

Report for Oxfordshire Health Improvement Board, 20th February 2020

Preventing Cardiovascular Disease – the top priority for Prevention work in Oxfordshire

Context

The Prevention Framework¹ for Oxfordshire was adopted by the Health and Wellbeing Board in September 2019 and discussed at the Health Improvement Board in November. The aims of this framework are

- Improve quality of life by creating and promoting health and wellbeing
- Reduce health inequalities
- Save our public services from the spiralling costs of treating avoidable illness and ongoing needs and improve the efficiency and wellbeing of the workforce.

The framework outlines that all organisations have a role to play in addressing behavioural determinants of health, socio-economic and environmental determinants of health and models of health care. It also states that prevention is defined in 3 areas of activity with different organisations able to deliver in different ways:

<u>PREVENT</u> illness	<u>REDUCE</u> the need for <u>treatment</u>	<u>DELAY</u> the need for <u>care</u>
Preventing illness and keeping people physically and mentally well, e.g. being active, breathing clean air, having social connections	Reducing impact of an illness by early detection e.g. cancer screening, and preventing recurrence e.g. lowering blood pressure or cholesterol to prevent another stroke	Soften the impact of an ongoing illness and keep people independent for longer
(primary prevention)	(secondary prevention)	(tertiary prevention)

In response to calls for a single priority to be set for the whole health, care and local government system in Oxfordshire it has been proposed that all organisations work together on **Preventing Cardiovascular Disease (CVD)**. This paper sets out the rationale and scope for this work to develop, building on the good work already in place in partner organisations.

Rationale

- Cardiovascular disease is one of the top four causes of illness in the adult population of Oxfordshire and one of the top four causes of death in people aged under 75. It is also a key driver of unwarranted clinical variation and inequalities in CVD outcomes:
- More men than women are affected by cardiovascular disease in Oxfordshire.
- People in more deprived communities are more likely to be affected by cardiovascular disease and to die from it before they are 75

¹ https://www.oxfordshire.gov.uk/sites/default/files/file/plans-performance-policy/OxfordshirePreventionFramework_.pdf

- People from some ethnic minority communities have higher prevalence of cardiovascular disease (this is measured at a national level and is likely to be true locally). This affects men born in Poland and both men and women born in Bangladesh and Pakistan more often than the rest of the population.

A high proportion of the deaths and disease are considered to be preventable. The table below shows the risk factors for cardiovascular disease.

Attributable risk factors - CVD disease

	Men 50-69	Women 50-69	Men 70+	Women 70+
1	High blood pressure	High blood pressure	High blood pressure	High blood pressure
2	Dietary Risks	Dietary risks	Dietary risks	Dietary risks
3	High body mass index	High body Mass Index	High fasting plasma glucose	High fasting plasma glucose
4	High LDL	High LDL	High Body Mass Index	High Body Mass Index
5	Tobacco	Tobacco	High LDL	High LDL
6	High fasting Plasma glucose	High fasting plasma glucose	Tobacco	Low physical activity
7	Alcohol	Low physical activity	Low physical activity	Tobacco
8	Low physical activity	Impaired kidney function	Alcohol	Impaired kidney function

Source: Global Burden of Disease tool. Data is from 2017

As can be seen from this table, the highest risk factor at a population level is high blood pressure. High blood pressure can be prevented or treated – through weight loss, stopping smoking, dietary changes and increased physical activity – sometimes alongside medication. The risk from high blood pressure outstrips all the other risk factors. However, all the risk factors listed in the table above have an impact. Full details of the relative impact of these risks is shown in charts in Annex 1. These charts also explain the elements that make up the Dietary Risks.

Evidence Based Interventions

There is a wealth of evidence on which interventions are effective in preventing cardiovascular disease, even though the interaction of risk factors is often complex. Two main sources of information on evidence of good practice are

- a. NICE – Cardiovascular disease prevention PH25². This publication includes recommendations for national policy, regional prevention programmes, food policy and also refers to NICE guidance on
 - a. obesity,

² <https://www.nice.org.uk/guidance/ph25>

- b. physical activity,
- c. smoking cessation,
- d. community engagement,
- e. maternal and child nutrition,
- f. identifying and supporting people most at risk of dying prematurely.

b. NHS Long Term Plan. This includes guidance for the NHS on

Primary prevention (Prevent):

- Addressing lifestyle factors of smoking, obesity, inactivity, diet and alcohol
- Salt reduction

Secondary prevention: (Reduce, Delay):

As above plus




- Early detection and treatment of ‘ABC’ risk factors (atrial fibrillation, blood pressure, cholesterol), including
 - increased access to NHS Health Checks and
 - case finding by pharmacists and nurses in Primary Care Networks and focussing on risk management pathways – both lifestyles and clinical follow up

The Checklist

These risk factors can be addressed by different organisations in different ways. The checklist below sets out some of the issues that can be addressed in a system-wide effort to prevent cardiovascular disease.

The idea of the checklist is that any organisation pledging to play their part in the combined effort to prevent cardiovascular disease can check which initiatives they can continue or develop. All organisations should then ensure that they target the groups with worst outcomes (men, people in areas of deprivation, some ethnic minority groups) in order to reduce health inequalities.

Checklist: Preventing Cardiovascular Disease

 Healthy Lifestyles	<ul style="list-style-type: none"> • Reduce the number of people who smoke <input type="checkbox"/> • Tobacco Control measures <input type="checkbox"/> • Promote Healthy Eating <input type="checkbox"/> • Reduce salt intake <input type="checkbox"/> • Reduce obesity <input type="checkbox"/> • Enable Active Travel <input type="checkbox"/> • Promote physical activity <input type="checkbox"/> • Reduce alcohol consumption <input type="checkbox"/> • 5 ways to Wellbeing <input type="checkbox"/> • Lifestyle advice for people with long term conditions e.g. CVD <input type="checkbox"/> 	 Socio-economic factors / Built Environment	<ul style="list-style-type: none"> • Healthy Place Shaping <input type="checkbox"/> • Walking routes <input type="checkbox"/> • Safe cycle routes <input type="checkbox"/> • Clean air <input type="checkbox"/> • Warm homes <input type="checkbox"/> • Leisure and community facilities <input type="checkbox"/> • Green and Blue spaces <input type="checkbox"/> 	 Health care and other services	<ul style="list-style-type: none"> • Making Every Contact Count <input type="checkbox"/> • Workplace wellbeing <input type="checkbox"/> • Social prescribing <input type="checkbox"/> • NHS Health Checks <input type="checkbox"/> • Weight management services <input type="checkbox"/> • Case finding for atrial fibrillation, high blood pressure and cholesterol (high LDL) <input type="checkbox"/> • Identifying high risk groups <input type="checkbox"/> • Alcohol Care Teams in hospitals <input type="checkbox"/> • Access to psychological therapies <input type="checkbox"/>
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Next steps – bringing it all together.

There is already a great deal of activity going on in Oxfordshire to prevent cardiovascular disease. Yet it remains one of the biggest causes of ill health and early death. There are some system wide initiatives that need to be developed and maintained, which we have called General Enablers in the Prevention Framework. There will also be the need for specific actions to join things up and to target those with worst outcomes need to be developed.

a. **General Enablers** listed in the Prevention Framework which are relevant here include:

- Whole systems approach including individuals, healthcare access and wider determinants of health
- Shift in cultural mindset - embedding primary and secondary prevention in all clinical and care pathways
- Making Every Contact Count training embedded in all organisations
- Primary Care Networks using a proactive, holistic approach (to Personalised Care, including social prescribing)
- Healthy Place Shaping to develop healthy environments, activated communities and good access to services
- Development of health and wellbeing programmes in early years, schools, colleges and workplaces
- Targeted interventions to people and areas of high need to narrow health inequalities gap using Population Health Management methods
- Collaborate with and support voluntary sector and community groups who are engaged in supporting the health and wellbeing of their communities. Build on community assets.

b. **Specific actions** that are led by partner organisations and joined up across the system.

These initiatives have yet to be agreed but they will build on good work already underway. A mechanism that is being developed to take this work forward is to convene a network of **Prevention Champions** with strategic influence in their own organisation. An initial meeting is planned for 20th February. The nominated Prevention Champions from NHS Trusts, other NHS organisations, local authorities and voluntary sector organisations will be able to identify relevant work they are already delivering, discuss where the gaps are and work on improving how initiatives can be better joined up. This is a means to improving outcomes and also tackling a range of inequalities.

Recommendations

Members of the Health Improvement Board are requested to

1. Note the content of this paper and agree to focus on the shared priority of preventing cardiovascular disease and tackling health inequalities in Oxfordshire
2. Nominate and support a Prevention Champion from their own organisation to take this work forward, operating in a network of champions where they will represent their organisation. They will also lead on developing the strategic and operational plans of their organisation to prevent cardiovascular disease.
3. Agree to receive further reports on progress in preventing cardiovascular disease and ensure a whole systems approach.
4. Lead future reviews on prevention priorities for Oxfordshire on behalf of the Health and Wellbeing Board.

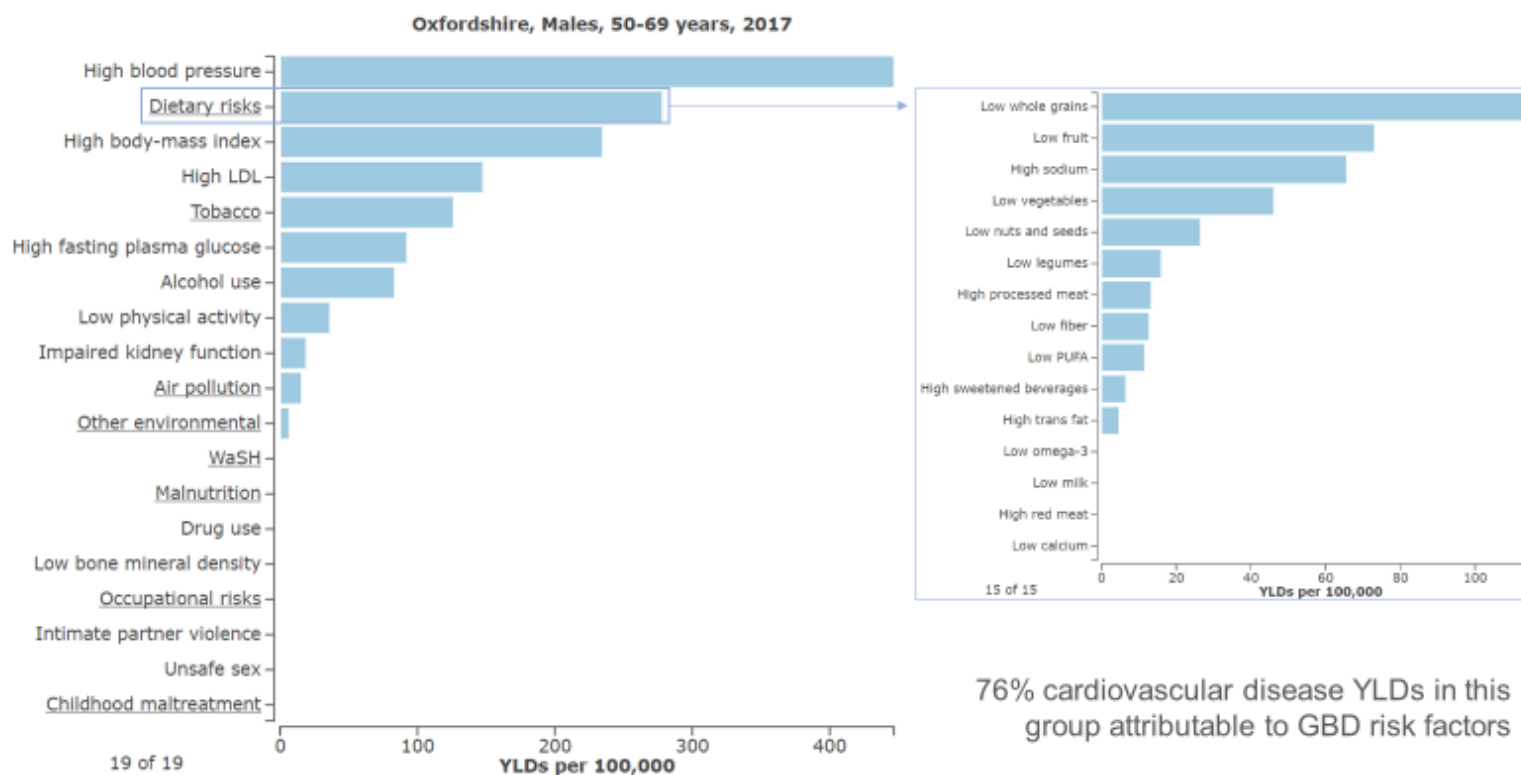
Jackie Wilderspin
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Annex 1 Analysis of population level risk factors of cardiovascular disease

NB Please note that the scale on the smaller charts showing the breakdown of Dietary Risks is different from the bigger charts!

a. Example of risks for men aged 50-69 (YLD= Years lost to disability)

Risk factors of Cardiovascular diseases, Oxfordshire **males** age **50-69** years, YLDs per 100,000, 2017

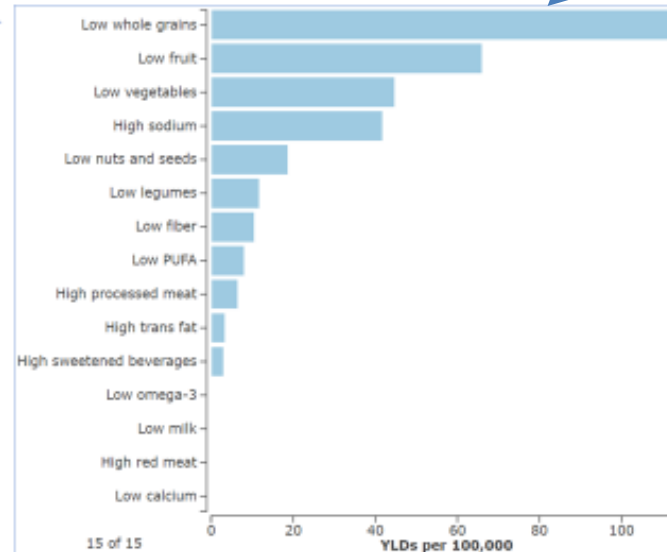
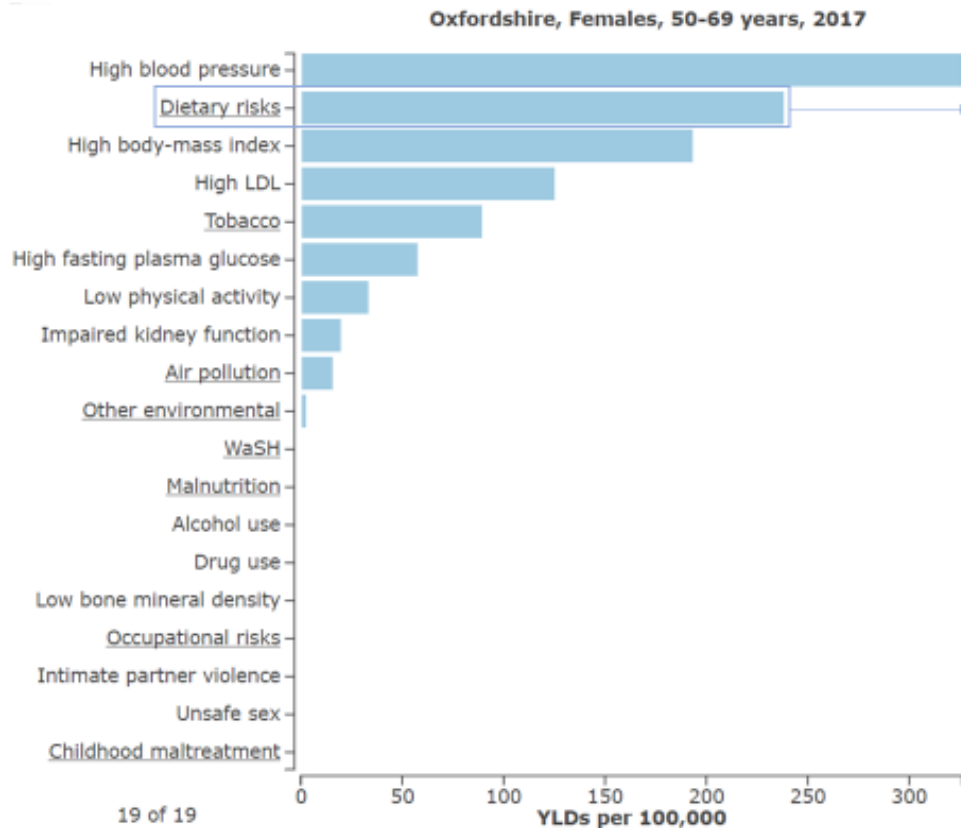


76% cardiovascular disease YLDs in this group attributable to GBD risk factors

Example of risks for women aged 50-69 (YLD= Years lost to disability)

NB Please note that the scale on the smaller charts showing the breakdown of Dietary Risks is different from the bigger charts!

Risk factors of Cardiovascular diseases, Oxfordshire **females** age **50-69** years, YLDs per 100,000, 2017



72% cardiovascular disease YLDs in this group attributable to GBD risk factors

