

Nutrition & Dietetics Department Causeway Health & Social Services Trust Response to A Twenty Year Vision for Health & Well-being in N.I.2005 - 2025

Q1. Welcome the consultation and extensive engagement in compiling this document and pleased to see it has a wide ranging perspective. We look forward to being actively involved and resourced in the implementation of these aspirations.

Q2. The five major themes are very good. I would however like an **explicit focus** on tackling the obesogenic environment through Departmental joined up budgets and working. This is essential if we are to stem the tide of obesity, diabetes, heart disease etc and consequent associated costs. Thus for example Department of Agriculture, Economic Development, Planning, Education and Health need to come together to draw up a specific vision statement which is health enhancing and implemented within all the respective organisations.

Some visible results could be achieved through the provision of easily accessible opportunities for:

exercise - adequate footpaths, green spaces, allotments (vegetable and fruit gardens), Exercise opportunities need to be expanded through eg leisure facilities, walk-ways, dancing classes, community team games etc.

nutrition - accessible and possibly subsidised basic healthy foodstuffs such as potatoes, bread, fruit and vegetables. Alongside this, there needs to be an education programme to inform, motivate and empower people to make the necessary dietary changes. Many people have lost the knowledge and ability to cook so there needs to be the facility for people to reconnect with fresh nutritious foods in a non threatening environment. The provision of community classes eg Cook It can give people the skills and confidence to cook healthy economical and nutritious meals in an enjoyable setting.

Q3. Need a strategic vision to ensure equitable and targeted distribution of funding to ensure early nutrition interventions through the life journey.

Pre-conception	- education on Folic Acid for prevention of Spina Bifida
Ante-natal care	- opportunity to establish healthy eating habits
Infancy	- breastfeeding promotion and support
Early years	- nutrition input to all child care facilities and projects eg Surestart
Primary school age	- optimum nutrition is essential for growth and development
Adolescents	- appropriate nutrition for age especially for bone health and prevention of anaemia
Adulthood	- adequate nutrition for mid-life and osteoporosis prevention
Older years	- adequate nutrition for ageing well and disease prevention

The public are keen to have access to accurate consistent nutrition messages, as indicated at a recent Public Health and Diabetes Conference on prevention of diabetes. Good nutrition needs to become an integral component of the life journey, if disease prevention is to occur. People need to know basic facts about the link between diet and

health eg one third of all cancers are dietary related, and that individuals can make a contribution to reducing the risk of disease by choosing healthy foods. Careful management of chronic diseases eg diabetes has been shown to reduce complication rates. It is worth noting that a 10Kg weight loss would restore a 1/3 of the life expectancy in an obese person with Type 2 diabetes. One example of good practice was The Expert Patient Programme for people with diabetes which was trialled successfully in Causeway Health & Social Services Trust in 2003/2004. Such initiatives need recurrent funding.

Q4. Concern that without dedicated resources, little sustainable action can be achieved. Monies may need to be veered from other sources and departments. Cost savings should be re-deployed to encourage efficiencies. Health outcomes should be encouraged and rewarded. Perhaps all benefit recipients should have to make some contribution to society e.g act as walk- to school stewards, litter wardens, waste recycling operators etc.

Q5. Legislation should be introduced and propose vote C.

Q6. Largely support proposals for progression of the strategy but would add a word of caution regarding the modernisation agenda. It seems that a lot of professions are keen to develop and extend practice. However this must be balanced against the recognition that there already exist certain professions with these core skills and so resources are wasted by training up others to a lesser level of expertise. The luxury of extensive diversification should be questioned as this leads to a deficit in key areas of Service delivery.

Comments on text:

Page 9 Pre-conception – folic acid should be mentioned. Also:
Earlier years/Adolescent – bone health adequate Calcium + iron
Make healthy choices the easier options for children

- 1.18 Add: Encourage, evaluate and enable healthier food choices -
- 1.22 IFH needs to fund prevention initiatives eg promote and educate the public about the link between health and diet.
- 1.45 Department of Education needs to fund posts –e.g. Dietetic posts to progress the implementation of standards for school meals.
- 1.46 Need to include all AHP Services.
- 1.62 Recruitment and Selection problems for AHP's also – need to increase skill mix.
- 2.35 Health & Social Care Workers – This concept of a generic worker can only be successful if all are trained, updated and monitored to ensure safe working practice and must not replace the key professionals, but support them
- 3.3 Agree, but this will only happen if adequate funding, is allocated to Services unable to meet current demands.
- 4.5 Need to ensure that people employed are adequately trained eg nutritionist is not a protected title, therefore suggest a registered nutritionist/dietitian would be more appropriate to ensure public are receiving correct dietary information.
- 4.11 Need to ensure that the right mix of staff are included eg funded Nutrition & Dietetic input to all Surestart programmes.

- 5.115. There needs to be inclusion of all the core Services if the vision for a reformed Mental Health Service is to be achieved e.g Nutrition is an essential component of mental health and well-being. Many people with chronic diseases e.g diabetes suffer from a mental health problems. Many of those with mental illness require nutritional support. This Dietetic & Nutrition Service needs to be factored in to workforce planning for Mental Health.
- 5.123. Similarly agree with objectives for Equal Lives. Dedicated Resources for Dietetics is needed to ensure optimum nutritional care can be delivered.
- 5.15 Need input of core AHP Services e.g. Sarah's story should include input of a Dietitian.
- 5.90 More emphasis on a healthy diet for children to decrease obesity, Type 2 diabetes, improve bowel function as well as support calcium intake for growth and bone development.
- 5.99 Enhanced skills- this should include the use of AHPs who already have much of the expertise required.
- 6.13. AHP Consultant led clinics offer new possibilities which have not yet been developed much in N.I.
- 6.25 Key Action – It is important to note that a similar need for more capacity exists within Nutrition & Dietetics who have also had a workforce review. Demands for this service are rising dramatically, due to increased levels of obesity, diabetes, lipids etc.

As one person aptly said nutrition should be viewed as a fundamental requirement not an allied service.

I suggest that the report from the Fit Futures Health Sector workshop Jan 2005 also provides some useful ideas, which could be included.

I hope these comments are of help.



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