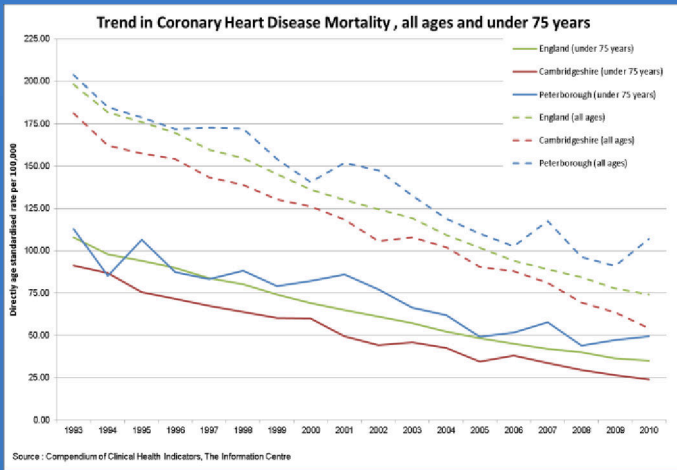


Overview of CHD Programme 2013-2014

Tackling Health Inequalities – Reducing CHD mortality rates across C&P CCG for people aged under 75 yrs.



Programme Overview:

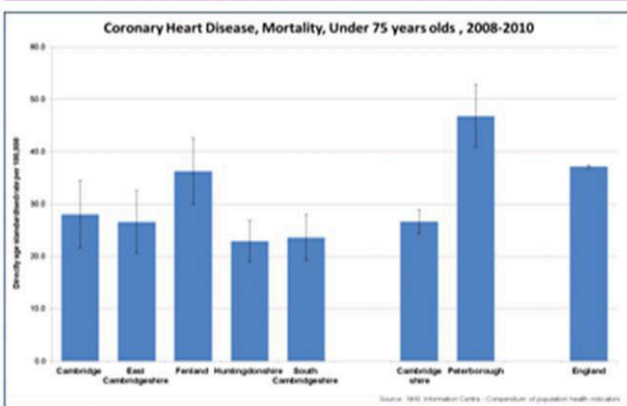
Progress has been made over the previous decade in reducing morbidity and mortality rates for CHD. The challenge now is to reduce variation across the CCG and reduce inequalities in health care outcomes

Programme Aim:

Reducing premature deaths arising from CHD in people aged under 75 years, with a specific focus on reducing premature deaths rates fastest in areas of poorest health outcome ('leaving no-one behind')

Successful outcomes will require a joined-up approach across the NHS, Local Authorities and Voluntary Sector; including adult social care, community leisure services and local planning departments

Evidence for Change: Variation in premature death rate from CHD



High mortality rates in Peterborough and more deprived areas of Cambs

- Peterborough: 47 per 100,000 (DSR)
- Cambridgeshire (most deprived quintile) 37 per 100,000 (DSR)
- Cambridgeshire (least deprived quintile) 18 per 100,000 (DSR)

STRATEGIC CONTEXT – Evidence for Change

- CHD identified as a CCG wide commissioning priority
- Evidence of improved mortality rates in CHD nationally but local variations in mortality rates between LCGs
- Peterborough, Wisbech, Borderline LCGs identified as a priority focus to deliver improvements in CHD mortality rates
- A growing and ageing population with evidence of health inequalities - 'Leave no-one behind'
- Variation between practices in statin prescribing rates, recorded prevalence rates and Health Checks completed
- Increasing financial pressures; required to reduce inappropriate secondary care activity
- National CVD Strategy 2013 - compliments local commissioning priority
- Quality premiums for CCG include indicators to support cardiovascular risk assessment and maternal smoking rates

Programme Milestones

Establish Programme Board (supported by Management Group)	✓	
Recruit CCG Clinical lead for CHD	✓	
Establish high level plan for CHD Programme (including 1yr, 5yr, 10yr outcomes)	✓	reflects work stream priorities
Identify immediate work streams from evidence to date	✓	
Scope the Work Plan required to deliver outcomes for each work stream identified		
Health Check Programme 13/14	✓	
Cardiac rehabilitation	✓	
Primary Care Interventions		in progress (July 2013)
Smoking Cessation		in progress (July 2013)

The Board will meet every other month to monitor progress, review evidence and identify additional priority work streams required to reduce modifiable risk factors and improve health interventions with a specific focus on tackling inequalities through partnership working with key stakeholders.

Commitment from the Programme Board

- To be accountable to the Clinical Commissioning Group (CCG) Governing Body for programme / project delivery.
- To take into account and ensure that the work of the Programme Board is consistent with the Health & Well-Being strategies as they develop.
- To be held to account indirectly by Local Commissioning Group (LCG) Boards through their representatives on the Governing Body.
- To facilitate the resolution of any issues raised by the CCG and to enable and support LCGs to deliver required changes in the CHD pathway locally.
- To ensure that clear outcomes for the programme and associated projects are agreed, monitored (in accordance with standardised CCG reporting processes) and delivered, including evaluation and links to research where applicable. The outcomes measures will include baselines for both modifiable and non-modifiable influencing factors. The programme will ensure a targeted approach, involving a wide range of partners to deliver priority projects.
- To provide leadership and coordination on projects or CCG wide issues where it is efficient to 'do once' across the organisation.
- To identify innovation and good practice, and ensure effective diffusion across the CCG
- To maintain an overview of work within LCGs to improve CHD service provision and health outcomes
- To establish project groups as required; to link with any existing Cardiac Networks across the region and other relevant project groups
- To raise the profile of the national CVD Strategy 2013 and lead on key areas of work related to CHD specifically

PROGRAMME HEADLINES

Addressing inequalities in health outcomes across our CCG by focussing on reducing premature death rates from coronary heart disease in people aged <75yrs

Focus of activity in Peterborough LCG, Borderline LCG and Wisbech LCG and other practices identified in 20% more deprived areas across Cambridgeshire

Partnership approach to address identified health needs (underpinned by JSNA evidence) promoting examples of best practice

	2013					
	Apr	May	June	July	Aug	Sep
Priority Work Stream 1: Health Checks (Mandatory Local Authority Programme 13/14)						
2yr Programme Commences: GP Practices main providers. Targets agreed in contract with LA	★					
Monthly reporting of completed health checks CHD programme request quarterly updates, per practice against target			★			★
Mapping exercise of lifestyle management services across CCG			★			
Share recommendations with key partner's opportunities; commission services differently?				★		
Priority Work Stream 2: Cardiac Rehabilitation (Opportunities to maximise current services and future redesign)						
Identify with CHD Board priorities for this work stream, acknowledging changes in community service provision and tariff changes (end of block contract arrangements)		★				
Review of activity data for current commissioned pathway. Identify any evidence of inequalities within current service provision/uptake rates / completed episodes				★		
Work with LCG teams to ensure referral processes for Cardiac services are well publicised, promote use of Personal Health Plans and share local stories of good practice			★			
Share recommendations with LCG contract leads / CCG lead for cardiac services					★	
Priority Work Stream 3 : Primary care Intervention						
Confirmation of CCG plans to monitor and support GP practices to achieve 90% recording of PP1 (required in identified 46 practices to achieve quality premium) – monthly reporting			★			★
Review of prevalence data and evidence of inequality		★				
Identify with CHD Board priorities for this work stream				★		
Priority Work Stream 4: Smoking cessation						
Review of activity data for current commissioned pathway. Identify any evidence of inequalities within current service provision/uptake rates/ cessation rates			★			
Identify with CHD Board priorities for this work stream				★		