The British Nutrition Foundation (BNF) was established over 40 years ago and exists to deliver authoritative, evidence-based information on food and nutrition in the context of health and lifestyle. The Foundation’s work is conducted and communicated through a combination of nutrition science, education and media activities. BNF’s strong governance is broad based but weighted towards the academic community, and we are honoured to have Her Royal Highness, The Princess Royal as our Patron. BNF is a registered charity that attracts funding from a variety of sources, including contracts with the European Commission, national government departments and agencies; food producers and manufacturers, retailers and food service companies; grant providing bodies, trusts and other charities.

Q4: How would you classify your organisation?

Public health sector

Q5: Role of GPs in public health: Are there additional ways in which we can ensure that GPs will continue to play a key role in areas for which Public Health England will take responsibility? Yes/no – explain your answer.

Yes.

The British Nutrition Foundation (BNF) welcomes the Government’s intention to rebalance effort from the treatment of ill-health to preventing the causes of ill health. We support the intention of the government to reduce lifestyle driven ill health through local intervention and the empowerment of individuals to make healthy dietary and lifestyle choices, provided this is underpinned by a coherent and robust evidence-base. We, also welcome the Government’s proposal to ring-fence funding for public health to maximise opportunities for better health and to reduce inequalities in health across England.

The Foundation notes the proposed change in responsibility for many public health issues from central Government to local authorities to ensure that services focus on the needs of the local population. While the Foundation agrees that public health initiatives should be targeted to specific population groups and that local authorities and health services are well placed to do this, we consider that local authorities must be supported in their work by central Government to help ensure consistency, sustainability, cost effectiveness and soundness (and to prevent ‘reinvention of the wheel’). Specifically, Public Health England (or another central Government department) needs to be responsible for assembling and critically appraising a coherent and robust evidence base and disseminating this advice in a way that is practical and relevant at the local level. Crucial to the value of the evidence base will be
incorporation of information about the types of interventions that have been shown to work/fail in various settings including schools, workplaces, primary care and community settings (and including barriers to behaviour change and facilitating factors). It would then be the responsibility of local authorities and GP practices (and other local settings such as schools) to decide how best to prioritise and implement the findings in their area, taking into account health inequalities, and socioeconomic and ethnic profiles, for example.

The BNF agrees that there needs to be increased focus at the local level on provision of dietary and lifestyle information (to promote prevention of ill health) alongside treatment and management of disease. Successful implementation of public health nutrition initiatives will be key to obesity prevention and reducing the prevalence and associated risk of diet-related chronic disease.

A mechanism is needed to allow Public Health England and GPs and their practice teams to interact (and share information about ‘what works’), as GPs and healthcare professionals are a trusted source of information and in direct contact with individuals and are key messengers of public health information to the population.

**Q6:** Public Health evidence: What are the best opportunities to develop and enhance the availability, accessibility and utility of public health information and intelligence?

It is important that national and local public health initiatives are underpinned by the best available scientific evidence. Local authorities should be supported by central Government through provision of a coherent and robust evidence-base on which to base their initiatives, including evidence on initiatives that work and do not work in various settings (including schools, workplaces, primary care and community settings) and groups (e.g. ethnic or lower income groups), and barriers to behaviour change and facilitating factors.

Central Government should retain responsibility and oversight for the development and maintenance of the evidence-base on public health issues. We believe there is also a role for academia and research councils to be involved in the process of collating, critically assessing and assembling the evidence base, and a role for the third sector, including charities such as the BNF, in the provision of communication channels (alongside and supporting healthcare professionals) to get consistent and evidence-based information to the public. The BNF recommends that Public Health England establish mechanisms relevant to all key public health areas, incorporating representation from academia and the third sector, to help assemble and disseminate robust public health information to local authorities and to healthcare professionals at the front line. One way of doing this would involve development of a central electronic knowledge management system that health professionals can access for the latest, critically appraised information.

To further develop public health evidence, the Government should continue to fund research to better understand the causes of ill health, mechanisms of action and strategies to positively influence behaviour change. Currently, research activities by the Department of Health and the Food Standards Agency are helping to strengthen the
evidence-base for public health nutrition challenges, such as obesity, meeting nutritional requirements and food safety, and funding for this valuable research should be protected. Funding for new research projects should tie in with identified gaps in the evidence base; for example, interventions in specific groups such as some ethnic groups where there is little information about what works. Also, central Government advice on evaluation systems and tools will be required to ensure comparable evaluation of the outcomes of public health initiatives undertaken by local authorities.

To ensure wide and consistent use of public health nutrition information, it is important that local authorities employ, or at least have access to, registered nutritionists (especially public health nutritionists) and/or dietitians. This is because, despite the importance of nutrition in tackling obesity and chronic diseases, many doctors and other health professionals working in public health have very limited training in nutrition and limited time to keep up to date with the latest evidence. The term ‘dietitian’ is legally protected and regulated through the Health Professionals Council but this is not the case for the title ‘nutritionist’. However, voluntary registration is available through the Association for Nutrition (AfN) and requires robust scientific training to degree level and a minimum of two years of practical implementation of this knowledge. The importance of registration and quality training in nutrition needs to be more widely communicated because use of the term ‘nutritionist’ is unfortunately not an automatic indicator of robust training.

Q7: Public Health evidence: How can Public Health England address current gaps such as using the insights of behavioural science, tackling wider determinants of health, achieving cost effectiveness, and tackling inequalities?

It will be essential that Public Health England has a ring-fenced budget for commissioning research to address current gaps in knowledge. A better understanding of why people make the food choices they do and how to influence their behaviour will be key to helping achieve improved food and nutrient intakes, improved physical activity levels and a reduction in rates of diet-related disease in the population. This research should include further work to identify strategies to help disadvantaged groups overcome barriers to healthy eating, in order to help reduce health inequalities in the population.

To identify the gaps in knowledge and hence relevant research requirements, Public Health England should consult widely with other government departments (to avoid duplication in research programmes), and also with research councils, NGOs, academics and health professionals working in the area.

As behavioural science is a complex area, the evidence-base provided to local authorities needs to outline the public health initiatives that have achieved the greatest success as well as the initiatives that have not worked well. Similarly, mechanisms (including publication in the peer reviewed literature) should be put in place to allow the various local authorities to share information about the success (or otherwise) of the initiatives that they have undertaken in their communities. Overall, this approach should assist local authorities in planning and implementing robust public health initiatives targeted to the needs of their communities that are cost-effective.
sustainable and evidence-based and have the greatest chance of success to improve public health outcomes.

Public Health England needs to be responsible for assembling the evidence base on the best public health approaches and strategies for use by local authorities. This approach is more cost effective and sustainable than if each local authority were to attempt to gather the evidence-base on each public health issue for their use. It also ensures that the information used by the various local authorities is consistent and robust, allowing local authorities to focus on prioritising, planning and delivering interventions in their local communities.

Tackling some of the wider determinants of health, such as diet and lifestyle choices, has the potential to support other policy areas. For example, changing food consumption patterns in line with recommendations to reduce chronic disease or obesity risk may also benefit the sustainable diets work being undertaken by the Department for Environment Food and Rural Affairs.

Q8: Public Health evidence: What can wider partners nationally and locally contribute to improving the use of evidence in public health?

All partners (e.g. government, NGOs, food industry and healthcare professionals) should base their public health activities and initiatives on the best available scientific evidence. Such an approach helps ensure that public information on diet and health is consistent and hence helps to avoid misinformation and/or confusion. It is also important that links are maintained with partners at an international level, as a way to share experiences about tackling some of these public health issues and resources. For example, the World Health Organization recently published a report on the most effective nutrition and physical activity interventions as supported by evidence, and similarly in 2004 the BNF completed a comprehensive review commissioned by the Food Standards Agency on successful ways to modify food choice.

It would be beneficial if mechanisms were in place to enable front line healthcare professionals and other partners (including the third sector) to feed peer reviewed information into the suggested central electronic knowledge management system managed by Public Health England. Such a two-way process might raise awareness among decision makers at national and local levels about new and innovative public health initiatives (national and local) that they may wish to collaborate with or build upon.

In addition, to ensure that the best available evidence is used at a local level to inform decisions about public health initiatives, it is essential that appropriately trained health professionals are employed by local authorities. For example, registered nutritionists and dietitians should be employed to develop and implement evidence-based food and nutrition interventions for local authorities, to maximise success of the intervention.
Q9: Regulation of public health professionals: We would welcome views on Dr Gabriel Scally’s report. If we were to pursue voluntary registration, which organisation would be best suited to provide a system of voluntary regulation for public health specialists?

The Scally report identifies a number of health professionals that may be involved in delivering public health services, including nutritionists and dietitians.

In relation to provision of public health nutrition services by local authorities, appropriately trained and registered dietitians or nutritionists should be employed. Dietitians are currently statutorily registered with the Health Professions Council. However, ‘nutritionist’ is not legally protected, though voluntary registration for nutritionists is available through the Association for Nutrition (AfN). Not all those using the description ‘nutritionist’ have received the robust scientific training required for AfN registration and this situation needs to be communicated more widely.

Q10: Cross cutting issues: Please use this section if you want to comment on any cross cutting issues Please explain your answer

No comments.

Q11: Summary: What do you think the top 5 issues are in implementing the White Paper vision and related strategy and proposals?

1. Local authorities must have access to a centrally managed knowledge system that contains robust and accurate information on public health issues, on which they can base public health initiatives to meet the needs of their communities.

2. The decision makers in local authorities need to understand the importance of employing appropriately trained health professionals to develop and deliver public health initiatives. For example, registered dietitians and nutritionists to be employed in relation to diet and nutrition based initiatives.

3. It will be essential that there is the required expertise within each local authority to determine and prioritise the most important (and sustainable) public health issues that need to be addressed in the community and how to achieve the greatest value for money with the available funds.

4. There is a need for central Government advice on appropriate evaluation systems and tools to ensure comparable evaluation of the outcomes of public health initiatives undertaken by local authorities, as well as their sustainability and cost effectiveness.

5. There remains a need to ensure that public health (including relevant aspects of nutrition science) is part of the nutrition training curriculum for all health and social care professionals.