer-to-peer Breastfeeding Counsellors and Lactation Consultants. • Public awareness through coordination and delivery of <i>Every Breastfeed Makes a Difference</i> campaign. • Activity to promote National Breastfeeding Week. For example, the 2019 campaign was attended by the Minister for Health and the Minister for Health Promotion. <p><u>Regional Evidence</u> In September 2018, Limerick City and County, supported by Healthy Ireland, launched “We’re Breastfeeding Friendly”, a campaign that helps to improve the health and wellbeing of breastfeeding mothers, babies, and their families by encouraging businesses, organisations, and communities to become breastfeeding friendly. To join, participants must fulfil certain criteria, including that breastfeeding must be acceptable in all areas of their premises open to the public. This was hugely successful in Limerick and other counties may choose to uptake it on a voluntary basis. The level of uptake has not been quantified to date.</p>
Sources of Evidence	<p>Canny, M., Hourigan, S. (2017) ‘<i>The HSE Breastfeeding Action Plan 2016-2021</i>’, <i>International Journal of Integrated Care</i>, 2017; 17(5): A272, available: https://www.ijic.org/articles/abstract/10.5334/ijic.3583/</p> <p>HSE. (2018) <i>HSE National Breastfeeding Implementation Group. The Mapping Project 2017. Concise report of the review of the breastfeeding resources in maternity hospitals/units and Community Health Organisation</i>, available: https://www.hse.ie/file-library/concise-report.pdf</p> <p>HSE. (2020) <i>Health and Wellbeing. Policies and Guidelines – Breastfeeding</i>, available: https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/child-health-and-wellbeing/breastfeeding-healthy-childhood-programme/policies-and-guidelines-breastfeeding/</p> <p>HSE. (2020) <i>My child</i>, available: https://www2.hse.ie/my-child/</p> <p>HSE. (2020) <i>Breastfeeding</i>, available: https://www2.hse.ie/babies-and-toddlers/breastfeeding/</p> <p>HSE. (2020) <i>Ask our breastfeeding expert, talk to our expert lactation consultants</i>, available: https://www2.hse.ie/services/ask-our-breastfeeding-expert/</p> <p>CUH. (2019) <i>HSE National Breastfeeding Week 2019</i>, available: https://www.cuh.ie/2019/10/hse-national-breastfeeding-week-2019/</p> <p>Government of Ireland. (2019) <i>Healthy Ireland breastfeeding policy</i>, available: https://www.gov.ie/en/policy-information/48b128-healthy-ireland-breastfeeding-policy/</p>

ACTION 7.3 Plan for and support the development of specialist, consultant-led multidisciplinary care, based on the chosen model of care and the RCPI report, for adults on an equitable geographic basis (one within each hospital group) and one for children at national level.	
Timeframe	2016-2025
Lead Responsible	HSE
Lead Partners	DoH, RCPI, Relevant Stakeholders
Evidence of Implementation	Evidence Summary

- Access to specialist, consultant-led, multidisciplinary care appears to be centralised to two hospital groups (Saolta and Ireland East Hospital Groups) located in Galway and Dublin, respectively.
- Excess waiting times for surgery are being addressed through the allocation of additional funding to surgical units and through funding the recruitment of a specialist bariatric surgery consultant in two Irish hospitals.
- There was a need identified for increased multidisciplinary care recruitment in Galway University Hospital (GUH) (in terms of nursing and dietetics staff). It is unclear if additional funding is allocated to other aspects of multidisciplinary care pathway outside of the current offered service in one hospital site.
- There are plans to complete a Health Technology Assessment (HTA) of metabolic surgery under the National Diabetes Programme. The extent of the progress in this area is unknown.

A new bariatric surgeon, with a formal commitment to bariatric surgery, was appointed to St. Vincent's University Hospital (SVUH) and to St. Columcille's Hospital (SCH) by the Ireland East Hospital Group (IEHG) in August 2017. This is the only Consultant Surgeon appointment in Ireland with a specialist focus on bariatric surgery.

In 2018, under direction of the Minister for Health, the HSE raised the issue of bariatric waiting times with both Saolta and Ireland East Hospital Groups. In particular, GUH was to prioritise efforts to recruit additional multi-disciplinary care staff including nursing staff and a senior dietician. GUH currently has two initiatives running with a focus on improving access to obesity clinics. GUH has almost doubled the number of patients that received surgical treatment year on year between 2016 and 2018.

The National Treatment Purchase Fund (NTPF) responded to a proposal submitted by the IEHG in 2018. As a result, supplementary funding was released to open additional surgical capacities on a staged basis between 2018 and 2019.

The following information was outlined by the Minister for Health in March 2019.

“In the context of Ireland East Hospital Group (IEHG), the HSE advises that the weight management programme is delivered by St. Columcille's Hospital (SCH) and St. Vincent's University Hospital (SVUH). The medical multi-disciplinary weight management component of the programme is delivered in SCH, whilst patients deemed suitable for surgery are referred to the surgical component of the programme in SVUH.

The patient pathway is such that all patients are initially referred to a Multi-Disciplinary Weight Management programme in SCH. Participants in the programme undergo a nine-month out-patient based multidisciplinary behavioural programme with input from dieticians, physio therapists and psychologists. Midway through the programme participants are assessed by the Multi-Disciplinary Team (MDT) for suitability for surgery.” (Houses of the Oireachtas, 2019)

An investment proposal has been prepared to expand surgical units at two Irish hospitals (SVUH, GUH) to increase service capacity to meet the need for 400 bariatric surgeries per year. This will be a consultant led service, but it is not clear if this will include a multidisciplinary component.

	<p>The 2019 Scheduled Care Access Plan, released in March 2019, sets out activity levels for the NTPF who, following an increase in funding in Budget 2019 to €75 million, will supply additionally to HSE activity by arranging both insourced and outsourced appointments and treatments to reduce waiting times experienced by patients. The NTPF will do this by inviting public hospitals to seek solutions for very long waits either in the private sector or through insourcing.</p> <p>The HSE reports that work is in progress with the National Diabetes Programme to complete a HTA for Metabolic Surgery. This type of surgery will aim to optimise glycaemic control in those with obesity and type 2 diabetes. HTA is a multidisciplinary research process that collects and summarises information about a health technology. The information can cover a range of fields, including clinical effectiveness, and safety, cost-effectiveness, and budget impact, organisational and social aspects, and ethical and legal issues. The information is collected and presented in a systematic, un-biased and transparent manner. The estimated date for completion is not publicly available.</p> <p>The HSE Model of Care for the Management of Overweight and Obesity, launched in March 2021, covers the whole spectrum of prevention and treatment for overweight and obesity for both children and adults, from community healthy eating and weight management programmes, through primary care all the way to surgery in the most severe cases.</p>
Sources of Evidence	<p>Houses of the Oireachtas. (2019) Hospital Procedures, Dáil Eireann Debate, Thursday 17 January 2019, available, https://www.oireachtas.ie/en/debates/question/2019-01-17/152/</p> <p>Department of Health, Slaintecare. (2019) <i>Scheduled Care Access Plan 2019, March 2019</i>, available: https://assets.gov.ie/9381/963a1c88ff71407399a46a46018d0e6c.pdf</p>

<p>ACTION 9.2 Scale up effective community-based programmes with a focus on disadvantaged areas to enhance knowledge and skills with regard to healthy eating and active living. Special emphasis should be placed on providing guidance, advice, and training to parents on healthy food and healthy eating.</p>	
Timeframe	2016-2025
Lead Responsible	HSE
Lead Partners	Tusla, LCDC, DCEDIY, DSP
Evidence of Implementation	<p>Evidence Summary</p> <ul style="list-style-type: none"> • Evidence to determine the effectiveness of community-based programmes is shown through formal evaluations of a child and infant well-being programme (Nurture Programme – Infant Health and Wellbeing), a men’s physical activity programme (Men on the Move), and a community food initiative programme (<i>safefood</i> Community Food Initiatives). • Geographical expansion is planned for a healthy food cooking programme (HFME), and a men’s physical activity programme (Men on the Move). • The scaling up of these effective initiatives is supported by government funding for community food and physical activity initiatives. • Funding allocations were focussed on vulnerable population groups in some cases. <p><u>Community Nutrition Activities</u> See Action 1.2 for details on the Nurture Programme – Infant Health and Wellbeing.</p>

	<p>See Action 6.7 for the HSE-funded Healthy Food Made Easy (HFME) Programme, a basic nutrition and cooking course.</p> <p>See Action 9.1 for Safefood Community Food Initiatives (skills training which addresses food poverty in at risk groups, evaluated in 2017 and 2019, due for ongoing geographical expansion). In 2018, Safefood, in partnership with the HSE, reviewed and updated 101 Square Meals, which supports various cooking and healthy eating initiatives within the community.</p> <p>Government support for the expansion of community nutrition initiatives is evidenced by the Healthy Ireland Fund allocation for 2018/19, whereby €166,000 was assigned to LCDCs and Children and Young People’s Services Committee (CYPSC) for nutrition related actions in fourteen different counties. The actions supported in the second round continue to focus on the areas identified in round one. New initiatives that have been funded are for the development of a local area food policy and a DEIS school initiative.</p> <p>This builds on the first round of funding (Healthy Ireland Fund) in 2017/18 which supported eighteen separate actions focused on nutrition in disadvantaged areas and with various target groups in thirteen different counties, via both Local Community Development Committees (LCDC) and CYPSCs. The total investment amounted to €153,000. These actions were around various areas of interest, for example: young traveller women, children under five years, community cooking programmes, healthy pregnancy, homeless families, and young people.</p> <p><u>Community Physical Activity Activities</u></p> <p>See Action 6.7 for details about the expansion of partnerships between Sports Ireland and Local Sports Partnerships, supported by an additional €5.5 million allocated to Sport Ireland as part of the 2020 Budget.</p> <p>Under the Healthy Ireland framework, there is continued expansion of access to Men on the Move, a community based twelve-week health promotion programme. A 2019 evaluation found there to be improvements in measures of physical fitness and chronic disease risk (such as decrease in waist circumference) in the eight local communities where the programme was piloted. There is ongoing work between the HSE, Sport Ireland and Waterford Institute of Technology to expand access to the Men on the Move programme on a phased basis across the network of Local Sports Partnerships. All eight local authorities who took part in the evaluation process have continued to deliver the programme with another four local authorities signing up during 2019 to participate.</p> <p><u>Community Activity focused on disadvantaged groups.</u></p> <p>See Action 9.1 for details about the What Works initiative which uses dormant account funds to maximise the impact of evidence informed prevention and early intervention to improve the lives of children and young people. A dedicated website and data hub were launched as part of the initiative.</p>
<p>Sources of Evidence</p>	<p>Safefood. (2020) <i>101 Square Meals, easy recipes for everyday life</i>, available: https://www.healthpromotion.ie/hp-files/docs/HPM00196.pdf</p> <p>Pobal. (2020) <i>Healthy Ireland Fund, Healthy Ireland Fund Portal</i>, available: https://www.pobal.ie/programs/healthy-ireland-fund/Community Nutrition Activities</p> <p>Safefood (2016-18). <i>Healthy Food, healthy families – A community approach, Evaluation of Safefood’s all-island Community Food Initiatives 2016-18, Community Food Initiatives</i>, available:</p>

	<p>https://www.Safefood.net/getattachment/516a8a98-3f73-4612-9a89-1443c1b4554a/CFI-2016-18-evaluation-two-pager.pdf?lang=en-IE</p> <p>Community Physical Activity Activities</p> <p>HSE. (2019) <i>HSE Launches Men on the Move Evaluation Report 2019</i>, available: https://www.hse.ie/eng/services/news/media/pressrel/hse-launches-men-on-the-move-evaluation-report.html</p> <p>Kelly, L., Harrison, M., Richardson, N., Carroll, P., Robertson, S., Keohane, A., Donohoe, A. (2019) 'The impact of a gender-specific physical activity intervention on the fitness and fatness profile of men in Ireland', <i>European Journal of Public Health</i>, available: https://pubmed.ncbi.nlm.nih.gov/31168620/</p> <p>HSE. (2019) <i>Men on the Move, A Community Based Physical Activity Programme for Adult Men in Ireland, Evaluation Report: Executive Summary, June 2019</i>, available: https://www.corksports.ie/contentfiles/MOM/men-on-the-move-evaluation-report.pdf</p>
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ACTION 9.3	
Develop programmes to improve healthy eating for mothers, preconception, and for infants and children up to two years.	
Timeframe	2016-2025
Lead Responsible	HSE
Lead Partners	HSE
Evidence of Implementation	<p>Evidence Summary</p> <ul style="list-style-type: none"> • A pre-school health promotion training programme (Nurture Programme – Infant Health and Wellbeing) for early childcare providers was implemented in 2018, with a commitment to review and expand by 2021. • A child and infant well-being programme (Healthy Ireland Smart Start, children aged less than 3 years) aims to increase information and support. • Breastfeeding support services have been expanded to include a hub of information and an online advice service. • A website (mychild.ie) offering evidence-based information for parents of young children is operational and updated frequently. <p>See Action 1.2 for details on the Nurture Programme-Infant Health and Wellbeing, HISS Programme and the Mychild.ie campaigns.</p> <p>See Action 6.11 for details on breastfeeding support services including the online Ask the Expert service, available on the HSE website.</p>
Sources of Evidence	See sources of evidence under actions 1.2 and 6.11.

ACTION 10.3	
Investigate the effectiveness (including cost effectiveness) of obesity interventions and programmes.	
Timeframe	2016-2025
Lead Responsible	DoH, HRB, IPH
Lead Partners	DoH, HRB, IPH
Evidence of Implementation	Action not yet progressed
Sources of Evidence	Not applicable

ACTION 10.4 Develop and implement a national physical activity surveillance system.	
Timeframe	2016-2025
Lead Responsible	DoH
Lead Partners	DoH
Evidence of Implementation	<p>Evidence Summary</p> <ul style="list-style-type: none"> • An NPAP implementation Sub Group was assigned responsibility to deliver this action. • In 2018, it was deemed impractical to develop a national surveillance system. • Instead, a compilation of data from pre-existing surveys will form a comprehensive baseline data. Work on this is ongoing. <p>The NPAP Research Sub Group was established to lead the Implementation Group to achieve this action. It was decided in 2018 that this action was not feasible as any single national system is not capable of covering a sufficiently large cohort of the population across all age ranges.</p> <p>The alternative to a single national system is to compile comprehensive baselines from the results available from separate surveys. There are already a wide range of surveys in existence, managed by several bodies ranging from</p> <ul style="list-style-type: none"> • Sport Ireland (Irish Sport Monitor, Children’s Sport Participation and Physical Activity (CSPPA) with sanction from the Department of Sport), • The DoH (Healthy Ireland Survey, Health Behaviour in School Children cross-national report), • The University sector (The Irish Longitudinal Study on Ageing (TILDA), COSI), • The Central Statistics Office (Census, Men and Women in Ireland), • European bodies compiling EU wide data (European Health Interview Survey (EHIS), completed in Ireland by the Central Statistics Office (CSO)). <p>The Revision Steering Group has also overseen submissions to the WHO for the Health-Enhancing Physical Activity) Policy Audit Tool (HEPA PAT) for Ireland, and the (Ireland) Physical Activity Factsheet, 2018.</p>
Sources of Evidence	<p>Sport Ireland. (2018) <i>National Physical Activity Plan, Implementation Summary 2018</i>, available: https://www.sportireland.ie/sites/default/files/2019-10/national-physical-activity-plan-implementation-summary-2018_0.pdf</p> <p>Sport Ireland. (2018) <i>The Children’s Sport Participation and Physical Activity Study 2018, CSPPA 2018</i>, available: https://www.sportireland.ie/sites/default/files/2019-10/csppa-2018-final-report_1.pdf</p> <p>NUIG. (2020) <i>Health Behaviour in School Children (HBSC) Ireland, HBSC International Report 19 May 2020</i>, available: http://www.nuigalway.ie/hbsc/</p> <p>Trinity College Dublin. (2021) <i>The Irish Longitudinal Study on Ageing (TILDA)</i>, available: https://tilda.tcd.ie/</p> <p>Central Statistics Office. (2021) <i>Census</i>, available: https://www.cso.ie/en/census/</p> <p>WHO Regional Office for Europe. (2015) <i>Health-Enhancing Physical Activity (HEPA) Policy Audit Tool (PAT) – version 2 (2015)</i>, available: https://www.euro.who.int/en/health-topics/disease-prevention/physical-activity/publications/2015/health-enhancing-physical-activity-hepa-policy-audit-tool-pat-version-2-2015</p> <p>WHO Regional Office for Europe. (2018) <i>Ireland – Physical Activity Factsheet (2018)</i>, available: https://www.euro.who.int/en/health-topics/disease-prevention/physical-activity/data-and-statistics/physical-activity-fact-sheets/physical-activity-country-factsheets/ireland</p>

ACTION 10.5 Sustain ongoing obesity surveillance through Healthy Ireland and COSI as a means of monitoring progress.	
Timeframe	2016-2025
Lead Responsible	DoH, HSE
Lead Partners	DoH, HSE
Evidence of Implementation	<p>Evidence Summary</p> <ul style="list-style-type: none"> • The Healthy Ireland Survey has occurred annually for the past six years with data collection for the 2020 survey due for publication in 2021. • Submission of data to global surveillance of children obesity rates completed in 2020 and is to receive Government funding. <p>The Healthy Ireland Survey is an annual interviewer-administered, face-to-face survey commissioned by the DoH under the Healthy Ireland Framework. To date, five surveys have been published. Findings for the 2020 survey were originally expected in Autumn 2020; however due to COVID-19 restrictions, the survey was postponed in March 2020. Subsequently the survey’s methodology was re-purposed to enable remote data collection. This commenced in November 2020 and as a result data collection is near completion. It is envisaged that a report for the 2020 survey will be published in the fourth quarter of 2021. The seventh annual Healthy Ireland survey was launched in October 2020 and is currently underway.</p> <p>Each survey has a representative sample of approximately 7,500 people aged fifteen years and older in Ireland. Data about health behaviours such as physical activity and physical measures of disease risk are collected.</p> <p>The 2017 Healthy Ireland Survey found that 39% of those surveyed were living were overweight and 23% were living with obesity. Similarly, the 2019 Healthy Ireland Survey found that 37% of those surveyed were overweight and 23% were living with obesity. The survey also asked questions on weight management and on other health behaviours classified by weight category. The 2018 Healthy Survey did not report on participants’ weight status; however 85% of those surveyed perceived their health to be very good or good.</p> <p>The HSE is responsible for coordinating Ireland’s participation in WHO European Childhood Obesity Surveillance Initiative (COSI) which measures trends in overweight and obesity among primary school aged children. This collaboration provides high-quality data to inform policy and practice to respond to the problem of childhood overweight and obesity. This is supported by the NNSC which is funded by the HSE. The summary report of findings for 2018/2019 was published in October 2020.</p>
Sources of Evidence	<p>Government of Ireland. (2019) <i>Healthy Ireland Survey Documents</i>, available: https://www.gov.ie/en/collection/231c02-healthy-ireland-survey-wave/</p> <p>Government of Ireland. (2020) <i>Launch of the Healthy Ireland Survey 2021</i>, available: https://www.gov.ie/en/press-release/e9c75-launch-of-the-healthy-ireland-survey-2021/</p> <p>HSE. <i>Childhood Obesity Surveillance Initiative</i>, available: https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/heal/childhood-obesity-surveillance-initiativecosi/</p>

ACTION 10.7 Enhance the research capabilities, training, and capacity to provide for knowledge translation.	
Timeframe	2016-2025
Lead Responsible	DoH
Lead Partners	HRB, IPH, HSE, Safefood, Academia
Evidence of Implementation	Action not yet progressed.
Sources of Evidence	Not applicable

ACTION 10.8 Develop an obesity ‘knowledge translation’ programme to inform the Action Plan.	
Timeframe	2016-2025
Lead Responsible	DoH
Lead Partners	HRB, IPH, HSE
Evidence of Implementation	Action not yet progressed.
Sources of Evidence	Not applicable

ACTION 10.10 Develop an annual bulletin or score card on progress in relation to the Obesity Policy and Action Plan and disseminate results.	
Timeframe	2016-2025
Lead Responsible	DoH
Lead Partners	CHDR
Evidence of Implementation	<p>Evidence Summary</p> <ul style="list-style-type: none"> • Complementary work has been completed assessing Government action on improving the food environment in Ireland under European funding. • An annual bulletin has not been published however a progress scorecard is due for release mid-2021. <p>On November 2020, the CHDR published the Healthy Food-Environment Policy Index (Food-EPI) for Ireland which was funded by the HRB as part of the Joint Programming Initiative, ‘A Healthy Diet for a Healthy Life’ Policy Evaluation Network (PEN). The Healthy Food-EPI is an assessment of the national implementation of policies and actions for creating healthy food environments (and thus promoting obesity prevention and other NCD prevention) against international best practice, to identify gaps and prioritise Government actions to address these gaps. It is based on an international assessment framework developed by INFORMAS (International Network for Food and Obesity/NCDs Research, Monitoring and Action Support).</p> <p>The DoH requested the HRB CHDR at UCC to conduct an evaluation for the Obesity Policy and Action Plan (OPAP). This evaluation will primarily consider the progress made with implementing the various actions outlined in the national Plan. This document is the OPAP Evaluation Evidence Document. The report is due for completion in 2021. This document and planned rating process is considered evidence towards the implementation of this action.</p>
Sources of Evidence	Policy Evaluation Network. (2020) <i>The Healthy Food-Environment Policy Index (Food-EPI): Ireland, Evidence Document for Ireland</i> , available:

<https://www.jpi-pen.eu/images/reports/2%20IE%20Evidence%20Document.pdf>
Policy Evaluation Network. (2020) *Policies for tackling obesity and creating healthier food environments in Ireland: Food-EPI 2020, Current Policies & priority actions*, available:
https://www.jpi-pen.eu/images/reports/IE_Food-EPI%20Report_19Nov20.pdf



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