

Corporate Priorities:
Delivering better services;
Caring for the vulnerable;

Healthy Hearts Strategy Development

(Appendix 'A' refers)

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Executive Summary

This report articulates the pressing need for the development of a Lancashire wide Healthy Hearts strategy, which will outline the scope of its' intended strategic intent and proposes key recommendations to the Health and Wellbeing Board in order to seek a mandate for this area of work and ensure system wide buy-in.

Recommendations

The Health and Wellbeing Board is asked to:

- i) Endorse the strategic development of the proposed Healthy Hearts Programme.
- ii) Sign the Healthy Weight Declaration (Appendix A) pledging to tackle unhealthy weight within Lancashire.
- iii) Support the targets currently being developed for the emerging Healthy Hearts Strategy.
- iv) Endorse a joined up collaborative approach with the emerging Integrated Care System Cardiovascular Disease Prevention Programme, to support cross organisational leadership and delivery responsibilities.
- v) Receive future updates as this programme of work develops further.

Background

Cardiovascular Disease (CVD) is the leading cause of death worldwide and accounts for one in four of all deaths in England, the equivalent of approximately one death every four minutes.

Cardiovascular Disease morbidity is also a major issue for health and social care and places a considerable financial burden on the NHS and wider society with cardiovascular disease related healthcare costs alone in England amounting to an estimated £7.4 billion per year, and annual costs to the wider economy being an estimated £15.8 billion.

From a Lancashire perspective, cardiovascular disease premature mortality rates are well above the English average, which is in part likely to be associated with correspondingly high levels of deprivation.

Figure One: Premature (under 75) mortality rates in Lancashire relative to England (2016 - 2019)

Indicator	Lancs	England		England	
	Count	Value	Value	Worst	Best
Under 75 mortality rate from all cardiovascular diseases (Persons, 3 year range)	2,890	83.7	70.4	121.6	43.6
Under 75 mortality rate from cardiovascular diseases considered preventable (2019 definition) (Persons, 3 year range)	1,168	33.7	28.1	49.3	15.0

The timing of this report aligns with both the recent commitment of the Lancashire Health and Wellbeing Board to prioritise Healthy Hearts as one of its' initial three priorities and also with the Government's 'Levelling Up' agenda; that by 2030 the gap in Healthy Life Expectancy between local areas where it is highest and lowest will have narrowed and that by 2035 Healthy Life Expectancy will rise by five years.

This latter policy intervention is particularly pertinent for Lancashire given not only the wide variations in both Life Expectancy and Healthy Life Expectancy across Lancashire; but also crucially the fact that when considering the expectancy gap between the most and least deprived quintiles of Lancashire, just over 24% of this gap is attributed to circulatory disease related mortality (ahead of all other causes of death), hence underlining the key importance of doing everything we can to address this across our county.

Recognising that locally within Lancashire, Cardiovascular Disease has such a strong impact on the measure of life expectancy figures it is proposed to establish a Lancashire wide Healthy Hearts Programme based on a Best Practice Framework as outlined in Table One below:

Table One: Best Practice Framework to support a Healthy Hearts Programme (Public Health England and the Association of Directors of Public Health)

- 1) Make a healthy diet the easy choice: work to continue to reduce the salt and saturated fat content of food consumed inside and outside the home.
- 2) Improve air quality by taking action to reduce emissions.
- 3) Make physical activity the easy choice by developing an environment which encourages active travel and physical activity in public spaces.
- 4) Identify and assess people for their risk of cardiovascular disease through the NHS Health Check programme, with effective strategies for assessing the risk of developing Type 2 diabetes hence allowing referral to the NHS Diabetes Prevention Programme.
- 5) Support individuals to reduce their risk of cardiovascular disease by becoming more active, maintain a healthy weight, stay within safe levels of drinking and stop smoking.
- 6) Optimise clinical treatment so that health outcomes can be improved for people at risk of cardiovascular disease and those diagnosed with disease receive optimal clinical treatment.

In doing so, this is broadly in line with the published international evidence base that the key risk factors encompassed within this Healthy Hearts framework account for somewhere in the region of 90% of the population attributable risk for cardiovascular disease related conditions.

Although the Healthy Hearts programme and associated long term strategy is currently in the early stages of being developed, there is the ability to build on some of the pre-existing work that had to be temporarily paused during COVID-19, and in particular:

- 1) Relaunching Lancashire's Healthy Weight Declaration (Appendix A).
- 2) Restarting Lancashire's NHS Health Checks Programme with a particular emphasis on new transformational models in Primary Care Networks such as Rossendale.
- 3) Commissioning a new community Blood Pressure Case Finding Service as well as supporting NHS colleagues to implement a Home Blood Pressuring Monitoring service.
- 4) Supporting NHS Colleagues in undertaking a health profile around cholesterol management for patients at increased risk of developing cardiovascular disease.
- 5) Starting to roll out a nicotine addiction service to be offered to all hospital in-patients.

Arrangements are underway for an initial wider council workshop later this month to scope out how best to develop a Healthy Hearts Strategy and associated work programmes. In doing so, this will help to build upon a range of emerging national targets related to cardiovascular disease (indicative examples as outlined in Table Two below) and is intended to be incorporated as a formal part of the strategy.

Table Two: Indicative Key Targets for partners to sign up to as part of Lancashire's Healthy Hearts Approach

Domain	National Targets	National Timelines
Reduction in Smoking Prevalence Rates	5%	2030
Reduction in levels of childhood obesity (from baseline)	50%	2030
Detection rate for all cases of hypertension (including those undiagnosed)	80%	2029
Proportion of people with hypertension being treated to national clinical targets	80%	2029
Proportion of people aged 40-74 receiving a formal validated CVD risk assessment and having a cholesterol measurement recorded on a primary care data system	75%	2029
Proportion of people aged 40-74 who have a 20% or greater 10-year risk of developing CVD being treated with statins	45%	2029

Finally, as part of the approach, there is a commitment to working with NHS colleagues and wider partners to embrace the three key national components of Placed Based approaches i.e. civic interventions, community engagement and service interventions to reduce health inequalities and to build on the best practice transformational approaches currently being undertaken in both Rossendale and other areas within the wider Lancashire and South Cumbria Integrated Care System.

List of background papers

- 1) What Good Cardiovascular Disease Prevention Looks Like - <https://www.adph.org.uk/wp-content/uploads/2019/06/What-Good-Cardiovascular-Disease-Prevention-Looks-Like.pdf>
- 2) Why a Local Authority Declaration on Healthy Weight is Needed – Evidence Briefing (Food Active Health Equalities Group, 2020) - https://foodactive.org.uk/wp-content/uploads/2020/09/HWD_Evidence-Briefing_Update_July-2020-FINAL.pdf