Submission to the Department of Health, Social Services and Public Safety Consultation

'A Fitter Future for All'

25 January 2011

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Introduction

The Institute of Public Health in Ireland

The Institute of Public Health in Ireland (IPH) aims to improve health on the island of Ireland by working to combat health inequalities and influence public policies in favour of health. IPH promotes cooperation between Northern Ireland and the Republic of Ireland in public health research, training and policy advice. Its key focus is on efforts to improve health equity.

IPH welcomes the opportunity to respond to the consultation on the draft of Northern Ireland obesity prevention framework "A Fitter Future for All".

QUESTION ONE (CHAPTER 1):

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

- IPH strongly agrees that addressing obesity is the responsibility of a wide range of Departments, sectors and agencies. This position is based on the very substantial burden of these conditions for individuals and their families, the already strained health and social care services, and our fragile economy. It is supported by all key international agencies.
- This requires careful leadership, coordination and management by one group which we suggest would be DHSSPS to ensure that all the various sectors are fully aware of their role and are accountable for completion of identified actions.
- The private sector is noticeably absent from the list of Departments, sectors and agencies responsible for addressing obesity that is included in the Framework. IPH emphasises the critical importance of engagement with this sector particularly around the food environment.
- There is also opportunity for synergy from tackling the issue of obesity on an all-island basis that could usefully incorporated into the Framework.
- Just as Chapter 1 acknowledges the importance of the Built Environment to the expenditure side of the energy equation, the Framework should also acknowledge the importance of the Food Environment to the intake side of the equation. This could be achieved by including in Chapter 1 an "Importance of the food environment" section that addresses the way our society produces, distributes, markets and sells, prepares and consumes food and drink. Without this, a key area for action will be ignored.
- In Figure 3 (page 16) of the factors that are associated with obesity (and the relationships between them) there are a number of missing arrows (representing

interrelationships). IPH suggests that these be included to reflect all the interrelationships that are acknowledged in other parts of the Framework.

QUESTION TWO (Chapter 2):

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

- The Framework highlights the need for an integrated approach dealing with the wide range of factors in Figure 3. It would be useful if Chapter 2 illustrated this with further examples of how obesity, diet, physical activity, their causes and consequences vary across Northern Ireland. In particular, socio-economic breakdowns would help contextualise the inequalities dimension of obesity.
- Figure 7 is very useful because it discusses the progress towards the existing PSA target and provides some context regarding FIT FUTURES. Figure 7, however, pertains only to P1 pupils (4 ½ - 5 ½ year olds) and it would be very helpful if similar work could be done for children of other ages and for adults.
- While QOF data is very useful for clinically diagnosed obesity-related conditions, many cases are at an early stage and are undiagnosed. IPH publishes estimates and forecasts of the population prevalence of a range of obesity-related conditions (see www.thehealthwell.info/chronic-conditions) that incorporate these earlier stage undiagnosed cases. Further analysis of diabetes forecasts suggests that over a third of the expected increase in the population prevalence of Type II diabetes will be a direct result of the expected increase in obesity. We suggest that reference is made to this data.
- Age standardising some of the results would remove any confusion caused by age confounding of some of the comparisons.
- Statistics currently relate only to food consumption and levels of physical activity. In order to ensure full involvement of other sectors, statistics related to broader issues such as the obesogenic environment and inequalities should be included as a baseline against which progress can be monitored. Moreover current information sources rely exclusively on quantitative measures. Studies currently being undertaken by QUB include valuable qualitative data related to food consumption and physical activity.

QUESTION THREE (Chapter 3):

This chapter sets out just some of the work underway on the issue across Northern Ireland. 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.

- Some existing work that has been undertaken:
  - Development of an obesity hub to provide an authoritative source of obesity-related data, evidence and good practice
  - A number of HIAs of related initiatives and policies including the Cardiovascular Service Framework and the North West Community Gardens Project
  - IPH documents such as the health impacts of the Built Environment, Education and Active Travel help to clarify the need for cross sectoral involvement.
- Some future areas of work:
  - Further development of the obesity hub in association with key agencies
  - Undertaking a HIA of the Framework would help to support the development of an implementation plan for the framework
  - Comprehensive audit of obesity-related initiatives and their evaluations.

QUESTION 4 (Chapter 4):

Do you agree with the Overarching Aim, Target and the long-term objectives of the Obesity Prevention Framework? Are there others which should be considered?

- IPH suggests that the Overarching Aim should incorporate the inequalities dimension of obesity by including a clause that emphasises the intention to achieve the aim across all relevant population subgroups in Northern Ireland.
- IPH suggests that the Overarching Target be extended to include a similar target for "overweight"
- The Framework would benefit from some discussion of the rationale for the Overarching Target, and the feasibility of achieving it in the specified timeline.
- The Framework focuses on primary prevention without clear reference to secondary and tertiary prevention. This raises some technical issues about the expression of the Overarching Target. Does "level" refer to prevalence or incidence? Theoretically, incidence rates could fall while prevalence rates remain high.
- Given the importance of the integrated approach, IPH suggests that it would be useful to incorporate an objective to establish and manage appropriate implementation processes that cover leadership, coordination, monitoring and surveillance, and reporting.
- IPH suggests that an explicit numerical target value should be incorporated into the Framework's two long-term objectives.

- The purpose of note 4.11 is unclear because the two objectives in 4.10 also require "cross-Departmental and cross-sectoral action".

QUESTION 5 (Chapter 4):

Do you agree with these values and principles? Are there any other values that should be included, or you feel are important?

- IPH supports these values and principles and suggests they would be strengthened by the following changes.
- Add principles and values that
    - Recognise the complex causes of poor diet, inadequate physical activity and obesity
    - Acknowledge the need to address the Social Determinants of Health (SDH) and the Social Determinants of Health Inequalities (SDHI)
    - Recognise the importance of Leadership from government, the DHSSPS and PHA
    - Make a commitment to monitor implementation and outcomes (short-term, intermediate and long-term)
    - Make a commitment to transparency and appropriate reporting of performance and progress towards targets
- Include a person's "socio-economic group" and the "level of deprivation in their place of residence" in the list of characteristics in the "Equity and Inclusion" Value/Principle

QUESTION 6 (Chapter 4):

Do you agree with these life-course stages and settings? Are there any others that should be included, or you feel are important?

- IPH commends the DHSSPS's use of an outcomes-based approach that incorporates a stated logic model.
- The section in Chapter 4 relating to cross-sectoral action highlights the need for further details about how the Framework will provide
    - Higher-level leadership to support lead delivery partners of specific outcomes
    - Higher-level coordination beyond "sharing of PSAs in respect to Departments"

- Recognition of the need for synergy between this Framework and other policies and strategies is welcomed. HIA is an essential tool for achieving such coordinated policy development and "health in all" policies. IPH has played a leading role in the development of HIA across the island and suggests that a HIA of the Framework could help ensure that other relevant policy is taken into consideration and that other policy-makers buy into the obesity agenda.
- It might be useful to emphasise that, as well as addressing issues in each life stage, a life-course approach also coordinates and integrates such efforts as individuals and their families move through the life stages.
- IPH strongly supports the adoption of a life-course approach delivered through relevant settings with a focus on target groups. Such an approach must complement, and not replace, the Framework's emphasis on the broader societal factors that operate in the "obesogenic" environment.
- IPH suggests that a "Leadership" and "Partnership/Coordination" be added as "Threads" to emphasise the importance that these two elements must also run through the three pillars. This would reflect the weight given to these issues throughout the Framework

Question 7 (ANTENATAL, MATERNAL AND EARLY YEARS): Do you agree with:

A. the short, medium and long term outcomes?
B. the timings and delivery partners?
C. the indicators to monitor progress?

- Outcome 4: The audit mentioned is currently being conducted by the Obesity Hub in the Institute of Public Health (with part-funding from the PHA) under the auspice of the PHA Obesity Prevention Planning Group. IPH suggests the PHA is the appropriate Lead Partner and the Obesity Hub (or IPH) the first Delivery Partner.
- Outcomes 5, 6: For your information the CAWT Obesity Project has as one of its aim to develop a service delivery model for obesity management that involves the "case finding" mentioned in Outcome 4 and "referral pathways" mentioned in Outcomes 5 and 6.

Question 8 (CHILDREN AND YOUNG PEOPLE): Do you agree with:

A. the short, medium and long term outcomes?
B. the timings and delivery partners?
C. the indicators to monitor progress?

- IPH suggests that an outcome relating to the audit of current initiative and programmes be added:

  "Audit of current initiatives and programmes on nutrition and physical activity within Children and Young People settings including the voluntary, community and private sectors.

  This will ensure the audits mentioned in the other settings will cover all the settings in the Framework. This audit is currently being conducted by the Obesity Hub in the Institute of Public Health (with part-funding from the PHA) under the auspice of the PHA Obesity Prevention Planning Group. IPH suggests the PHA is the appropriate Lead Partner and the Obesity Hub (or IPH) the first Delivery Partner.

Question 9 (ADULTS AND GENERAL POPULATION): Do you agree with:

A. the short, medium and long term outcomes?
B. the timings and delivery partners?
C. the indicators to monitor progress?

- Outcome 2: The audit mentioned is currently being conducted by the Obesity Hub in the Institute of Public Health (with part-funding from the PHA) under the auspice of the PHA Obesity Prevention Planning Group. IPH suggests the PHA is the appropriate Lead Partner and the Obesity Hub (or IPH) the first Delivery Partner.
- Outcome 3: The Obesity Hub in the Institute of Public Health (IPH) was developed as such a website. It is funded by the department and managed by the IPH in collaboration with the UKCRC Centre of Excellence for Public Health (Northern Ireland) (QUB). IPH suggests the Obesity Hub (or IPH) be added as the first Delivery Partner.
- Outcome 3: IPH suggests that an Outcome, similar to this one, should be included in each of the other settings of the Framework. The Obesity Hub's website represents significant progress towards such an outcome.
- Outcome 5: For your information the CAWT Obesity Project has as one of its aim to develop a service delivery model for obesity management that involves the "case finding" and referrals mentioned here.

Question 10 (DATA AND RESEARCH): Do you agree with:

A. the short, medium and long term outcomes?
B. the timings and delivery partners?
C. the indicators to monitor progress?

- IPH suggests, for the table of outcomes corresponding to each of the three Life-course stages, that the relevant outcomes should be gathered together in a "Data and Research" block of outcomes. This would then make the presentation of the "Data and Research" outcomes in these tables consistent with the presentation of the other pillars in those tables. This would strengthen consideration of the data and research issues that are relevant to each life-course stage. An alternative would be to gather the outcomes in the other tables that are related to data and research issues (such as the various references to audits) into the table for the Data and Research pillar.
- IPH believes that further work is required on the table of outcomes for the Data and Research pillar and would suggest that Outcome 1 (development of the action plan) be given a high priority in 2011.
- The present table of outcomes for the Data and Research pillar has a strong focus on developing the requisite information systems and identifying the requisite research. There are significant challenges in translating the knowledge these contain into evidence-based policy and practice. If this translation does not occur, improvements in dietary intake and physical activity will not occur. IPH suggests that outcomes for disseminating and applying knowledge be developed more systematically and included in the table.
- Outcome 1: IPH suggests that the Action plan should include a list of the topics to be covered. The list in Outcome 6 relating to research needs seems appropriate:
    - determinants of Obesity
    - best practice
    - economic and social impacts
    - sustainability.
- Outcomes 2: Given the leading role played by the IPH in the development and the management of the Obesity Hub, it would be appropriate that IPH be included as the first Delivery Partner.
- Outcome 3: As part of its work plan for 2011, the Obesity Hub in the Institute of Public Health is developing an Obesity Evaluation Toolkit. IPH suggests that the Obesity Hub (or IPH) be included as the first Delivery Partner. The work achieved to date represents significant progress towards such an outcome.
- Outcome 7: The audit (of initiatives and programmes) mentioned is currently being conducted by the Obesity Hub in the Institute of Public Health in Ireland (with part-funding from the PHA) under the auspice of the PHA Obesity Prevention Planning Group. IPH suggests the PHA is the appropriate Lead Partner and the Obesity Hub (or IPH) the first Delivery Partner.

Question 11 (CHAPTER 6): What are the priorities within this Framework which need to be delivered) to effectively address obesity?

If obesity is to be addressed, priorities for IPH would be:

- The development of structures and processes specifying how the leadership, coordination and management, and monitoring (of implementation and progress towards outcomes) required to deliver the Framework will be achieved. New forms of incentives should be explored to ensure the strong and effective cross departmental support which is essential to reduce the barriers which are hampering effectiveness.
- A greater engagement with the food and retail sector and a focus on the way we produce, distribute, market and sell, prepare and eat food
- A planned approach to addressing the socio-demographical differences in the dietary behaviours and physical activities across the region. As well as developing a longer term strategy, urgent and shorter term action is needed. This is particularly important during the recession when the cost of healthy food may act as a real barrier to healthy eating.
- IPH supports the recent NIAO report which called for action to strengthen knowledge and evidence, build relevant information systems and link science, policy and action. A more systematic approach to the development of the necessary information systems and research, and the dissemination and mobilisation of the knowledge they contain The Obesity Hub, recently established within IPH, can make a significant contribution to these developments.
- There is a strong case for working with other jurisdictions including other parts of the UK, Ireland and Europe. This should be done in a systematic and transparent way, and used to identify areas of cooperation and learning.

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