

Parks and Leisure Department



Your reference SUB/1092/2010

Our reference

Date 27th January 2011

Health Development Policy Branch
Consultation Response
DHSSPS
Room C4.22
Castle Buildings
Stormont Estate BELFAST
BT4 3SQ

To Whom It May Concern:

Belfast City Council's consultation response on 'a Fitter future for all' Obesity prevention framework for Northern Ireland 2011 - 2021.

Please find enclosed Belfast City Council's draft consultation response to the 'Fitter future for all' Obesity prevention framework for Northern Ireland 2011 – 2021 which is subject to council ratification in February 2011.

The council is keen to have any opportunity to expand or explain more fully the content of the response and to receive feedback on any further developments or implementation of the framework. The council welcomes any future opportunity to strengthen its position in enabling the issue of obesity to be addressed in partnership throughout Belfast and across the region.

If there are any immediate queries please feel free to contact me on 028 90 320202.

Yours sincerely

A handwritten signature in black ink that reads 'A Hassard'.

Andrew Hassard
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**Belfast City Council response to:
*Northern Ireland's Obesity Prevention Framework 2011-2021***

Introduction

Over the past year Belfast City Council has outlined its position on obesity as part of the DCAL Obesity inquiry. The council welcomes this latest opportunity to incorporate its initial recommendations and further develop its position in the response to the Northern Ireland Obesity Framework.

The main messages within the council's response are:

- In principle, the council supports the co-ordinated development of an obesity framework focusing on prevention and intervention.
- The council would be keen to use its leadership and advocacy role in tackling obesity through quality service provision;
- In the response, the council will reinforce the point that in order to address obesity which is considered to be at 'epidemic' proportions worldwide, locally the level of response needs to reflect the scale of the challenge in hand.
- The council would emphasise the need that the investment in addressing the prevalence of obesity is proportionate to the scale of the challenge. This needs to be evident through:
 - the research base developed;
 - public attitudinal awareness raising;
 - partnership service delivery and;
 - integrated resources, proportionate to the scale of the challenge.
- The measurement and management of the response and result of tackling obesity should be effectively established.

What follows is a brief overview of the council's position relevant to the overall consultation and development of the framework.

Belfast City Council's current position

Strategic position

Belfast City Council's overall purpose is to improve the quality of life now and for future generations. One of the key themes in the Council's Corporate Plan is to enable 'Better Support for People and Communities' under which the council provides support and services to generate Health and Wellbeing and active lifestyles across the city. Council is in a unique position to influence and enable many of the factors relating to obesity and seeks to reinforce its primary role in the future development of the framework.

Support and services to address obesity is a growing priority area of work within this theme. The Council has the democratic legitimacy to lead key partners to tackle the prevalence of obesity.

The council welcomes the development of the framework as a foundation on which to focus and co-ordinate prevention and intervention.

In principle the Obesity Prevention Framework aligns with the strategic assumptions the council is forming as it develops its new 'Active Belfast and Open Spaces' strategy. The council recognises the significant role and opportunities it has to 'rise to the challenge' (as noted in the "Tackling obesity: Foresight report and implications for local government report" 2008). Within the council's current strategic priorities there is a key focus on:

- Improving health outcomes for children and young people
- An integrated 'Active Belfast and Open Spaces' strategy for the city.

Foresight referred to these two key items within the report as 'areas of influence and responsibility'. The council seeks therefore to reinforce its prime position to enable and influence societal and individual life choices through the services it delivers and its other partnerships.

Partnership working together

The council has recently reflected its commitment to driving city wide collaboration to address health inequalities through the formation of a single

health partnership for the city. In response to changes in Health and Social Care and recommendations from the Minister for Health, the Council has joined with the Public Health Agency and the Belfast Health and Social Care Trust informing the Belfast Health Development Unit (BHDU) in March 2010. The key aims of the Unit are to improve the health and well-being and quality of life of citizens in Belfast and specifically reduce inequalities between those that live in deprived areas of the city and those that live in the most affluent neighbourhoods. Consolidating existing and building new connections to ensure resources are targeted towards agreed priorities for the city.

The council continues to provide leadership and support at different levels through existing partnerships and through developing arrangements such as the evolving Active Belfast Partnership. Partnership working is embedded within the council and we acknowledge that Council cannot have enough impact working on its own.

Service Delivery

The council provides a range of services and assets which directly impact on obesity and the factors related to the prevalence of obesity. The council provides what Foresight report (2008) terms ‘focused initiatives’; ‘enablers’; and ‘amplifiers’ within its services and assets. A full outline of the current and new streams of service delivery is captured in Appendix 1 however examples from this are included below. The examples provided also reflect where prevention, intervention or both are being targeted.

Examples of current Belfast City council intervention services
Focused (intervention) initiatives;
<p>Healthy Families – a citywide whole family intervention approach for up to 25 participating families, combining weight management, education and physical activity. It is a pilot programme with up to 30 teenagers at risk of obesity focussing on healthy choices and the benefits of good nutrition and physical activity. Researching the effectiveness of the different approaches to obesity projects. This is being conducted by the University of Ulster and will be the first Belfast specific research comparing a range of interventions to tackle obesity, including the family approach.</p> <p>This is pioneering pilot project for the council to consider the challenge of obesity and how future services should be shaped to directly impact on the prevalence of obesity in individuals; families and the wider community.</p>

Enabler intervention
Renewing the Routes Belfast's arterial routes radiating from the city centre are key gateways and the lifeblood for the social and economic functioning of the city. Previously these once thriving locations supported their surrounding neighbourhoods but now require investment to tackle problems of economic, social, physical and environmental decline. The Renewing the Routes Initiative represents an innovative approach developed locally to enhance the areas and the vitality of the routes. By developing and implementing local regeneration plans the actions or interventions have secured local ownership and helped link wider regeneration activity. The actions have been carried out under general themes of commercial improvements; developing gateway sites; celebrating diverse heritage and working towards cleaner, greener and safer neighbourhoods. Developing the arterial routes is enabling more aesthetic appealing routes within neighbourhoods to be attractive as methods of travel across the city for pedestrians and cyclists alike.
Amplifier intervention
Chinese Nutrition Project This project assists Chinese Takeaways in Belfast to develop, display and maintain a healthier choice menu whilst reinforcing traditional Chinese good cooking practices. It is a partnership project between Belfast Health & Social Care Trust and Belfast City Council that commenced in 2008 with a multi-agency group. Three years funding was received for the project from Fit Futures totalling £30,500 from 2008 to 2010. Some key highlights over the three years include training 80 Chinese chefs in nutrition and marketing of healthier options; production a nutrition toolkit in both hard copy and on disc in English and Chinese; promotional materials to assist premises to advertise their healthier options and to publicise the project to the public; Chinese master chef competition and an awards ceremony. The project is ongoing and has been subject to an interim evaluation with a full evaluation to be completed after the end of this financial year. This project incentivises local business to invest more in nutrition as part of the overall quality food standards they seek in Belfast.

In terms of delivery, the Council currently provides a wide range of services within communities that impact or have the capacity to impact on obesity.

These include leisure services, community services, environmental health, good relations, community safety, city development, parks and open spaces, services for children and young people and older people, economic development, regeneration, culture and arts, etc.

The council also provides other services which influence factors relating to obesity or have an indirect bearing on the prevalence of obesity. Examples are included within the council's transport policy and sustainable development action plan. Connswater Community greenway is one example of the council's determination to integrate the health and wellbeing of its citizens in the development of new projects and initiatives across the city.

Over the past year an Interdepartmental Group on Health and Wellbeing led by Andrew Hassard, Director of Parks and Leisure has developed a Healthier city framework and plan to co-ordinate its activities that improve health and wellbeing.

The council seeks to outline in the next section its position and recommendations for inclusion in the final iteration of the Obesity framework.

Belfast City Council's Formal consultation questionnaire response

Question 1: Do you agree that (a) the rising prevalence of obesity must be addressed and relevant action taken and do you agree (b) that addressing obesity is the responsibility of a wide range of Departments, sectors and agencies?

The council supports the suggestion that the rising prevalence of obesity must be addressed, relevant action taken and that this must involve a wide range of stakeholders from central, local government and agencies to local people and communities.

The Council welcomes the framework and recognises its importance in improving health and wellbeing whilst targeting health inequalities across Northern Ireland. We agree preventing obesity requires a long term strategy for co-ordinated action which could be achieved through adoption of the obesity framework across government and all sectors. We also agree with the entire life course approach with particularly emphasis on the early years and the young.

(a) the rising prevalence of obesity must be addressed and relevant action taken

The council is in agreement that the prevalence of obesity needs to be addressed. Further to this it recommends that:

- The level of response and investment needs to be proportionate to the scale of the challenge - evident in the investment in the research base developed; public attitudinal awareness raising; partnership service delivery and in integrated resources.
- The aim makes a more compelling statement and the objectives and targets are realigned to reflect this.
- The action plan is revisited to balance the outcomes and actions to equally address the aim of targeting the population, environment and physical activity.
- Greater inclusion of action is required to co-ordinate focus and action on the factors which compound the challenge. Further commentary on the outcome 'action' plan is included in the response to question 10.
- Communication, in particular public awareness raising needs the levels of investment dedicated to previous approaches which are considered at epidemic proportions e.g. smoking cessation.
- The approach needs to build on lessons learned from other key campaigns with the same scale of challenge and apply social marketing techniques to drive a positive cultural change towards a healthy and active lifestyle.

(b) that addressing obesity is the responsibility of a wide range of Departments, sectors and agencies?

The council agrees that the responsibility to address obesity lies with a wide range of departments, sectors and agencies.

- It is recommended that a statutory duty is considered as the basis of the framework to enable consistent, integrated and an effective approach to addressing the challenge obesity presents.
- An improved approach to gathering; managing and evaluating accurate and relevant data to track the true picture of obesity and impact of efforts made.

Question 2: Are you aware of any other statistics not included in this document which could inform the development of the Framework?

In the previous response to the Obesity Inquiry the council highlighted key statistics which are generally listed in the bibliography.

The council does not have additional statistics which directly inform the framework however does recommend other benchmarking sources for best practice including Finland; Scotland and Liverpool in terms of their impact on tackling obesity. Further recommendations related are for:

- A co-ordinated approach to measuring, monitoring and evaluating the issue of obesity and factors relating to it.
- To include the development of an effective measurement tool as a priority action to build a consistent body of evidence for informed decision making in the future. The measurement tool would include data collection and breakdown for gender, socio economic groups, health inequalities, the determinants ill health and vulnerable groups etc. It may enable a greater understanding of the historical pattern specific to Northern Ireland, more localised neighbourhood data or particular obesity health linked issues.
- The priority areas to be measured would be firstly the scale and scope of the challenge locally and also on early years as the priority target area for prevention and immediate intervention.
- Data on the availability or accessibility of healthy/unhealthy foods and related risk factors e.g. deprived areas or school gates etc. was also considered useful.

Question 3: We would be grateful if you could provide details of any work you are currently taking forward on this issue, work you plan to undertake, or how you feel you/your organisation can be involved in the implementation of this framework.

Below is a summary of the work; resources and services the council has developed or seeks to develop to achieve its vision of a healthy and active Belfast.

The council currently provides a range of assets across the city to encourage active lifestyles. These include:

- 10 leisure centres across the city
- 48 parks and open spaces
- 74 playgrounds
- 120 sports pitches

- 12 bowling pavilions
- 1 golf course
- Belfast Zoological Gardens
- 1 adventure playground
- 34 community resources including council or community managed facilities or play facilities.

There are support services available in the council to develop more active lifestyles. In Parks and Leisure there is the leisure development unit along with all the staff teams at each of the leisure centres; outdoor leisure; and the Active Living and Open Space team which all contribute to providing services or resources to promote active lifestyles. In Health and Environmental services there are the Food Standards team and staff dedicated to the Belfast Health Development Unit. In the Development Department the staff teams are all involved in managing the community resources and activity programmes. This list is not exhaustive as there are further staff are dedicated to services which influence factors linked to the prevalence of obesity.

The Council has a Healthier City Framework and Plan 2010-2011. Many of the actions within the council's framework and plan provide prevention or intervention opportunities for obesity within the population: The council provides 'focused initiatives', examples of these within ongoing service provision and departments are listed below with a full outline is provided in appendix 1:

- Healthy Families
- Chinese Nutrition Project
- Chinese Master Chef
- Nutrition Interventions
- Healthwise programme in partnership with Public health agency:
- FRESH programme:
- Health and Environmental Services Department have been working with businesses to improve the nutritional composition of foods on offer.
- Development Services provide economic and social development support and funding to generate safer and healthier communities
- Community gardens; peace funded initiatives - Community planning
- Cycle initiative development
- Role in regeneration - active into the environment ; greenways
- Connswater community greenway
- NI Healthier Eating Award Scheme (PILOT)

The Council is also considering piloting a peer education intervention programme with young women adopting a similar approach to that of Healthy Families. We are also exploring the use of the council's free 'Choose N Move' programme which shows children how their diet and exercise regime affects their weight and provides tips on how they can make easy to adapt, positive changes to their lifestyle as a preventative tool for combating obesity.

With effective planning; resources and evaluation there is opportunity to develop further streams of work in partnership with other statutory and

voluntary agencies and local businesses.

There are a range of council services which have the capacity to enable intervention with obesity. Regeneration initiatives like the 'Streets ahead' city centre project integrates pedestrian and cycling access to the city which in turn provides a more positive impact on the environment and therefore provides greater impetus for individuals and the community to choose to be more active.

Council is in a position to 'amplify' the opportunities available to challenge obesity. The Recreation and Youth service order (1986) enables the council to provide leisure and play activities to be available that can lead to participative and preventative programmes. Council remains committed also to playing its role in the implementation of appropriate measures aligned to the Play and Leisure Policy Statement (OFMDFM, 2008) and the Implementation Plan that will accompany the Policy Statement upon finalisation. The Council's emerging pitches strategy reflects the need for increasing the provision for team sports activities and the future Active Belfast Open Spaces Strategy will also reflect the priority the Council gives to this issue.

Question 4 – Do you agree with the Overarching Aim, Target and the long term objectives of the Obesity Prevention Framework?

Aim

The council concurs with the general intent in the aim of the framework however does not feel it sufficiently reflects the scale of the challenge in tackling the prevalence of obesity. For example the overall aim of reducing levels of obesity could be more directly referenced in the aim of the framework.

Further recommendations to improve the focus of the framework include:

- An examination of the current statutory powers is recommended to consider the possible extension or introduction of to provide the accountability and focus the efforts of all agencies to invest in tackling the prevalence of obesity. Finland uses a legislation to enable healthy life choices in targeting obesity and appear to be developing positive outcomes from this approach.
- It is suggested the aim is revisited for a more vigorous statement of intent which reflects the scale of the challenge, includes the significance of ensuring all stakeholders provide consistent support and integrated services to enable an environment in which the general population can choose healthier lifestyles.
- It is preferred that the aim presents a more balanced view on the need to enable individual; societal and environmental change and action to ensure that it does not reinforce the misconception that people 'choose' to be obese (Foresight report 2007)
- Foresight believes that for a strategy to be successful in targeting obesity it should firstly ensure 'an environment that supports and facilitates healthy choices' and in complement enable individuals need to 'desire, seek and make different choices... as part of families or groups and that individual behaviour'. Therefore the council considers there is opportunity to align the aim more closely to the recommendations in the Foresight report.

- The aim could benefit from a greater reference to investment of resources; knowledge and expertise in tackling obesity especially in the research base and evaluation; public attitudinal awareness raising on nutrition and being active to be generated; and for effective partnership service delivery.
- The need for integrated resources proportionate to the scale of the challenge would also be an addition that is recommended in the framework.

Targets

It is suggested that the targets are revisited to address the issues the council is reflecting on in the context of the overarching aim. The overarching target is recommended to focus on slowing the rate of obesity; stopping the levels of obesity and reducing the levels of obesity.

It is suggested the targets would also benefit from:

- a full baseline exercise undertaken to understand the current levels rather than the reliance on estimated data captured 2005/06 in the consultation.
- A more appropriate target to be selected which is not susceptible to a population increase and may present an inevitable increase in the levels of obesity.
- As recommended in the Council's response to the Obesity inquiry performance targets that are expanded to focus on, for example, gender differences or socio-economic groupings.
- A greater focus on targeting and measuring impact on prevention and intervention at an individual, family and community level.
- An integrated target on the effectiveness of the resourcing and financial management approach to prevention, intervention and further action by all statutory agencies involved.
- Targets set to reflect the three pillars and life course stages, along with tasks within all of these categories clearly targeted and linked to the anticipated outcomes.

Objectives

Council believes these need further development to match the recommended aim and targets in the council's response. For example objectives should set out to focus on:

- Slowing; stopping and reducing obesity
- Prevention route that is agreed
- Developing an agreed intervention approach (e.g. determining the scale and level of intervention being applied)
- Focus on target groups
- Objectives set for the three pillars: food & nutrition; physical activity; and data and research
- Realising opportunities for activity
- The environment – physical and social objectives relating the factors which impact on the prevalence of obesity
- Education and awareness raising with a one message approach

- Integrated resourcing and financial management of tackling obesity
- Monitoring and evaluation

It was also considered that some objectives could be improved; e.g. the nutrition objective does not focus specifically on a reduction in calorie or energy intake which may be a more rounded objective when targeting obesity and other sections required greater development to ensure actions link to the targets set e.g. impact of social determinants on obesity.

In summary the council support and welcomes the intent captured in the original aim however believes it should be extended and enhanced to reinforce more fully the scale of the challenge in tackling obesity and the principles and values captured in the framework. This is also the position for further progression of the targets, objectives and action plan.

Question 5 – Do you agree with the values and principles?

The council generally supports and agrees with the principles in the framework reinforced the need to ensure the earlier aim; target and objectives matched the intent in these principles and values.

Question 6 – Do you agree with the life-course stages and settings?

There is general support for applying the life course model; there is however a number of areas the council would like to reflect upon namely:

- For caution to be applied with the focus on the priority stages focused of Early Years; Children and Young People; and Adults. Caution as different age ranges within these age ranges will require a different approach or intervention and that not all may respond to a single approach. There may also be priority areas within the age ranges in each life course stage where there is greater opportunity or need for resources or action.
- The council supports a priority focus on nought up to sixteen years as early intervention is recognised in reducing future dependency (Journal of American Medical Association 2010). This research piece illustrated that 5% normal weight adolescents presented as obese in comparison to 51% of women and 37% of men who where obese as adolescents.
- There is a key role in generating education and awareness in adults and older people especially where they fulfil parenting roles.
- The council in its response to the obesity inquiry recognised that parental involvement is a primary driver to affect change in lifestyle choices and the onset of obesity.
- In terms of physical activity across the city the target groups emerging where participation is at its least can be addressed in the life cycle however the life cycle does not provide enough opportunity to target the variance in need of the age range categorised as the sixty plus target group.
- Traditionally it is noted that there is a reduction in active lifestyle at 16 years + into adulthood and for adults (e.g. 40-55 years) where activity levels have been recorded as lower than for other age groups and this would also determine a need for focused intervention.

Outcomes

The presentation of this section in the consultation document was considered confusing as many of the outcomes referred to in the plan are in effect actions. The council considers there is a greater benefit to stakeholders to revise the format and planning of the achievement of outcomes – short medium or long term than in the original document.

Other suggestions made which to this section are:

- To establish generic outcomes which apply to all of the three pillars and life course stages at the beginning of the outcome plan. For example education and awareness raising is a feature throughout and therefore the relevant short term actions can fall from this.
- Similarly exploring the example of care pathways the outcome plan outlines the requirement is to signpost those at risk whereas a more relevant outcome is for the completion of care pathways which ultimately lead to the reduction in obesity in individuals.
- To reflect the council's thinking the outcomes could be presented to reflect individual; societal and environmental outcomes and within that the life course breakdown may be applied.
- The plan needs to be rebalanced as there appears a heavy presence of short term 'actions' to provide a heavy health related focus and highlights the need for greater active actions to be incorporated.
- It is recommended the council is more actively involved in the development of the final outcome plan due its unique position in enabling a positive change to addressing obesity in partnership across the city.
- Add and expand further references to councils as providers in the delivery of outcomes.
- Training of local authority staff and other partners to promote the approach needs included and costed accordingly to bring about a change in the culture of delivery.
- Access to opportunities is an issue that may require a more focused outcome.
- The council would encourage greater utilisation of its resources. Equally it encourages its staff and resources to work in partnership sharing expertise on activity and participation to train relevant staff from schools and in the education or health sector and vice versa.
- Consideration should be given to extending the outcomes in relation to urban planning to consider for example the accessibility of takeaways to schools or the accessibility of healthier food outlets in certain areas.
- There is a need to confirm the indicators which relate to some of the outcomes in this section.

Examples of specific issues relating to actions within this section are:

- **Life course stage: Children and young people** - There is an opportunity to focus on an outcome for referrals at this stage and to widen it to incorporate all stakeholders in a position to refer e.g. health professionals; crèche staff etc
- **Life course stage: Adult and general population** - There is an opportunity to widen the range of referral organisations in this section to include private charitable or voluntary organisations.
- **Outcome 7 Targeted healthy food initiatives in place** - The

recommendation is for the reference to reflect the current work being carried out by councils e.g. introduce a Healthier eating award for local caterers and reflect the council as the lead delivery partner.

- **Outcome 13 Pre-packed foods** labelled with simple, easy to understand, front of pack nutritional information, to allow consumers to make an informed choice. There is support for this outcome however responsibility for enforcement will rest with Environmental Health Officers. Councils are not mentioned as delivery partners in the document. It will also have a resource implication for local councils to progress.
- **Outcome 15 Improved nutritional content** of menu choices including regulation of portion sizes and provision of appropriate nutritional information for consumers by caterers.
- **Outcome 16 Public sector facilities provide healthier, more nutritionally balanced food** - Councils are the only partner that can deliver this outcome on the ground and this role as lead partner should be reflected in the delivery partner's column. This will also have a resource implication for local councils.
- **Outcome 18 Nutritional education/qualifications - incorporated** into training programmes for those who work in food and hospitality sectors through the relevant sector skills council. The council agrees with this but feel that this will only apply to those training to work in the food industry and will not cover those already working in it. Programmes should be made available to do this and councils could be given the responsibility to deliver these programmes with adequate resources to achieve the expected outcomes. This sector is difficult to reach and it is recognised that Environmental Health Officers are best placed to engage with them. This will however have a resource implication for local councils.
- In some areas whilst the outcomes are clearly important to health it is not clear how relevant they are to tackling obesity e.g. reducing salt, or early years' outcome 10 regarding the safe prep and storage of formula milk.
- In relation to diet and the early years, caution is necessary when promoting healthier eating to help people understand the nutritional needs of the child which are different than an adult, there is some evidence emerging that in nursery schools pressurised to adopt healthier options by parents that children are in some instances under nourished.
- Regarding nutrition indicators there are a lot of indicators around five a day or healthier options but no indicators relating simply to calorie intake or saturated fat intake which may be a more direct indicator of the "energy in" side of the obesity problem.

In addition to the above there are a number of outcomes for which the district councils could potentially be able to contribute and further discussion may be required around actions and roles.

In summary the council considers that the outcome section could be revisited and welcomes the opportunity to more fully shape this area of work in the framework.

Question 10 – Data & Research

The overarching comments on data and research are that a relevant and accurate baseline is required. A key action to be considered is for the

development of a measurement toolkit which leads to a clear picture being formed on the true picture of obesity in Northern Ireland.

The council welcomes the prospect of a standardised and integrated data research and evaluation approach on obesity and is willing to contribute to the development of a toolkit which would compliment the monitoring and evaluation systems and processes it has in place.

Question 11 – What are the priorities within this Framework which need to be delivered to effectively address obesity?

The council considers the priorities to be addressed through the development of a framework are:

- The scale of the challenge to be effectively captured in the aim, targets, action and overall response.
- The investment of resources is proportionate to the scale of the challenge and through integrated partnership working is reinforced and a pre requisite.
- The unique position and legitimate role of councils is captured fully in the shaping of the aim and actions developed through the framework.
- The framework is supported through with formal legislative foundation to ensure the wider environment enables healthy life choices to be made and sustained;

Within the framework the priorities are to:

- prevent obesity as early as possible in the life cycle;
- intervene through education and awareness raising and effective programmes of activity to slow obesity; stop and reduce levels of obesity in the future.
- Incorporate the recommended legislative basis in the aim
- Revision of the outcome plan to address the items detailed in the council's response.

Question 12 – Is the Framework likely to have an adverse impact on equality of opportunity on any of the nine equality groups identified under Section 75 of the Northern Ireland Act 1988

It is not anticipated there will be an adverse impact at this stage.

Question 13 – Have the needs of the Section 75 categories been fully addressed within the Framework?

The life cycle appears to be a way to address health inequity at each stage throughout and it is difficult to note how any category cannot be addressed within the framework.

Thank you for the opportunity to respond to the consultation exercise. The

council welcomes further opportunities to expand and develop the obesity framework. For further clarification on the response the contact officer is Elaine Black on 90270445 or black@belfastcity.gov.uk.