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Dear Sir

A Healthier Future: A Twenty Year Vision for Health and wellbeing in Northern Ireland 2005 –2025

The Consumer Council welcomes the opportunity to comment on this important Strategy that represents a vision of health and social services development over the next 20 years. Our comments are attached and we hope you find them useful.

Please do not hesitate to contact me again if you wish to discuss any of the issues further.

Yours faithfully

DR SINÉAD FUREY
Senior Consumer Affairs Officer

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INVESTOR IN PEOPLE

Introduction

The General Consumer Council for Northern Ireland (The Consumer Council) is a statutory body established in 1985 with the general duty to promote and protect the interests of consumers. The Consumer Council aims to make the consumer voice heard and to make it count.

We welcome the draft Strategy as a useful identification of future health and social services needs.

Health Inequalities

In Northern Ireland the gap between the rich and poor has been widening since the 1970s¹. It should also be remembered that certain consumer cohorts are over-represented among lower-income households, including the elderly, unemployed, students, children, rural poor and lone parents. This poverty is bad for health in a number of ways: it results in less disposable income to spend on the physical determinants of health, for example food; and for many, poverty results in a heating or eating dilemma, where choices regularly have to be made between the basic necessities of life.

Key findings emerging from the Investing for Health Strategy were:

- Many factors affect mental and emotional health. Some affect people here to a greater extent than elsewhere, due to higher levels of poverty or political conflict;
- Life expectancy for the poorest men is seven years less than for the richest. The gap for women is four years;
- Those in the lowest occupational classes are more than twice as likely as those in the highest class to die from cancer;
- Among women, those in the lowest social class group (unskilled) are 60 per cent more likely to experience some form of neurotic disorder than those in the highest social class (professional);
- People who are unemployed are almost twice as likely to show signs of a possible mental health problem as those in employment.
- Poor people have less to spend on the physical determinants of health, such as good food, warm and comfortable housing;

The Consumer Council's report "In Poor Health"² also highlighted the difference between the wealthiest and the poorest in Northern Ireland. It demonstrated that those least well off were much more likely to suffer a series of stressors. Indeed, the poorest are more than three times more

¹ Department of Social Services. (1999) *The Changing Welfare State. Opportunity for All: Tackling Poverty and Social Exclusion: First Annual Report*. The Stationery Office, London.

² In Poor Health, GCCNI, 2001

likely to have serious financial worries than the most wealthy as shown below.

Significant stressors in lives (percentage)

	<i>Wealthiest</i>	<i>Poorest</i>
<i>Health Stress</i>	<i>37.2</i>	<i>42.4</i>
<i>Job Stress</i>	<i>9.4</i>	<i>19.5</i>
<i>Family Stress</i>	<i>11.7</i>	<i>18.1</i>
<i>Major Financial worries</i>	<i>1.9</i>	<i>6.2</i>

Source: Dr D O'Reilly. In Poor Health, GCCNI, 2001

For these reasons we believe that the Strategy should also address food, fuel, and water poverty under the auspices of deprivation and health. Given the continuing reform of Northern Ireland's water and sewerage services we believe that water affordability is a real concern that could augur poorly for future public health for one in four (169,926) Northern Ireland households. We believe that the Government, in its *Investing for Health and Wellbeing* section of the Strategy, should include water poverty among its criteria in addition to air and water quality and fuel poverty.

Food Poverty

We believe that efforts need to be redoubled to target resources towards areas of greatest health and social need in Northern Ireland. Everybody should have the opportunity to choose and obtain a healthy diet. Therefore, there needs to be greater recognition of the health inequalities caused by food poverty, and adequate funding of community and statutory initiatives addressing this issue.

Sustainability

Sustainable consumption is about consuming differently, consuming efficiently, and having an improved quality of life. We believe that health factors should be included in the Strategy as the long-term health of the population is a key factor in sustainable development and consumption. We support the Strategy's assertions that poor health and health inequalities are unsustainable and that health and wellbeing is everyone's responsibility. While consumers have a right to high quality health and social care services they also have a personal duty to make responsible health and lifestyle choices.

With regard to food and sustainability we believe that there needs to be a balance to facilitate choice across the seasons, particularly with regard to enabling consumers to meet the health target of eating five portions of fruit and vegetables per day. Long-term health of the population is a

sustainability indicator. We believe that consumers should be free to choose and it is a matter for individual consumers what they buy. A sustainability framework must recognise this consumer principle of *choice*, which in essence may mean that there will necessarily be a trade-off between choice and the reduction in food miles in order to address the seasonality of food and its consequences on the availability of fruit.

Obesity in Children and Young People

Northern Ireland figures suggest that one-third of boys and one-quarter of girls aged 12 are carrying excess weight³. It has been established that the early years' food choices can determine the diet and subsequent quality of life in later years. For these reasons we believe that there must be dedicated and positive action to address childhood obesity and other associated childhood-onset diseases, for example diabetes.

This dedicated action should encompass the following issues:

Joined-up approach

- Cooperation among health professionals, Government departments and agencies, parents, schools, retailers, manufacturers and advertisers

Education

- Holistic public health education campaign incorporating key health messages to better inform the food choices of parents and children

Schools

- Schools should be commercial free zones promoting healthier food options where possible
- Incorporation of cooking skills in the school curriculum

Promotion of food to children

- Review and strengthen existing regulatory framework making unlawful all unacceptable practices in relation to food promotion to children including via different and novel media

Promotion of best practice in industry

- Replace sweets at the checkouts with healthier options

³ Gaffney, B. (2004) Obesity is Increasing Among School Children. [Irish News](#).

- Nutrition profiles of children's food products should be reviewed to strive for healthier children's food products that are low in fat, sugar and/or salt where possible
- Nutrition claims should not be used on products where the nutrition profile is high in fat, sugar and/or salt
- Signpost nutrient content of food
- Additional graphics on desirable food products aimed specifically at children

Physical Activity

As health problems that emerge during adulthood tend to originate in childhood, attention needs to focus on preadolescents. Optimum physical development can be achieved through frequent physical activity (Weltman et al, 1986) and positive attitudes to participation may be fostered so that active lifestyles will transfer into adulthood. Intervention programmes therefore must concentrate not only on increasing activity levels but also the implementation of positive attitudes towards physical activity⁴. In order to assist in achieving this, the Strategy must help people to understand the importance of regular physical activity to health.

Two-fifths (42.3 per cent) of respondents in Northern Ireland research⁵ indicated that they exercised more than twice a week but did not meet international recommendations for physical activity levels. Importantly, the amount of exercise was found to decrease with increasing age. This supports Riddoch's (1990) findings where post-primary schoolchildren, especially girls, participated in very little vigorous exercise. Activity preferences of the genders also differ with boys preferring masculine competitive activities, such as sports, while girls indicate a preference towards traditional female individual activities and social activities. Therefore it is imperative that in girls there is a need to target prevention before puberty, with an emphasis on increasing physical activity levels (Goran et al, 1998).

Overall, the findings suggested a lack of physical activity among 9-17 year olds. This coupled with the fact that young people enjoy sedentary lifestyles does not bode well for the public health of future generations. Therefore, we believe that public health policy needs to address the influences on children's food choices, redress the imbalance of foods that are high in fat, sugar and/or salt currently being promoted to children and the physical inactivity of this cohort. The Strategy should seek to increase physical activity of this cohort through development of walking and cycling options by identifying and solving problems associated with the school journey to encourage healthy travel options (ie) a supportive

⁴ McLaughlin, E. (2003) D.Phil, University of Ulster, Belfast.

⁵ Warwick, J. (1998) Food Choices of Young People in Northern Ireland – The Influences and Health Implications; University of Ulster, Belfast.

environment that provides convenient, attractive and safe places for physical activity

Home to School Transport

The Council believes the promotion of sustainable transport options could help increase the amount of physical activity carried out by young people. Physical activity has radically decreased over the past 50 years and although walking offers important benefits there is evidence that we are walking less and less with people increasingly using the car, even for short journeys.

One of the areas this is happening in is home to school transport, where there has been an increase in children being transported to school by private car. This has led to the number walking to school falling from 62 per cent in 1989 to 54 per cent in 1999, according to the Social Trends survey (BBC News Online, 2004).

The promotion of sustainable transport options includes the development of cycling and walking options for young people. One way this is being developed is through school travel plans, which encourage schools to identify and solve problems associated with the school journey to encourage healthy travel options.

Many schemes are currently in place to try and facilitate and encourage healthier journeys to school. Walking and cycling to school can provide many benefits, including improving health through increasing physical activity, reducing pollution from unnecessary car trips and reducing traffic congestion in towns and cities. Research is also beginning to suggest that educational achievement improves in line with increases in levels of physical activity and that walking or cycling to school makes children more alert and ready to face the school day than if they have been sitting in a car.

The Strategy identifies the central nature of an integrated, sustainable and safe transport network. We strongly support this recommendation. Sustrans has been working on a Safe Routes to Schools programme, which as well as facilitating sustainable transport, aims to reduce the number of child casualties and road accidents for all – especially pedestrians and cyclists

Roads Service has also developed a Northern Ireland Walking Action Plan, which identifies many steps that can be taken to improve walking facilities for all, including schoolchildren. An implementation group, of which the General Consumer Council is a member, has been established to ensure these steps are introduced to improve the walking environment. The Roads Service also has a NI Cycling Strategy to implement a range of

measures aimed at facilitating and encouraging cycling including cycle lanes cycle parking stands and toucan crossings, to assist cyclists across busy roads.

Health Promoting Schools

We support the whole-school approach to health and the *health promoting schools* initiative. We have previously stated that schools should be commercial-free zones and any sponsorship initiatives should not compromise the whole school approach to health education. An example of such a contradictory approach was a recent confectionery promotion that awarded school sports equipment in exchange for loyal confectionery consumption.

The school meals service has a role to play in helping to meet the long-term objective of a healthy nation in a collaborative effort with the health authorities, caterers, schools, parents and pupils. By creating compulsory nutritional standards, as per the ongoing pilot, the Department of Education will ensure that irrespective of where they live, the 54 per cent of children who take school meals and their parents will know what standard of provision to expect. Essentially, the proposals will mean that each child in Northern Ireland will have access to a well balanced, healthy school meal and all the associated benefits.

Health Promoting Work Places

We believe that health promoting workplaces may also be feasible as such an initiative could impact daily on workers' lives in the same way as does health promoting schools with children.

Smoke-free Environments

The Council supports a ban on smoking in enclosed public places and to this effect we support option three of the health strategy: *Smoking should be banned entirely in all enclosed public places and workplaces in Northern Ireland.*

Social Housing

We believe that it is necessary to ensure that all consumers have access to safe, good quality, affordable housing. It is essential that a social housing strategy provides adequate housing at reasonable cost.

Community Pharmacies

Consideration should be given to how to increase accessibility to pharmacy services, which under the current system is not universal. In

Northern Ireland it is unclear if, despite the high ratio of chemists to the population, these are widely accessible to consumers. Importantly, any changes should seek to maintain and increase the number of chemists offering delivery services to ensure accessibility to all consumers, particularly the elderly, people with disabilities and people with other needs that require them to be housebound.

Fluoridation and Oral Health

The Consumer Council does not have a policy position on fluoridation as the subject requires much further discussion and informed debate. However, we do believe that any future possibility of introducing fluoridation to Northern Ireland's drinking water supply must be as a result of an inclusive consultation process involving consumers and their representatives from the outset. Any policy adoption or rejection must be as a result of an evidence-based approach informed by a robust cost:benefit analysis.

Zoonoses

It is not in the interests of consumers or the industry that zoonotic (animal originating) disease concerns exist. Consumers want food production, distribution and retail systems that they can trust. The agri-food industry must be more pro-active in future in demonstrating to consumers that its processes and products are safe.

Food and health policies

Given the links between diet and health agriculture and health policies should complement each other. More support should be targeted at encouraging the production of food that is consistent with healthy eating and dietary guidelines.

Education

The Strategy outlines its commitment to provide children and young people with the opportunities to acquire the critical skills and information necessary to make informed decisions about personal health behaviours. We believe that this could facilitate two objectives: first, the decisions made in childhood and early adulthood often set a precedent for future health behaviours, and second, children are effective communicators and are adept at passing on messages to parents that they have learned at school. We therefore believe that this element of the Strategy could resonate beyond its primary audience.

Co-ordinated approach

We believe that a successful Strategy requires cooperation among health professionals, government departments and agencies, parents and schools. This is the challenge that health professionals within Northern Ireland must continue to address, taking into consideration the influences affecting physical activity and seeking the cooperation of all the interested parties.

The Council agrees that education is key to the long-term solution of unhealthy lifestyles. We are supportive of a holistic approach including an education programme incorporating key health messages; for example, balancing the consumption of unhealthy food with healthy food options and physical exercise.

We believe that a supportive environment that provides convenient attractive and safe places for physical activity needs to be provided and we welcome the accommodation of this within the Department's Physical Activity Strategy.

Conclusion

We believe that it is appropriate for the Department to have both aspirational and realistic targets. However, those targets over which the Department has total control should be SMART [specific, measurable, achievable, realistic and time-bound]. We therefore believe that the Department should strive towards a mix of both aspirational and achievable/realistic targets in moving towards ambitious goals.

Importantly, there should be independent monitoring and evaluation of any work undertaken by the Strategy to measure effectiveness and success.