Northern Obesity Partnership

Stakeholder Workshop: 5th February 2016

Executive Summary Report
## Contents

<table>
<thead>
<tr>
<th>Contents</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>3</td>
</tr>
<tr>
<td>Context</td>
<td>4</td>
</tr>
<tr>
<td>Overview of the Event</td>
<td>9</td>
</tr>
<tr>
<td>Feedback from Roundtable Discussions</td>
<td>10</td>
</tr>
<tr>
<td>Evaluation of the Stakeholder Event</td>
<td>17</td>
</tr>
<tr>
<td>Comment</td>
<td>19</td>
</tr>
<tr>
<td>Appendix</td>
<td></td>
</tr>
<tr>
<td>Northern Obesity Partnership Stakeholder Event Programme</td>
<td>22</td>
</tr>
</tbody>
</table>
Introduction

The Northern Obesity Partnership (NOP) is a multi-sector and multi-disciplinary group. It is responsible for local delivery and outcomes of the regional Fitter Futures for All Framework for Preventing and Addressing Overweight and Obesity in Northern Ireland 2012 -2022 (DHSSPS 2012).

The overall aim of the Northern Obesity Partnership Stakeholder Workshop was to host an information sharing and planning workshop to identify:

- areas of current good practice within the field of overweight and obesity
- key priorities for the Northern Area

Furthermore, the scheduling of the Workshop was timed to provide an opportunity for stakeholders to have an input into and to shape the priorities and outcomes of the Northern Obesity Partnership action plan. Participants were made aware before and during the Workshop that information collated at the event will be used to inform development of the subsequent 2016/17 NOP action plan for the Northern Area.

The NOP Stakeholder Workshop programme was widely circulated; highlighting that discussion would be relevant to both strategic planning and delivery of services and initiatives. It was suggested that the Workshop would be of interest to those working in obesity related areas such as nutrition, physical activity, breastfeeding and oral health; and those working within education, local council, community and voluntary sectors.

The invitation emphasised that “those attending this workshop should come prepared to share and explore existing knowledge of current practice, challenges and potential for innovation in working together to address overweight/obesity within the Northern Area”.

This report presents an overview of the Northern Obesity Partnership Workshop, placing it within the current context of overweight and obesity; highlights from the Round Table discussions; and the data analysis from the Evaluation Questionnaire.
Context

Obesity: an overview

The accepted definition of obesity in adults is when the Body Mass Index exceeds 30 (BMI - is calculated by dividing weight (in kg) by the square of height (in metres)). The guidelines given by the National Institute for Health and Care Excellence (NICE) in relation to the classification of overweight or obesity in adults are shown in the table below.

<table>
<thead>
<tr>
<th>Classification</th>
<th>BMI(kg/m²)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy weight</td>
<td>18.5 – 24.9</td>
</tr>
<tr>
<td>Overweight</td>
<td>25 – 29.9</td>
</tr>
<tr>
<td>Obesity I</td>
<td>30 – 34.9</td>
</tr>
<tr>
<td>Obesity II</td>
<td>35 – 39.9</td>
</tr>
<tr>
<td>Obesity III</td>
<td>40 or more</td>
</tr>
</tbody>
</table>

Risk factors in relation to a range of detrimental health impacts increase for obese adults. These include for example:

- Heart disease and stroke
- Type II diabetes
- Hypertension
- Metabolic syndrome
- Gall bladder disease
- Osteoarthritis
- Some cancers
- Sleep apnoea
- Breathing problems
- Liver dysfunction
- Lower back pain
- Complications during pregnancy
- Mental health issues.

For children, BMI is calculated using the same formula as adults, but is classified using BMI centile. The BMI centile measurements relate to age and gender of children and young people aged two to twenty years old\(^1\); the table below shows classifications using the BMI centiles.

<table>
<thead>
<tr>
<th>Classification</th>
<th>BMI Centile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy weight</td>
<td>Falling on or between the 2(^{nd}) to 91(^{st}) centiles</td>
</tr>
<tr>
<td>Overweight</td>
<td>Falling on or between the 91(^{st}) to 98(^{th}) centiles</td>
</tr>
<tr>
<td>Obese</td>
<td>Greater than or equal to the 98(^{th}) centile</td>
</tr>
</tbody>
</table>

\(^1\)http://www.rcpch.ac.uk/system/files/protected/page/GIRLS%20and%20BOYS%20BMI%20CHART.pdf
Being overweight or obese has a significant impact on children, both whilst they are young and in older life. This includes:

- Affecting child’s growth, physical, social and emotional development
- Increased risk of heart disease, high blood pressure, cholesterol and blood sugar
- Social and psychological bullying, low self-esteem, depression
- An obese or overweight child is more likely to take this into adulthood contributing to the transgenerational cycle of obesity.
- Higher risk of early death than those who only become obese in adulthood.

The findings of the Health Survey Northern Ireland 2014/15\(^2\) show that a quarter of all adults (25\%) in Northern Ireland were obese with a further two-fifths (35\%) classed as overweight. Males were more likely than females to be overweight or obese. The proportion of adults classed as overweight or obese increased from the level reported in 1997 (56\%), although it has remained at a relatively constant level since 2005/06. In the 2014/15 Health Survey three-quarters of children aged 2-15 years old were classed as either normal weight or underweight, while 21\% were classed as overweight and 7\% were classed as obese.

In 2015 there were 43,747 patients aged over sixteen years old across the Northern Trust area on the Obesity Register\(^3\). The NHSCT area has the second highest prevalence per 1000 patients across Northern Ireland. Similarly, children in P1 (aged four to five years old) living in the Northern LCG have the second highest prevalence of obesity in Northern Ireland. 14\% of pupils in Year 8 (aged eleven to twelve years old) in the Northern Trust area are obese; this is almost twice the NI average (7.64\%); although less than half the NI average are overweight (10\% in comparison to 21.76\%)\(^4\). These and more detailed statistics were presented at the NOP Workshop (see presentations circulated after the Workshop by the NOP Coordinator).

The Fitter Futures for All Framework

The Fitter Futures for All Framework\(^5\) highlights that obesity continues to be one of the most important public health challenges across Northern Ireland. The Framework directs outcomes in relation to overweight and obesity through three life courses:

1. Pre-conception, antenatal, maternal and early years
2. Children and young people
3. Adults and general population

---

\(^2\) ‘Health Survey Northern Ireland: First Results 2013/14’ report, Department of Health, Social Services and Public Safety, January 2014

\(^3\) NINAS: Disease Prevalence (Quality Outcomes Framework) (administrative geographies) 2007-2015


The Fitter Future For All Obesity Framework notes that a complex range of factors underpin energy intake and expenditure (weight gain is the result of energy imbalance), and that many wider determinants of poor health such as health inequalities, poverty, mental health, deprivation, and structural barriers also impact on obesity. The Framework aims to “empower the population of Northern Ireland to make healthy choices, reduce the risk of overweight and obesity related diseases and improve health and wellbeing, by creating an environment that supports and promotes a physically active lifestyle and a healthy diet”.

The Framework emphasises the importance of all the inter-connected and related factors involved in obesity and aims to address the issue of overweight and obesity through a co-ordinated integrated and cross-sectoral approach. If overweight and obesity is to be tackled effectively it requires commitment through public, voluntary, community and private sectors.

The Fitter Future for All objectives are to increase the percentage of people eating a healthy, nutritionally balanced diet, and to increase the percentage of the population meeting the Chief Medical Officers guidelines on physical activity. Targets have been set to reduce levels of obesity by 4% in adults and 3% in children by 2022. Improving diet and nutrition and increasing participation in physical activity are the two main preventative approaches identified in the Framework. Start Active, Stay Active is a UK-wide report with guidelines on the volume, frequency, and type of activity required to achieve general health benefits.

The Fitter Future for All Framework notes that there is a need not only for a population based approach, but also to complement this by targeting actions and interventions for groups with proportionately high rates of overweight and obesity specifically people in lower socio-economic groups living in areas of deprivation. It notes that interventions aimed at young children and pregnant women may have a significantly higher impact, but that services need to be what the communities want and need.

World Health Organisation research shows that rates of obesity tend to rise in association with increasing social disadvantage in developed countries, including Northern Ireland. One in four of the adult population in Northern Ireland is obese; and almost two-thirds (60%) of the adult population is overweight or obese.


Making Life Better is a ten year public health strategic framework which provides direction for policies and actions to improve the health and wellbeing of people in Northern Ireland.

---


This 10 year public health strategy framework provides direction for policies and actions to improve health and wellbeing of the people of Northern Ireland. The framework builds on the Investing for health strategy (2002/12) and retains a focus on the broad range of social, economic and environmental factors which influence health and wellbeing. It brings together actions at government level and provides direction for implementation at regional and local level.

Through strengthened co-ordination and partnership working in a whole system approach, the framework seeks to create a vision for Northern Ireland where “All people are enabled and supported in achieving their full health and wellbeing potential. The aims are to achieve better health and wellbeing for everyone and reduce inequalities in health”

The framework are structured around the following themes

1. Giving Every Child the Best Start
2. Equipped Throughout Life
3. Empowering Healthy Living
4. Creating the Conditions
5. Empowering Communities
6. Developing Collaboration

The Northern Obesity Partnership

The Northern Obesity Partnership (NOP) is a multi-sector and multi-disciplinary group responsible for the local delivery of the regional strategy: Fitter Futures for All - Preventing and Addressing Overweight and Obesity in Northern Ireland 2012 -2022.

Funded by the Public Health Agency, the Northern Obesity Partnership is supported by partners including the Northern Health and Social Care Trust, local government from across the Northern area, the Education Authority, British Heart Foundation, Networks Involving Communities in Health Improvement (NICHI), The Northern Childcare Partnership, and the Public Health Agency.

At the heart of the Northern Obesity Partnership approach is the ‘networking’ or joining up of the range of existing services and activities relevant to obesity prevention and reduction. Organisations and groups are supported to work together, have better access to information on effective approaches, and promote best practice. The Northern Obesity Partnership is supported by a dedicated Coordinator and a programme budget; partners meet four times a year.

Core to the work of the Northern Obesity Partnership is:

- Improving the health and wellbeing of the population through prevention and management of obesity
- Identifying and implementing the best methods of engagement between and across
stakeholders in order to ensure the best quality of service provision
• Working across all settings: community, schools, workplaces and health and care places.

Working in Partnership

Partnership working is becoming increasingly accepted as the most effective way to tackle health issues and health inequalities.

The Marmot Review highlighted the need for ‘coproduction’ and collaboration between the public, community, voluntary and private sectors to challenge existing structures, and build mutual reliance and respect in addressing social determinants of health inequalities. One of the key messages on challenging health inequalities in the Marmot Review is that “effective local delivery requires effective participatory decision-making at local level. This can only happen by empowering individuals and local communities”. The asset approach promotes well-being by building social capital, facilitating face-to-face community networks, encouraging civic participation and citizen power. A community asset approach values the capacity, skills, knowledge, connections and potential in a community; and relies on community knowledge and engagement. It also, as a consequence, considers a more effective use of (limited) resources.

The Transforming Your Care policy document includes the word ‘partnership’ eighty-two times; recognising that health inequalities and health issues cannot be addressed by one body working in isolation.

The National Institute for Health and Clinical Excellence (NICE) Guidance on Community Engagement to improve health (PH9, 2009) emphasises how active communities can have a positive impact on health outcomes by improving services and influencing the governance of health services.

---

Overview of the event

The Northern Obesity Partnership Stakeholder Workshop took place on the 5th February 2016.

The Director of Mental Health, Learning Disability and Community Wellbeing opened the workshop. The opening remarks presented by the Director provided a wider context for the workshop. He noted:

- Health and social care is an issue for Health Trusts, Councils, education, and the community and voluntary sector; which is why a partnership approach is needed across all services.
- The cost of obesity to the UK Government is £47 billion (which is twice the cost of alcohol abuse). A later presentation by the NOP Coordinator showed that the direct and indirect costs of obesity in 2009 across Northern Ireland was in excess of £3.5 billion\(^\text{10}\).
- The importance of being able to access health and social care awareness, early intervention, and prevention is the responsibility for the whole of society.
- Partnership needs skills, resources, and creativity: putting these into the mix along with conversations and good ideas should lead to opportunities. There is no one good idea; a number of approaches will be needed to meet need and address the rise in overweight and obesity.

The programme had three key elements:

- An overview of statistics and facts about obesity, and in particular data analysis pertaining to the Northern Health and Social Care Trust (NHSCT) area. Later in the programme this was linked to Public Health Agency priorities and perspectives.
- Effective models of partnership working; which included examples of programmes and interventions addressing obesity through awareness raising, early intervention, and prevention. This included a service user’s perspective.
- Round Table discussions, inviting the participants to consider a series of questions; and bearing in mind that the information collated through these discussions will help to inform the Northern Obesity Partnership Action Plan for 2016 – 2017.

The programme is given in full in the Appendix.

All the presentations have been circulated to those who attended the Event; as such they are not included in this Report. The Report focuses on presenting the feedback from the ten Round Table discussions. Participants were invited to discuss five questions. Within the first three topics they were asked to highlight three priorities and one ‘out of the box’ idea. In addition the Report presents the data analysis from the Evaluation Questionnaire, which was completed and returned by 80 participants.

\(^{10}\) Safefood: The cost of overweight and obesity on the Island of Ireland 2009
ROUND TABLE DISCUSSION 1:
What is currently working well and could be extended within the Northern Area?

Feedback from the Round Table discussions extended beyond the brief of the original question and could be easily categorised within one of three themes:

1. Examples of programmes and interventions that participants feel are working well:

A wide range of regional and local initiatives were highlighted including:
- Weigh to Healthy Pregnancy
- Heart Health Programme for people with learning difficulties
- Physical Activity Referral Scheme
- Farm Families.
- Walking for Health groups
- Cook It!
- Tele-monitoring
- Early Movers Programme
- Rural community projects, for example the Tirgan Community Association.
- Park runs

2. Opportunities to adapt and transfer initiatives and good practice models:
Hearty Lives Projects and Sure Start models were identified as models of good practice within the Northern area

3. Needs and gaps
The responses that can be categorised as needs and gaps can be further subdivided four areas: schools, target groups, approaches, and the Physical Activity Referral Scheme.

Schools
Engagement with schools was widely discussed in relation to supporting them to identify and progress good quality evidence based programmes focused on physical activity and healthy eating. These programmes should be aimed at pupils, parents and staff.

Target groups
The following groups were identified through the discussions
- Long-term unemployed
- Men
- People with mental health problems
- Early Years / pre-school children
- Parents
- Pre-conception women
Approaches
- Follow up
- Early interventions
- Prevention
- Community development approach
- Sustainability & capacity building through a training the trainer approach
- Clear, consistent, simple messages
- Signposting
- Raise awareness/educate

Physical Activity Referral Scheme (PARS)
There was some discussing around the disparity of charging for the Referral Scheme across the area, the need to include clear exit strategies to meet individual need and extending the list of referrers to Dietitians.

Note: PARS was referred to by some participants as the GP Referral Scheme or the Exercise Referral Scheme.
ROUNDTABLE DISCUSSION 2:
What are the priorities for tackling overweight and obesity in the Northern area?

There was much discussion at each of the tables regarding priority groups and approaches that could be adopted. Feedback from the table discussions can be summarised within the following themes:

1. **Schools**
   Discussions were mainly directed at supporting to schools to provide clear and consistent messages and programmes focussed on nutrition and physical activity. Targeting pupils and parents.

2. **Early Years**
   The importance of early intervention right from birth was a recurring theme, highlighting the need for simple information and guidance for key ages and stages such as weaning.

3. **People with mental health problems**
   This group was discussed with regard to working with those with mental health problems both within trust services and community and including the professionals that engage with them.

4. **Preventative initiatives**
   Early intervention, preconception, antenatal, working with families and communities were all highlighted as priorities for action.

5. **Approaches**
   The approaches outlined within the discussions for this question emulate the summarised responses for Question 1 (See above)
ROUNDTABLE DISCUSSION 3:
How can your organisation support the Northern Obesity Partnership to tackle obesity in the Northern area?

Feedback in response to the third question about support for the Northern Obesity Partnership to tackle obesity in the Northern Area provided a long list of activities and ideas which replicated responses to both question one and two. These can be summarised into the following categories:

1. **Suggestions about specific organisations or initiatives**
   The responses in this category reflect the shared belief that cross sectoral partnership working is the key to tackling obesity within the Northern area and that no one organisation is responsible. A number of organisations also showed a keen interest to work with the Northern Obesity Partnership which will be followed up.
   Again a range of local initiatives were identified for joining up and targeting of interventions for example:
   - Family Health Initiative
   - Sure Start
   - Farm Families

2. **Resources**
   A number of resources for further exploration to identify best practice were highlighted as being currently available or in development, for example
   - An Early Years Toolkit developed by Hearty Lives Carrickfergus to support the delivery of key health messages for under 4’s within the parent and toddler setting
   - Early Movers programme

3. **Training**
   Training was identified as an important piece of the puzzle in tackling obesity. The Northern Obesity Partnership was also considered to be central to the identification and promotion of relevant and evidence based training opportunities. It was recognised that a train the trainer approach was necessary for both capacity building and sustainability of programmes. The themes of how to identify both adults and children who are at risk and how to raise the issue of obesity were recognised as a training need by all the groups.

4. **Approaches**
   The approaches outlined within the discussions for this question emulate the summarised responses for Question 1 (See above)
Creative Thinking

As part of the response to each of the proposed questions, table facilitators were asked to encourage the group to come up with creative and innovative ideas to address the question.

The range of responses proposed some similar ideas and themes that have been addressed with the previous sections. Some of the remaining ideas included:

• A teacher in Scotland has the class walk or run a mile every day: this breaks up the school day and children enjoy it. It also provides a key learning opportunity, supports physical and emotional wellbeing, aids concentration, and is a no cost / low cost option
• Keep on top of trending apps (social media) and new ideas - to encourage, support, and motivate people to choose to eat well, exercise, and make healthier lifestyle changes that allow people to apply these strategies into daily life
• Workplaces could support ‘wellbeing activities’; cycle to work initiatives; access to health checks
• Linkages to community planning
• ‘In Your Back Yard: i.e. look at nutrition and diet in hospitals, Leisure Centres, and Wellbeing Clinics; including items sold in vending machines
• Community Health Champions
• Work with the private sector and retailers
• Involve creative arts and drama to promote healthy messages
• User friendly information for clients – for example ‘infographic’
• The feedback from one table proposed a ‘Community Motivator’ model; which includes taking referrals from GPs and others; reviewing medication; availability to refer to psychological support and/or dietitians; home visits; and then linking individuals into support groups delivering programmes such as cooking and walking groups
ROUNDTABLE DISCUSSION 4:
What have you learnt today?

Feedback about what the participants felt they had learnt tended to fall within one of five categories:

1. **Statistics and facts**
   There was a general consensus that people were firstly of the range of complex themes within obesity and secondly the scale of the obesity problem with particular and frequent reference to the levels of overweight and obesity within Year 1 and Year 8 pupils.

2. **Programmes and interventions**
   A number comments focused on a general lack of awareness about the number of programmes that are available to support people who are overweight or obese; and that people felt more informed through the Event presentations and conversations. As one table said “There is a lot going on; if we don’t know about it how would those most in need know?”

3. **Partnership**
   There was a reflection on the need to improve partnership working, coordination of activities, communication, information and resource sharing across all sectors in order to address obesity within the Northern Area.

4. **Possible Action for the Northern Obesity Partnership**
   There was a general consensus that the Northern Obesity Partnership should play a central role in sharing information across the community, voluntary and statutory sectors about programmes, interventions, and resources available to reduce and prevent obesity.

5. **Increased health awareness**
   Responses indicate there was more awareness of the impact of obesity on a person health status which frequent reference to mental health in particular
ROUNDTABLE DISCUSSION 5:
What are you going to follow up on when you return to work?

Feedback from the Roundtable discussions fell within one of five categories:

1. **Frameworks**
   Delegates were keen to review strategies and guidance related to obesity and including evaluation processes.

2. **Partnership working**
   Many references were made to trying to engage with the programmes highlighted along with those made via the networking opportunity provided by the event.

3. **Share and cascade information learnt at the Stakeholder Event**
   Many delegate intend to share the information gathered at the event with colleagues and contacts.

4. **Develop and deliver new interventions**
   There was a general feeling from the responses that people had been motivated into some kind of action ranging from engaging health professionals in their programmes, to linking with promoted initiatives, researching best practice interventions to progress and identifying funding to develop projects to address obesity.
EVALUATION OF THE STAKEHOLDER EVENT

80 people completed an Evaluation Questionnaire at the end of the Northern Obesity Partnership Stakeholder Event. The table below shows the sector within which the participants who completed the Evaluation Questionnaire represented.

<table>
<thead>
<tr>
<th>Sector</th>
<th>No. of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member of staff in NHSCT</td>
<td>50</td>
</tr>
<tr>
<td>Community / voluntary sector</td>
<td>18</td>
</tr>
<tr>
<td>Non-health related statutory organisation</td>
<td>7</td>
</tr>
<tr>
<td>Health and Social Care Board</td>
<td>2</td>
</tr>
<tr>
<td>Private sector</td>
<td>1</td>
</tr>
<tr>
<td>Other (unknown)</td>
<td>2</td>
</tr>
</tbody>
</table>

As the table shows, almost two thirds of the Questionnaire respondents work in the Northern Health and Social Care Trust.

Participants were asked to consider each of the NOP Stakeholder Event elements and provide a rating. The table below shows the feedback.

<table>
<thead>
<tr>
<th>Stakeholder Event</th>
<th>Excellent</th>
<th>Good</th>
<th>Ok</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening Remarks and Introduction to NOP</td>
<td>30</td>
<td>46</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>The impact of obesity in Northern Ireland &amp; the Northern Area</td>
<td>46</td>
<td>28</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Tackling the issue: The importance of a partnership approach</td>
<td>31</td>
<td>39</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Partnership in Action: Hearty Lives Carrickfergus</td>
<td>21</td>
<td>34</td>
<td>21</td>
<td>3</td>
</tr>
<tr>
<td>Partnership in Action: Weigh to a Healthy Pregnancy</td>
<td>39</td>
<td>33</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Service User’s perspective</td>
<td>46</td>
<td>25</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>The Round Table discussions</td>
<td>36</td>
<td>32</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Feedback from the Round Table discussions</td>
<td>31</td>
<td>28</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Please rate the timing of the Event</td>
<td>32</td>
<td>29</td>
<td>14</td>
<td>2</td>
</tr>
<tr>
<td>Please rate the venue</td>
<td>45</td>
<td>25</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>How would you rate this morning in terms of it being a worthwhile use of your time</td>
<td>40</td>
<td>32</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
Feedback to questions posed on the Evaluation Questionnaire

The comments were wide ranging for each question and therefore the lists outlined below reflect comments were more than one person gave a similar response:

Is there anything you intend to do as a follow up to this Event?
- Get involved in GP Referral Schemes 4 responses
- Find out more information of schemes in the community 3 responses
- Revisit some of the actions we suggested with my team 2 responses
- Will contact other projects 2 responses
- Connect and share knowledge with people and programmes similar to ours 2 responses
- Tap into resources already available 2 responses
- Further networking 2 responses

What did you find most useful about the NOP Stakeholder Event and why?
- Finding out about various projects / programmes / initiatives taking place 17 responses
- Statistics presentation 16 responses
- Round table discussions 15 responses
- Useful contacts for further use / networking 14 responses
- The impact of obesity in NI - knowledge about obesity 9 responses
- Information sharing 6 responses
- Service user perspective 5 responses
- All the presentations coming from different perspectives 2 responses

What did you find least useful about the NOP Stakeholder Event – and why?
- Too many statistics 6 responses
- Hearty Lives Carrickfergus was too long / message was lost 6 responses
- Not enough time to discuss / need more time 4 responses
- Need more focus on mental health and obesity 3 responses
- Not enough hand-outs or notes to support presentations 2 responses
- Some speakers weren’t clear 2 responses
- A lot of information to take in in a short space of time 2 responses
- Too many questions at the round table discussion, and not enough time 2 responses

Any other comments?
- Well done and well organised 7 responses
- Very informative and useful morning 6 responses
- Venue, lighting poor and screen focus not clear 4 responses
- Fantastic event but much more needed on mental health (including hospital settings) 3 responses
- The statistics were managed and presented very well 2 responses
- Some speakers didn’t keep close to the microphone 2 responses
- Very good event and good networking experience 2 responses
Comment

128 people registered to attend the Northern Obesity Partnership Stakeholder Workshop. This is indicative of the interest and seriousness in both the impact of and working to address obesity. The evaluation feedback shows a high level of satisfaction with the event. Unsurprisingly, where some participants rated elements as less useful or ‘poor’ others rated the same presentations as most useful or ‘excellent’; and vice versa. This suggests that the format of the event appealed to a wide range of interest and need; providing both quantitative and qualitative data on the issue of obesity.

A further indicator of the relevance of the Workshop to the participants is the section presenting ways in which people intend to undertake follow up activity when they return to work.

The feedback from the Roundtable Discussions presents a plethora of ideas, concerns, issues, and need. An attempt has been made to categorise some of the data; but at the same time it is recommended that the NOP does not focus solely on the feedback that has been most frequently given; but also on some of the creative, ‘out of the box’ feedback. For this reason no weighting has been applied to the feedback from the Roundtable Discussions; although it is evident from reading the feedback that a number of themes are recurring. One recurring need is to promote and develop opportunities which include consistent nutrition and physical activity messages in an integrated way.

The feedback provides a number of areas for consideration by the Northern Obesity Partnership. The greatest issues of concern focus on:

- A lack of information about current programmes addressing overweight and obesity
- The need to know more about good practice models
- The impact, outcomes, and outputs of projects that ‘work’
- The need for training across all sectors
- A strategic approach to talking obesity that feeds into operational planning
- Partnership / joined-up / collaborative working.

Feedback suggests that participants believe that NOP should take a lead in taking the Everybody Active 2020 Programme forward in the Northern Trust area; and some suggested that NOP has a genuine opportunity to change practice. The participants suggested a number of opportunities for the Northern Obesity Partnership to consider and take on board. These include:

- Develop additional training leaflets.
- Develop obesity frameworks that organisations can adapt to meet need.
- Develop a central database of all associated groups working to tackle obesity to share information across the community, voluntary and statutory sectors about programmes, interventions, and resources available to reduce and prevent obesity.
- Liaison with locality partnerships and local operational groups for obesity management.

The need to focus on long-term planning and funding; sustainable funding is essential; projects should be encouraged to leave a legacy.

Signposting role, which increases engagement, involving multi-sectoral organisations.

Develop a referral service / pathway to support services or programmes for children who are overweight who have been identified in P1 by School Nurses.

Coordinate a forum for sharing good practice and the development of effective approaches: a discussion forum; how to make best use of technology; and immediate online access to information.

Strategically ‘tap into’ work that has already been completed; learn lessons and build on success.

Share statistics and facts about overweight and obese children with Midwives, Public Health Nurses, School Nurses, and Health Visitors to raise awareness.

Use the statistics to inform communities about the issue of obesity.

Participants identified a need for training across all sectors to support those working with early years, children, young people, adults, those with mental health issues, and older people who are overweight or obese, or at risk of being overweight or obese. Suggestions for training needs included:

- Train and involve GPs.
- Educate Early Years practitioners about the impact of overweight and obesity for children and their families.
- Disseminate key messages through training and on-going communication.
- All clerical and frontline staff to promote and network all programmes. They need more information and training to deliver this signposting exercise.
- Train the trainer approach – supports sustainability.
- Training across all sectors about risk factors and how to identify those at risk.
- Training and information about how, when and where to refer people.
- Raising Awareness and Motivational Interviewing Techniques to support workers to effectively raise issues about overweight and obesity.

Five key recommendations stand out from the Workshop feedback:

1. Further development of programmes to support partnership working around joint initiatives and interventions to address overweight & obesity

2. Develop a programme of initiatives targeted at the needs identifies for specific groups such as mental health, early years, pre-conception etc.

3. Compile a series of best practice examples (following a similar framework) that present the process, delivery, impact, and outputs from different projects and initiatives that may be adapted and transferred elsewhere. The Case Studies should also include lessons learnt and the key elements to delivery.

4. That NOP develops a Training Programme for 2016 – 2017; possibly in collaboration with other partners, for example the Community Health Development Network, Dietitians,
and Physical Activity professionals. Some training programmes need to be targeted to
different sectors, whilst others may be inclusive of all sectors.

5. Compile an online ‘directory’ of different programmes, interventions, and activities to
raise awareness about, provide early intervention, and address overweight and obesity.
It is suggested that this is online, rather than in a printed format, because of the
regularity of change (partially due to short-term funding). The best practice examples
can provide further information.

In addition to these recommendations, it is evident that participants found the Workshop
useful and informative. It is recommended that the Northern Obesity Partnership organises
Workshops at least once a year to provide the opportunity for shared learning and
networking.
## Appendix
### Northern Obesity Partnership Stakeholder Event programme

<table>
<thead>
<tr>
<th>Programme</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration</td>
<td></td>
</tr>
<tr>
<td>Opening remarks</td>
<td>Oscar Donnelly</td>
</tr>
<tr>
<td></td>
<td>Director Mental Health, Learning Disability and Community Wellbeing</td>
</tr>
<tr>
<td></td>
<td>Northern HSCT</td>
</tr>
<tr>
<td>Introduction to the Northern Obesity Partnership</td>
<td>Hugh Nelson</td>
</tr>
<tr>
<td></td>
<td>Head of Health Improvement and Community Wellbeing</td>
</tr>
<tr>
<td></td>
<td>Northern HSCT</td>
</tr>
<tr>
<td>The impact of obesity in Northern Ireland &amp; the</td>
<td>Sabrina Lynn</td>
</tr>
<tr>
<td>Northern Area</td>
<td>Northern Obesity Partnership Coordinator</td>
</tr>
<tr>
<td></td>
<td>Northern HSCT</td>
</tr>
<tr>
<td>Tackling the issue</td>
<td>Bernie Candlish</td>
</tr>
<tr>
<td>The importance of a partnership approach</td>
<td>Chairperson</td>
</tr>
<tr>
<td></td>
<td>Northern Partnership for Physical Activity</td>
</tr>
<tr>
<td>Partnership in Action</td>
<td>Claire Duddy</td>
</tr>
<tr>
<td>Hearty Lives Carrickfergus</td>
<td>Deputy Director of Environmental Services (Carrickfergus)</td>
</tr>
<tr>
<td></td>
<td>Mid and East Antrim Borough Council</td>
</tr>
<tr>
<td></td>
<td>Florence Hand</td>
</tr>
<tr>
<td></td>
<td>Hearty Lives Carrickfergus Operational Manager, Northern HSCT</td>
</tr>
<tr>
<td>Partnership in Action</td>
<td>Pat Cusick</td>
</tr>
<tr>
<td>Weight to Healthy Pregnancy</td>
<td>Dietician, Regional WTHP</td>
</tr>
<tr>
<td></td>
<td>Northern HSCT</td>
</tr>
<tr>
<td>Service User’s perspective</td>
<td>Joan Irvine</td>
</tr>
<tr>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>PHA priorities 2016/2017</td>
<td>Michael Owen</td>
</tr>
<tr>
<td>Leading into table discussions</td>
<td>Health &amp; Social Wellbeing Improvement Manager</td>
</tr>
<tr>
<td></td>
<td>Public Health Agency (Northern Area)</td>
</tr>
<tr>
<td>Table Discussions</td>
<td></td>
</tr>
<tr>
<td>1. What is currently working well and could be</td>
<td></td>
</tr>
<tr>
<td>extended within the Northern Area?</td>
<td></td>
</tr>
<tr>
<td>2. What are the top three priorities for tackling</td>
<td></td>
</tr>
<tr>
<td>overweight &amp; obesity in the Northern area?</td>
<td></td>
</tr>
<tr>
<td>3. How can you/your organisation support the</td>
<td></td>
</tr>
<tr>
<td>Northern Obesity Partnership to tackle obesity in</td>
<td></td>
</tr>
<tr>
<td>the Northern area?</td>
<td></td>
</tr>
<tr>
<td>Close</td>
<td></td>
</tr>
<tr>
<td>Lunch and networking opportunity</td>
<td></td>
</tr>
</tbody>
</table>