

Longer Lives

Preventing Premature Mortality Action Plan for Peterborough, 2013-2014

The Longer Lives publication of Public Health England showed that Peterborough has overall higher premature mortality rates (death rates among under 75 year olds) than the national average. The premature mortality rate in Peterborough was 294/100,000 in 2009-2011 compared to 268/100,000 in England for the same period. Peterborough ranked 87th out of 150 local authorities, where the LA with the lowest mortality rate was ranked 1st, and the 150th was the LA with the highest mortality rate.

The observed differences in mortality rates reflects the variation in socio-economic deprivation levels among areas, with the most deprived areas having the highest mortality rates. When compared with similar local authorities with regards to socio-economic deprivation, Peterborough ranked the 6th best-outcome out of 15 local authorities, with the 1st having the lowest overall premature mortality rates and the 15th the highest premature mortality rates. Within that cluster of LAs, the mortality rates in Peterborough were better than average for cancer and liver disease, but worse than average for cardiovascular disease and for lung disease.

This action plan focuses on work being commissioned or delivered directly through the Public Health Team in relation to cardiovascular diseases and lung diseases, which have been identified as areas of concerns for Peterborough.

Cardiovascular disease

Coronary heart disease (CHD) and stroke belong to the wider category of cardiovascular disease (CVD). CVD is the main cause of death in England at all ages, accounting for nearly a third of all deaths in 2010. Heart disease is closely linked with deprivation in England. Heart disease mortality rates are around 50 per cent higher in most deprived areas of the country compared with the least deprived. Peterborough has high levels of deprivation and higher levels of cardiovascular disease mortality (77/100,000) than the average for England (60.9/100,000).

Reducing inequalities in coronary heart disease (CHD) is one of the priorities of Cambridgeshire and Peterborough CCG, and Public Health at Peterborough City Council is working closely with the CCG to develop and implement a strategy for prevention, early intervention, treatment and rehabilitation for CHD which is one of the main causes of death in Peterborough. The main modifiable risk factors for CHD are smoking, obesity, high blood lipids, hypertension, lack of physical activity, diet high in salt and saturated fat, and high alcohol consumption. The Public Health Team is contributing to the work of the multiagency **CHD Programme Board** which has identified four work streams as focus of efforts to reduce inequalities in CHD: a) NHS Health Checks Programme; b) Smoking cessation and tobacco control; c) Primary care interventions for CVD risk factors management; 4) Cardiac rehabilitation.

The **Live Healthy Team at Peterborough City Council** is leading on the implementation of a comprehensive health promotion programme engaging with communities to encourage healthy lifestyles and reduce the prevalence of risk factors for cardiovascular disease such as smoking, obesity, unhealthy diet and lack of physical activity. Comprehensive strategies and delivery plans have been developed “Smokefree Peterborough” and “Change4Life Peterborough”.

The Council is commissioning the **NHS Health Checks programme** targeting all citizens aged 40 to 74 who are at the highest risk of premature mortality. The programme is implemented by GP practices and aims to assess the individual risk of heart disease, stroke and diabetes, and provide tailored advice for lifestyle modifications to reduce the risks to health. The programme helps identify individuals living with undiagnosed hypertension, diabetes, heart or kidney disease and offer appropriate treatment. The NHS Health Checks Programme is on target to screen over 6000 individuals between the ages of 40–74 years. We are on track to achieve the target for this year. We are working closely with the GP practices towards ensuring quality of delivery of the health checks and improving the links between practices and our Live Healthy service.

Determinants of premature mortality	Interventions to reduce premature mortality in Peterborough
A. Risk Factors	
<ul style="list-style-type: none"> • Smoking 	<ul style="list-style-type: none"> • Commissioning and provision of smoking cessation services within primary care and the workplace, and provision of pharmacotherapy • Regular, targeted campaigns designed to prevent smoking uptake among under-18s and promote smoke-free homes and cars • Greater enforcement of underage sales and counterfeit tobacco penalties • Targeted services for pregnant mothers who smoke and their partners
<ul style="list-style-type: none"> • Obesity 	<ul style="list-style-type: none"> • UNICEF Baby Friendly accredited (best practice standards) • Commissioned Baby Cafes promoting breastfeeding and trained peer supporters offering support to breastfeeding mothers • Commissioned levels 1 and 2 Specialist Weight Management Services • Healthy eating learning programmes for children, to establish healthy patterns earlier • Healthy eating learning programmes for adults
<ul style="list-style-type: none"> • Physical inactivity 	<ul style="list-style-type: none"> • Community support for physically active modes of travel, like walking and cycling • Delivery of planned care pathways like ‘Let’s Get Moving’, involving screening, counselling and self-monitoring • Practical support to ‘Inspire Peterborough’ initiative to create, promote and encourage people with disabilities to access sporting and recreational opportunities

<ul style="list-style-type: none"> Diet/Blood lipids 	<ul style="list-style-type: none"> Providing advice on healthy eating with increased consumption of fruit and vegetables, and reducing intake of saturated fats Commissioned specialist Dietetics Service (mentioned above) Finalists in national sustainable food cities initiative Work with schools to implement nutritional standards Work with early years settings in implementing nutritional standards Commissioned programme through PECT – Love Local working with schools and communities in disadvantaged areas.
<ul style="list-style-type: none"> Hypertension 	<ul style="list-style-type: none"> Advice to reduce intake of salt and processed food, which is high in salt and is linked with high blood pressure Campaigns to promote physical activity Joint work with British Heart Foundation and Stroke association
<ul style="list-style-type: none"> Alcohol consumption 	<ul style="list-style-type: none"> Commissioned Specialist Alcohol Treatment Services for young people and adults Award winning Hospital Alcohol Liaison Project (HALP) Commissioned alcohol prevention programmes in schools and colleges (Buzz and HYPA) Promoting sensible drinking Part of NHS Health Checks Programme
B. Early diagnosis, treatment and rehabilitation	
<ul style="list-style-type: none"> Early diagnosis 	<ul style="list-style-type: none"> NHS Health Checks programme delivered in all GP practices to identify patients with previously undiagnosed CHD, hypertension, diabetes or chronic kidney disease
<ul style="list-style-type: none"> Statins prescribing 	<ul style="list-style-type: none"> Patients identified with high cholesterol levels and high CVD risk are offered blood lipid lowering treatments
<ul style="list-style-type: none"> Anti-hypertensive drugs 	<ul style="list-style-type: none"> Patients diagnosed with hypertension are offered anti-hypertensive drugs
<ul style="list-style-type: none"> Cardiac rehabilitation 	<ul style="list-style-type: none"> The CHD Programme Board is reviewing commissioning arrangements, provision and uptake of cardiac rehabilitation programme to optimise delivery for the Peterborough population
<ul style="list-style-type: none"> Other treatments in primary and secondary care 	<ul style="list-style-type: none"> A comprehensive review has been undertaken on provision of relevant therapeutic interventions by the multi-agency CHD Programme Board

Lung Disease

Lung disease, also known as respiratory disease, is a category of conditions ranging from asthma to chronic obstructive pulmonary disease (COPD) – one of the most common causes of death in England. COPD is progressive, largely preventable, and strongly linked to deprivation in England. It's the fifth largest cause of emergency hospital admissions, and an estimated 85 per cent of cases are caused by smoking.

Peterborough City Council Live Healthy Team have developed a comprehensive strategy and action plan for smoking cessation and tobacco control to reduce the prevalence of smoking which is the most important risk factor for COPD. Reduction of smoking prevalence is the most effective intervention to reduce the lung disease mortality rates.

For the first quarter of 2013/14 we have exceeded our monthly trajectory of expected quit outcomes at 111%. This trend has continued into the second quarter which places us in a positive position for achieving the final annual quit target. We are also exceeding our monthly trajectory for women who smoke during pregnancy and continue to work closely with the ante-natal service to ensure we have an efficient referral pathway. 80% of community and ante-natal midwives have completed their VBA (Very Brief Advice) training to ensure consistent advice is provided to pregnant smokers and to encourage referrals.

There is the continued challenge to increase referrals to the service but increased campaign work will support activity. Our local Stoptober campaign commenced on 9 September and our campervan was located across Peterborough for 6 days from 9-14th September. This includes Perkins Engines, Morrisons, the Regional College, the Operation Cando area and Queensgate. We were promoting Stoptober through a number of stands in workplaces, the hospital and other sites during October to boost referrals. We were also hosting the national Public Health England led Stoptober campaign ball on 28th September.

The National Centre for Smoking Cessation and Training referral system within the hospital went live in July initially within the Cardiology and Respiratory department. The rest of the hospital came on board on in August to routinely identify and refer identified smokers. Sixty hospital staff ranging from Consultants, Nurses, Therapist and Health Care Assistants, have now been trained to support this work and to enable them to offer very brief advice on smoking and make a referral through the interface direct to the Smokefree service.

The service is also continuing to work closely with primary care staff to support them to achieve their targets under the local incentivised scheme and to ensure Smoking remains high on their health promotion agendas.

Operation Smoke Storm delivery is continuing with 600 pupils from Ken Stimpson, Hampton College and Hampton College have completed the training.