

Health and Wellbeing Board

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Cardiovascular Disease (CVD) Prevention Strategic Framework for County Durham



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Purpose of the Report

1. The purpose of this report is to set out the principles, supporting evidence and priorities for a cardiovascular disease (CVD) prevention strategic framework (attached at Appendix 2). This brings together the key themes set out in other strategies and action plans that address key risk factors for CVD, and expands on the relevant sections of the Joint Health and Wellbeing Strategy (JHWS) and Public Health Delivery Plan.

Background

2. The transfer of public health responsibilities from the NHS to local government is an opportunity to review the strategic approach to population health and reducing health inequalities.
3. Cardiovascular disease is a major health problem. The prevention of CVD is a public health priority within an overall strategy of reducing early deaths and health inequalities. As part of the JHWS, the CVD prevention strategic framework brings together the relevant sections of the Joint Strategic Needs Assessment (JSNA) and the objectives of the JHWS Delivery Plan with the aim of developing an integrated action plan.
4. CVD is the second largest cause of death in the UK. In County Durham:
 - CVD accounted for 1,389 deaths in 2012, 26% of all deaths.
 - Of these 385 were early deaths from CVD (aged less than 75) resulting in a significantly higher death rate than the England average.
 - The CVD early death rate has fallen by 70% since 1993. (figure 1) and the gap between County Durham and England has closed.
 - The mortality rate for people who live in the most deprived areas is 20% greater than the overall mortality rate and 60% greater than the mortality rate of those who live in the least deprived areas.
5. Notwithstanding this remarkable fall in mortality the prevalence of CVD is predicted to increase. There is a marked difference in prevalence between the two CCGs reflecting differences in the prevalence of CVD risk factors and demographic profiles. The prevalence for both Clinical Commissioning Groups

(CCGs) is estimated to rise by 16% by 2020 from the baseline of 2006 compared with a 12% rise in England as a whole.

6. This increase is due to a number of contributory factors including an increase in the number of older people, improved survival among people who have CVD through secondary prevention interventions such as procedures to increase blood flow through the coronary arteries (revascularisation), treatment with beta blockers and statins after a heart attack and cardiac rehabilitation programmes. This shows that the burden of disease caused by CVD is likely to increase even though death rates are falling.
7. The strategic framework builds on the CVD section of the JSNA with additional material describing the burden of disease and potential for health improvement. The strategic framework review takes into account:
 - The prioritisation of the public health ring-fenced grant toward population based policies and programmes.
 - National and local guidance on the priorities for public health.
 - Recently published evidence on the effectiveness and value of interventions to prevent CVD.
8. The key message of the strategic framework is that the strategic objective in the JHWS for the reduction of early deaths from CVD, while reducing health inequalities can only be achieved through an integrated approach combining population wide changes in lifestyle and targeted interventions aimed at those who are at a higher risk of CVD.
9. The different elements of the strategic framework are structured around three complementary approaches:
 - **Population-wide approaches** aim to change the risks from the social, economic, material and environmental factors that affect an entire population. This can be achieved through regulation, legislation, subsidy and taxation or rearranging the physical layout of communities.
 - **Community-level approaches** are targeted at groups of people who are at high risk of cardiovascular disease (for example a specific black and minority ethnic group or geographical area) and may include activities to change health behaviours among the group.
 - **Individual approaches** are interventions that give people direct encouragement to change their behaviour. This may involve providing information about the health risks of their current behaviour, offering advice or prescribing a treatment.

10. The framework is supported by an action plan that will be monitored through the relevant working groups that oversee specification plans. This includes:
 - Tobacco Alliance.
 - Healthy Weight Alliance.
 - Physical Activity Strategic Group.
11. The framework has been discussed at various meetings in both County Durham CCGs. In addition, a specific report on health checks has also been presented to CCG Boards.

Recommendations

12. The Health and Wellbeing Board is recommended to:
 - Endorse the CVD prevention strategic framework (Appendix 2)
 - Endorse the strategic priority to give a much greater emphasis to population and community based initiatives as part of an integrated approach to CVD prevention.
 - Note the action plan (pages 23 – 26, Appendix 2)
 - Note the linkage with other strategies and action plans.

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Appendix 1: Implications

Finance:

This strategy will inform decisions around the priorities for the use of the Public Health Ring-fenced Grant

Staffing

No additional staffing required.

Risk

The impact of this strategy is inter-dependent with national and regional policies

Equality and Diversity / Public Sector Equality Duty

No implications

Accommodation

No implications

Crime and Disorder

No implications

Human Rights

No implications

Consultation

This is a framework that incorporates other strategic plans as an integrated programme. These strategies have been consulted on through the relevant working groups. The framework has been discussed at various meeting in both CCGs.

Procurement

The Adult Wellbeing service and the Community Health Checks are going through a procurement process

Disability Issues

No implications

Legal Implications

None