



## **The Kidney Alliance**

### **Response to the consultation on Healthy Lives, Healthy People: Funding and commissioning routes for public health**

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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.

#### Question 1.

We have some concerns as to whether the Health and Wellbeing Boards (HW Boards) will have sufficient national perspective to identify where a specific element might be more effectively provided at a wider level, or even nationally, and sufficient authority to ensure that such services are available..

There may also be some issues, particularly in continuity, where a service is commissioned either by a group of consortia or at national level but where related public health services are commissioned locally by a specific HW Board.

We are also not convinced, given the complex nature of relationships between a wide range of stakeholders at local level, that decision making by HW Boards will be adequately rapid or sufficiently robust to respond to local needs. We would like to see a clear definition of the degree of accountability HW boards will have for ensuring an adequate and comprehensive provision of service.

#### Question 2.

We welcome the involvement of the voluntary, independent sector and other providers in the formulation of plans as we believe this will cement ownership and reduce the potential for barriers to develop. This should necessarily include health providers, who may experience consequential increased workload, and will need to plan and set aside funding for this. We should like to see further detail on how HW boards will balance the needs of the voluntary sector and patients with the goals of GP consortia. It is however important to note that additional pressures are being put on to the voluntary sector due to cuts in other areas of the social and health care sectors and local authorities. Our members are already seeing a reduction in funding to charities that are expected to supply additional support services. Such cuts are currently being seen in funding from councils and local authorities for care and support services to the elderly, disabled and sick populations, and are a source of concern.

Question 3.

As in the response to question 2, health providers and commissioners need to be informed or consulted and get involved where relevant at planning stage so that they are better able to inform the process but also have a chance to assess the likely impact on their activities. Forecasting, with careful co-ordination of planning and activities is essential in order to avoid situations where public health activities generate demand for other services that they cannot fully meet.

The outcomes framework also needs to be sufficiently flexible to allow for situations where a public health activity must be delayed in order to allow sufficient time for other services to prepare for the resultant increase in demand in their area.

Question 4.

No comment

Question 5.

No comment

Question 6.

We note the inclusion of programmes to address prevention and early presentation in relation to long-term conditions. This has been one of our concerns in relation to the outcomes framework and we would like to see greater prominence given to this in outcomes measurement and objectives setting.

Question 7.

The NHS Health Check programme provides a vital way of identifying people at risk of several major diseases, including kidney disease as well as cardiovascular disease and diabetes. This should be a national programme commissioned by Public Health England and not at local authority level, which could run the risk of introducing variables that would reduce the overall effectiveness of this programme. Running this programme at a national level will directly improve mortality outcomes through detection and then timely treatment for conditions which may be asymptomatic in early stages. National provision will provide maximum effectiveness.

Question 8.

We believe that services for obesity and nutrition, plus those for early presentation and diagnosis should be included in those considered mandatory for local authorities to provide. Such services will offer value, improve outcomes and delay or prevent expensive drug treatments associated with disease progression.

Question 9.

No comment

Question 10.

No comment

Question 11.

A move to target allocations over a period of time would seem to be sensible. However, steps should be taken to ensure that local authorities, who wish to move more quickly and have demonstrated their ability to do so, are not discouraged by a lack of flexibility in freeing up budget to fund this.

Question 12.

No comment

Question 13.

No comment

Question 14.

No comment

Question 15.

No comment

Question 16.

No comment