

Submission to the Northern Ireland Assembly  
Committee for Health, Social Services and Public Safety

Committee Inquiry into Obesity

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## **INTRODUCTION**

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

IPH congratulates the Health Committee on selecting obesity as its subject for inquiry and welcomes the inquiry's focus on the scope and new possibilities for obesity prevention. IPH thanks the Committee for the opportunity to contribute our views and experience.

## **SUMMARY**

- The UK Foresight report offers an in-depth understanding of the nature and complexity of obesity, its causes and approaches to address them. IPH believes this report provides an excellent basis for a strategic framework to guide a sustainable and effective response to obesity in Northern Ireland.
- As well as developing a longer term strategy, urgent and shorter term action is needed to coordinate current activities and ensure focus on the most vulnerable groups. This is particularly important during the recession when the cost of healthy food may act as a real barrier to healthy eating. A strong strategic approach should link to other key government policies on poverty, social inclusion and sustainable development.
- Most of the actions which are needed to prevent obesity fall outside the health sector. A cross government and wider societal response extending well beyond the health sector is required to halt the rise in obesity and its harmful consequences. 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.
- The Executive's PSA target to halt the rise in obesity is welcome. Intermediate outcomes and targets should also be set to measure progress and identify gaps in knowledge.
- The recent NIAO report calls for action to strengthen knowledge and evidence, build relevant information systems and link science, policy and action. IPH strongly supports this call.
- 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.

## **1. Extent and impact of obesity**

- 1.1 In 2007 an extensive UK Foresight Report pointed out that nearly 60% of UK population could be obese by 2050, with substantial health and economic implications. A similar picture exists in Northern Ireland with an increasing proportion of the population overweight and obese, and resultant significant costs to individuals and society. The case for action has been well spelt out in several government reports including Fit Futures and the recent Northern Ireland Audit Office report. Obesity is an important risk factor for a wide range of serious conditions including heart disease, cancer, hypertension and diabetes. IPH forecasts that over the period 2005 to 2015 there will be 26% increase in the proportion of people with Type 2 diabetes if current trends continued. The loss of productivity and the costs of care and treatment of obesity and related conditions have serious effects on the economy and threaten to engulf the health service. Obesity is estimated to cause 450 deaths per year, £14.2 million in lost productivity and £90 million cost to health and social care.

## **2. Why is obesity increasing?**

- 2.1 Reasons for the rise in obesity have been widely analysed and debated. Society has radically altered with major changes in work patterns, transport, food production and food sales. As the recent UK Foresight study puts it “The pace of the technological revolution is outstripping human evolution and for an increasing number of people weight gain is the inevitable – and largely involuntary - consequence of exposure to a modern lifestyle. This transition has been at least three decades in the making.....the causes of obesity are embedded in an extremely complex biological system set within an equally complex societal framework”.

## **3. Strengthening the strategic response**

- 3.1 Important initiatives have been set up and led by DHSSPS including the 2005 cross departmental strategy Fit Futures: Focus on Food, Activity and Young People which assessed levels of obesity in young people and described actions that should be put in place, and the 2007 implementation plan which also outlined an extensive range of proposed actions and responsible agencies.
- 3.2 The recently formed Obesity Prevention Steering Group (OPSG) will oversee implementation of Fit Futures and develop a new strategy for obesity prevention across the life course. Groups have been set up on data and research, nutrition and food, physical activity and education, and each of these groups has agreed terms of reference.

- 3.3 We suggest that regular reporting through e-bulletins compiling the actions of and outcomes of each of these groups would keep the issue on the political agenda and public agenda and inform professional in the field thus encouraging cooperation and avoiding duplication or the feeling that not enough is being done. It would also allow for transparency of funding decisions.
- 3.4 Many current local initiatives are highly innovative and based on strong intersectoral partnerships but research and experience suggest their effectiveness is often hampered because they are not supported by a wider strategic approach. A task for the OPSG is to ensure coherence between regional and local work.
- 3.5 There are now a huge range of initiatives aimed at promoting healthy eating and physical activity, and many organisations in Northern Ireland and across the island have responsibilities in these areas. Clear agreement is needed on who is responsible for what, with assigned responsibility and accountability to develop, disseminate and support implementation.
- 3.6 We concur with the published reports and support the approach that is being taken. However we also have a number of suggestions which we believe need to be considered.

#### **4. What else is needed?**

- 4.1 The recent Northern Ireland Audit Office report noted and welcomed the DHSSPS developments but stated clearly that more needed to be done.
- 4.2 IPH feels that as well as a strategic population based response, action is needed in the short and medium term to prevent the substantial and immediate harm being wrought to individuals and society.
- 4.3 There is a need to identify the groups that disproportionately carry the burden of obesity and respond by providing appropriate services and support to those who have most need. The Public Health Alliance report on food poverty identifies this as a priority.
- 4.4 Obesity is more prevalent in people who are poor, and there is a strong socioeconomic gradient in obesity. The proposed Northern Ireland obesity strategy should consider the findings of the recent report of the Commission on the Social Determinants of Health (CSDH) which sets out how nations should respond to the appalling health gap within and between societies, and ensure that the new strategy is closely linked to government strategies to tackle poverty and social exclusion.

- 4.5 It is currently difficult to grasp what is going on and identify what is working well. Coordination should be a priority for the new Public Health Agency which could lead a more systematic and coordinated approach, support the work of primary care teams and reduce current fragmentation and duplication. The emerging role of local government in community planning and the strengthening of its role in public health provides opportunities for local action.
- 4.6 Good local work by many professionals has been hampered by weak legislation on food labelling and promotion of high fat products to adults and children. During the recession it is more important than ever to ensure healthy food is affordable, and that local action is effective.
- 4.7 IPH suggests identifying good practice by the development of a toolkit of (accredited) community-based interventions for tackling poor diet, inadequate physical activity and obesity in various settings.
- 4.8 The setting of a PSA target to halt the rise of obesity by 2010 is welcome but intermediate outcomes are also vital to complement this high-level target and establish if progress is being made. Adequate knowledge may not exist to define appropriate and measurable targets and IPH suggests that as gaps in our knowledge become apparent, research should be commissioned and information systems developed so these gaps can be filled.

## **5. Cross government action**

- 5.1 A systems approach, defining obesity as a societal and economic issue, requires cross party support and the commitment of the NI Executive and wider society. The Foresight report outlines the importance of strong leadership and accountability.
- 5.2 We note the programme for government sets a PSA target “to halt the rise in obesity by 2010”. Any plan to achieve this target requires cross government support and action by sectors responsible for food and agriculture, transport, planning, education and finance. IPH would welcome the Health Committee’s role in advocating for cross party support to ensure action across government and the wider business sector. Without this IPH believes that it will not be possible to halt the rise in obesity.
- 5.3 Most of the upstream work that is needed will be by non health departments and their agencies and the mechanisms for ensuring that this happens need to be robust and clear. IPH suggests that the Health

Committee considers the setting of joint PSA targets agreed between government departments with shared accountability for delivery.

- 5.4 Responsibility for cross departmental work lies with the cross department Ministerial Group on Public Health (MGPH). IPH suggests a stronger approach involving all Ministers in this important social and economic threat. Transparency of meetings with minutes and decisions published on the web and regular reports on progress would inform and encourage wider social action.
- 5.5 Northern Ireland's broad based and cross government strategy Investing for Health (IfH) recommended that all government policies should consider their impact on health. IPH has produced guidelines on health impact assessment (HIA) and many policy-makers and practitioners have been trained in the HIA. The Health Committee could play a very significant role by insisting that all government policies were assessed in terms of their health impact, with particular reference to the impact on health inequalities and the obesogenic environment.
- 5.6 IPH has produced reports which outline the impact on health of the built environment, transport and education and these offer guidance for government departments and other agencies on ways in which policies could be more supportive of good health.
- 5.7 As the recession impacts on the finances available to public services, it is essential that an effective public health approach is taken and that vital cross sectoral work and "upstream work" is supported.

## **6. Beyond the health sector**

- 6.1 International analysis demonstrates that effective action requires the full commitment of sectors beyond the health sector as numerous policies and actions beyond the health sector are highly influential in determining what we eat and how active we are. The importance of working with and gaining full commitment from sectors including education, food, built environment, leisure and transport is crucial. To illustrate this we use examples relating to the food industry, and the built environment.
- 6.2 A recent IPH evaluation of the Decent Food for All (DFfA) intervention in the Armagh and Dungannon Health Action Zone highlighted the very significant role played by the large multiple, discounter/freezer and affiliated independent stores like Tesco, Sainsbury, Spar and Centra. It is essential that the food industry acts responsibly on issues such as the composition of food products, sourcing and pricing of food products, simpler, consistent food labelling across the island and controls on food

marketing in the media and in-store promotions - particularly those aimed at children, as well as the location and content of retail food outlets.

- 6.3 We believe that an urgent response is needed by the food sector including well designed and binding rules to provide clear and prominent nutrition facts and information and restrict fraudulent claims. We think that voluntary codes of practice are unlikely to achieve the depth and strength of change that is required to protect health. There is a particular worry that the recession will impact on the ability of people's ability to afford healthy food resulting in greater intake of high fat, high calorie food.
- 6.4 An important way of encouraging physical activity is through changing our built environment. For example recent guidance from the National Institute for Clinical and Health Evidence (NICE) states everyone concerned with the "artificial environment" and those planning the use of natural environments should be maximising the potential for physical activity. All planning applications should give priority to people's exercise. Transport planners should give priority to pedestrians and cyclists by widening pavements, and introducing more cycle lanes. [www.nice.org.uk/PH008](http://www.nice.org.uk/PH008)

## **7. Strengthening evidence-informed policy and practice**

- 7.1 The Foresight report noted that "Integrating science and policy in a model of continuous quality improvement is critical" to the success of our efforts to tackle inequalities.
- 7.2 Creating better links between research, policy and practice is a key objective of the new UKCRC Centre of Excellence in Public Health (a partnership between Queen's University, IPH, the Community Development and Health Network and W5). The Centre is carrying out high level research in areas including food choices, economic incentives, land use and social policy. Researchers in these areas (and other key researchers in Northern Ireland) can aid the Health Committee and ensure that relevant research is used to inform policy and practice. IPH suggests that the Health Committee conduct a round table involving local researchers to consider what can be learnt to assist an effective response in Northern Ireland.
- 7.3 Guidelines from the National Institute for Clinical and Health Evidence (NICE) are applied as appropriate in Northern Ireland. We need to look at developing better strategies to implement these guidelines in practice and ensure we achieve the expected benefits.
- 7.4 An obesity observatory was established in late 2008 by the English Department of Health to strengthen evidence-based policy and practice. IPH has been exploring the utility of establishing an obesity observatory to

support implementation of the obesity strategy by widening access to data, evidence and good practice, developing the evidence base, helping to implement good policy and practice, and monitor obesity, its determinants and consequences.

## **8. Working with UK, Ireland, and Europe**

- 8.1 Many of the factors that affect our diet such as the production, marketing and distribution of food either operate at national, all island, European and global level. It is vital that we cooperate with national and international organisations and make good use of international experience. We must also recognise the fundamental role of the Common Agricultural Policy (CAP), EU competition regulations and advertising rules in influencing our food policies, sometimes in ways which are harmful to health.
- 8.2 As trends demonstrate obesity develops slowly within individuals and communities and a long term sustained approach spanning several generations is needed to prevent the alarming health and economic effects of obesity.

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