Q5. Have we missed out any indicators that you think we should include?

Yes.

We agree with the decision to focus on key outcomes and the aim to achieve transparency and accountability through the proposed public health outcomes framework. However, given the stated aim to reduce obesity and improve child health, we are concerned that the public health outcomes make no reference to nutrition or nutritional data gathering to support evidence based interventions.

The most recent National Diet and Nutrition Survey shows that the population target for total fat consumption has now been reached and that the population is eating less saturated fat than a decade ago and the average consumption of trans fatty acids has fallen considerably and is within the recommended guidelines. Salt intake has also fallen and fruit and vegetable intake has risen. However, despite this progress, large proportions of the population are still failing to achieve the population recommend intake levels for saturated fat, salt, non milk extrinsic sugars, and fruit and vegetables. Furthermore, in 2008 the Scientific Advisory Committee on Nutrition (SACN) reported that significant numbers in the population have low intakes and/or low biochemical status of various micronutrients (a total of 14 were identified as of concern).

The BNF recommends that additional national indicators relating to diet and nutrition (see below) should be included to Domain 3: Health Improvement to address diet-related chronic diseases, such as cardiovascular disease, hypertension, type-2 diabetes mellitus and some cancers.

Our recommended additions are national dietary indicators concerning the percentage of adults meeting the recommendations for saturated fat intake, salt (urinary sodium), sugars, and fruit and vegetable intakes; the prevalence of low intakes (using lower reference nutrient intake values) and low biochemical status of a selection of the 14 micronutrients identified by SACN in its 2008 report as being low in a number of population subgroups. In addition, to tackle health inequalities, the distribution of these indicators (and others such as smoking, physical inactivity and excess body weight) across the population should be assessed.

Q6. We have stated in this document that we need to arrive at a smaller set of indicators than we have had previously. Which would you rank as the most important?

The key indicators should relate to disease prevalence measures and to the major risk factors of ill-health, including poor diet, inactivity and smoking.
Q11. How well do the indicators promote a life-course approach to public health?

The BNF supports a life-course approach to public health. In relation to diet-related chronic disease, although many of the major risk factors (such as hypertension and high blood cholesterol) tend to appear in middle-age, the disease process is likely to have started much earlier, perhaps even in utero, which emphasises the importance of a healthy diet throughout all stages of life.

The suggested indicators generally promote a life-course approach. However, the BNF considers that the importance of being a healthy weight and consuming a healthy, varied diet before, during and after pregnancy could be strengthened.

We are also pleased to see the emphasis on maternal health/breastfeeding, an area that the BNF has already identified as a focus for its work over the coming year (2011/12).