



Response to the consultation on the public health white paper, *Healthy Lives, Healthy People*.

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The Kidney Alliance is an umbrella group of patient and professional organisations working in renal care - Association of Renal Industry, Association of Renal Managers, British Association for Paediatric Nephrology, British Kidney Patient Association, British Renal Society, British Transplant Society, Kidney Research UK, National Kidney Federation, Renal Association, Renal Nutrition Group, Royal College of Nursing.

### General comments

The Kidney Alliance is encouraged by the stronger emphasis placed on public health, which we believe has the potential to consolidate lifestyle messages and information aimed at improving health. However, we have remaining **concerns regarding the separation of public health from other health strategies** and activities. The need for greater liaison at local level is clear and we note the reference to the Local Government Association; however we believe it may be useful to have visible linkage between Public Health England and the Department for Communities and Local Government. We are not yet convinced that the planned processes to provide linkage between health professionals, public health professionals and local authorities will be sufficient to create the strong team-based approach required to deliver the stated objectives.

We would like to see clearer public health objectives supporting not only disease prevention but also faster and earlier access to diagnosis and treatment for those who require it. We also believe that **a common approach is crucial** – many of the key risk factors for coronary heart disease (CHD), stroke, diabetes, and kidney disease are the same. In many diseases earlier intervention is associated with both better outcomes for the patient and often costs savings by avoiding more complex and more expensive treatment. Whilst recognised in the consultation on outcomes, it is important to emphasise its key role.

**Question a. Role of GPs and GP practices in public health:** Are there additional ways in which we can ensure that GPs and GP practices will continue to play a key role in areas for which Public Health England will take responsibility?

The NHS, and particularly GPs and GP practices, will be focused on the delivery of their contribution to the NHS Outcomes Framework. Therefore, their continued role will be influenced by the capability of public health activities and strategies to

contribute the NHS Outcomes Framework. It is envisaged that the Health and Wellbeing Boards will play a vital role in ensuring that this consistency is realised.

To fulfil this role, the Health and Wellbeing Boards require clearly defined roles and accountabilities for each of the main groups represented. The positioning of GPs within this is crucial. They represent the sole link between the NHS and public health. Presumably, it will be mainly their responsibility to ensure that public health programmes are optimised to reduce the incidence of relevant diseases in defined areas and to ensure that public health programmes complement the delivery of health care, not only where there are shared outcome objectives, but generally. This crucial role must be adequately recognised and supported by adequate powers in the Health and Wellbeing Boards. We should like to see a stronger indication that the Health and Wellbeing boards will have the authority to ensure this.

We should like to see patients, the public and voluntary sector organisations being actively involved throughout the commissioning cycle and in the work of Health and Wellbeing Boards and should like to see explicit commitment and action on this as soon as possible.

In kidney care, there is an enormous need to generate more awareness regarding the factors that increase the chances of individuals suffering from renal disease, and public health could play a vital role here, which would benefit the delivery of healthcare via GPs. However, wherever information is taken on board and results in behaviour changes (which is, of course, what should happen), there may be consequential effects on the workload of healthcare professionals, particularly GPs as they are generally the first point of contact for patients. In this example, there could be envisaged an increase in GP consultations with patients seeking kidney function testing. Therefore there is an obvious need for careful co-ordination of public health.

This also sheds light on another important role for public health which crosses over into the NHS; that of promoting the appropriate need for early testing for certain conditions where early presentation is important. Thus, information in public health campaigns needs to cover not only the lifestyle measures individuals can take to reduce the risk of conditions but also, in appropriate conditions, the need for early testing, aimed at groups in which this is most important. This is an area that would be likely to influence the continuing role of GPs and community pharmacies. We therefore welcome the commitment to continue to use the NHS Health Checks, and also to pay particular attention to the role of community pharmacies.

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

- The obvious points of access for information, such as those via public health, NHS and patient organisation websites, NHS Direct and patient organisation helplines provide a crucial hub for information dissemination, but they are only a beginning.

As much public health information impacts on lifestyle, it is important for it to be taken up into sources of information to which people turn during their normal day-to-day living (and not to overtly 'lecture' when this is done). The subtle integration of information into a diverse number of sources (websites, help lines, publications, broadcast media and the relatively new social media) will be extremely powerful, though it will take time to achieve.

It is important that part of the public health strategy addresses the need to achieve this and does so as a national-level activity. Information provided in this way would not necessarily appear to be overtly of a public health nature, it would more likely be that it would be in line with the public health agenda. This would act not as a primary source of public health information, but as a reinforcement and endorsement of such information.

- **Healthy living campaigns** have previously tended to be focused on specific diseases or disease areas, yet they often promote similar actions to other campaigns. For example World Kidney Day promotes healthy diet as a means of reducing the risk of kidney disease, but this is also **a crucial preventative measure in diabetes, heart disease and many other areas**.

There appear to have been relatively few campaigns that have focused on specific actions, such as healthy eating, and showing that by improving lifestyle in this single aspect, people will be helping reduce their risk of many common and serious diseases. This new public health system may provide an opportunity for this approach to be investigated.

**Question c. 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?

The proposals mention the importance of research, which would play an important part in guiding Public Health England in bridging gaps. Such research would need to focus not only on the likely impact of public health-related measures but also on the means by which opinions are influenced and behaviours changed (in other words not only the likelihood of success but also the most effective means of implementation). It would be important to understand more about the influences on the way in which people choose to lead their lives. For example, this might include diverse factors such as:

- The impact of shift work and/or commuting on eating habits  
or
- Attitudes to risk taking that mean people continue to have high risk elements in their life (such as high cholesterol or high salt diets) despite being aware of the risk.

This latter factor is important to public health because the effective delivery of information is not a guarantee of behaviour change.

**Question d. Public health evidence:** What can wider partners nationally and locally contribute to improving the use of evidence in public health?

- Please see comments under the first bullet in response to question b, and also general comments on active involvement with patients and the public. The key in terms of communication of messages is consistency and endorsement.
- While joint strategic health assessments and health and wellbeing boards will be a key to effective collaboration between public health, health and social care, there must be genuine engagement with patients, the public, the voluntary sector, and multi-disciplinary and multi-agency professionals.

Question e. **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?

No comment.