



Public Health
England

Protecting and improving the nation's health

Moving Forward: eating better and moving more in low income communities

David Elliott

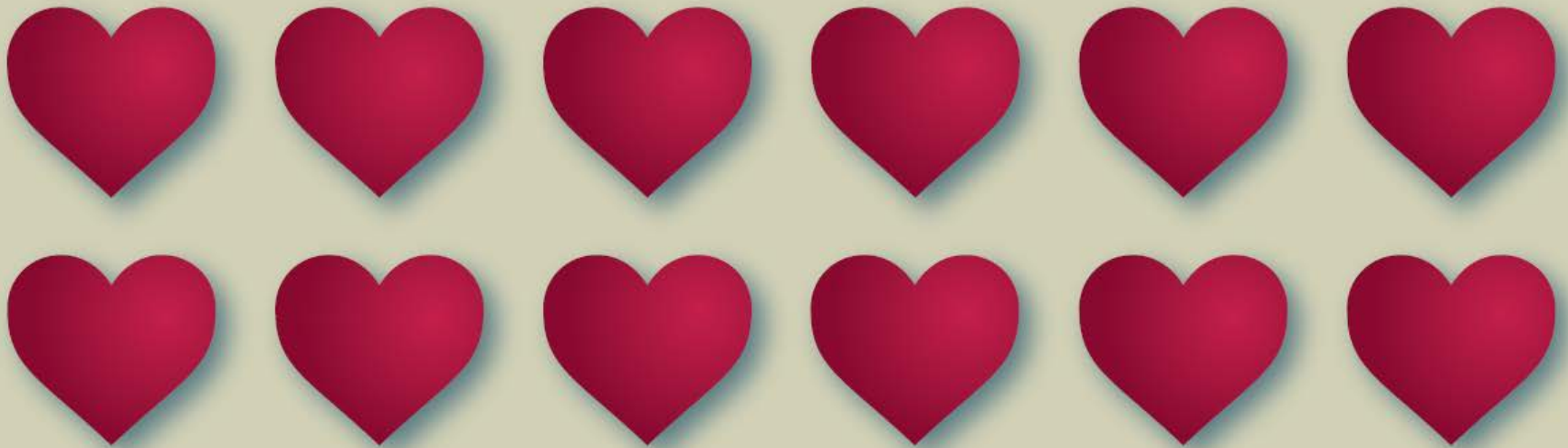
Health and Wellbeing Programme Manager: Healthy Weight
PHE West Midlands



Public Health
England

Protecting and improving the nation's health

Action on cardiovascular disease: getting serious about prevention



CVD: scale of the problem

7 million

people in the UK affected
by cardiovascular disease

27%

of all deaths caused by
cardiovascular disease

1 in 4

premature deaths
caused by
cardiovascular
disease

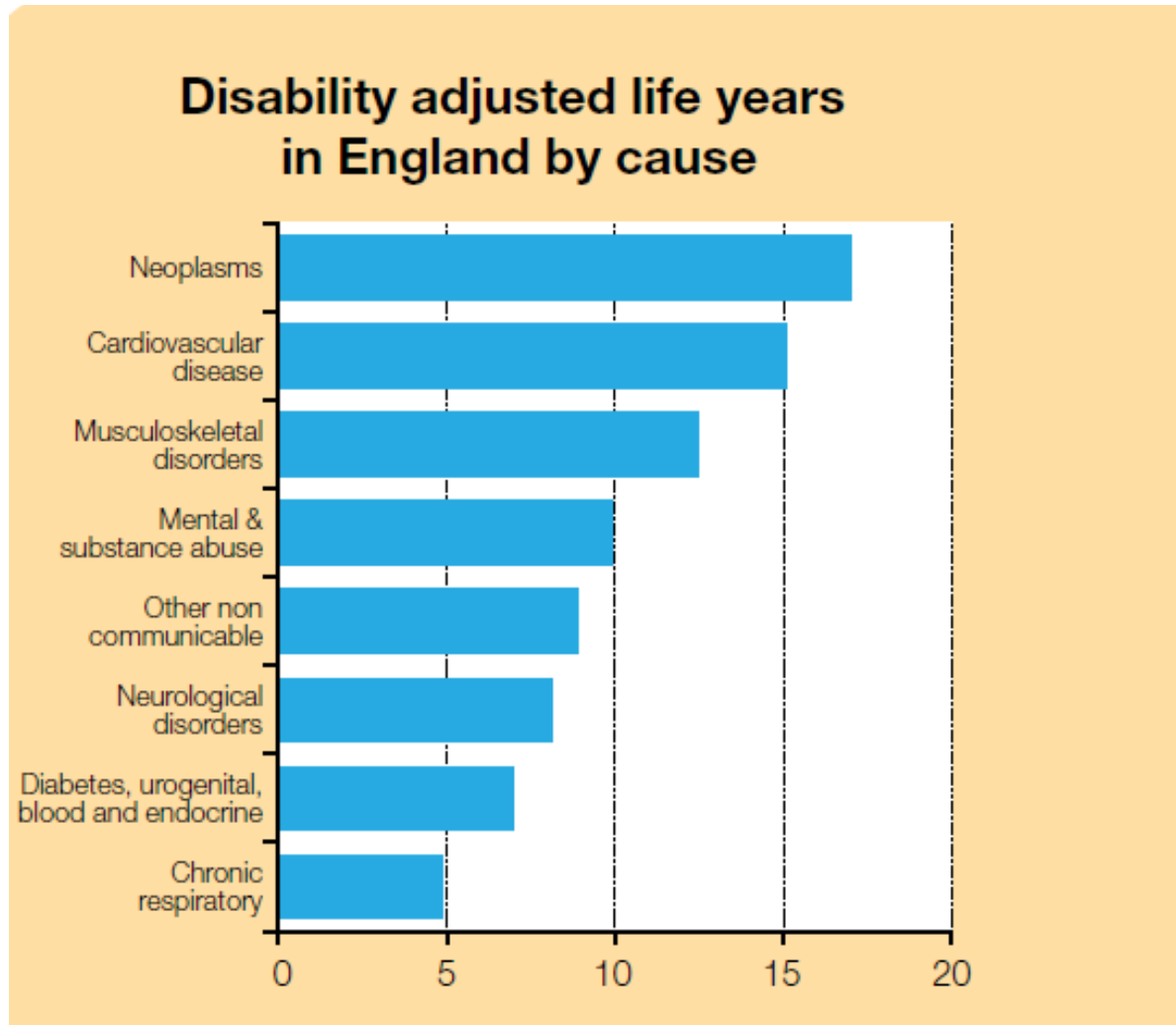
cardiovascular disease
costs the NHS

£6.8 billion

a year

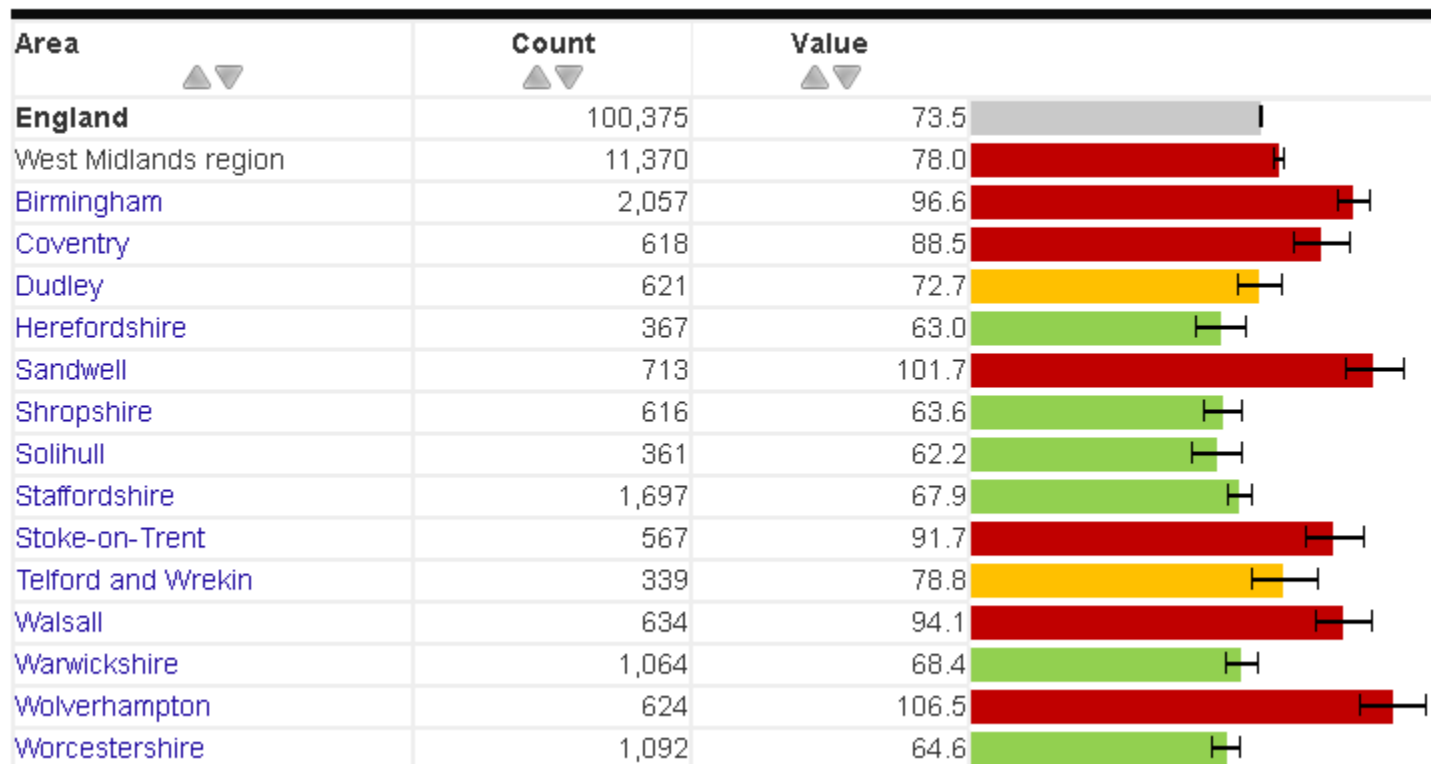


CVD: a major cause of disability



West Midlands picture: CVD data overview

4.04i - Under 75 mortality rate from all cardiovascular diseases (Persons) 2014 - 16



Source: Public Health England (based on ONS source data)

West Midlands picture: CVD data overview (2)

4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable (Persons) 2014 - 16

Directly standardised rate - per 100,000

Area	Count	Value	95% Lower CI	95% Upper CI
England	63,811	46.7	46.4	47.1
West Midlands region	7,230	49.7	48.5	50.8
Birmingham	1,333	63.0	59.7	66.5
Coventry	400	57.8	52.3	63.8
Dudley	406	47.4	42.9	52.3
Herefordshire	239	41.2	36.1	46.8
Sandwell	479	68.6	62.5	75.0
Shropshire	412	42.3	38.3	46.6
Solihull	227	39.2	34.2	44.6
Staffordshire	1,078	42.9	40.4	45.6
Stoke-on-Trent	385	62.3	56.2	68.9
Telford and Wrekin	211	49.0	42.6	56.1
Walsall	396	59.1	53.4	65.2
Warwickshire	675	43.4	40.2	46.8
Wolverhampton	381	65.4	59.0	72.3
Worcestershire	608	35.9	33.1	38.9

Source: Public Health England (based on ONS source data)

West Midlands picture: CVD data overview (3)

Rate of deaths from Cardiovascular Disease among people aged 65 years and over

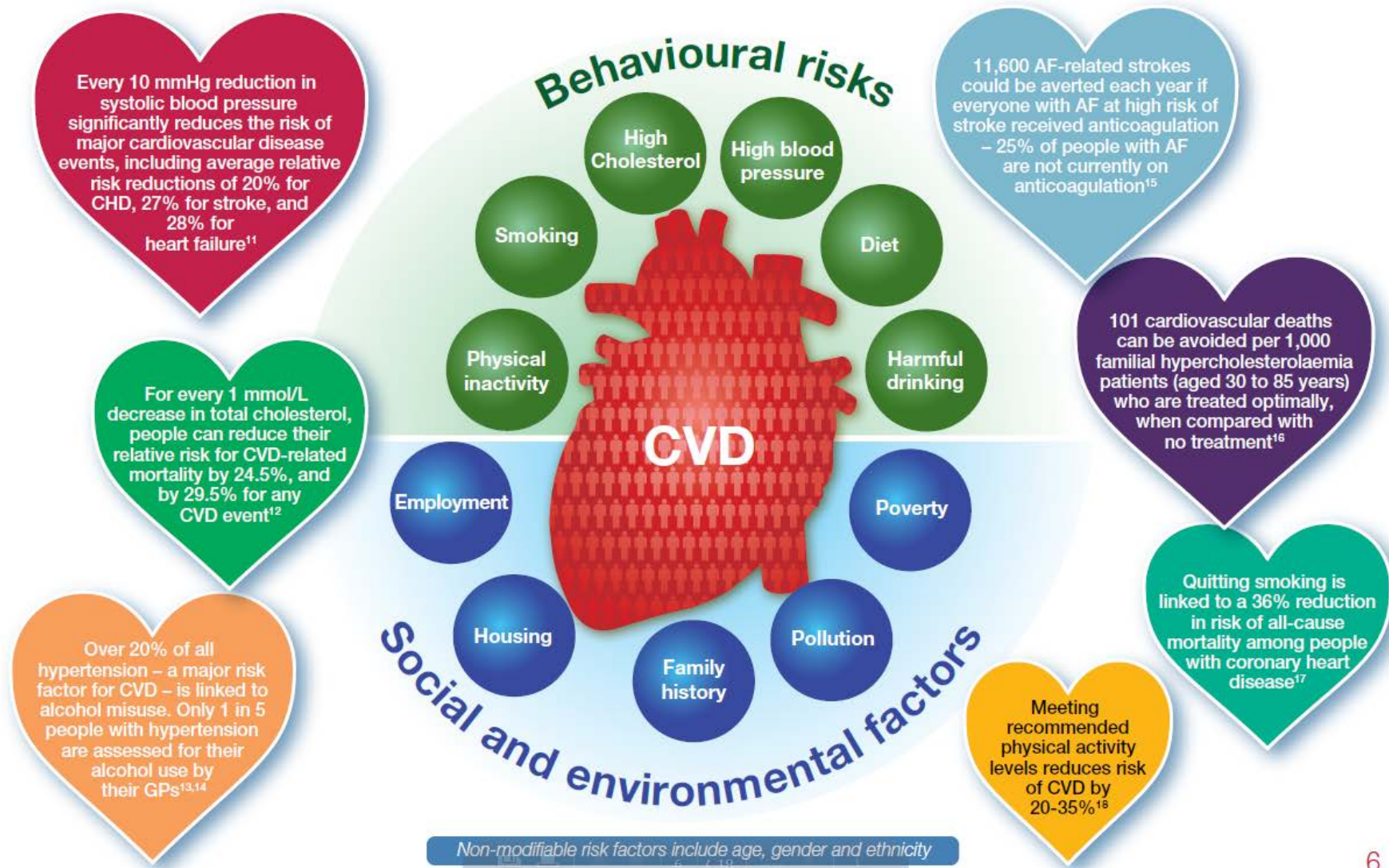
2014 - 16

Directly standardised rate - per 100,000 65+

Area	Count	Value		95% Lower CI	95% Upper CI
England	336,421	1,149.2		1,145.3	1,153.1
West Midlands region	36,413	1,165.1		1,153.1	1,177.2
Birmingham	5,481	1,203.8		1,171.9	1,236.3
Coventry	1,790	1,162.9		1,109.5	1,218.2
Dudley	2,176	1,188.1		1,138.3	1,239.5
Herefordshire	1,722	1,299.4		1,238.5	1,362.5
Sandwell	1,873	1,264.9		1,208.2	1,323.7
Shropshire	2,441	1,124.6		1,080.4	1,170.2
Solihull	1,374	999.3		946.9	1,053.9
Staffordshire	5,983	1,185.7		1,155.7	1,216.3
Stoke-on-Trent	1,414	1,184.7		1,123.2	1,248.7
Telford and Wrekin	864	1,140.4		1,065.0	1,219.7
Walsall	1,839	1,259.7		1,202.5	1,318.9
Warwickshire	3,656	1,083.5		1,048.6	1,119.2
Wolverhampton	1,807	1,338.4		1,277.0	1,401.9
Worcestershire	3,993	1,065.7		1,032.8	1,099.4

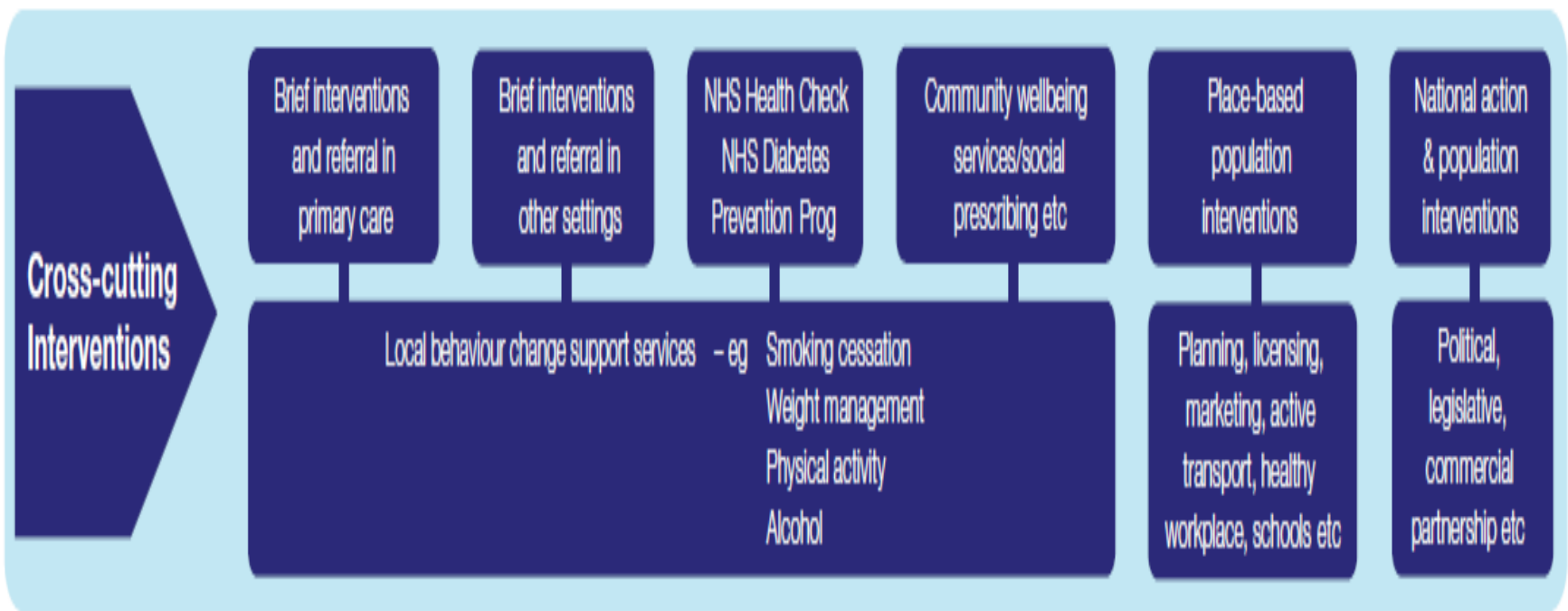
Source: PHE analysis of Office for National Statistics Mortality File

The key risk factors for cardiovascular disease



Key interventions for CVD

Cardiovascular Disease Prevention: Individual and Population Interventions



Why invest in prevention of CVD?

- The **substantial effect CVD has on England's population** and on the NHS and social care system means that it is imperative we invest in the most cost-effect interventions to prevent CVD from occurring.
- Yet there are still **gaps in the economic evidence for prevention**. Furthermore, the **pressure on public sector** spend fosters a need to regularly review costs and the use of funds.
- In 2017 to 2018, PHE is scoping the feasibility of building an overarching **ROI tool** and accompanying report for CVD prevention. This will have the effect of moving away from individual risk condition modelling and aspiring towards **modelling the cumulative effect of holistic action on CVD**.

Diagnosis and treatment gap

- Cardiovascular disease is responsible for a quarter of all premature deaths in England.
- Risk factors include high blood pressure, atrial fibrillation, diabetes and chronic kidney disease.
- Half of all heart attacks and strokes are linked to high blood pressure.
- People with diabetes have around twice the risk of heart attacks and strokes.

Diagnosis and treatment gap

The diagnosis and treatment gap is an issue for CVD risk conditions such as non-diabetic hyperglycaemia (NDH, 'pre-diabetes'), type 1 and 2 diabetes, high CVD risk and familial hypercholesterolaemia, and chronic kidney disease:

- **5 million people with NDH are undiagnosed** and most do not receive intervention
- **940,000 people with type 1 and 2 diabetes are undiagnosed**
- of those diagnosed with diabetes half do not receive all 8 care processes (**46% of people with type 2**, 63% of people with type 1)
- **3,960,000 people aged 30 to 85 years have a 10 year CVD risk over 20%** and an estimated 49% are treated with statins
- 85% of familial hypercholesterolaemia cases are undiagnosed
- 1.1 million people with chronic kidney disease are undiagnosed and many have poor blood pressure and proteinuria control

CVD and PHE

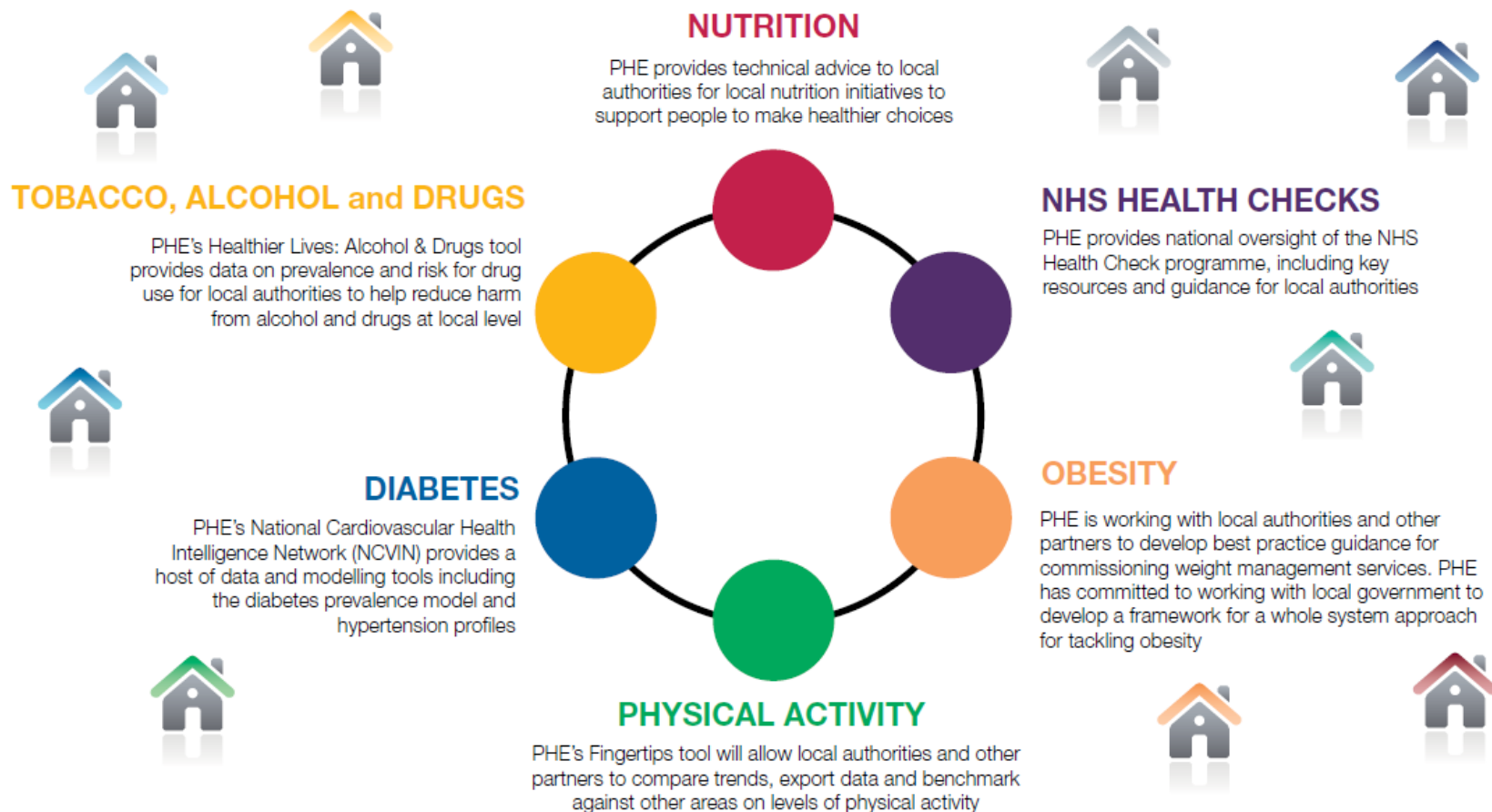
PHE's role

- review the evidence for what works in cardiovascular disease prevention
- develop evidence-based programmes that address the risk factors for cardiovascular disease
- work with partners to implement and evaluate effective programmes
- advocate effective prevention policies to improve population health
- work to tackle inequalities linked to cardiovascular disease

Local authorities and CVD prevention

Local authorities have a critical role to improve health and wellbeing of all communities through CVD prevention.

PHE is working alongside local authorities on a number of programmes that cut across key areas of public health, including:



West Midlands picture: PHE's activity

- West Midlands PHE Centre is **prioritising CVD prevention in its 2018/19 business plan** and developing its strategy jointly with stakeholders including **NHSE, West Midlands Combined Authority (WMCA), local authorities, NICE and the WM Academic Health Sciences Network**, to feed this into Regional Health Inequalities Alliance.
- We are reviewing all of the activity within PHE and partner organisations **across the whole CVD pathway from wider determinants to end of life care** to understand where there might be gaps and further action required. **CVD is also a WMCA priority** and we are working to ensure our work is complementary and supports each other's efforts.
- We have already mapped **PHE/STP activity** on primary/secondary and tertiary prevention

Challenges and risks

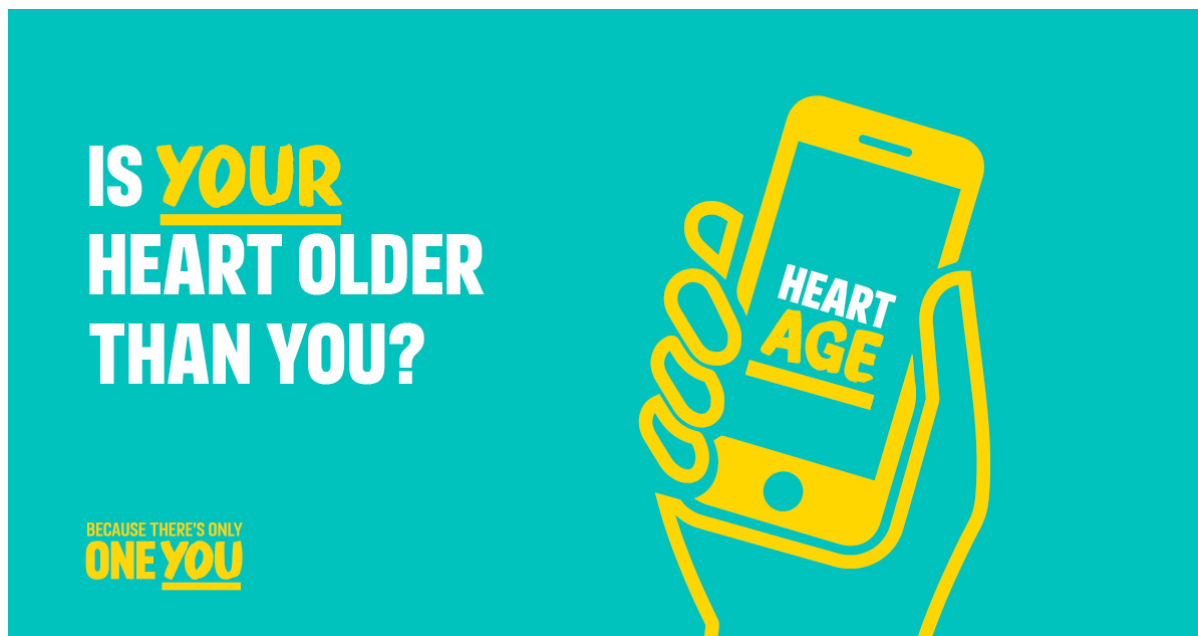
- There are challenges around **finances** within local health economy. **Lifestyle services are being decommissioned** which is resulting in some difficulties developing and operating prevention pathways
- The level of commitment to the **NHS Health Check programme** is not uniform across Local Authorities within West Midlands.
- **MECC and other behaviour change interventions** have been taken up to varying degrees across the WM LAs and NHS organisations and their survival in the absence of national strategy or significant drivers depends on factors including board level support and resourcing.
- **CVD is one of the conditions most strongly associated with health inequalities.** Premature death rates from CVD in the most deprived 10% of the population are almost twice as high as rates in the least deprived 10%.

PHE runs public marketing campaigns that address a broad range of risk factors and early diagnosis of CVD



Thank you for listening

david.elliott@phe.gov.uk





Public Health
England

