



**Paper for information: Updates relating to Maternal and Child Nutrition**

**Agenda Item: 4**

Please see attached paper for information.

## **DEPARTMENT OF HEALTH, ENGLAND**

<b>Project/Work area</b>	
<b>National Child Measurement Programme</b>	
<b>Summary/background of work (No more than 250 words)</b>	
<p>The NCMP is an important part of the programme of work to implement the Healthy Weight, Healthy Lives strategy and is overseen by the Cross-Government Obesity Unit (DH and DCSF). Every year children in Reception Year and Year 6 are weighed and measured during the school year as part of this programme. 1.3.2 Local areas use the NCMP data to set local goals to tackle child obesity and target services for children to those most in need. Through the NCMP, PCTs can engage with parents and carers by sending them their child's results and offering information, advice and services, which provides an opportunity for families to make lifestyle changes if they choose to.</p> <p>In the 2008/09 school year, about 50% of PCTs routinely sent parents their child's NCMP results, while other PCTs worked towards implementing this policy. We expect uptake of routine feedback to be greater in the 2009/10 programme, and in addition, some areas will be proactively following-up children identified as having weight problems. The NCMP is engaging with children and families about healthy lifestyles and helping parents understand the importance of healthy weight.</p>	
<b>Current position</b>	
Deadline for upload of the 2008/09 data by PCTs in September 4, 2009.	
<b>Next steps</b>	
Continue to provide support for PCTs in sending results to parents and proactively following up children with weight issues.	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Evaluation of process or impact?</b>
<p>Research into the implementation of routine feedback in 2008/09 will be published in September 2009.</p> <p>Results of the 2008/09 programme will be published in December 2009.</p> <p>We will assess implementation of proactive follow-up in 2009/10 and will then undertake a full evaluation of the NCMP in 2010/11.</p>	<p>Both process and outcome focused.</p>
<b>Date evaluation expected/ completed</b>	
<p>Research into the implementation of routine feedback in 2008/09 will be published in September.</p> <p>We will assess implementation of proactive follow-up in 2009/10 and will then undertake a full evaluation of the NCMP in 2010/11.</p>	

### Project/Work area

**Healthy Start Note:** This scheme operates UK-wide. Most aspects are managed centrally by the Department of Health on behalf of all UK health departments.

### Summary/background of work (No more than 250 words)

Healthy Start vouchers and vitamins replaced Welfare Food Scheme tokens and vitamins across the UK in November 2006. The scheme's purpose is to provide nutritional support and encouragement for breastfeeding and healthy eating to pregnant women and children under 4 years old in disadvantaged families. To qualify, pregnant women and children must be in families getting income support, income based jobseekers allowance, the highest rate of Child Tax Credit (without Working Tax Credit), or income-related Employment and Support Allowance. Women under 18 years old also qualify during pregnancy even if not in families getting any of the qualifying benefits or tax credits.

Midwives and health visitors are asked to signpost the scheme to all their clients. A midwife or health visitor (or other registered nurse or doctor) must also countersign an application for the scheme. When signing, they are expected to offer appropriate advice and information on breastfeeding and healthy diet. Resources are provided to assist them in giving this advice.

Babies under one on the scheme currently get 2 x £3.10 vouchers per week, and others on the scheme get 1 x £3.10 voucher per week. All vouchers can be spent on fresh fruit, fresh vegetables, liquid cow's milk or cow's milk based infant formula with a participating retailer. Free vitamin supplements are also available via the NHS to pregnant women and new mothers (containing vitamins C, D and folic acid) and to children on the scheme (containing vitamins A, C and D).

### Current position

In July 2009, around 2.6 million vouchers were sent to pregnant women and young children in approximately 438,000 families across the UK. Numbers supported have increased in the last few months – we have around 20,000 more families on the scheme in July 2009 than in April 2009. Around 90% of vouchers issued through the scheme are used.

Income-related Employment and Support Allowance was added to the qualifying benefits for the scheme on 27 October 2008 and the income threshold for families qualifying through receipt of Child Tax Credit increased from £15,575 to £16,040 on 6 April 2009. Voucher value also increased from £3.00 per voucher to £3.10 per voucher on 6 April 2009. A brief overarching fraud prevention strategy for this scheme, along with the School Fruit and Vegetable Scheme and Nursery Milk Scheme, has been drafted and will be published when agreed by the devolved administrations.

**HS vitamin Supplements:** Based on survey recommendations we are making a determined effort to encourage PCTs and claimants to increase HS vitamin supplement uptake by improving general publicity, notification and supply information to claimants and monitoring information to/from PCTs and by spreading good practice widely through a development programme to take place in the autumn. Problems, earlier in the year with supply of the women's supplement by the manufacturers, caused by the very low demand for the product from the NHS, have been resolved.

Eligibility data and vitamin uptake information at PCT level is now being collated and sent to regional leads on a quarterly basis. This can then be cascaded down to PCT level.

### Next steps

The voucher letter is currently being redesigned to allow for more emphasis on the vitamin part of the scheme. The letter will contain a coloured splash across the middle advertising the vitamins and can be used as a coupon to get the vitamins at the distribution points within the PCT. Subject to technical issues, we hope this will go live within a couple of months.

We are also looking at the potential to extend the scheme to include plain frozen fruit and vegetables once sufficient assurances are obtained from retailers that an extended range of products would be appropriately policed at point of sale. Based on experience in managing the scheme to date, we do have concerns about how assiduously retailers would check that customers only use vouchers to purchase appropriate frozen products. These concerns must be addressed appropriately, as widespread abuse would damage the scheme's effectiveness and integrity. A public consultation will be required and each UK country must agree to take this step as the powers to determine the range of foods allowed through the scheme are fully devolved..

### EVALUATION

<b>What are outputs/ outcome measures of initiative?</b>	<b>Date evaluation expected/ completed</b>	<b>Evaluation of process or impact?</b>
An evaluation strategy is being developed.	Evaluation to start in late 2009.	Evaluation will be of process and impact.

<b>Project/Work area</b>	
<b>Nursery Milk</b>	
Note: This scheme operates GB-wide and is managed by the Department of Health on behalf of the 3 GB health departments. Northern Ireland runs a very similar scheme.	
<b>Summary/background of work (No more than 250 words)</b>	
The Nursery Milk scheme is the only remaining element of the Welfare Food scheme. It allows early years and daycare provider for children under 5 to register and claim the cost of providing 1/3 pint of milk daily to any child attending for 2 hours or more. Registered providers include LEA and private nurseries, schools with reception classes containing children under 5, and a large number of childminders. Over 20,000 providers are registered and actively claiming.	
The scheme is universal – the cost of milk given to any attending child can be claimed back, regardless of the home circumstances of the child.	
<b>Current position</b>	
Validation of claimants' data, including their Ofsted registration or similar body in the other countries is complete. The website is active with claimants applying and submitting claims online monthly. Clients can monitor their accounts through a secure section. EU subsidy is being claimed through Nursery Milk Reimbursement Unit (NMRU) for all eligible NM claims.	
<b>Next steps</b>	
Any further changes to the system for claiming EU subsidy will be consequent upon the outcome of consultation by Defra with interested parties due to be completed in late spring 2009	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Date evaluation expected/ completed</b>
There are no current plans to evaluate this longstanding scheme.	<b>Evaluation of process or impact?</b>

<b>Project/Work area</b>	
<b>Healthy Child Programme</b>	
<b>Summary/background of work (No more than 250 words)</b>	
<p>The Healthy Child Programme (HCP), formerly the Child Health Promotion Programme (CHPP) is the early intervention and prevention public health programme that lies at the heart of our universal service for children and families, with additional services for those with additional needs and risks. Providing a high quality HCP that is visible and accessible to families with children is a core health responsibility and defines the NHS contribution to Every Child Matters and the health contribution to Sure Start Children's Centres.</p>	
<b>Current position</b>	
<p>The updated version (March 08) of the HCP was produced to strengthen delivery in pregnancy and the first five years of life and to reflect the 2008-2011 Public Service Agreements for improving the health and wellbeing of children, specifically the indicators for breast-feeding, obesity prevention and improving emotional health and well-being. It prioritises obesity prevention and physical activity through positive parenting during pregnancy and early years while supporting parents with particular risk factors attributed to causing obesity.</p>	
<b>Next steps</b>	
<p><i>Healthy lives, brighter futures</i>, the Child Health Strategy, makes a number of recommendations that aim to strengthen the HCP. These include health-based programmes delivered through Sure Start Children's Centres, with specific ones around obesity and smoking. Delivering the priorities set out in the PSA indicators, including breast feeding, reductions in inequalities and obesity prevention will be done locally. The Healthy Child Programme provides the means for doing this.</p>	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Evaluation of process or impact?</b>
<p>Within the HCP are various projects, which support the Programme. These include:</p> <ul style="list-style-type: none"> <li>• a review of HCP commissioning, including developing pricing and currency for the HCP,</li> <li>• the development of an e-learning programme,</li> <li>• the Family Nurse Partnership implementation and policy,</li> <li>• Further development of and a guide on the 2 – 2.5 year review,</li> <li>• Preparing for Pregnancy, Birth &amp; Beyond project,</li> <li>• PREview, a predictive tool for child health and well being.</li> </ul>	<p>The HCP builds on Standard 1 of the National Service Framework for Children, Young People &amp; Maternity Services (2004), which is a ten-year strategy.</p>

<b>Project/Work area</b>	
<b>Health Inequalities Funding</b>	
<b>Summary/background of work (No more than 250 words)</b>	
<p>Since 2008, the Department of Health has invested <b>£7million</b> to extend the Baby Friendly Initiative to 70 PCTs with the greatest number of non-breastfeeding mothers. This has the potential to reach 66% of non-breastfeeding mothers.</p> <p>£4 m has been given in 2008-09 to 40 PCTs with the lowest breastfeeding rates or largest no. of non-breastfeeding women in England. £3m will be given to further 30-35 PCTs in 2009-10.</p>	
<b>Current position</b>	
<p>We have invited a further 40 PCTs to bid for funding in 2009-10. They were selected on the basis of their low prevalence of breastfeeding rates, highest potential coverage of non-breastfeeding mothers, and high infant mortality rates. The deadline for PCT proposals is 28<sup>th</sup> August.</p>	
<b>Next steps</b>	
<p>PCTs will be notified of the final decision by end of Sep. We plan to follow up on progress 6 monthly.</p> <p>The first milestone reports are due back in Sep from the 40 PCTs funded in 2008-09. Reports will be assessed and appropriate feedback will be given to all 40 PCTs via the Regional Infant Feeding Co-ordinators responsible for those PCTs.</p> <p>The Breastfeeding Commissioning Guidance titled “<i>Commissioning local breastfeeding support services</i>” has been developed and subject to MS(PH)’s approval will be published on the DH website in Sep. The guidance is specifically aimed at the PCT Commissioners to assist them in commissioning breastfeeding services in support of the implementation of PSA 12.</p>	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Date evaluation expected/ completed</b>
Periodic 6 monthly reports to monitor the progress of implementing BFI and increase breastfeeding rates	Ongoing – every 6 months. Continuous monitoring through quarterly data from PCTs
	<b>Evaluation of process or impact?</b>
	Impact.

<b>Project/Work area</b>		
<b>Breastfeeding promotion</b>		
<b>Summary/background of work (No more than 250 words)</b>		
Breastfeeding is supported with year round PR activity, and publications. The main focus is the National Breastfeeding Awareness Week held in May. A new sister campaign to Change4Life called Start4Life will be launched in the Autumn. This campaign is aimed at pregnant women and mothers of 0-2 year olds and health professionals and will aim to improve breastfeeding continuation rates at six weeks and baby led weaning at around six months.		
<b>Current position</b>		
The next National Breastfeeding Awareness Week will be held from 9 <sup>th</sup> to 15 <sup>th</sup> May 2010.		
<b>Next steps</b>		
Plans are currently underway for the 2010 campaign.		
<b>EVALUATION</b>		
<b>What are outputs/ outcome measures of initiative?</b>	<b>Date evaluation expected/ completed</b>	<b>Evaluation of process or impact?</b>
Awareness and attitude tracking took place June 2008; media monitoring and evaluation took place June and Dec 2008.  NBAW 2009 evaluation showed that the campaign was successful and received a wider media coverage. There were about 241 pieces of coverage including television, national newspaper and trade & consumer magazines. Overall media coverage reached around 1 million.	Biss Lancaster have evaluated the NBAW 2009 campaign.	Process

<b>Project/Work area</b>	
<b>National Breastfeeding Helpline</b>	
<b>Summary/background of work (No more than 250 words)</b>	
The Helpline was launched in February 2008, jointly operated by the Breastfeeding Network and Association of Breastfeeding Mothers. The Helpline provides information and support to mothers about breastfeeding.	
<b>Current position</b>	
An 0300 number has been introduced to reduce the cost of the calls to the National Breastfeeding helpline. This will be of particular benefit to callers using mobiles as 0300 numbers are often part of the inclusive minutes package. The cost of the difference in call charges will come out of the NBH budget.	
Two of the NBH team took part in the consultation workshops led by the Service Transformation Implementation Team as part of the Cabinet Office proposal to develop a standard performance management framework for all Government funded helplines.	
End of April calls have reached 1784 with total calls to NBH and the 2 helplines reaching 3,523 calls and talk time up to 2 ½ hours per day	
Calls from mobiles and from London account for 35% of calls	
Calls received from launch of helpline to 31st July 2009 – 21,758.	
4,145 calls were received in July 2009 by NBH, ABM and BfN, up 600 calls a month since April.	
Talk time now 3 hours a day on NBH, half an hour more than in April.	
46% of calls in July were made using the 0300 number rather than the 0844 number.	
Calls from mobiles and from London account for 39% of calls in the first seven months of 2009	
<b>Next steps</b>	
Call record sheets are being modified to capture first half of postcode for all callers – was 1 in 5 of callers.	
Volunteers with small children or children with disabilities are to be offered childcare to help handle the increasing call volume.	
A series of shared training events are being developed between the Association of Breastfeeding Mothers and the Breastfeeding Network to develop communication between the two organisations and strengthen consistency of information.	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Date evaluation expected/ completed</b>
Initial evaluation work consists of statistical analysis of calls. Development of call record sheets to capture demographic details of 1:5 callers.	Ongoing.
<b>Evaluation of process or impact?</b>	Process. Impact to follow.

<b>Project/Work area</b>	
<b>Independent Review Infant Formula and Follow-on Formula Regulations (see also FSA update)</b>	
<b>Summary/background of work (No more than 250 words)</b>	
When MS(PH) announced the new Infant Formula and Follow-on Formula (England) Regulations 2007 and associated guidance notes, she also made a commitment to review the effect of these new controls on how follow-on formula is advertised and presented. The review will establish whether the new controls have been effective in making it clear to parents/parents to be and carers that the presentation and advertising of follow-on formula relates to formula for babies over 6 months old and not infant formula. SACN have been identified as a stakeholder in the review and, as well as being informed of progress, will have the opportunity to in-put any relevant information	
<b>Current position</b>	
An Independent Review Panel is currently underway to assess whether the controls are working as expected or whether further action is needed. The review which commenced in June is expected to be completed in October 2009.	
<b>Next steps</b>	
The draft review report including key recommendations and conclusions is currently being finalised and will be sent out for stakeholder consultation in September.	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Evaluation of process or impact?</b>
The final Report of the Independent Review Panel will be submitted to the Minister for her consideration.	n/a
<b>Date evaluation expected/ completed</b>	
Dec 09	

<b>Project/Work area</b>	
<b>WHO Growth Standards</b>	
<b>Summary/background of work (No more than 250 words)</b>	
<p>In August 2007, a Working Group comprised of representatives from the SACN and RCPCH recommended that the new WHO Growth Standards should be used for the purpose of population surveillance and individual clinical monitoring of children in the UK.</p> <p><b>Current position</b></p> <p>The new UK-WHO growth charts for children aged 0-4 years were launched on 11<sup>th</sup> May 2009 and have been introduced for the first time in England. The charts, which have been developed for the Department of Health by the Royal College of Paediatrics and Child Health (RCPCH) replaced current UK 1990 charts for this age group. The new charts are based on infants who have been exclusively breastfed for at least 4 months and provide standards for assessing growth of all infants. The new charts are also being included in the Personal Child Health Records with guidance to parents on how to interpret the new charts. Regional training sessions for health professionals are being planned in collaboration with the RCPCH. A new leaflet will also be available shortly for healthcare professionals providing information on the use &amp; interpretation of the new charts.</p>	
<b>Next steps</b>	
RCPCH have been holding training sessions and further regional training sessions are planned.	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Evaluation of process or impact?</b>
The new charts are now available to order and are also included in the Personal Child Health Records	

<b>Project/Work area</b>		
<b>Family Nurse Partnership</b>		
<b>Summary/background of work (No more than 250 words)</b>		
<p>The FNP is a preventive programme for vulnerable first time young mothers and their infants. It is an intensive and structured antenatal and infancy home visiting programme delivered by specially trained nurses from pregnancy until the child is two years old. The FNP programme has the potential to make a real difference for the most disadvantaged families and to change intergenerational patterns of negative parenting.</p> <p>The FNP is one of the initiatives that can be offered as part of the universal Child Health Promotion Programme.</p> <p><b>Current position</b></p> <p>10 pilot sites have been working with families since April 2007; a further 20 started in 08-09; and 20 more sites will start to deliver the programme in 09-10. The recently published Child Health Strategy set out our plans to expand to 70 pilot sites by April 2011, with a view to offering FNP to all vulnerable, first time young mothers over the next decade, if research findings are positive.</p> <p><b>Next steps</b></p> <p>Range of research and development projects are taking place to build the evidence base in this country (this is a programme originally developed in the USA, with successful outcomes).</p>		
<b>EVALUATION</b>		
<b>What are outputs/ outcome measures of initiative?</b>	<b>Date evaluation expected/ completed</b>	<b>Evaluation of process or impact?</b>
<p>Formative evaluation in 07/08 and 08/09 by Birkbeck College, University of London, looking at:  Programme delivery  Characteristics of clients  Acceptability to client group and nurses  Engagement of fathers  Views of wider services  Short term impacts including smoking in pregnancy, breast feeding, fathers engagement</p> <p>Now looking at:  Development projects  20-22 year olds  Non English Speaking families</p> <p>A randomised control trial has started in 17 FNP sites to measure the above criteria in detail and compare those receiving FNP to those who are not and to therefore show any significant benefits to those who receive the FNP programme.</p>	<p>First year report published June 2008  Second year report is due to be published on the week beginning 14<sup>th</sup> September to coincide with Children Centres week,</p>	<p>Process and some impact</p> <p>Primary impact measures compared with usual services</p> <p>Specific emphasis on engagement with fathers, minimising domestic abuse, encouraging breast feeding and healthy eating and discouraging smoking.</p>

<b>Project/Work area</b>	
<b>Food promotion to children</b>	
<b>Summary/background of work (No more than 250 words)</b>	
New restrictions on advertising food and soft drink to children in broadcast and non-broadcast media were introduced on 1 April and 1 July 2007 respectively. The Department of Health continues to monitor the change in the nature and balance of food and drink advertising to children in broadcast and non-broadcast media.	
<b>Current position</b>	
Stakeholder workshop on next steps in non-broadcast media advertising to children was held on 3 December 2008.	
Ofcom published its review into the impact of restrictions on food and drink advertising to children on 17 December 2008. The final phase of restrictions were implemented on 1 January 2009, when children's channels will be required to remove all HFSS advertising from their schedules.	
<b>Next steps</b>	
Ofcom intend to carry out a further review in early 2010, once it has full-year data from both 2008 and 2009.	
The Government committed in <i>Healthy Weight Healthy Lives: One Year On</i> (2009) to look at developing a set of voluntary principles to underpin all forms of marketing and promotion of food and drink to children, particularly where no self- or co-regulatory regimes exist. The Government now wishes to commission work from external partners to develop the detail of how such principles might look. The Government wants principles to be developed by the end of this year. The closing date for the tendering exercise is 25 August.	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Evaluation of process or impact?</b>
The focus of Ofcom's review will be on whether the advertising restrictions are having the anticipated effects, rather than attempting to identify the direct impact of the restrictions on child obesity levels.	Date evaluation expected/ completed Early-mid 2010.

**FOOD STANDARDS AGENCY**

**To follow**

**WALES*****Infant feeding***

<b>Project/Work area</b>	
<b>National Awareness Programme to Support Breastfeeding in Wales</b>	
<b>Summary/background of work (No more than 250 words)</b>	
<p>The Welsh Assembly Government's Breastfeeding Strategy was published in 2001 and includes over 28 recommendations for actions to improve the rates of breastfeeding in Wales.</p> <p>National Programme 2009-10 to support breastfeeding in Wales has been approved by Minister.</p>	
<b>Current position</b>	
<p>This year's campaign includes a range of funded activities that incorporate working with the NHS, community, schools and voluntary sector. Delays to data collection pilot to be extended to Gwent Healthcare NHS Trust.</p> <p>Open College Network Level 2 course has been launched. Grant Scheme has been established to deliver training and maintain support groups.</p>	
<b>Next steps</b>	
<p>Local Roadshows to be held across country raising profile of feeding in public. Focus of campaign will now be breastfeeding and returning to work, Breastfeeding Welcome Scheme. Education Pack for use in Secondary Schools (thanks to NI resource).</p>	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Date evaluation expected/ completed</b>
After the end of year's campaign to address volume and value of media coverage..	Total value of media coverage assessed as £360,000
<b>Evaluation of process or impact?</b>	

<b>Project/Work area</b>	
<b>UNICEF BFI in Wales</b>	
<b>Summary/background of work (No more than 250 words)</b>	
<p>Following encouragement by the Chief Nursing Officer since 2005, there was a rapid increase in the number of maternity units receiving awards in Wales, four being awarded in the summer of 2006. Currently 47% of all Welsh births take place in Baby Friendly Hospitals. The remaining Units are at different stages in the pursuit of the Award.</p> <p>One part time post has been filled through grant funding to UNICEF to support and encourage the remaining Trusts in Wales to participate in the Initiative.</p>	
<b>Current position</b>	
<p>BFI Professional Officer part time contract extended for a further year. Biannual free BFI courses to be delivered in Wales. Resources provided free where required. Encouragement is being extended within community settings.</p>	
<b>Next steps</b>	
<p>Half price Conference fees and reduced rates for assessments in Wales. Ongoing support for Infant Feeding Co-ordinators.</p>	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Date evaluation expected/ completed</b>
First Annual Report about to be received and reviewed.	
	<b>Evaluation of process or impact?</b>

Project/Work area		
<b>Breastfeeding Peer Support OCN and Grant Scheme 2009-10</b>		
Summary/background of work (No more than 250 words)		
Open College Network and Support Group Grants		
2009-10 Scheme has now offered 23 grants for support Groups (up to £2,000) and 17 grants for Training Peer supporters (up to £800)		
Current position		
Next steps		
<b>EVALUATION</b>		
<b>What are outputs/ outcome measures of initiative?</b>	<b>Date evaluation expected/ completed</b>	<b>Evaluation of process or impact?</b>
At end of 2008-09 Scheme improvements in service provision and outcomes will be identified.	End October 2009	

Project/Work area		
<b>Breastfeeding Data Collection Pilot Scheme</b>		
Summary/background of work (No more than 250 words)		
Pilot in Caerphilly Borough collecting data at 10 days, 6 weeks and 6 months through health visiting service		
Current position		
Red Book has been adapted for Gwent Healthcare NHS Trust for 6month period. Roll-out to Gwent has been postponed due to further changes in book content..		
Next steps		
Maternity data at birth and 10 days to be added, once Gwent roll out has begun.		
<b>EVALUATION</b>		
<b>What are outputs/ outcome measures of initiative?</b>	<b>Date evaluation expected/ completed</b>	<b>Evaluation of process or impact?</b>
At end of 6 month period of use.		

<b>Project/Work area</b>	
<b>Best Beginnings DVD</b>	
<b>Summary/background of work (No more than 250 words)</b>	
Welsh Assembly Government has contributed to the production of the UK DVD. Provided 3 case studies – mothers who were interviewed both in English and in Welsh.	
<b>Current position</b>	
DVD launched by CNO in November when first bilingual versions received. Extensive coverage in Welsh media.	
<b>Next steps</b>	
Informal feedback from users will be monitored whilst awaiting UK Evaluation findings.	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Evaluation of process or impact?</b>
Contribution to UK evaluation.	

<b>Project/Work area</b>	
<b>Welsh Infant Feeding Guidelines</b>	
<b>Summary/background of work (No more than 250 words)</b>	
This loose leaf folder was based on the IFG drawn up by Gwent Healthcare NHS Trust and distributed across Wales in 2007 to all health professionals who work directly with mothers.	
<b>Current position</b>	
Being reviewed in line with latest research and policy guidelines, including BFI.	
<b>Next steps</b>	
Amendments to be printed, distributed and added to intranet.	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Evaluation of process or impact?</b>

## Children and young people

Project/Work area	
<b>The Welsh Network of Healthy School Schemes</b>	
<b>Summary/background of work (No more than 250 words)</b>	
<ul style="list-style-type: none"> <li>The Welsh Network of Healthy School Schemes was launched in September 1999 to encourage the development of local healthy school schemes within a national framework. These schemes in turn support the development of health promoting schools in their areas. The Welsh Assembly Government has provided funding and guidance to help health and education services working in partnerships to set up and run local healthy school schemes in all areas of Wales - many of these schemes include actions to encourage physical activity and improved nutrition.</li> <li>Nutrition programmes supported by the scheme include healthy vending, fruit tuck shops and water coolers. An initial pilot scheme in 3 Pembrokeshire schools investigated the feasibility of selling healthier options from vending machines in secondary schools. The pilot programme demonstrated that it is possible for schools to make a profit from incorporating healthy vending into their whole-school food provision. Guidance, <i>Think Healthy Vending</i>, has subsequently been distributed to secondary schools and catering contractors in Wales via local healthy school co-ordinators and contains advice learnt from the pilot project.</li> <li>The Welsh Assembly Government Water Coolers scheme ran between January and March 2004 and provided coolers to over 300 schools in Community First areas. Guidance on the benefits of water consumption, <i>Think Water</i>, produced in partnership with Dwr Cymru Welsh Water, was initially made available to schools receiving water coolers in 2004. This guidance has since been updated and distributed to all schools in Wales. Approximately 900 schools in the Welsh Network of Healthy School Schemes currently have at least one water cooler provided for use by pupils.</li> <li>The Assembly Government has encouraged the running of fruit tuck shops, on a cost-recovery basis, as part of the Welsh Network of Healthy School Schemes. This has been shown to be a sustainable way of providing fruit in school. It is also a good way of involving pupils in decision-making as they are usually actively involved in running the tuck shop, including making decisions about what is sold. Fruit tuck shops are currently being run in over 800 schools involved in the WNHSS in Wales. The encouragement of fruit tuck shops was supported by guidance on Fruit tuck shops in primary schools, which was produced in partnership with the Food Standards Agency Wales in 2000 and reprinted in 2006.</li> </ul>	
<b>Current position</b>	
As well as continuing support for introducing healthy vending, water coolers and fruit tuck shops the programme is supporting delivery of other programmes such as the Cooking Bus and Appetite for Life.	
Currently 90% of Welsh schools are involved.	
An indicator document for the WNHSS National Quality Award has been published. Schools will be independently assessed for this award after at least 9 years active involvement in the scheme. The indicators for Food and Fitness are linked to the requirements of Appetite for Life	
Over 1,000 fruit tuck shops in WNHSS in Wales.	
A commitment has been made to extend the Welsh Network of Healthy School Schemes to all maintained schools by March 2010.	
<b>Next steps</b>	
Schemes to all maintained schools by March 2010.	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Evaluation of process or impact?</b>

<p>An external evaluation is currently underway. A recent report by the Audit Commission showed that 97% of school in Wales rated Councils' promotion of healthy lifestyles, including healthy eating and drinking, for children and young people, as satisfactory or better. In particular, secondary schools in Pembrokeshire awarded the service provided to them the highest score in England and Wales, with many schools giving top marks</p>	<p>Draft final report received</p>	<p>Process and outcome</p>
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<b>Project/Work area</b>		
<b>Food in Schools</b>		
<b>Summary/background of work (No more than 250 words)</b>		
<p>The Appetite for Life Action Plan sets out the strategic direction and action required to improve the nutritional standards of and drink provided throughout the school day. A two-year action research project involving four local authorities, Wrexham, Merthyr Tydfil, Ceredigion and Torfaen began in September 2008 to develop, and test the guidelines for implementing the food and nutritional standards proposed in the action plan and learn lessons from this project to inform wider application across all maintained schools in Wales. Alongside this work, funding will also be made available via a specific grant scheme to support, across all authorities, those schools not involved in the action research project who wish to progress to the new standards.</p> <p>Additional work to support this programme has been the appointment of a national co-ordinator, the purchasing of nutritional analysis software for use by all Local Authority caterers and grants for training for school caterers</p>		
<b>Current position</b>		
<p>Detailed work is currently being undertaken in 9 schools across the 4 local authorities involved in the action research project. General grants have been awarded...</p>		
<b>Next steps</b>		
<b>EVALUATION</b>		
<b>What are outputs/ outcome measures of initiative?</b>	<b>Date evaluation expected/ completed</b>	<b>Evaluation of process or impact?</b>
<p>Contract for evaluation of the action research project has been awarded to Bath University.</p>		

<b>Project/Work area</b>	
<b>Primary School Free Breakfast Initiative</b>	
<b>Summary/background of work (No more than 250 words)</b>	
<p>The Welsh Assembly Government made a commitment to provide for all children of primary school age registered in maintained primary schools in Wales to have a free, healthy breakfast at school each day. This initiative is intended to help improve the health and concentration of children to assist in the raising of standards of learning and attainment. It will seek to involve parents but is not intended to replace breakfast already provided. It will allow all those that, for whatever reason, have not had breakfast, to have one in school. The provision of free breakfasts is optional. Feedback from those participating in the initiative has been extremely positive with schools seeing benefits to pupils and to the school as a whole.</p>	
<b>Current position</b>	
Some 62% of the primary schools in Wales have now signed up to this initiative.	
<b>Next steps</b>	
Continue roll out.	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Date evaluation expected/ completed</b>
<p>The Initiative has been evaluated by Cardiff Institute for Society Health and Ethics (CISHE) using an RCT design, involving 111 schools in both Communities First and non Communities First areas. Results show that students in intervention schools (those that provided breakfasts) consumed significantly more healthy food items than those in schools not providing breakfasts.</p>	<b>Evaluation of process or impact?</b>

Project/Work area		
<b>Cooking Bus</b>		
Summary/background of work (No more than 250 words)		
The Welsh Assembly Government's Focus-on-Food Cooking Bus has been visiting primary schools in Communities First areas since its launch in June 2006. The Cooking Bus is a specially designed mobile trailer that provides 4-fully fitted kitchens complete with qualified teachers. It provides cooking lessons for pupils, a training session for teachers and a session for parents of young children at each venue.		
Current position		
Some 100 schools have benefited from visits so far.		
Next steps		
Continued support for the programme		
EVALUATION		
What are outputs/ outcome measures of initiative?	Date evaluation expected/ completed	Evaluation of process or impact?
Evidence from two evaluations of the Food Standards Agency (FSA) Cooking Bus in England shows that overall the Bus was well received, and demonstrates longer-term impact on safety and basic practical skills, Oral Report on Evaluation has been provided with written report due shortly.	Draft report received	Process and impact

<b>Project/Work area</b>	
<b>Cymru Cooks</b>	
<b>Summary/background of work (No more than 250 words)</b>	
A grant has been awarded to ContinYou to provide training and support for the development of out of school cooking clubs for children and young people to enable schools and other organisations to develop a strategic and co-ordinated approach to delivering and promoting cooking skills.	
<b>Current position</b>	
Training delivered in 15 local authority areas to date. Support resource developed.	
<b>Next steps</b>	
Clubs being established and local support provided	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Date evaluation expected/ completed</b>
Evaluation has been undertaken by the North East Wales Institute	Completed
	<b>Evaluation of process or impact?</b>
	Process

<b>Project/Work area</b>	
<b>COOKIT</b>	
<b>Summary/background of work (No more than 250 words)</b>	
The COOKIT resource provides quality, child appropriate cooking materials. The COOKIT contains everything that teachers / group leaders require to teach basic cooking skills to groups of 6 pupils cooking individually, or more, if equipment is shared. It also includes a range of teacher / leader-only items used for demonstrations or for preparation. These resources are offered to schools following Cooking Bus visits so that schools can continue delivering cooking skills in the curriculum. In addition, a maximum of ten sets of cooking utensils are offered to each local authority area to support out of schools and community cookery clubs following attendance at the ContinYou training.	
<b>Current position</b>	
Continued provision across Wales linking to the Cooking Bus and Cymru Cooks programmes, and to courses set up via the Dietetic capacity grant scheme	
<b>Next steps</b>	
Future funding will provide the same equipment to clubs supported with training by the dietitians employed through the "Increasing Dietetic Capacity Grant Scheme"	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Date evaluation expected/ completed</b>
	<b>Evaluation of process or impact?</b>

An evaluation by the FSA of COOKIT provision in England following a Cooking Bus visit, has shown that their provision has helped move schools from 'theory' to real practical learning, with more pupils having more opportunities to 'have a go'. The equipment motivated teachers so they were more likely to introduce 'food learning' across the curriculum, and helped maximise other initiatives around food.

<b>Project/Work area</b>	
<b>National Urdd Cookery Competition</b>	
<b>Summary/background of work (No more than 250 words)</b>	
A pilot healthy cooking competition was held in 2007, with finalists cooking on the Cooking Bus at the National Children's Eisteddfod. In addition sessions were run on the Bus for pupils from local schools and for day visitors to the Eisteddfod. Urdd Gobaith Cymru has incorporated competitions for 4 age ranges into the curriculum for the 2008 and 2009 Eisteddfod. Funding provides support for local competitions, judges and venues for local and regional competitions across Wales, and siting of the Cooking Bus on the Maes for the finals.	
<b>Current position</b>	
408 young people are involved in local, regional and national finals of the cooking competition this year. The Urdd estimate that several thousand young people will be involved each year in preparing healthy dishes at the individual club or school level. A further 200 young people will have the opportunity to attend cooking sessions on the Maes.	
<b>Next steps</b>	
.The cooking competition will become an established part of the Urdd curriculum alongside drama, music, sport etc, thus raising the profile of cooking as a desirable skill.	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Evaluation of process or impact?</b>

<b>Project/Work area</b>	
<b>Height Weight Data Collection Feasibility Study</b>	
<b>Summary/background of work (No more than 250 words)</b>	
The National Public Health Service in Wales has been commissioned to undertake a feasibility study for national surveillance programme of children's height and weight.	
<b>Current position</b>	
Desk-based research work undertaken. Feasibility study is completed and the implications of this work are being considered	
<b>Next steps</b>	
Pilot is underway in 5 areas of Wales.	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Evaluation of process or impact?</b>
Feasibility Study, May 2009.	

<b>Project/Work area</b>	
<b>Weight Management Referral Scheme</b>	
<b>Summary/background of work (No more than 250 words)</b>	
Following a review of weight management programmes being delivered across the UK the MEND programme has been identified as a model of best practice. MEND is a community, family based programme for children between 7-13 and their families which uses a train the trainer approach. The multi-disciplinary programme places equal emphasis on healthy eating, physical activity and behavioural change, empowering the child, building self confidence and personal development.	
<b>Current position</b>	
Funding has provided a grant to MEND to use the programme in 10 health areas in 2008-09. National Launch took place on 19 January 2009.	
<b>Next steps</b>	
A phased roll out has begun across Wales 2009-11. 4 areas have completed during Sept-Dec08. Average of 20 programmes running per term.	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Date evaluation expected/ completed</b>
Outcomes of programme will be available through the project database.	
<b>Evaluation of process or impact?</b>	

<b>Project/Work area</b>	
<b>Guidance on Sponsorship</b>	
<b>Summary/background of work (No more than 250 words)</b>	
Guidance for community physical activity / sport clubs has been developed on how to reduce sponsorship from companies who market unhealthy food and drinks.	
<b>Current position</b>	
Leaflet has been distributed to governing bodies of community physical activity / sport clubs	
<b>Next steps</b>	
Guidance is being developed for schools	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Date evaluation expected/ completed</b>
<b>Evaluation of process or impact?</b>	

<b>Project/Work area</b>		
<b>Improve Food in pre-school care settings</b>		
<b>Summary/background of work (No more than 250 words)</b>		
Guidance for preschool care settings is being developed on providing appropriate and nutritious food for this population group.		
<b>Current position</b>		
A guidance manual was issued to voluntary sectors partners in April as a binder (and a CD where requested). Training seminars were held across Wales in June to familiarise voluntary sector partners staff and childcare professionals with the guidance.		
<b>Next steps</b>		
<b>EVALUATION</b>		
<b>What are outputs/ outcome measures of initiative?</b>	<b>Date evaluation expected/ completed</b>	<b>Evaluation of process or impact?</b>
Training seminars have been successfully evaluated		

<b>Project/Work area</b>		
<b>Improve Food in Youth Settings</b>		
<b>Summary/background of work (No more than 250 words)</b>		
Grants for small equipment items are being offered to local authorities responsible for youth settings combined with youth centre staff undertaking an OCN Level 2 Training in Cooking Skills delivered by Community Dietitians.		
<b>Current position</b>		
Small equipment grants were provided to 21 (out of 22) Local Authorities in Wales in Feb/Mar 2009.		
<b>Next steps</b>		
Community dietitians will report on the progress of the scheme in Jan 2010.		
<b>EVALUATION</b>		
<b>What are outputs/ outcome measures of initiative?</b>	<b>Date evaluation expected/ completed</b>	<b>Evaluation of process or impact?</b>

## Physical Activity

<b>Project/Work area</b>	
<b>Dragon Sport</b>	
<b>Summary/background of work (No more than 250 words)</b>	
This project, run by the Sports Council for Wales, focuses on the development of extra curricular and community opportunities for 7-11 year olds in a range of sports, and includes the training of volunteers to deliver sporting opportunities.	
<b>Current position</b>	
To date over 95% of all primary schools in Wales are involved in Dragon Sport, with over 3000 Dragon Sport Clubs in schools and 800 clubs in the community supported by over 2500 volunteers and 2400 teachers. There are over 48,000 registrations in this project.	
<b>Next steps</b>	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Evaluation of process or impact?</b>

<b>Project/Work area</b>	
<b>5x 60</b>	
<b>Summary/background of work (No more than 250 words)</b>	
The 5X60 programme intends to make significant inroads into the Welsh Assembly's target of 90% of secondary pupils achieving 60 minutes of physical activity five times a week by 2020. Based on the success of initial pilots, the Welsh Assembly Government is investing some £7.6 million over 3 years and aims for every secondary school in Wales to be involved in the programme by 2009.	
<b>Current position</b>	
99% of secondary schools in Wales have now signed up to the Scheme. In the Zone 2 has been piloted successfully and will now be extended to additional 5 x 60 schools Initiative seeks to provide informal physical activity opportunities during lunchtimes.	
<b>Next steps</b>	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Evaluation of process or impact?</b>

<b>Project/Work area</b>	
<b>PESS</b>	
<b>Summary/background of work (No more than 250 words)</b>	
<p>The central element of this work lies in the establishment of Development Centres (DCs) in every local authority area to pilot innovative approaches to the raising of standards of PE in schools and sharing of successful approaches with PESS partnership schools. The funding encourages schools to meet the Climbing Higher target of two hours of quality curriculum PE and school sport each week for all pupils. The development centres bring together schools and a range of local partners to promote the sharing of staff expertise, facilities and good practice.</p>	
<b>Current position</b>	
<p>Guidance and resources covering health-related exercise have also been developed which will enable health-related exercise to be delivered throughout the whole school, both inside and outside curriculum time. The guidance are being updated to meet the health, fitness and wellbeing requirement of the National Curriculum from 2008. Central projects are improving opportunities for continuing professional development in PE for all teachers, and supporting improved opportunities for those undertaking Initial Teacher Training 84% of schools are participating in PESS.</p>	
<b>Next steps</b>	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Evaluation of process or impact?</b>
Estyn inspecting PESS programme. Published on Estyn website May 2008. <a href="http://www.estyn.gov.uk">www.estyn.gov.uk</a>	

<b>Project/Work area</b>	
<b>The Class Moves!®</b>	
<b>Summary/background of work (No more than 250 words)</b>	
<p>The Class Moves!® programme helps primary school children and teachers to discover the pleasures and benefits of movement and relaxation. Developed and used widely in the Netherlands, The Class Moves!® consists of a set of illustrated activity calendars and accompanying manuals for every primary school year group. The Welsh Assembly Government has provided The Class Moves! materials to all primary school throughout Wales, via local health and education personnel, who have also provided training on its use.</p>	
<b>Current position</b>	
<p>Staff from Trinity Fields Special School are working with us to modify the materials for use with pupils with specific special needs, and to provide guidance on the use of the modified materials for pupils with a range of disabilities.</p>	
<b>Next steps</b>	
<p>Pilot of modified materials will take place in Summer 2009</p>	
<b>EVALUATION</b>	

What are outputs/ outcome measures of initiative?	Date evaluation expected/ completed	Evaluation of process or impact?
<b>Project/Work area</b>		
<b>Safe Routes to communities</b>		
<b>Summary/background of work (No more than 250 words)</b>		
The Welsh Assembly Government's Safe Routes to School initiative has been enthusiastically welcomed in Wales. It was introduced in 1999, and £27 million has been made available to local authorities, benefiting over 400 schools with capital infrastructure in and around their school areas.		
<b>Current position</b>		
Each year the Welsh Assembly Government working with its local authority partners spends around £1 million on schemes allowing national and local cycle routes to safely cross or connect to the trunk road network.		
<b>Next steps</b>		
<b>EVALUATION</b>		
<b>What are outputs/ outcome measures of initiative?</b>	<b>Date evaluation expected/ completed</b>	<b>Evaluation of process or impact?</b>

<b>Project/Work area</b>		
<b>Cycle Training</b>		
<b>Summary/background of work (No more than 250 words)</b>		
The Welsh Assembly Government has commissioned the CTC to co-ordinate the implementation of National Cycle training standards in Wales.		
<b>Current position</b>		
National Co-ordinator for Wales appointed. Action Plan being finalised.,		
<b>Next steps</b>		
Sign off Action Plan for implementation over 3 years , to 2011.		
<b>EVALUATION</b>		
<b>What are outputs/ outcome measures of initiative?</b>	<b>Date evaluation expected/ completed</b>	<b>Evaluation of process or impact?</b>
On going with targets identified over the 3 year period.		

<b>Project/Work area</b>	
<b>Free Swimming</b>	
<b>Summary/background of work (No more than 250 words)</b>	
In summer 2003, the Welsh Assembly Government, in partnership with the Welsh Local Government Association, local authorities in Wales, the Sports Council for Wales, the Welsh Amateur Swimming Association and the Federation of Disability Sports Wales delivered a national Free Swimming pilot for children and young people aged 16 and under - the first national scheme of its kind in Europe.	
<b>Current position</b>	
<b>Next steps</b>	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Evaluation of process or impact?</b>
The impact of the national Free Swimming pilot initiative has been evaluated. The pilot was introduced against a background of a reducing number of juvenile swimmers in publicly owned facilities across Wales. The initiative has reversed this trend and operates during all school holiday periods	

## NORTHERN IRELAND

<b>Project/Work area</b>	
<b>FIT FUTURES and OBESITY PREVENTION STEERING GROUP (OPSG)</b>	
<b>Summary/background of work (No more than 250 words)</b>	
<p>The Fit Futures Taskforce was established in 2004 by the Ministerial Group on Public Health (MGPH) to examine options for preventing overweight and obesity in children and young people, and to make recommendations to MGPH. The Fit Futures Implementation Plan was published in March 2007. The OPSG advises on how to effectively deliver on the outcomes contained in the proposed Fit Futures Implementation Plan. It leads the ongoing development of the Strategic Framework to tackle overweight and obesity throughout the life course. This Framework is planned for publication in the summer of 2010. Its primary functions are: To provide advice and strategic direction on all relevant issues relating to obesity, including the development of an approach to tackle obesity in all the population. To consider and recommend additional resources as necessary to assist the effective implementation and monitoring of Fit Futures. To oversee Advisory Groups; (Physical Activity, Food &amp; Nutrition, Data &amp; Research, Prevention, Education &amp; Public Information and the Workforce Training &amp; Development Thread to run through the four groups)</p>	
<b>Current position</b>	
<ul style="list-style-type: none"> <li>• The next OPSG meeting is scheduled for 22 September 2009. Dr Susan Jebb will be presenting to the group on how the Foresight Report has been integrated into 'Healthy Weight, Healthy Lives'</li> <li>• The Advisory Groups are now well established and actions from their meetings are being fed back to the OPSG via the Liaison Group whose membership includes the four chairs of the Advisory Groups. The Advisory Groups are now meeting monthly and are currently agreeing outcomes and structure of the new Obesity Prevention Strategic Framework. The Obesity Prevention Strategic Framework is in the crucial stages of development and agreeing short, medium and long term outcomes. The document is planned to be issued for formal consultation in Feb 2010.</li> <li>• A Mapping exercise is underway with the Advisory Groups in order to identify all relevant projects and the range of initiatives working towards preventing obesity and reducing the number of people currently obese – this includes clubs involving food &amp; nutrition.</li> <li>• An Obesity Public Information Campaign mapping exercise is also underway to identify current and planned regional and local campaigns to enable better management of information</li> </ul>	
<b>Next steps</b>	
<ul style="list-style-type: none"> <li>• FSA and Safefood held an initial meeting attended by DHSSPS to discuss the setting up an all-Ireland Food Poverty Network, further developmental meetings are to follow.</li> <li>• Continued involvement with the development of the All-Ireland Obesity Observatory, which provides the capacity for gathering and dissemination of data relating to obesity, health and well-being</li> <li>• Advisory Groups of the Obesity Prevention Steering Group are updating the Fit Futures Key recommendations and working towards the Life Course element and their input into the development of an Obesity Strategic Framework.</li> </ul>	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Date evaluation expected/ completed</b>
The OPSG intends to monitor progress against targets and produce a report on progress on implementation for the MGPH	<b>Evaluation of process or impact?</b>

<b>Project/Work area</b>	
<b>HEALTHY SCHOOLS</b>	
<b>Summary/background of work (No more than 250 words)</b>	
DE/DHSSPS are continuing to develop a joint Healthy Schools Policy to deliver the objective of all schools becoming healthy schools within 10 years. FSANI continue to work towards the establishment of a public sector food procurement initiative in partnership with DFP, DARD and DHSSPS. FSANI continue to develop a project to review and test options for integrating quality nutrition education into training programmes for those working in the food and hospitality sectors.	
<b>Current position</b>	
DHSSPS, DE and HPA launched three publications relating to healthy food in schools on 25 March 2009	
<b>Next steps</b>	
DE to establish a Food in Schools forum to support the delivery of a whole school approach to food and nutrition issues in schools. This Forum will be established to coincide with publication of the policy. The Food in Schools Policy which was developed in conjunction with DE, PHA and FSA is now out for consultation.	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Date evaluation expected/ completed</b>
	<b>Evaluation of process or impact?</b>

<b>Project/Work area</b>	
<b>BREASTFEEDING</b>	
<b>Summary/background of work (No more than 250 words)</b>	
The main objectives of the <b>Breastfeeding Strategy for Northern Ireland</b> include: <ul style="list-style-type: none"> <li>• province-wide co-ordination of breastfeeding promotional activities</li> <li>• commissioning of breastfeeding support within the health service</li> <li>• detailed and uniform collection of infant feeding statistics</li> <li>• research into effective means of breastfeeding promotion</li> <li>• improved training in lactation management for health professionals</li> <li>• supporting breast milk feeding for special needs infants</li> <li>• raising of public awareness of the importance of breastfeeding</li> <li>• cessation of artificial milk promotion within the health service</li> <li>• adopt the recommendations following review of the milk token scheme in England</li> <li>• bringing the marketing of infant foods and feeding products into line with the International Code of Marketing of Breast Milk Substitutes</li> </ul>	
<b>Current position</b>	
The Breastfeeding Strategy for Northern Ireland is currently under review. The Obesity Prevention Strategic Framework will include outcomes specific to increasing the numbers of breastfeeding mothers and the age to which children are breastfed	
<b>Next steps</b>	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Date evaluation expected/ completed</b>
	<b>Evaluation of process or impact?</b>

## **SCOTLAND**

<b>Project/Work area</b>	
<b>Healthy Eating, Active Living – an action plan to improve diet, increase physical activity and tackle obesity</b>	
<b>Summary/background of work (No more than 250 words)</b>	
<p>Healthy Eating Active Living (June 2008) is a three year action plan which sets out the action the Scottish Government will take, together with partners to improve diet, increase physical activity and tackle obesity. Actions are aimed at supporting people to make healthier choices in what they eat, to build more physical activity into their everyday lives and to maintain or achieve a healthy weight. The actions identified in the plan build on the good work that has gone before and continue work to implement the existing Scottish Diet Action Plan (published in 1996 reviewed in 2006) and the National Physical Activity Strategy (published in 2003 and currently subject of a stocktake). The action plan also signals the intention to develop a longer term and wide reaching strategy to tackle obesity. This will involve several Ministerial portfolios in examining the key actions we can take to promote healthy weight and prevent obesity, for example through physical environments and advertising.</p>	
<b>Current position</b>	
<p>The Scottish Government is providing a total of £56m over 3 years (£40m new) to support joint action on improving diet, physical activity and tackling obesity. £19m of this is allocated to the theme of improving maternal and infant nutrition, integrating the current work to develop an Infant Feeding Strategy.</p> <p>Funding will be issued in August/September to NHS Health Boards to take forward the recommendations set out in the NICE public health guidelines 11. In year one (£3m) the particular focus will be on the 6 key recommendations.</p> <p>A report of the consultation exercise in response to 'Infant Feeding Strategy for Scotland' was published on the Scottish Government website in May 2007.</p>	
<b>Next steps</b>	
<p>A reference group will be set up to provide guidance to support NHS Boards on delivering in year 2 and 3 (£6m/£10m.). The group will also consider how any unmet training needs can be met.</p>	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Evaluation of process or impact?</b>
The reference group will also consider how best to evaluate the impact of the £19m.	

<b>Project/Work area</b>	
<b>Improving Nutrition of women of childbearing age, pregnant women and children under 5 in disadvantaged areas</b>	
<b>Summary/background of work (No more than 250 words)</b>	
Equally Well : report of the Ministerial Task Force on health inequalities highlighted improving maternal nutrition during pregnancy as an effective action to address future inequalities in health.	
<b>Current position</b>	
£19m is being made available to NHS Health Boards over the 3 year period (08/09;09/10;10/11)	
Broad parameters were set for Health Boards, evidenced by the NICE public health guidelines 11. The key areas to be focussed on are	
<ul style="list-style-type: none"> <li>- Increase the uptake of Healthy Start</li> <li>- support delivery of the HEAT target on breastfeeding</li> <li>- invest in specialist nutritional support services</li> <li>- support delivery of existing programmes</li> <li>- Enable existing training opportunities to be taken up..</li> </ul>	
<b>Next steps</b>	
An event was organised in March to consider how best to support NHS Boards in delivering this agenda. Funding for year 2 was distributed in April.	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Date evaluation expected/ completed</b>
Consideration being given as to the best indicators for this agenda	<b>Evaluation of process or impact?</b>

<b>Project/Work area</b>	
<b>Treatment programme for childhood obesity</b>	
<b>Summary/background of work (No more than 250 words)</b>	
Health boards will be expected to deliver childhood healthy weight intervention programmes in line with guidance provided by the Scottish Government from April 2008. These include educational and practical sessions on healthy eating, physical activity and behavioural change. A new HEAT target <sup>1</sup> has been developed to monitor health boards' success in seeing a specified proportion of eligible children complete this programme and the Scottish Government has provided £6m over 3 years to support delivery across Scotland.	
The aim is to see around 20,000 children and young people complete these interventions by 2011.	
<b>Current position</b>	
All Health Boards have completed and returned their Local Delivery Plans and all but one have been signed off	
<b>Next steps</b>	
An evaluation and monitoring system will be set up and implemented to follow the progress of this developmental target and feedback will be scrutinised to help determine if there will be any changes to the target.	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Date evaluation expected/ completed</b>
<b>Evaluation of process or impact?</b>	

<b>Project/Work area</b>	
<b>Infant Nutrition Co-ordinator for Scotland</b>	
<b>Summary/background of work (No more than 250 words)</b>	
To progress the Scottish Government's work on infant nutrition, an Infant Nutrition Co-ordinator for Scotland has now been appointed. The Infant Nutrition Co-ordinator will lead the development of the infant nutrition strategy in Scotland, providing advice to all those involved in infant nutrition. Part of the remit for this work will be to emphasise the importance of breastfeeding in improving and maintaining health and in establishing healthy eating patterns in infancy.	
<b>Current position</b>	
Strategy Group meeting quarterly to oversee development of the Maternal & Infant Nutrition Strategy. Draft outcomes framework developed.	
<b>Next steps</b>	
3 sub-groups: Education, Training & Practice Development; Communication & Engagement; Research, Monitoring & Evaluation, will report on recommendations by October/November.	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Date evaluation expected/ completed</b>
Draft strategy by early 2010.	
<b>Evaluation of process or impact?</b>	

<sup>1</sup> HEAT targets are agreed between the Scottish Government and Health Boards to progress Health improvement, Efficiency, Access and Treatment.

<b>Project/Work area</b>	
<b>Breastfeeding</b>	
<b>Summary/background of work (No more than 250 words)</b>	
<p>Breastfeeding is considered the optimal way of embedding good health in infants and fostering positive eating behaviours for the future. However, this needs to be viewed in the wider context of eating behaviours throughout life.</p> <p>Activity around breastfeeding and wider infant-feeding issues is not new but there has been a real and sustained campaign of activity over the past decade in particular. A wide range of innovative projects and activities have taken place largely supported by NHS Board Breastfeeding Strategy Groups and reflecting increasing co-operation between clinicians, health promotion experts, local authorities and voluntary organisations.</p> <p>The Scottish Government has set NHS Boards a HEAT target on Breastfeeding, to increase the proportion of newborn children exclusively breastfed at 6-8 weeks from 26.2% in 2006/07 to 32.7% by 2010-11.</p>	
<b>Current position</b>	
<p>Phase 1 of the breastfeeding awareness campaign "feed good factor" has been externally evaluated to examine overall awareness of the campaign and sources of awareness, explore the impact/effectiveness of the messages and briefly explore the relative appeal/acceptability of the creative approach. A subsequent phase of research has been commissioned to explore the emotional and practical barriers to breastfeeding, setting out to obtain a barometer of existing attitudes and beliefs surrounding breastfeeding among the general public.</p>	
<b>Next steps</b>	
<p>Building on feedback and evaluation of Phase 1, Phase 2 will be developed and launched during National Breastfeeding Awareness week May 2010.</p>	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Evaluation of process or impact?</b>
<p>Breastfeeding campaign evaluation report available. Report of attitudes and beliefs among women and the general public available.</p>	

<b>Project/Work area</b>	
<b>Healthy Start</b>	
<b>Summary/background of work (No more than 250 words)</b>	
UK Wide Scheme	
<b>Current position</b>	
A pilot project within Fife and Tayside has shown that distributing Healthy start vitamins to beneficiaries via the community pharmacy route is an effective distribution mechanism. NHS Health Scotland have commissioned a study to research health professional and public attitudes and knowledge of vitamin D and folic acid supplementation.	
<b>Next steps</b>	
Intention is to have the Healthy Start vitamin products available through the national Community Pharmacy contract in Scotland as part of the Public Service element by October.	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Date evaluation expected/ completed</b>
Findings from the study will be used to inform future work on vitamin D and folic acid.	Report due June 2009.
<b>Evaluation of process or impact?</b>	

<b>Project/Work area</b>	
<b>Free School Meals for P1-P3</b>	
<b>Summary/background of work (No more than 250 words)</b>	
The Scottish Government has an agreement with Scottish local authorities that they will provide nutritious free school lunches to all P1-P3 pupils from August 2010. This policy aims to improve the Scottish diet by establishing healthy eating habits at an early age. This policy was agreed following a trial conducted between October 2007 and June 2008 where P1-P3 pupils in 5 local authorities were provided with free school lunches.	
<b>Current position</b>	
Legislation which enables local authorities to provide free school meals for all P1-3 pupils came into force on 1 December 2008.	
<b>Next steps</b>	
Scottish Government will support local authorities as they implement the policy from August 2010.	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Date evaluation expected/ completed</b>
Free school lunch trial a success. Independent evaluation can be found <a href="#">here</a> . National roll-out agreed.	
<b>Evaluation of process or impact?</b>	

<b>Project/Work area</b>		
<b>The Nutritional Requirements for Food and Drink in Schools (Scotland) Regulations 2008</b>		
<b>Summary/background of work (No more than 250 words)</b>		
<p>The Schools (Health Promotion and Nutrition)(Scotland) Act 2007 will, among other things, ensure that all food and drink provided in schools will meet tough nutritional standards set by Scottish Ministers by regulations. The Nutritional Requirements for Food and Drink in Schools (Scotland) Regulations 2008 were passed by the Scottish Parliament on 25 June 2008. The regulations build on progress already made by Scottish schools and are intended to help young people achieve a balanced diet by providing enough of the important nutrients (such as vitamins, minerals and protein) and fibre without too much fat (especially saturated fat), sugar and salt.</p>		
<b>Current position</b>		
<p>The regulations commenced in primary schools in August 2008. We published guidance to help those involved in providing food and drinks in schools to implement the regulations which is available on the Scottish Government website at <a href="http://www.scotland.gov.uk/Topics/Education/Schools/HLivi/foodnutrition">www.scotland.gov.uk/Topics/Education/Schools/HLivi/foodnutrition</a>. The guidance explains the nutritional requirements in the regulations and provides guidance on how to comply with them.</p>		
<b>Next steps</b>		
<p>The regulations will commence fully in secondary schools in August 2009.</p>		
<b>EVALUATION</b>		
<b>What are outputs/ outcome measures of initiative?</b>	<b>Date evaluation expected/ completed</b>	<b>Evaluation of process or impact?</b>
Local authorities expected to evaluate implementation of the regulations as part their ongoing self evaluation. Implementation of the regulations also monitored by HMIE (the schools inspectorate).		



**Paper for information: FSA updates relating to Maternal and Child Nutrition**

**Agenda Item: 4**

Please see attached paper for information.

**FOOD STANDARDS AGENCY**

<b>Project/Work area</b>	
<b>Diet and Nutrition Survey of Infants and Young Children (DNSIYC)</b>	
<b>Summary/background of work (No more than 250 words)</b>	
<p>Joint FSA/DH survey.</p> <p>The survey aims to provide robust, detailed information on the food and nutrients consumed by a representative sample of infants and young children post weaning in the UK, in order to support existing data on the dietary intake of the UK population. This will bridge the gap in data between the age groups covered by the Infant Feeding Survey (DH, 2005), and the National Diet and Nutrition Survey (NDNS). (i.e. from weaning age to 18 months old).</p> <p>Part of the survey will include the quantitative estimation of breast milk consumed by breast fed infants. In order to accurately estimate nutrient intake for these infants, there is a need to update existing compositional data for breast milk. Advice from the Chair of the SMCN suggests that the errors and variability experienced during sampling for an analytical survey of breast milk composition would provide data no more reliable than within the wealth of existing published literature in this area. The Agency has therefore begun the process of carrying out, in-house, a review of the literature on the composition of breast milk, to inform DNSIYC.</p>	
<b>Current position</b>	
<p>The contract has been signed with a consortium led by MRC Human Nutrition Research and includes the National Centre for Social Research (NatCen). The first Project Board meeting is scheduled to be held on October 19<sup>th</sup>.</p>	
<b>Literature review:</b> FSA are currently searching the published literature (using Pubmed) for review articles containing or referencing relevant material, in addition to looking at relevant grey literature.	
<b>Next steps</b>	
<p>Planning and completion of the following pilot work:</p> <ul style="list-style-type: none"> <li>• Testing of questionnaires,</li> <li>• Testing ability of interviewers to conduct skinfold and possibly other measurements</li> <li>• Assessing the impact on food intake of changing feeding implements to uniform graduated containers</li> </ul> <p>General preparation for the dress rehearsal fieldwork, which is to begin in January 2010</p>	
<b>Literature review:</b> Sifting of abstracts and obtaining full papers for relevant articles.	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Date evaluation expected/ completed</b>
<p>Key output is a published survey report. In addition to the main survey findings, this will include publication of methodology and commentary on data quality.</p> <p>It is envisaged that the review of literature regarding the nutrient composition of breast milk will form an annex or supplementary publication to the main report.</p>	<p>Report expected by end 2011.</p> <p>Aim for findings to be available for analysis of dietary data collected within DNSIYC.</p>
<b>Evaluation of process or impact?</b>	
<p>Monitoring and management throughout the survey by a project board.</p> <p>Seek comments and advice from SMCN where appropriate.</p>	



<b>Project/Work area</b>	
<b>Revised dietary advice on peanut consumption during early life and allergy risk</b>	
<b>Summary/background of work (No more than 250 words)</b>	
<p>The Government previously advised that where anyone in a child's immediate family had a known allergy, mothers may wish to avoid eating peanuts during pregnancy, whilst breastfeeding, and to delay introduction of peanut into the diet of these children until 3 years of age. This was precautionary advice, based on a concern related to the evidence base available in 1998, that consumption of peanut by the mother could, in theory, transfer through to the developing infant and affect whether or not they develop peanut allergy. However, new studies have questioned whether avoidance is necessarily the best strategy for allergy prevention and a major review carried out in 2008 by the Committee on Toxicity of all the relevant evidence now available, has concluded that there is no clear evidence that eating or not eating peanuts during these early life stages influences the chances of a child developing a peanut allergy. The COT further concluded that the previous dietary recommendations are no longer appropriate because of a shift in the evidence base. Details of the evidence base used to inform the COT review are contained with the COT Statement, which is available at <a href="http://cot.food.gov.uk/cotstatements/cotstatements2008/cot200807">http://cot.food.gov.uk/cotstatements/cotstatements2008/cot200807</a></p> <p>Since the COT issued its Statement in December 2008, both the FSA's Board and UK health Ministers have endorsed the revision of the advice. The Agency has been working closely with colleagues in Department of Health, to draft revised advice and to trial this on Consumers and Health Professionals (and their representative bodies), prior to issue. The initial draft of the revised advice was shared with and discussed by SMCN at their meeting in January 2009, and answers to several questions raised by SMCN Members about the advice, were sent to Members by email in June.</p>	
<b>Current position and Next steps</b>	
<p>Following extensive trialling of the first draft of the revised advice on Consumers and Health Professionals (and their representative bodies) from across the UK, a final version of the advice has been prepared taking account of the feedback that resulted from this project. At the time of writing, the revised advice was due to be published on the Agency's and DH's websites at the end of August. An e-bulletin has been sent out by DH to health professional contacts in England, giving them prior warning of the change in the advice, [and similar measures are being taken in the Devolved Administrations]. The revised advice is also being included within general advice given to mothers about pregnancy and development of their baby, such as the 'Pregnancy' and 'Birth to Five' books that have recently been revised and re-launched in England, and via appropriate dissemination routes in Scotland, Wales and Northern Ireland. In addition, the Agency and DH will alert relevant stakeholders to the change in the advice and over the coming months, will be undertaking additional dissemination activities (e.g. arranging for articles in health professional bulletins and mother &amp; baby magazines) as appropriate, to ensure that consumers and health professionals are aware of and can access the revised advice.</p>	
<b>EVALUATION</b>	
<b>What are outputs/ outcome measures of initiative?</b>	<b>Evaluation of process or impact?</b>
An evaluation strategy to assess the take-up and impact of the revised advice, will be developed in due course.	Evaluation will be of take-up and impact of the revised advice.
<b>Date evaluation expected/ completed</b>	