

Healthy Eating and Active Living Programme



National Implementation Plan 2017-2020



Healthy Eating
Active Living
Programme



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



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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Introduction

The Healthy Eating Active Living Policy Priority Programme was established in late 2016 to support the Healthy Ireland in Health Services Implementation Plan⁽¹⁾. It has a remit 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”.

One of a number of Policy Priority Programmes, it works to co-ordinate and lead activity across the health services to ensure implementation of the Healthy Weight for Ireland – Obesity Policy and Action Plan⁽²⁾ and Get Ireland Active – National Physical Activity Plan for Ireland⁽³⁾. This Implementation Plan sets out the strategic direction and priority actions for the Programme and health services over the period 2017-2020.

The objectives of the Healthy Eating Active Living Policy Priority Programme are to contribute to a reduction in the prevalence of chronic disease by increasing the percentage of people in Ireland who are:

- physically active on a regular basis
- eating a healthier diet
- achieving and maintaining a healthier weight



Context for action

Chronic diseases are major drivers of healthcare costs as well as associated economic losses. The key demographic trends underlying the increasing prevalence of chronic disease in Ireland are the ageing population and the high rates of overweight and obesity across the population⁽⁴⁾.

While Ireland exceeds the EU average on healthy life years measures, 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⁽⁴⁾.

The Irish health system, similar to other health systems in developed countries, is facing a combination of complex and urgent challenges. It is now acknowledged that the way in which we think about and deliver healthcare has to change. Expenditure on healthcare is the second largest component of public expenditure in Ireland, after social protection.

The underlying modifiable factors that cause increased risk of chronic disease are consumption of energy-dense and nutrient poor diets high in levels of salt, fat and sugar, reduced levels of physical activity, excess weight and tobacco use.

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⁽⁵⁾.

Obesity, defined by the National Institutes of Health as a Body Mass Index of 30 or above, is also an independent risk factor for development of many chronic diseases including diabetes, cancer, cardiovascular disease and musculoskeletal disease. The achievement of a relatively modest reduction in the average BMI in the population has the potential to make a significant impact on the burden of chronic disease.

Chronic Disease



Heart Disease



Diabetes



Cancer



Respiratory Disease



40%

adults aged 50+ live with
**AT LEAST ONE
CHRONIC DISEASE**

Source: Barret A., Savva G., Timonen V., Kenny R. (2011) *Fifty plus in Ireland: First results from the Irish Longitudinal Study of Ageing*

CHRONIC DISEASES AND THEIR COMPLICATIONS

account for



80%

GP visits

60%

Hospital bed days



Source: Department of Health (2008) *Tackling Chronic Disease: A policy framework for the management of chronic disease*

55%

**OF ACUTE
HOSPITAL
BUDGET**

spent on care of
patients aged 35+
with chronic disease



Source: Department of Health (2008) *Tackling Chronic Disease: A policy framework for the management of chronic disease*

7 in 10

PREMATURE DEATHS
(those aged under 65 years)

**CAUSED BY
CHRONIC
DISEASE**

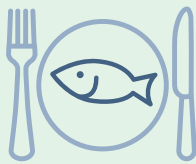


Source: Department of Health (2008) *Tackling Chronic Disease: A policy framework for the management of chronic disease*

Healthy Lifestyle

Healthy lifestyle can prevent **30%** of cancers and **80%** of heart disease and type 2 diabetes.

EATING A HEALTHIER DIET



LESS salt and transfat
MORE fruits and vegetables

IF YOU SMOKE, QUIT

Avoid tobacco smoke



REDUCE ALCOHOL INTAKE

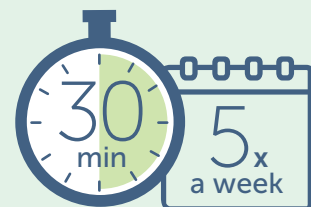
MEN

 X **17**
STANDARD DRINKS

WOMEN

 X **11**
STANDARD DRINKS

REGULAR PHYSICAL ACTIVITY



Low Risk Guidelines (per week)

Source: Department of Health (2008) *Tackling Chronic Disease: A policy framework for the management of chronic disease*

Physical Activity

CURRENT SITUATION

LEVEL OF ACTIVITY - Adults

% of Adults meeting the guidelines

31%

37%

32%

Source: Department of Health (2015) *Healthy Ireland Survey 2015*

LEVEL OF ACTIVITY - Children

19% primary school children

12% post-primary school children



are sufficiently active for health benefits

Source: Woods, C.B., Tannehill D., Quinlan, A., Moyna, N. and Walsh, J. (2010) *The Children's Sport Participation and Physical Activity (CSPPA) Research Report No 1. School of Health and Human Performance*

IMPACT

PHYSICAL INACTIVITY CAUSES:

15.2% breast cancer

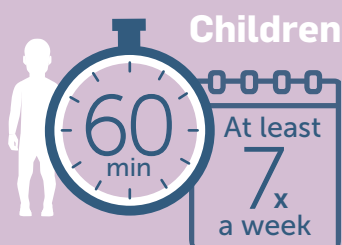
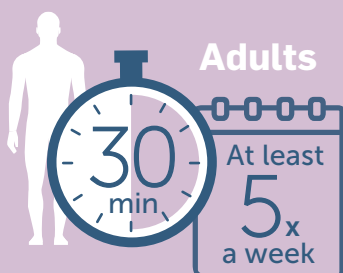
10.9% type 2 diabetes

8.8% heart disease

Source: Lee IM, Shiroma EJ, Lobelo F, Puska P, Blair SN, Katzmarzyk PT, Lancet Physical Activity Series Working Group (2012) *Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy Lancet 2012, Jul 21 380:219-29*

SOLUTION

BE ACTIVE EVERY DAY



Moderate intensity*

Moderate* to vigorous**

*Moderate intensity: heartbeat and breathing harder than normal, sweating slightly, able to carry on a conversation

**Vigorous intensity: heartbeat and breathing much harder, sweating more, not able to carry on a conversation

RESULT



30% REDUCTION

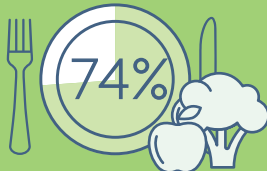
in risk of all causes of death compared with least active group

Source: Royal College of Physicians Ireland (2016) *Physical Activity: A prescription for a wonder drug*

Eating a Healthier Diet

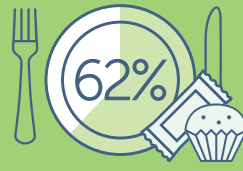
CURRENT SITUATION - EATING HABITS

Fruit and vegetables



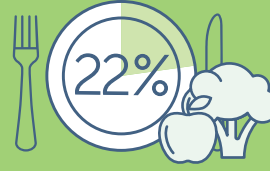
of adults eat
<5 servings
per day

Snacks



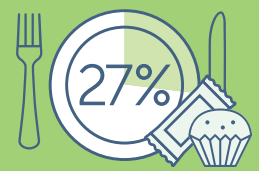
of adults eat
2 servings
per day

Fruit and vegetables



of children eat
1+ servings
per day

Snacks



of children eat
1+ servings
per day

Source: Department of Health (2015) *Healthy Ireland Survey 2015*

Source: Gavin, A., Keane, E., Callaghan, M., Molcho, M., Kelly, C. & Nic Gabhainn, S. (2015). *The Irish Health Behaviour in School-aged Children (HBSC) Study 2014*.

IMPACT

24%

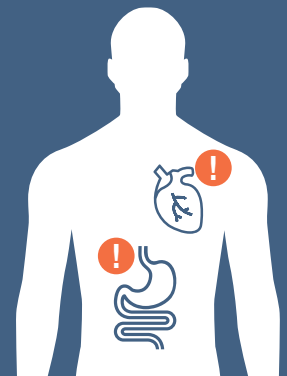
of total and saturated fat intake comes from confectionary, savoury snacks and biscuits



Source: Walton J, Hannon EM, Flynn A (2015) *Nutritional quality of the school-day diet in Irish school children Journal of Human Nutrition and Dietetics 28 (Suppl 1) 73-82*

INSUFFICIENT INTAKE OF FRUIT AND VEGETABLES

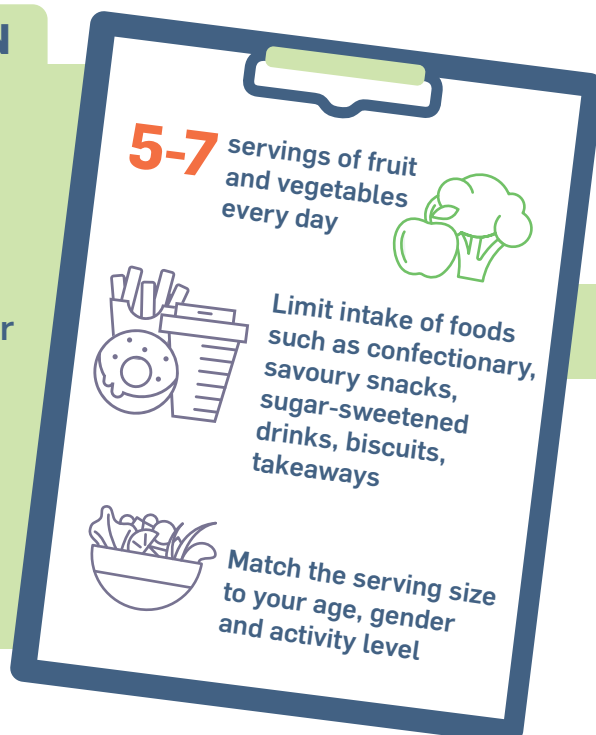
contributes to the development of gastrointestinal cancer, heart disease and stroke



SOLUTION

HEALTHY EATING FOR LIFE

Guidelines for adults and children 5+



RESULT

Every additional serving of fruit and vegetable consumed

5%

REDUCTION

in risk of all causes of death



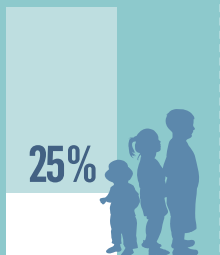
Source: Wang X., Ouyang Y., Liu J., Zhu M., Zhao G., Bao W., Hu FB. (2014) *Fruit and vegetable consumption and mortality from all causes, cardiovascular disease and cancer: systematic review and dose-response meta-analysis of prospective cohort studies BMJ 2014; 349: g4490*

Healthier Weight

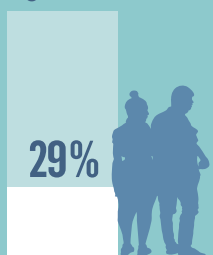
CURRENT SITUATION

OBESITY/OVERWEIGHT per age group

Children
Age 3,7 and 9



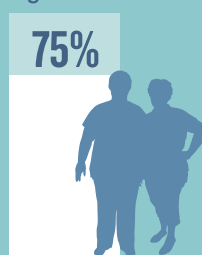
Young adults
Age 15-24



Adults
Age 15-64



Adults
Age 50+



Source:

Children Age 3,7 and 9
ESRI (2011) *Growing up in Ireland: Key findings Infant Cohort at 3 years No. 4 Children's physical growth from birth to age 3*; ESRI (2011) *Growing up in Ireland: overweight and obesity among 9 year olds*; Heinman MM et al (2017) *The Childhood Obesity Surveillance Initiative (COSI) in the Republic of Ireland: Findings from 2008, 2010, 2012 and 2015*

Adults 15-24, 15-64, 50+
Department of Health (2015) *Healthy Ireland Survey 2015*

IMPACT

CHILDREN



! Higher risk of bullying, poor physical and mental health and obesity as an adult

ADULTS



! Higher risk of early death, chronic illness and disability

Those in lowest socioeconomic groups are more likely to be obese compared to people in highest socioeconomic group



Source: Department of Health (2015) *Healthy Ireland Survey 2015*

€1.13^{bn}
COST OF ADULT OBESITY IN IRELAND

Source: safefood (2012) *The cost of overweight and obesity on the Island of Ireland*

SOLUTION

CHILDREN

Family diet, physical activity and lifestyle changes that allow the child to grow into a

HEALTHIER WEIGHT



ADULTS

Achieving and maintaining

5-10% WEIGHT LOSS

through diet, physical activity, lifestyle changes and clinical interventions where indicated



RESULT



REDUCTION

in prevalence of

TYPE 2 DIABETES and CHRONIC DISEASE

associated with obesity



Source: Health Service Executive (2014) *Preventing Chronic Disease: Defining the Problem*

Strategic direction

The determinants of overweight, obesity and physical inactivity are multiple and include the environment, access to healthy and affordable food, access to affordable exercise and leisure activity, cultural and social norms, education and skill levels, genetic makeup and lifestyle choices⁽⁸⁾. Addressing these requires a sustained and comprehensive portfolio of initiatives across a range of stakeholders that include both ‘top-down’ actions including policy, legislative and fiscal measures and ‘bottom-up’ measures including community and individual actions.

Engagement and co-operation across departments and sectors to support implementation of all actions in the Healthy Weight for Ireland Obesity Policy and Action Plan will be led by the Department of Health. The focus for this implementation plan is on actions that can be delivered by or whose delivery can be mediated by the health services and is underpinned by the strong evidence that:

- chronic disease prevention is most effective when a population level, life-course approach is taken, where healthy behaviours are adopted at an early age and sustained throughout the lifespan⁽⁹⁾
- several concurrent interventions generate substantially larger health gains than individual interventions, often with more favourable cost-effectiveness⁽¹⁰⁾
- 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^(11,12,13)
- a shift from costly hospital-based interventions towards primary care and population-based interventions can deliver a reduction in chronic diseases and an increase in the health of the population⁽¹⁴⁾
- ‘best-buys’^(7,15) in the context of addressing unhealthy diet and physical inactivity include:
 - reduced salt intake in food
 - increased consumption of vegetables, salad and fruit
 - built environments that support physical activity
 - public awareness through mass media on diet and physical activity
 - workplace health promotion programmes that address diet and physical activity

As the largest employer in the State with approx 116,000 employees and services delivered in over 2,500 workplaces which include hospitals, community health care facilities and administration sites, workplace initiatives that promote healthy eating and physical activity can have a significant impact.



Within the population of health service users, international evidence indicates that the physical health of Mental Health Service Users, particularly those with serious mental illness including schizophrenia, bipolar disorder and depression is often sub-optimal. Analysis of Irish data indicates that the prevalence of chronic conditions such as stroke, cardiovascular disease and diabetes is significantly higher in those with diagnosed serious mental illness than in the general population in Ireland⁽⁶⁾.

Within the population as a whole, life expectancy for Travellers lags significantly behind that of the general population at 61.7 years for men and 70.1 years for women. The prevalence of chronic diseases in the Traveller population is a contributory factor⁽¹⁶⁾.

At least one in five children in Ireland, across all age groups, are overweight or obese⁽¹⁷⁾. This has significant impact on their current health and wellbeing as well as their future health. Childhood obesity is a strong predictor of adult obesity. Recent modelling studies from the US suggest that more than half of all children will be obese adults by the age of 35. Only half of projected population of obese adults will have been obese as children⁽¹⁸⁾.

The full implementation of the *Making Every Contact Count and Self-Management Support* frameworks, which underpin the integrated approach to the prevention and management of chronic disease across the health services as well as the *Healthy Childhood Programme*, are critical enablers for the work of the Healthy Eating Active Living Policy Priority Programme.

Targets and outcomes

The cumulative outcome of all actions in the Implementation Plan is to contribute to reduction in prevalence of 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⁽³⁾**
- **achieving a sustained downward trend, averaging 0.5% per annum, in the level of excess weight in adults and children⁽²⁾**
- **reducing the gap in obesity levels between the highest and lowest socioeconomic groups by 10% by 2025⁽²⁾**

It is recognised that achieving population level outcomes and targets is not within the sole remit of health services but will be the result of the cumulative impact of the 60 specified actions in the *Healthy Weight for Ireland Obesity Policy and Action Plan*, the 59 specified actions in *Get Ireland Active - National Physical Activity Plan for Ireland* as well as the broader Healthy Ireland Framework. In this context the Policy Priority Programme will work with a broad range of external stakeholders seeking to minimise the impact of the social determinants of health⁽²⁾ on health and wellbeing and achieve the targets set by the Government.

Resourcing

While better use and re-alignment of current resources within the health services will be pursued, progress on some actions will be dependent on availability of additional resources. These actions are denoted by * in the Implementation Plan on pages 16-25. The *Healthy Weight for Ireland - Obesity Policy and Action Plan* acknowledges that additional resources will need to be allocated over its ten-year term of the Plan⁽²⁾.

Monitoring implementation

A Healthy Weight for Ireland - Obesity Policy and Action Plan and *Get Ireland Active - National Physical Activity Plan for Ireland* commit to aligning targets, outcome and performance indicators with the Healthy Ireland Outcome Framework. This work will be led by the Department of Health and once published will inform the finalisation of health services measures and outcomes.

In the interim the Policy Priority Programme will work across health services to develop a suite of service level performance measures to monitor the impact and outcomes of HSE delivered or funded interventions, programmes and services. These will be integrated into the annual service, operation and business plans and be monitored in line with the HSE Performance Monitoring Framework.

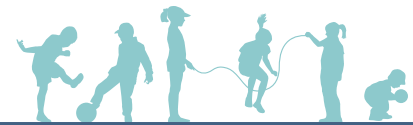
Outcomes Framework

Children and Young People

Outcome	Target	Inputs	Output measures
<ul style="list-style-type: none"> > A sustained downward trend in levels of overweight/obesity in CHILDREN AND YOUNG PEOPLE > An increase in levels of physical activity in children and young people > An increase in levels of children and young people consuming a healthier diet 	<ul style="list-style-type: none"> > 0.5% decrease per annum in levels of overweight/obesity > 10% reduction in the gap between highest and lowest socioeconomic group > 1% increase per annum in levels of physical activity 	Training	No of training programmes No of staff trained
		Programmes in communities and schools	No of programmes No of participants Equity of access
		Social marketing and communications	Level of activity Reach Engagement
		Partnerships and funding strategy	No of partnerships Activity
		Specialist services	No of services Referrals/activity
Policy and guidelines			

Adults

Outcome	Target	Inputs	Output measures
<ul style="list-style-type: none"> > A sustained downward trend in levels of overweight/obesity in ADULTS > An increase in levels of physical activity in adults > An increase in levels of adults consuming 	<ul style="list-style-type: none"> > 0.5% decrease per annum in levels of overweight/obesity > 10% reduction in the gap between highest and lowest socioeconomic group > 1% increase per annum in levels of physical activity 	Training	No of training programmes No of staff trained
		Programmes in communities and workplaces	No of programmes No of participants Equity of access
		Social marketing and communications	Level of activity Reach Engagement
		Partnerships and funding strategy	No of partnerships Activity
		Specialist services	No of services Referrals/activity
Policy and guidelines			



Outcome measures	Baseline	Outcomes impact
% of babies healthy weight at birth (2500gms-4500gms)	92.1%	<p>Medium term</p> <ul style="list-style-type: none"> > Increase in proportion of children and young people consuming a healthier diet > Increase in proportion of children and young people undertaking regular physical activity > Increase in proportion of children and young adults a healthy weight <p>Long term</p> <ul style="list-style-type: none"> > Decrease in prevalence of chronic disease
% of babies breastfed at 3 months	38.8%	
% of children consuming fruit more than once a day	23%	
% of children consuming vegetables more than once a day	22%	
% of children eating sweets more than once a day	27%	
% of children drinking sugar-sweetened drinks daily	13%	
% of boys participating in vigorous physical activity 4+ times a week	60%	
% of girls participating in vigorous physical activity 4+ times a week	40%	
% of girls healthy weight at age 7/9	73.1%/73.7%	
% of girls overweight at age 7/9	21.4%/22%	
% of girls obese at age 7/9	5.5%/4.3%	
% of boys healthy weight at age 7/9	83.4%/75.9%	
% of boys overweight at age 7/9	14.4%/20.0%	
% of boys obese at age 7/9	2.2%/4.4%	
% of young women a healthy weight at age 15-24	73%	
% of young women 'high' active at age 15-24	34%	
% of young men a healthy weight at age 15-24	69%	
% of young men 'high' active at age 15-24	56%	



Outcome measures	Baseline	Outcomes impact
% of adults consuming recommended portions of fruit & vegetables daily	26%	<p>Medium term</p> <ul style="list-style-type: none"> > Increase in proportion of adults consuming a healthier diet > Increase in proportion of adults undertaking regular physical activity > Increase in proportion of adults a healthy weight <p>Long term</p> <ul style="list-style-type: none"> > Decrease in prevalence of chronic disease
% of adults consuming snack foods on a daily basis	62%	
% of adults aged 15-24 consuming sugar sweetened drinks daily	15%/29%	
% of adults eating breakfast daily	78%	
% of all men participating in 'high' level physical activity	39.66%	
% of all men participating in 'low'/'medium' level physical activity	26.5%/34%	
% of all women participating in 'high' level physical activity	23.80%	
% of all women participating in 'low'/'medium' level physical activity	36.8%/39.5%	
% of men a healthy weight at age 25-34/45-54/65+	35%/24%/19%	
% of men overweight at age 25-34/45-54/65+	49%/46%/46%	
% of men obese at age 25-34/45-54/65+	16%/30%/35%	
% of women a healthy weight at age 25-34/45-54/65+	54%/38%/32%	
% of women overweight at age 25-34/45-54/65+	46%/39%/34%	
% of women obese at age 25-34/45-54/65+	16%/23%/34%	
% of men aged 50+ experiencing recurrent falls	8.4%	
% of women aged 50+ experiencing recurrent falls	9.2%	
% of men aged 50+ living with high blood pressure	36.5%	
% of women aged 50+ living with high blood pressure	39.1%	
% of men aged 50+ living with type 2 diabetes	10.9%	
% of women aged 50+ living with type 2 diabetes	6.9%	

Healthy Eating and Active Living Programme Implementation Plan 2017-2020

The Implementation Plan sets out priority actions and mechanisms for delivering these, as well as expected outputs over the period 2017-2020 as agreed by the National Implementation Group.

Actions within the Implementation Plan are categorised across 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* across health services.

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 services for treatment of obesity in children and adults.

The Healthy Ireland plans at Hospital Group and Community Health Organisation level are the vehicle for translating national priorities into local commitment and actions.



Theme 1:

Provide leadership for the implementation of Healthy Weight for Ireland: Obesity Policy and Action Plan and Get Ireland Active: National Physical Activity Plan

	Action identified	Proposal for "HOW" this will be met	Deliverables	Responsible	Timeframe Commence Complete	
1	Lead and quality assure input to National Service Plan and annual Operating Plans as relate to programme agenda <i>NSP – National Service Plan</i>	National Implementation Group identify priorities for NSP and Operating Plans Programme Team support and Working Group members to negotiate and secure commitment Programme Team work with Strategic Planning and Transformation Division to review and quality assure NSP and Operating Plans	Programme priority actions included in NSP and Operating Plans as appropriate	Programme Team	2016	Annual - 2020
2	Co-ordinate costing exercise to ensure resource implications of developments across Health Service, Hospital Groups and CHOs to implement priority actions are crystallised and communicated to Senior Management <i>CHOs – Community Health Organisations</i>	Work with operational lines, Performance & Planning and Healthcare Pricing Office to identify resource requirement and prepare 3-year cost models for service developments	Business case and estimates papers	Programme Team	2017	Annual - 2020
3	Develop a suite of Key Performance Indicators to: a) monitor impact of HSE delivered or funded interventions, programmes and services b) monitor delivery of Implementation Plan <i>KPIs – Key Performance Indicators</i>	Programme Team convene and lead Working Group Identify priority elements of Implementation Plan that require monitoring and reporting Review existing metrics Programme Team work with operational lines and Performance & Planning to develop metadata, collection and reporting processes	Suite of KPIs identified KPI review and monitoring a standing item on National Implementation Group agenda Agreed KPIs in annual NSP and Operating Plans	Programme Team Performance & Planning, CHOs and Hospital Groups	2017 2017	2018 Annual - 2020

	Action identified	Proposal for "HOW" this will be met	Deliverables	Responsible	Timeframe Commence Complete	
4	Implement a research and knowledge management plan that provides for:	Map what currently exists or is in development and identify critical gaps	3-year action plan to deliver on priorities agreed and implemented, including: publication of commissioned research, practice and policy guidance and intervention evaluations published	Health Intelligence with Programme Team and external partners	2017	2019
	a) contributing to the development of national surveillance systems* for both nutrition and physical activity	Identify priority areas for focus/action – collaborate with other Policy Priority Programmes			2019	2020
	b) generation of knowledge and evidence that informs translation to, and development of, effective interventions	Identify most appropriate mechanism for progressing such as partnerships, commissioning, funding applications				
	c) generation of data to support monitoring, planning and service provision	Ensure appropriate consultation with external stakeholders				
		Leverage HSE funded academic partnerships (such as National Nutrition Surveillance Centre, CROÍ)				
		Contribute to DoH-led work to develop evidence based policies and guidance	Evidence based guidance published for: healthy eating (general population, under-5's and nutrition standards for health services) planning and built environment sedentary behaviour physical activity (under-5's and weight management)	Department of Health with support from Programme Team	2017	2020
	* led by DoH					

2

Theme 2:

Mobilise the public and stakeholders to promote behaviour change for healthy lifestyles with a focus on healthy eating and active living

	Action identified	Proposal for "HOW" this will be met	Deliverables	Responsible	Timeframe		
					Commence	Complete	
5	Implement a communications strategy that provides for: a) building capacity of health service to be a public voice on health enhancing physical activity, healthy eating and weight management b) planning, development and execution of evidence based social marketing campaigns to stimulate behaviour change – incorporating activation for health service staff	Establish Communications Project Team	'Active for Health' stakeholder network established	Programme Team with Communications Project Team	2019	2020	
		Scope communications strategy, including commissioning of research and stakeholder analysis	Social marketing campaign launched – START		2017	2020	
		Scope and develop communications tools and resources required	Activation of campaign messages for health service staff and key stakeholders	CHO Heads of H&WB and Hospital Groups HI Leads	2017	2020	
		Prepare and deliver 3-year communications and campaign plan	Content integrated into relevant sections of hse.ie content architecture	Programme Team with Digital Team	2018	2019	
		Work with Digital Team to align purpose and function of getirelandactive.ie with HSE digital strategy and Programme communications strategy			Programme Team with external partners	2017	2020
		Generate new content as required			CHO Heads of H&WB and Hospital Groups HI Leads, HP&I	2018	2020
<i>HP&I – Health Promotion & Improvement</i> <i>HI – Healthy Ireland</i> <i>H&WB – Health and Wellbeing</i>							
6	Strengthen and align partnerships and funding (Section 38/39) to support delivery of priority actions and targets across areas of physical activity, healthy eating and weight management	Review existing partnership and Section 39 funding arrangements, identify key objectives, targets and goals to align to programme priorities	Partnership structures to support effective working with LSPs and Sport Ireland established	Programme Team, internal stakeholders and external partners	2017	2018	
		Collect and monitor key performance metrics	Capacity to report on activity, impact and outcomes strengthened		NHC&CN Co-ordinator with Programme Team and external partners	2019	2020
		Work with National Healthy Cities and Counties Network Co-ordinator to support and demonstrate implementation of Get Ireland Active and Healthy Weight for Ireland at local level	Consultation with key stakeholders undertaken	Programme Team and relevant external partners	2018	2020	
<i>LSPs – Local Sports Partnerships</i> <i>NHC&CN – National Healthy Cities and Counties Network</i>	Scope potential for integrating programme objectives/ deliverables into all Section 38/39 funding arrangements						

	Action identified	Proposal for "HOW" this will be met	Deliverables	Responsible	Timeframe Commence Complete	
7	Work with DES/DCYA via HI partnership arrangements to strengthen capacity of early education, schools and colleges sector to implement a 'whole-school' approach to healthy eating and physical activity	Programme Team an active member of HSE Education Advisory Group	DES supported to provide healthy food policy, physical activity and healthy lifestyle promotion training to schools and development of SPHE/ Wellbeing resources	Education Lead	2017	2020
		Work with Education Lead to develop and deliver evidence based resources, training and programmes	HSE (or HSE funded agency delivered) healthy lifestyle - incorporating nutrition/physical activity/wellbeing - programmes identified and reported on	Programme Team	2018	2020
		Support DSP and DES to assess the impact of Minimum Nutrition Standards for School Meals	Healthy lifestyle training for early years childcare and education providers delivered	Education Lead, Healthy Childhood Programme with external partners	2018	2020
		Contribute to research initiative HI Demonstrator Project for schools	Support the development and delivery of 3rd Level Healthy Campus Initiative	Education Lead	2018	2020
			Baseline assessment complete Data collection for comparison commenced	Programme Team with NNSC	2017	2018
	Participate in Steering Group	Programme Team	2018	2020		
<p><i>DES – Dept of Education and Skills</i> <i>DCYA – Dept of Children & Youth Affairs</i> <i>DSP – Dept of Social Protection</i> <i>NNSC – National Nutrition Surveillance Centre</i></p>						
8*	Strengthen capacity to deliver effective community based health promotion programmes that promote healthy lifestyles targeting high-risk, disadvantaged areas and families working with partners such as CYPSCs, LCDCs, Area Partnerships, LSPs, GAA-Healthy Clubs, parkrun, Get Ireland Walking	Develop evidence informed guidance and training for implementation of community based health promotion programmes	Guidance published and promoted	HP&I nationally	2019	2020
			Training delivered to support capacity of community based organisations and to develop and deliver community based health promotion programmes	HP&I nationally with CHO Heads of Health & Wellbeing	2019	2020
			Outcomes monitoring and reporting framework established			
	Develop and implement a plan to scale Men-on-the-Move programme nationally	Men-on-the-Move programme available in each LSP area	Programme Team with CHO Heads of Health & Wellbeing and external partners	2017	2020	
	Standardise outcomes and delivery mechanism for Community Cooking programmes and implement a plan to scale nationally	Community Cooking programmes delivered in each CYPSC area				
<p><i>CYPSCs – Children and Young People Services Committees</i> <i>LCDCs – Local Community Development Committees</i></p>						

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Theme 3:

Mobilise the health service to promote healthy eating and active living

	Action identified	Proposal for "HOW" this will be met	Deliverables	Responsible	Timeframe Commence Complete	
9	Support service users to make lifestyle changes in relation to healthy eating and physical activity by implementing the <i>Making Every Contact Count</i> framework	Support the implementation of the <i>Making Every Contact Count</i> framework by: active participation in framework implementation group and working groups; providing behaviour change support tools and resources for physical activity and healthy eating; integrating and monitoring KPIs for framework in the programme suite of metrics; and advocating for and championing framework and its implementation across the health service	Health professionals trained to deliver brief interventions for physical activity and healthy eating	MECC Implementation Project Team, CHO Heads of Health and Wellbeing, Hospital Group HI Leads	2017	2020
			Service users engaged in brief interventions for physical activity and healthy eating			
			Behaviour change support resources available	Programme Team	2017	2020
			Physical activity and healthy eating modules incorporated into Chronic Disease Prevention module for all undergrad/postgrad health professional courses	Integrated Care Chronic Disease Prevention Programme	2017	2018
			Risk factor recording integrated into HIPE, GP and Patient Management systems	Integrated Care Chronic Disease Prevention Programme	2017	2020
	<i>MECC – Making Every Contact Count</i>					
10	Support staff health and wellbeing by implementing Healthier Vending and Calorie Posting policies across the health services	Provide information, training, support and self-audit tools Work with HBS to monitor and enforce compliance of vending contractors with terms of framework contract Evaluate implementation of policies	Calorie Posting policy implemented in all sites	Hospital Group HI Leads, CHO Heads of Health and Wellbeing, Programme Team	2017	2020
			Healthier Vending policy implemented in all sites			
			Healthier Vending compliance report(s) published			
			Calorie Posting research project complete		2017	2020
	<i>HBS – Health Business Services</i>					

	Action identified	Proposal for "HOW" this will be met	Deliverables	Responsible	Timeframe Commence Complete	
11	Ensure patients and service users receive appropriate food, nutrition and hydration care in our hospitals	Acute Hospitals Division focus - establish working group, draft Hospital Food Policy, consult with stakeholders, develop toolkit and resources to support implementation and communication plan	All hospitals (acute) with Nutrition Steering Committee Hospital Food Policy implemented in all acute hospital sites	Hospital Group HI Leads	2017	2020
		Clinical Guideline on Identification and Management of Malnutrition (Project Dietitian and Expert Group) - draft guideline, engage with DoH NCEC, communicate guideline to hospitals and service providers	Clinical Guideline implemented by all hospitals and service providers	Hospital Groups and Community Health Organisations	2017	2020
		Social Care (Older peoples/ Disability) Mental Health – review Hospital Food Policy (Acutes), adapt for implementation in their areas of responsibility	Healthy Food and Nutrition policy for Social Care (Older peoples/Disability) and Mental Health services and settings implemented	CHO Social Care and Mental Health Heads of Service	2019	2020
<i>DoH NCEC – Department of Health National Clinical Excellence Committee</i>						
12	Integrate initiatives that support and promote healthy lifestyles in the workplace into local health service staff health and wellbeing plans	Establish baseline of participation in Smarter Travel, Active@Work, HappyHeart@Work and similar initiatives within each CHO / Hospital Group	Annual increase in the number of health service workplaces participating in healthy lifestyle initiatives	Hospital Group HI Leads and CHO Heads of Health and Wellbeing	2018	2020
		Provide information, guidance, training and support for workplaces to engage in and develop healthy workplace initiatives		Workplace Health & Wellbeing Unit		
		Develop, pilot and evaluate staff initiative – Steps to Health challenge		Programme Team with internal partners		

	Action identified	Proposal for "HOW" this will be met	Deliverables	Responsible	Timeframe	
					Commence	Complete
13*	Increase the opportunities for people with chronic disease to integrate physical activity into their plan of care in conjunction with the implementation of <i>Making Every Contact Count</i> and <i>Self-Management Support</i> frameworks	Assess organisational readiness to implement and prioritise actions to strengthen capacity to deliver evidence based exercise programmes		Programme Team and Working Group	2016	2019
		Develop a target operating model to pilot a 'structured exercise referral programme' integrated with <i>Making Every Contact Count</i> and <i>Self-Management Support</i> frameworks	Target operating model developed		2020	-
		Secure funding for pilot and evaluation	Pilot commenced			
15	Support mental health, disability and older peoples service providers to promote physical activity and healthy eating for service users	Work with Divisions to establish baseline of current activity	Guidelines for Mental Health Services published	Divisions with support from Programme Team	2017	2018
		Review evidence and work with Divisions to develop guidelines, support resources and training for service providers	Guidelines for Older Peoples Services published		2019	2020
			Guidelines for Disability Services published		2019	2020
		Develop, deliver, monitor and report on training programmes for service providers	carePALs training for care staff in conjunction with Go for Life	CHO Heads of Health and Wellbeing	2017	2020
	Education and Awareness Programme in conjunction with CARA	Organisations and external partners with support from Programme Team	2017	2020		
	Community Cooking programmes delivered in Mental Health and Disability Services	CHO Heads of Service	2018	2020		

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Theme 4:

Strengthen capacity to prevent childhood obesity

	Action identified	Proposal for "HOW" this will be met	Deliverables	Responsible	Timeframe Commence Complete	
16*	Increase the numbers of children who are breastfed from birth to six-months	Work with the Healthy Childhood Programme to support the implementation of National Breastfeeding Action Plan Programme Team actively contribute to and work with Implementation Group	Implementation Group established Review and standardisation of breastfeeding training for staff in conjunction with NURTURE programme Increase in health service and community supports to enable mothers breastfeed Increase in breastfeeding initiation and duration rates	Healthy Childhood Programme & National Breastfeeding Co-ordinator	2017	-
17*	Build the capacity of families, communities and service providers to promote and support children to achieve and maintain a healthy weight as they grow	Working Group, jointly with Healthy Childhood Programme, to document evidence based framework and action plan Identify and cost resource, infrastructure and training requirements to implement framework Prioritise actions and prepare Implementation Plan	Framework documented Implementation Plan and resource plan prepared	Programme Team with Healthy Childhood Programme	2016 2018	2018 2019
		Embed framework into CHO child health and primary care operations	Priority actions embedded in delivery of child health and primary care operations	CHO Heads of H&WB, Primary Care	2018	2020
		Develop partnerships with key external stakeholders to embed framework in their work	Partnerships established with external stakeholders to deliver on elements of the framework	safefood, TUSLA, HI Council and other external stakeholders	2018	2020
18*	Build the capacity of GPs and Primary Care Teams to enable families support children to achieve and maintain a healthy weight as they grow <i>PCRS – Primary Care Reimbursement Scheme</i>	Work with Primary Care Division, Healthy Childhood Programme and Integrated Care Programme for Paediatrics to embed promotion of healthy lifestyles and growth monitoring in GP contractual arrangements	Routine monitoring of childhood BMI and delivery of brief intervention to parents integrated into contractual arrangements	Programme Team	2017	2020
		Work with PCRS to collate and analyse data on delivery of H&WB checks under GP contract	Baseline established of delivery of H&WB checks and BMI measurement at age 2 & 5 years under GP U-6 contract	Programme Team	2018	2020

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Theme 5:

Provide effective treatment services for overweight and obesity in children and adults

	Action identified	Proposal for "HOW" this will be met	Deliverables	Responsible	Timeframe Commence Complete	
19	<p>Ensure effective clinical leadership and governance for the development and management of treatment services for overweight and obesity in children and adults</p> <p><i>RCPI – Royal College of Physicians Ireland</i></p>	<p>Appoint a Clinical Lead for Obesity - secure funding, recruit in accordance with HSE and RCPI policy</p>	<p>Clinical Lead and support staff appointed</p> <p>Clinical Advisory Group established</p>	Programme Team	2017	2018
20*	<p>Increase understanding of the clinical and cost effectiveness of existing lifestyle programmes</p>	<p>Provide the Croí CLANN programme.</p> <p>Carry out clinical and cost-effectiveness review. Share results with relevant stakeholders.</p>	<p>400 patients offered Croí CLANN programme per annum 2017-2020</p> <p>Clinical and cost effectiveness review complete. Results used to inform actions 21 and 22</p>	SAOLTA Hospital Group with Croí and Programme Team	2017	2020

	Action identified	Proposal for "HOW" this will be met	Deliverables	Responsible	Timeframe Commence Complete	
21*	<p>Plan and commence implementation of an integrated National Model of Care across primary care, acute care, social care, mental health for adults and children. Increase access to structured evidence based clinical and cost-effective services including:</p> <ul style="list-style-type: none"> • talking therapy • medical management, including pharmacotherapy • surgery • maintenance • preventative approaches within the clinical space eg. Diabetes, Maternal Health 	<p>Stakeholder consultation</p> <p>Identify and prioritise service developments in line with the National Obesity Programme vision, aim and objectives</p> <p>Identify "AS IS" Review evidence and develop "SHOULD LOOK LIKE"</p> <p>Agree safe and reasonable Care Pathways</p> <p>Make case for change or business as usual</p> <p>Initiate and facilitate service development projects to develop Care Pathways / Model of Care, improving access, quality and value. Agree local project management support. Secure additional resource as required</p> <p>Support sectors and services to implement Care Pathways / Model of Care</p> <p>Support optimisation of the Care Pathways / Model of Care</p> <p>Continuous monitoring of results and evaluate the impact. Adjust accordingly supported by ICT enablers & Informatic support.</p>	<p>Stakeholder register</p> <p>Clinical Advisory Group: provide governance and quality assurance</p> <p>Outline of current provision Blueprint / vision</p> <p>Outline Care Pathways / Model of Care</p> <p>Business Cases</p> <p>Practice based evidence</p> <p>Roll out of practice based evidence in controlled and resourced environments</p> <p>Big Data</p>	<p>Clinical Lead with National Divisions, CHOs and Hospital Groups and Department of Health</p>	<p>2017</p> <p>2018</p> <p>2018</p>	<p>2018</p> <p>2019</p> <p>2020</p>
22	<p>Agree roles and responsibilities, knowledge and skills required by all health care professionals to support the implementation of the Care Pathways and Model of Care</p>	<p>Gain an understanding of what competencies are required and what currently exists - establish training needs</p> <p>Work with education providers to develop training models / integrate training into existing programmes or courses</p>	<p>Knowledge & Skills Framework</p> <p>Competency-based education programme including standardised supervised practice</p>	<p>Clinical Lead with Clinical Advisory Group; Working Groups; Task-Finish Groups; Education Providers; Professional Bodies</p>	<p>2017</p>	<p>2020</p>

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Appendix 1

Programme Team (end 2017)

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Physical activity policy and support	Dr. Ailis Brosnan
Knowledge management support	Dr. Catherine Hayes
Public health policy and research support	Dr. Bernadette O'Keefe
Communications support	Sheila Caulfield / Norma Deasy

National Implementation Group membership

Role	Name
Chairperson	Sarah O'Brien
Acute Hospitals Division	Carmel Beirne
Primary Care Division	Barbara Bolger
Mental Health Division	Dr. Eddie Murphy
Social Care Division – Older Peoples services	Roisin Maguire
Social Care Division – Disability services	Anne Melly / Martina Lanigan
Communications Division	Norma Deasy
Health Promotion & Improvement	Dr. Cate Hartigan
Environmental Health	Ann Marie Part
Public Health and Child Health	Dr. Kevin Kelleher
Health Business Services	Gerry Brennan
Clinical Lead	Professor Donal O'Shea
CHO Head of Health & Wellbeing	Siobhan Fitzpatrick
Hospital Group Healthy Ireland Lead	Helen Stokes
Healthy Ireland lead	Sarah McCormack

