

# Healthy Eating Active Living

Implementation Plan 2023-2027









Promote behaviour change for healthy lifestyles

Provide leadership at policy and practice level

Key Areas for Action

Strengthen capacity to prevent childhood obesity

Being active regularly Reaching and maintaining a healthier weight

Eating a healthier diet

Reduction in rates of chronic disease and improved quality of life for those currently living with chronic disease

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### Foreword

### We are pleased to publish the second Healthy Eating Active Living Programme Implementation Plan 2023-2027.

Since it was first established in 2016, the Healthy Eating Active Living (HEAL) Programme has enabled the delivery of a strong, evidence informed programme of work to improve the health and wellbeing of people living in Ireland. The COVID-19 pandemic across 2020 and 2021 unavoidably affected programme delivery, and 2022 was a transition year as we re-grouped and refocused.

This plan takes the programme of work forward, with a renewed focus on embedding change and innovation in our health services, as well as further developing our capacity to shape and influence the multiple and complex determinants of health of poor diet, physical inactivity and obesity.

Over the last 30 years, similar to in other countries in Europe and across the world, the levels of overweight and obesity in Ireland have increased significantly across all age groups, social class and genders. This shift in population level BMI is heavily influenced and shaped by changes in the environment that we are born into, live, work, play and age in. The unequal effects of these changes mean that our children, young people and adults who experience disadvantage are more likely to live with poorer health for longer and to die prematurely than their peers in more advantaged areas. We urgently need to create environments across our communities, schools and workplaces that help everyone to thrive and improve health and wellbeing. A number of significant developments and investments driven by Healthy Ireland and Sláintecare in recent years will enable and support us in this endeavour. The European wide sustainability agenda will also greatly influence national policy in areas of diet and physical activity. Access to evidence informed treatment for obesity in Ireland for those who need it will improve. Such changes will present opportunities as well as challenges for our work over the period 2023-2027.

During the lifetime of this plan, the HSE will transition to a new structure of HSE Health Regions and a streamlined National Centre. Our hope is that this plan will guide a unified and consistent approach across health services to better support healthy eating, active living and obesity prevention. And provide a valuable contribution to the collective effort of reducing prevalence of chronic disease and improving quality of life for those currently living with chronic disease.

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# **Glossary of Terms**

Anthropometric: refers to measurements and proportions of the human body, such as height and weight.

Body Mass Index (BMI): BMI is a measure that uses a person's height and weight to work out if their weight can be classified as underweight, healthy weight, overweight, obese. For children and young people BMI z-score is used to measure how many standard deviations their BMI is above or below the average BMI for their age and gender. BMI and BMI-z scores are considered to be the best available population markers for monitoring trends in overweight and obesity over time. While BMI measures are the most commonly used measures of obesity in clinical practice, they should not be used as the only measure when assessing an individual patient's health risk from weight.

#### Behavioural risk factors: These are

behaviours that can be changed or prevented. Examples include tobacco use, physical inactivity, nutritional choices, alcohol use, sun exposure, unprotected sex.

**Dietary risk factors:** These are nutrients that are associated with an increased risk of disease. The Global Burden of Disease Study (2017) identifies high intake of sodium, low intake of whole-grains and low intake of fruit as the leading dietary risk factors for cardiovascular disease, cancer and type 2 diabetes.

**Healthy eating:** This is a term used to describe a dietary pattern that meets the Irish national dietary guidelines.

**Healthy weight:** This is a term used to describe a weight that does not present an increased risk to health. It is often classified as having a BMI between 18.5-25 kg/m2. The term Normal Weight is also used to describe this BMI classification.

**Obesity:** Can be defined as 'an abnormal or excessive fat accumulation that presents a risk to health'. It is a progressive, chronic and complex disease affecting all ages and genders. It can develop via slow steady weight gain overtime or from rapid bursts of weight gain. It is often classified as having a BMI  $\geq$ 30 kg/m2.

**Overweight:** Can be defined as 'an abnormal or excessive fat accumulation that presents a risk to health'. It is often classified as having a BMI  $\geq$ 25 kg/m2.

**Physical inactivity:** This is a term used to describe not getting the recommended level of physical activity as set out in the Irish national physical activity guidelines.

**Physiological risk factors:** These are factors relating to an individual's body or biology. They may be influenced by a combination of genetics, lifestyle and other factors. Examples include overweight, obesity, high blood pressure, high blood glucose, high cholesterol.

**Systems approach:** This term describes a way of working that shifts the focus away from individuals as points of intervention and puts an emphasis on improving the 'systems' within which people are born, grow, live, work and age.

### Introduction

The Healthy Eating Active Living (HEAL) Programme operates within the HSE Health and Wellbeing Division. Health and Wellbeing is focused on helping people to stay healthy and well, reducing health inequalities, and protecting people from threats to their health and wellbeing.

The HSE is committed under Healthy Ireland Framework (2013), Action 4.5 to 'establish multi-disciplinary national teams to lead and take responsibility for policy priority areas'<sup>(1)</sup>. Health & Wellbeing policy priority programmes address tobacco use, alcohol use, diet, physical activity, mental health and sexual health. They work with a number of cross-cutting programmes including *Making Every Contact Count*; Education, Training & Programme Design; Stakeholder Engagement and Communications; and Healthy Ireland in Health Services, leading a co-ordinated approach to chronic disease prevention across the health services.

Established in 2016, the Healthy Eating Active Living policy priority programme's remit is to:

"mobilise the health services to improve health and wellbeing by increasing the levels of physical activity, healthy diet and healthier weight across service users, staff and the population as a whole, with a focus on families and children".

The Programme spearheads and coordinates work across the health services to ensure implementation of Healthy Weight for Ireland: Obesity Policy and Action Plan 2015-2025<sup>(2)</sup> and Get Ireland Active: National Physical Activity Plan for Ireland<sup>(3)</sup>. While these policies continue to guide our work, it is noted that successors to these policies will be published during the lifetime of this document.

Appendix 1 provides a summary of key achievements delivered through the Healthy Eating Active Living Implementation Plan 2017-2020. A range of other national and health service policies also inform the Programme's work, which are detailed in Appendix 2.

National policy in relation to diet, physical activity and obesity prevention is being significantly influenced by European Union level policies including European Green Deal<sup>(5)</sup>, EU Farm to Fork Strategy<sup>(6)</sup> and the revised Audio Visual Media Services Directive<sup>(7)</sup>. At a national policy level, the Healthy Ireland Strategic Action Plan 2021-2025<sup>(4)</sup> puts a renewed focus on implementing key actions from Healthy Weight for Ireland: Obesity Policy and Action Plan 2015-2025.

Healthy Weight for Ireland: Obesity Policy and Action Plan  $(2015)^{(2)}$  – 10 Steps Forward assigns responsibility to the HSE for the following:

### Step 6:

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

### Step 7:

Develop a service model for specialist care for children and adults

In addition, Step 8 in the Healthy Weight for Ireland plan commits to the cross-sectoral implementation of the National Physical Activity Plan for Ireland, which includes key actions for the HSE.

During the lifetime of this document, a number of organisational changes within the health services will happen including the move to HSE Health Regions and the transition of governance of National Clinical Programme Obesity from Health & Wellbeing to Office of Chief Clinical Officer, Clinical Design and Innovation.

#### Focus on prevention

The Healthy Eating Active Living Programme works to strengthen capacity:

- for primary prevention of obesity and chronic disease at population level as well as in clinical practice; and
- to integrate physical activity and healthy eating into secondary prevention in clinical practice.

#### **Primary prevention**

Aims to prevent disease before it ever occurs by reducing exposure to factors that contribute to causing disease, including environmental, societal and lifestyle factors. Examples include: regulations limiting marketing and advertising of health harming products, providing infrastructure to make active travel options more accessible, using taxation to increase the cost of health harming products, and Making Every Contact Count – brief intervention programme.

#### **Secondary prevention**

Aims to detect and treat disease as soon as possible to halt or slow progression. This is done by supporting personal strategies to prevent progression, and implementing programmes to improve health and function to prevent long-term problems. Examples include: screening, prescribing medication, structured patient education programmes, and tailored physical activity or dietary interventions.

#### **Tertiary prevention**

Aims to reduce the severity of disease and any associated comorbidities in people with symptoms. Examples include: surgery, prescribing medication. Clinical practice guidelines for adult obesity in Ireland<sup>(®)</sup> recommend that obesity prevention in clinical practice requires a patient-centred approach that considers the individual life circumstances and underlying root causes for weight gain, as opposed to only targeting the symptoms of weight gain. The guidelines recommend that depending on the individual's situation, attenuating weight gain ahead of prioritising weight loss may be a reasonable outcome.

#### **Targets**

Our work forms part of a wider crossgovernment and cross-sectoral effort to achieve the government targets set out in Healthy Weight for Ireland: Obesity Policy and Action Plan (2015) and Get Ireland Active: National Physical Activity Plan. These targets aim to reduce morbidity and mortality from chronic disease by:

- increasing the proportion of the population across each life stage undertaking regular physical activity by 1% per annum<sup>(3)</sup>.
- achieving a sustained downward trend, averaging 0.5% per annum, in the level of excess weight in adults and children<sup>(2)</sup>.
- reducing the gap in obesity levels between the highest and lowest socioeconomic groups by 10% by 2025<sup>(2)</sup>.

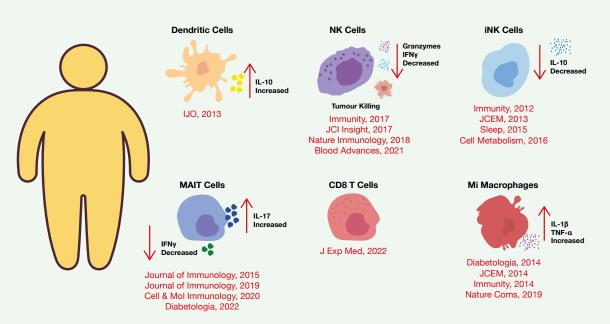
While the Healthy Food for Life Guidelines set out clear recommendations for a healthy diet in Ireland, the only targets set by Government relate to reformulation of everyday foods by industry: 20% reduction in calories, 20% reduction in sugar, 10% reduction in salt; 10% reduction in saturated fats<sup>(9)</sup>. As a public agency, the HSE can contribute to Government efforts to encourage food reformulation through using its purchasing power to provide a market for healthier products.

### **Context for action**

Over the past 30 years or so there have been significant changes in the social and economic environment in Ireland including increased availability and affordability of high fat, salt and sugar foods as well as increasingly sedentary workplaces and modes of travel.

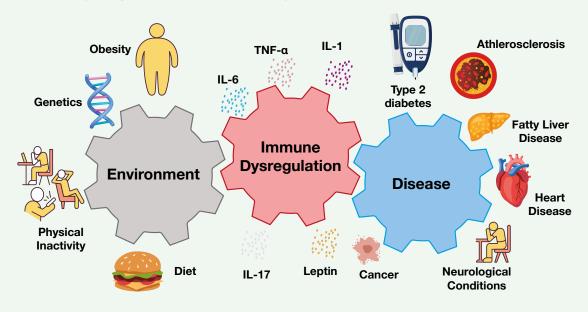
Unhealthy dietary patterns and lack of physical activity may present in people as high blood pressure, increased blood sugar, elevated blood lipids and increased BMI. These are commonly known as metabolic risk factors and can lead to cardiovascular disease<sup>(10)</sup>. Dietary risk factors and lack of physical activity are also associated with increased risk of type 2 diabetes, cancer, depression and obesity<sup>(10, 11)</sup>. These chronic diseases are major drivers of healthcare costs as well as associated economic losses. The main chronic diseases impacting health at a population level in Ireland are cardiovascular disease, type 2 diabetes and obesity<sup>(5)</sup>. Obesity is additionally associated with over 200 other diseases<sup>(12)</sup>. Expenditure on health care is the second largest component of public expenditure in Ireland, after social protection. The societal costs of adult obesity in Ireland are estimated to be €1.13 billion annually, €450 million of which is direct healthcare costs<sup>(13)</sup>.

#### Figure 1a - Impact of obesity on health



#### **Obesity drives significant immune dysregulation**

#### Figure 1b - Impact of obesity on health



#### Immune dysregulation drives obesity-related disease

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While Ireland exceeds the EU average on healthy life measures and life expectancy, the data indicates that:

- approximately 8 years of healthy life for men and 11 years for women are lost primarily due to the impact of chronic disease<sup>(14)</sup>.
- one third (34%) of adults age 58-64 are living with at least three chronic conditions, this increases to almost two-thirds (64%) for adults aged 75 and over<sup>(15)</sup>, and
- 85,000 children of this generation are expected to die prematurely due to the impact of overweight and obesity on health<sup>(16)</sup>.

On a positive note the evidence is that:

At least 30% of cancers and 80% of heart disease and diabetes can be prevented by lifestyle changes to diet, physical activity, tobacco and alcohol use<sup>(10)</sup>,

- 97,000 new cases of chronic disease annually are prevented through physical activity<sup>(17)</sup>, and
- older adults who are more physically active were less likely to have three or more chronic conditions than their peers who report less physically activity<sup>(15)</sup>.

Sláintecare Report of the Oireachtas Committee on the Future of Healthcare (2017) <sup>(18,19)</sup> provides a roadmap for sustainable delivery of healthcare in Ireland. Promoting health & wellbeing and preventing chronic disease is an important component of creating a sustainable shift in our national approach to delivering healthcare.

## **Population trends**

#### Children and Young People

Ireland continues to have the highest population of children and young people at in EU-27 countries. In 2022 Census there were 1,201,618 children and young people (0-17 yrs) in Ireland.

A number of national datasets provide information on trends in children and young people. These include National Nutrition Surveys, Childhood Obesity Surveillance Initiative and Growing up in Ireland. Each uses different sample methods, age groups and are carried out at different time points, however collectively they show consistent trends.

The prevalence of overweight and obesity children and young people in Ireland:

- > more than doubled across all age groups between 1990 and 2005/6<sup>(20)</sup>;
- Ievels of overweight and obesity in younger children (3 to 9 years of age) appear to have peaked in 2005-2008 period<sup>(21)</sup>;
- > the levelling off in younger age groups doesn't appear continue as children get older<sup>(20)</sup>;
- > more girls than boys have overweight and obesity in childhood, but this gender difference has disappeared by 17/18 years<sup>(22)</sup>;
- > prevalence of overweight and obesity in children and young people is disproportionately greater in disadvantaged groups<sup>(20,22)</sup>.

#### Figure 2 - Trends in overweight and obesity in children and young people



Trends in overweight and obesity in children 1990 - 2019 (INNS, NCFS I, NCFS II)

#### Trends in overweight and obesity in adolescents 1990 - 2020 (INNS, NCFS I, NCFS II)

50 - 40 - 30 - 20 - 10 - 0						
0	1990	2005/6 Overweight	2020	1990	2005/6 Obesity	2020
Girls	16	13.4	16.3	0.4	10.6	7.4
Boys	8.5	15.6	15.3	0.5	2.2	8.1
All	12.6	15.2	15.8	0.5	2.7	7.8

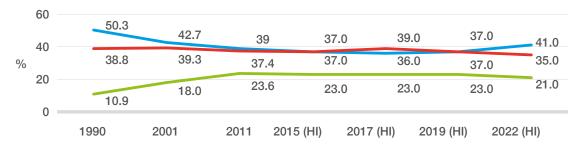
#### **Adults**

The overall population in Ireland grew between 2016 and 2022 with inward migration being a significant factor. In Census 2022 there were 3,766,700 adults aged 20 and older in Ireland. Ireland continues to have an ageing population.

The prevalence of adult obesity in Ireland:

- increased significantly between 1990 and 2011, and appears to have plateaued at this higher level (Figure 1)<sup>(23)</sup>;
- > increases with age, with 25-34 years being a particular inflection point (Figure 2)<sup>(23)</sup>;
- > is disproportionately greater in disadvantaged populations<sup>(23)</sup>.

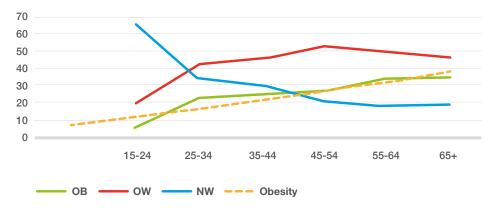
#### Figure 3 - Trends in adult overweight and obesity between 1990 and 2022



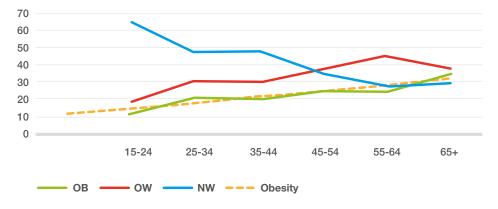
2022 HI used self-report vs anthropometric measurements in other years



#### Figure 4 - Trends by age group



#### Men overweight and obesity trend by age Healthy Ireland Survey 2019



Women overweight and obesity trend by age Healthy Ireland Survey 2019

#### National dietary and physical activity guidelines

The Department of Health have published national dietary and physical activity guidelines for Ireland. These set out the recommended diet and physical activity levels for the population to support good health.

A range of national surveys, including Healthy Ireland (2021), National Nutrition Surveys (2019, 2020), Irish Sports Monitor (2023) and Children's Sports Participation and Physical Activity (2023) Surveys provide data on how well we are meeting these guidelines. Collectively they show consistent trends:

- The majority of children (83%)<sup>(24)</sup>, young people (90%)<sup>(24)</sup> and adults (59%)<sup>(25)</sup> in Ireland are not meeting the national physical activity guidelines.
- The majority of children<sup>(27)</sup>, young people<sup>(27)</sup> and adults (66%)<sup>(26)</sup> in Ireland consume a diet that has too much salt and sugar and is lower in whole-grains, vegetables and fruits than recommended.

Children, young people and adults experiencing disadvantage tend to have less healthy diets and be less active that their more affluent peers.

### **Mechanisms for change**

The determinants of dietary risk factors, physical inactivity and obesity are multiple and include the environment, access to healthy and affordable food, access to affordable physical activity and leisure activity, marketing and promotion of unhealthy products, cultural and social norms, education and skill levels as well as genetic make-up and lifestyle choices. A systemswide approach is required to address these varied social and commercial determinants of health.

The capacity and responsibility to implement the evidence informed policies and actions that enable a systems-wide approach lie mainly outside the health sector. The focus for this implementation plan is both on actions that can be delivered by the health services as well as on actions we can take working with external partners to influence and shape a systems-wide approach to obesity prevention at population level.

There is the strong evidence<sup>(28,29,30,31)</sup> that:

- effective and cost-efficient actions (best buy's) for addressing unhealthy diet and physical inactivity at population level include:
  - reduced salt intake in food
  - increased consumption of vegetables, salads and fruits
  - built environments that support physical activity
  - public awareness through mass media on healthy dietary patterns and physical activity
  - restricting marketing of unhealthy foods
  - workplace health promotion programmes that address diet and physical activity

- chronic disease prevention is most effective when a population level, lifecourse approach is taken, where healthy behaviours are adopted at an early age and sustained throughout the lifespan;
- several concurrent interventions generate substantially larger health gains than individual interventions, often with more favourable cost-effectiveness;
- organised measures to protect health and wellbeing, prevent ill-health and reduce inequalities have been demonstrated to make economic sense for the prevention of chronic diseases, specifically in the areas of obesity and diabetes.

There is also an emerging body of evidence that taking a whole systems approach in communities has the potential to positively contribute to obesity prevention and population health efforts<sup>(32)</sup>.

### Focus for 2023-2027

## The HSE Corporate Plan 2021-2024<sup>(33)</sup>, sets out the key actions for improving health services and the health and wellbeing of people living in Ireland.

Objective six puts a focus on prioritising prevention and early intervention services focusing especially on children's health, obesity and alcohol harm. In addition, a new Healthy Ireland in Health Services plan 2022-2025 builds on the successes to date to put a greater focus on the integration of chronic disease prevention and health promotion across health services. The full implementation of the HSE *Making Every* Contact Count Framework (MECC)<sup>(34)</sup>; the HSE Self-Management Support Framework<sup>(35)</sup> and HSE Model of Care for Management of Overweight and Obesity<sup>(36)</sup> will also key be enablers of chronic disease prevention in the health services.

For the period 2023-2027, the Healthy Eating Active Living Programme will maintain a focus on three areas for action to progress a number of key work-streams within the health services and with external partners.

These are:

- providing leadership at policy and practice level;
- promoting behaviour change for healthy lifestyles with a focus on healthy eating and active living; and
- **3.** strengthening capacity to prevent childhood obesity.

We will seek achieve this through:

- identifying areas of focus and opportunities for action,
- working with HSE Health Regions and national centre colleagues to build capacity across health services to promote behaviour change for physical activity, healthy eating and obesity prevention with service users and staff; and
- working with key external partners to influence and shape an evidence informed systems approach to obesity prevention in education settings, local government and communities.

Access to effective weight management treatment is a core component of WHO approach to addressing obesity. Within HSE the provision of leadership at policy and practice level for access to effective treatment services for obesity and other chronic disease is under the remit of Clinical Design & Innovation, Office of Chief Clinical Officer.



Promote behaviour change for healthy lifestyles

Provide leadership at policy and practice level

Key Areas for Action

Strengthen capacity to prevent childhood obesity

Being active regularly Reaching and maintaining a healthier weight

Eating a healthier diet

Reduction in rates of chronic disease and improved quality of life for those currently living with chronic disease

# Implementation Plan 2023-2027

As part of the HSE service and operational planning process the Healthy Eating Active Living Programme Team develops annual work-plans, which are guided by the Implementation Plan.

The Programme Lead, in line with agreed national Health & Wellbeing reporting structures, monitors progress of annual work-plan. The Healthy Eating Active Living National Steering Group provides strategic advice and direction to the work of the programme, in addition to facilitating operational buy-in for the key work-streams and annual work-plan. Where required, project-specific groups may be convened to ensure relevant expertise and stakeholders inform our work. Tables 1-3 set out an overview of the Healthy Eating Active Living Programme key workstreams, deliverables and measures of success for the period 2023-2027. These are aligned to three thematic areas. Many of the actions and deliverables continue from the first Implementation Plan, where new actions are planned these are highlighted with green in the NEW column.

Action	ID	Deliverable	NEW	Lead	Target Complete
Provide leadership and	1.1.1	Refresh National Steering Group for Healthy Eating Active Living Programme		Healthy Eating Active Living Programme	2023
governance across HSE for priority programmes of work	1.1.2	Input to development of National Service Plan, Operational plans, KPI and activity targets and performance monitoring		Healthy Eating Active Living Programme	2023-27
	1.1.3	Transition governance of National Clinical Programme Obesity to HSE Clinical Design & Innovation		Healthy Eating Active Living Programme	2023
	1.1.4	Contribute to H&W practitioner networks to support integration of evidence based practice for physical activity, healthy eating and obesity prevention into training and service delivery including staff health		Healthy Eating Active Living Programme	2023-27
	1.1.5	Co-ordinate practitioner networks - Community Food & Nutrition and H&W Nutrition & Dietetics		Healthy Eating Active Living Programme	2023-27
	1.1.6	Establish national Healthier Food Environment Advisory Group		Healthy Eating Active Living Programme	2024
	1.1.7	Scope and deliver a report on the nutrition health promotion role and function of staff in community services to inform resource planning in HSE Health Regions.		Head of Service H&W Health Region	2026

#### **Table 1** - Actions provide leadership at policy and practice level

Action	ID	Deliverable	NEW	Lead	Target Complete		
Work with external partners to strengthen leadership for evidence based policy	1.2.1	Contribute to Obesity Policy Implementation Oversight and National Physical Activity Plan Implementation Groups and sub- groups		Healthy Eating Active Living Programme	2023-27		
responses	1.2.2	Contribute to and inform the development of new national policies on Physical Activity and Obesity		Healthy Eating Active Living Programme	2023-26		
	1.2.3	Contribute to Irish Physical Activity Research Collaboration (I-PARC)		Healthy Eating Active Living Programme	2023-27		
	1.2.4	Contribute to All-Island Obesity Forum and All-Island Food Poverty Network		Healthy Eating Active Living Programme	2023-27		
	1.2.5	Contribute to national inter-sectoral group on restriction of marketing of unhealthy foods to children and young people		Healthy Eating Active Living Programme	2023-27		
	1.2.6	Work with Local Government - Sláintecare Healthy Communities/ Healthy Cities & Counties to build capacity for systems approach to obesity prevention		Healthy Eating Active Living Programme	2023-27		
	1.2.7	Work with internal and external partners to develop and implement activity to influence priority policy issues for child health and childhood obesity prevention		Healthy Eating Active Living Programme	2023-27		
	1.2.8	Work with DoH to update national physical activity guidelines and key messages for public and health and exercise profession audiences		Healthy Eating Active Living Programme	2023		
Measures of success	Effective leadership and governance structures established for the Programme and all work-streams						
		e HSE champions evidence-based polic ter prevent childhood obesity	y, regulat	ory and legislative	e change to		

# **Table 2** - Actions to promote behaviour change for healthy lifestyles with afocus on healthy eating and physical activity

Action	ID	Deliverable	NEW	Lead	Target Complete
Build the capacity of the health service to be a public voice on physical activity, healthy eating, obesity prevention, weight bias and stigma.	2.3.1	Work with National Clinical Programme Obesity to deliver the stakeholder engagement and communication activity to address weight bias and stigma; including HRB APA Obesity Stigma Education for All project		Healthy Eating Active Living Programme	2023-27
	2.3.2	Provide access to training on evidence based: obesity management for primary care health professionals via RCSI www.childhoodobesity.ie NIPC courses Advanced Practice Obesity Management for adults NIPC Advance Practice for Physical Activity Promotion for adults		Healthy Eating Active Living Programme	2023-27
Develop and execute evidence	2.4.1	Work with safefood to develop, deliver and evaluate childhood obesity public campaigns		safefood	2023
based social marketing campaigns to stimulate behaviour	2.4.2	Continue integration of physical activity messaging into relevant HSE campaigns and communications activity.		HSE Communication Prog & Campaigns	2023-27
change in relation to physical activity, healthy eating	2.4.3	Work with DoH to inform adult obesity prevention campaign strategy and delivery		DoH	2023
and obesity prevention.	2.4.4	Work with DoH to inform cross- sectoral communications strategy for promotion of physical activity		DoH	2024-27
Provide guidance and tools to support the	2.5.1	Provide input and expertise to review of existing and development of new training resources and materials as required		H&W Education & Training Programme	2023-27
implementation of MECC to support service users make lifestyle changes.	2.5.2	Provide input and expertise to support systems approach to implementing MECC as required		H&W MECC Programme	2023-27

Action	ID	Deliverable	NEW	Lead	Target Complete
Provide guidance and tools to enable implementation	2.6.1	Integrate key messages on healthy eating, physical activity and other weight related behaviours into staff health & wellbeing communications		H&W Stakeholder Eng & Communication	2023-27
of agreed suite of national policies, standards, guidelines and	2.6.2	Scope and design a model to drive creation of healthier food environments in health services informed by behavioural economics		Healthy Eating Active Living Programme	2023-27
programmes to support staff to make lifestyle changes in	2.6.3	Review the HSE Calorie Posting policy and self-audit tool		Healthy Eating Active Living Programme	2025
healthy eating, physical 2 activity and other weight related health behaviours.	2.6.4	Strengthen health service sites engagement with Happy Heart Healthy Eating Awards		Healthy Eating Active Living Programme	2024
	2.6.5	Revise & update HSE Vending Policy and co-ordinate procurement process to renew HSE Vending Services Framework extending to cover provision of fresh and chilled foods		Healthy Eating Active Living Programme	2024-27
	2.6.6	Strengthen health service sites engagement with active workplace initiatives including Steps to Health, active travel including National Transport Agency Smarter Travel initiatives, workplace walking routes		Healthy Eating Active Living Programme	2023-27
	2.6.7	Publish guidance for HSE workplaces on evidence based workplace obesity prevention		Healthy Eating Active Living Programme	2024
	2.6.8	Publish guidance for HSE workplaces on evidence based workplace promotion of physical activity		Healthy Eating Active Living Programme	2025

Action	ID	Deliverable	NEW	Lead	Target Complete
Support services to ensure that patients and service users receive appropriate food, nutrition and hydration when in our care.	2.7.1	Provide training for relevant staff in community services and hospitals to support implementation of Food, nutrition and hydration policies		Healthy Eating Active Living Programme	2023-27
	2.7.2	Contribute to planning for audit and monitoring of implementation of Food, nutrition and hydration policies for adults in Acute Hospitals and adults in Disability Residential services		Quality & Patient Safety	2023-27
	2.7.3	Engage with Older Persons Services to secure agreement to prioritise and resource a programme of work to review and adapt of the Food, Nutrition and Hydration Policy (adult acutes) for their services		Healthy Eating Active Living Programme	2026
	2.7.4	Engage with Mental Health Services to secure agreement to prioritise and resource a programme of work to review and adapt of the Food, Nutrition and Hydration Policy (adult acutes) for their services		Healthy Eating Active Living Programme	2026
Increase the opportunity for people with	2.8.1	Complete service design for the Physical Activity in Healthcare Pathways model		Healthy Eating Active Living Programme	2024
chronic disease to integrate physical activity into their plan of care, support the	2.8.2	Work with HSE ICT and procurement to identify and deploy an IT solution to support pathway from health services to community based physical activity		Healthy Eating Active Living Programme	2025
implementation of Making Every Contact Count and Self-	2.8.3	Commission research to inform service design of Physical Activity in Healthcare Pathways model		Healthy Eating Active Living Programme	2023
Management Support frameworks.	2.8.4	Commission NIPC to design advanced practice physical activity and behaviour change training for Health & Social Care Professions		Healthy Eating Active Living Programme	2023
	2.8.5	Work with PACC to develop standards and curriculum for training for Exercise Professionals on working with chronic disease populations		Physical Activity Chronic Conditions Project (PACC)	2024
	2.8.6	Work with Sport Ireland to inform development and evaluation of Physical Activity for Health initiative		Sport Ireland	2025

Action	ID	Deliverable	NEW	Lead	Target Complete
Support mental health, disability and older peoples service providers	2.9.1	Work with HSE Disability Services and Active Disability Ireland to roll-out the Active Healthy Me programme across adult disability day services		Active Disability Ireland	2023-27
to promote physical activity with service users.	2.9.2	Work with Age & Opportunity and HSE Older Persons services to continue delivery of CarePALs training to staff in day and residential services for older adults		Age & Opportunity	2023-27
	2.9.3	Work with Older Peoples Services and AFFINITY programme to support development and roll-out of Postural Stability training and programme delivery in primary care.		HSE Affinity Programme	2023-27
Measures of success	<ul> <li>Evidence informed communications and campaigns delivered</li> <li>Improved knowledge and understanding of the role of diet and physical activity in for preventing and self-managing chronic disease</li> <li>Improved knowledge and understanding of obesity as a chronic disease</li> <li>The Health Service as a workplace takes practical steps to promote healthy eating and physical activity for all staff</li> <li>Improved sign-posting to and access for service users with chronic disease to physical activity opportunities in their communities</li> <li>Promotion of healthy eating and physical activity are integrated into routine care through the delivery of <i>Making Every Contact Count</i> interventions</li> </ul>				

Table 3 - Actions to strengther	n capacity to preven	t childhood obesity
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Action	ID	Deliverable	NEW	Lead	Target Complete
Work with the Healthy Childhood Programme	3.10.1	Commission research with parents to inform HSE communications strategy and activity on child health and childhood obesity prevention		Healthy Eating Active Living Programme	2024
to drive the implementation of HSE HWfC Action Plan.	3.10.2	Commission NNSC to carry out WHO-COSI for Ireland, including data collection, analysis and publication of results for Round 6 and Round 7		Healthy Eating Active Living Programme	2023 / 2027
	3.10.3	Scope and develop a standardised approach to delivery of weaning workshops and supporting resources		Healthy Eating Active Living Programme	2024
	3.10.4	Work with Healthy Childhood Programme to strengthen national data collection for childhood growth monitoring to improve capacity to use for surveillance and service planning		National Healthy Childhood Programme	2026
Strengthen the capacity of early education, schools and	3.11.1	Provide input and expertise to revisions/updates to existing training programmes, early years and school resources and development of new as required		H&W Education & Training Programme	2023-27
colleges sector to implement a 'whole-school' approach to healthy eating	3.11.2	Provide input and expertise on strategy to support a 'whole-school' approach to healthy eating and physical activity.		H&W Education & Training Programme	2023-27
and physical activity.	3.11.3	Support development of an e-learning programme for early years educators that includes a suite of modules for supporting the health and well-being of the 0-3 and 3-6 age groups delivered through DCEDIY Better Start learning management system		H&W Education & Training Programme	2025

Action	ID	Deliverable	NEW	Lead	Target Complete	
Strengthen capacity to deliver effective community based health	3.12.1	Work with HSE SHC Co-ordinators and LA and community partners to strengthen the alignment of Community Food & Nutrition Workers activity to agreed Whole Systems Approaches		Healthy Eating Active Living Programme	2023-27	
promotion that promotes healthy lifestyles targeting high-risk, disadvantaged areas and families	3.12.2	Review with stakeholders the delivery model for HFME and local operating approach for sustainable delivery of the programme with a focus to target health inequalities		Healthy Eating Active Living Programme	2025	
Tamines	3.12.3	Develop a plan to address training and resource requirements to enable diverse communities to participate in nutrition education community initiatives		Healthy Eating Active Living Programme	2026	
	3.12.4	Review delivery of Men on Move programme and agree an operating approach for sustainable delivery of the programme		H&W Men's Health Programme	2025	
Measures of success	Prevention of childhood obesity is a key area of focus for Child Health Governance groups and Health Promotion & Improvement at HSE Health Region level					
	Evidence informed initiatives to address healthy eating and physical activity are integrated into Sláintecare Healthy Communities programme					
	year	lence informed resources and trainin rs, primary and post primary and hig note healthy eating and physical act	her edu		-	

### **Appendix 1**

### Update on Healthy Eating Active Living Implementation Plan 2017-2020

The first programme Implementation Plan 2017-2020<sup>(5)</sup> focused on five thematic areas:

- 1. Provide leadership for the implementation of Healthy Weight for Ireland: Obesity Policy and Action Plan and Get Ireland Active: National Physical Activity Plan
- 2. Mobilise the public and stakeholders to promote behaviour change for healthy lifestyles with a focus on healthy eating and active living
- 3. Mobilise the health service to promote healthy eating and active living
- 4. Strengthen capacity to prevent childhood obesity
- 5. Provide effective treatment services for overweight and obesity in children and adults.

Significant progress was made across all areas over 2017-2021, within the context of an environment of ongoing organisational change as well as the COVID-19 pandemic. Some achievements include:

- Publication of Food, Nutrition and Hydration Policy for adults in acute hospitals and Food, Nutrition and Hydration Policy for adults in disability residential services and development of online training to support implementation
- Publication of Healthy Weight for Children Framework 0-6 years (2019) and HSE Healthy Weight for Children Action Plan 2021-2023 and development of training modules for healthcare professionals
- > Publication HSE Model of Care for Management of Overweight and Obesity (2020)
- > Publication of Nutrition standards for provision of food and beverages to staff and visitors and development of online training and awards scheme to support implementation
- Publication of Let's Get Active Guidance for mental health service staff for promoting physical activity with service users
- Delivery of national Steps to Health initiative over 4 years, growing participation to approximately 8% of HSE workforce
- > Development, delivery and evaluation of multi-annual mass media campaign START
- > Development and delivery of *Making Every Contact Count* training for healthcare professionals, including modules on healthy eating, physical activity and obesity
- > Working with partners to establish the Irish Physical Activity Research Collaboration (i-PARC)

The Healthy Ireland in Health Services Progress Report 2015-2020 provides an overview of progress across all Healthy Ireland Policy Priority Programmes. The report is available here: <u>https://www.hse.ie/eng/about/who/healthwellbeing/healthy-ireland/publications/healthy-ireland-in-the-health-service-progress-report-2015-2020.pdf</u>

## **Appendix 2**

### Policies that influence how the Programme works

#### **Primary**

- > Healthy Weight for Ireland Obesity Policy and Action Plan 2016-2025
- > Get Ireland Active National Physical Activity Plan
- > Healthy Ireland: A Framework for Improved Health & Wellbeing 2013-2025

#### Secondary

- > Healthy Ireland Strategic Action Plan 2021-2025
- > Sláintecare Implementation Strategy and Action Plan 2021-2023
- Department of Education Wellbeing Policy Statement and Framework for Practice 2018-2023
- > National Strategy for Women and Young Girls 2017-2020
- > National Youth Strategy 2015-2020
- > National Sports Policy 2017-2027
- > Healthy Ireland at Work: a national framework for Healthy Workplaces in Ireland 2022-2025

#### **HSE policies**

- > National Breastfeeding Action Plan
- > Healthy Weight for Children Framework 2019
- > Model of Care for Management of Overweight and Obesity
- > Integrated Model of Care for Prevention and Management of Chronic Disease
- > Food, Nutrition & Hydration Policy for Adults in Acute Hospital Services
- > Food, Nutrition & Hydration Policy for Adults Disability Residential Services
- > Nutrition Standards for the Provision of Food & Beverages to Staff and Visitors
- > Work Positive Framework

# **Appendix 3**

### Health & Wellbeing Standard ToRs for Policy Programme Steering Groups

#### Purpose

The Healthy Eating Active Living Programme Steering Group will provide expertise, strategic advice and support to the work of the Programme and oversee delivery of its implementation plan.

#### Responsibilities

To:

- Provide strategic advice, feedback and direction to the Programme's work
- Support achievement of the Programme's implementation plan and other relevant actions in national policies and strategies.
- > Advise on annual priorities for the Programme
- Facilitate linkages and integration with other HSE functions, plans and relevant services and represent their business area.
- Leverage existing assets and partnerships to progress implementation of relevant activities
- Advise on how a health equity lens can be embedded into the Programme's activities
- Advise on how the voices and desired outcomes of service users, families and communities can be embedded into the outputs delivered by the Programme
- Review progress regarding implementation of agreed annual programme of actions and use influence and expertise to address and advise on challenges and opportunities.
- Advise on risks and or issues, escalation plans or mitigation actions

- Advise on and support high quality data collection, research and evaluation and provide expert guidance on integrating research and evidence into practice by seeking to foster innovative and novel ways of service delivery
- Advise on and participate in working groups as necessary

#### Membership

Membership will represent a diverse range of key stakeholders at an appropriate level across their representative areas, encompassing various perspectives / purposes necessary to meet the Terms of Reference, including external stakeholders, where appropriate. Health & Wellbeing operational input on suitable membership will be sought.

The group is co-chaired by the National Programme lead and Clinical Lead – National Obesity Programme.

#### Quorum

A minimum of 50% plus 1 member is required in attendance to establish a quorum for any meeting convened.

#### Accountability and Reporting

The Programme Lead reports on implementation to the Assistant National Director Health and Wellbeing, who is accountable to the National Director Strategy and Research.

Progress updates, on implementation of actions, will be reported through the National Health & Wellbeing Strategy structure in line with NSP, Operational Plan and other reporting processes.

Progress updates will be shared with National Health & Wellbeing Community Operations.

#### Tenure

The Programme Implementation Group will convene for a period of 3 years to oversee a multi-annual implementation plan. The membership will be reviewed on an annual basis.

#### **Meetings**

A minimum of three to four meetings to be held per year. Notice of meeting dates will be issued/agreed in advance.

The Programme will be responsible for the administration associated with meetings.

Sub-groups may be formed for specific tasks with defined Terms of Reference and timeframes for these tasks.

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