HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 7 (c)
		PUBLIC REPORT
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UPDATE ON CARDIOVASCULAR DISEASE PRIORITY WORK PROGRAMME

RECOMMENDATIONS	
FROM : Dr Henrietta Ewart, Interim Director of Public Health	**Deadline date** : N/A
The Board is asked to note and comment on the proposals for progressing cardiovascular disease (CVD) as the Board's top priority.	

1. ORIGIN OF REPORT

1.1 This report is submitted to the Board following the decision taken by the Health and Wellbeing Programme Board (HWPB), at their May meeting, that CVD should be the top priority focus area. The HWPB tasked the Public Health Team with leading an exercise to scope CVD and propose a work plan with key performance indicators and outcomes to be considered and signed off by the HWPB/HWB.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to provide an update on the work undertaken so far by the Public Health Team in response to the HWPB request.

3. LINKS TO THE HEALTH & WELLBEING BOARD STRATEGY/PLAN

3.1 The proposed model for delivery is to make use of the structures and work programmes already developed to deliver the Health and Wellbeing Board Strategy and Plan, but to ensure that Cardio Vascular Disease was tackled by these groups. This would involve clear mapping to existing work streams into three thematic areas on the CVD programme and holding groups to account for delivery of metrics related to the Public Health Outcomes Framework that align to CVD.

4. PROPOSED APPROACH TO STRUCTURE AND GOVERNANCE

4.1 At their June meeting, the HWPB agreed that they (the programme board) would act as the steering group/programme board for CVD, given its priority on the health and wellbeing agenda. It will be important to identify work streams already established for CVD to ensure that these are included in the governance arrangements and to avoid duplication. The Clinical Commissioning Group (CCG) already have a multi-agency CHD Programme Board and this needs to be included as a key component of the CVD work plan.

4.2 The best approach to embedding the CVD priority is to pull together all work currently taking place within the City across organisations which relates to CVD and its treatment or causes and ensure that CVD is given a higher profile in these work streams and that there are reporting streams with metrics and data collection aligned.

4.3 The HWPB agreed that the CVD Programme should be split into three thematic work streams

- Prevention and Early Intervention
- Healthcare and Rehabilitation/Reablement

- Continuing Support

4.4 A brief description of each work stream and a suggestion of alignments is given below **Prevention and Early Intervention –** This would include reducing risk factors for CVD through lifestyle modification, behaviour change and changes to the environment. It would also include interventions within primary care to prevent episodes of poor health caused by CVD. Existing work strands that might be aligned include: healthy schools programme, health checks, pharmacy needs assessment, access to leisure initiatives such as "Be Active" schemes, Social Impact Bonds and Asset Based Community Development.

4.5 Healthcare and Rehabilitation/Reablement – This would include treatment and support for people diagnosed with CVD to prevent or slow deterioration of their condition and enable recovery from episodes of poor health as far as possible. This would include health interventions but also support with lifestyle, environment etc to support recovery and empower people to manage their condition. Existing work streams that might be aligned include smoking cessation, health trainers, intermediate care and enablement services.

4.6 Continuing Support – this would include health care and social care for people with chronic and long term impacts from CVD, to provide effective treatment and promote independence as far as possible. Existing work streams that might be aligned are the Better Care Fund and the CCGs procurement of older people's services, and assistive technology and health telecare programmes.

5. KEY ISSUES

- The HWPB supported the three work stream approach to CVD set out above. However the brief summary above is not a complete picture of all the work currently underway. We need to engage with all stakeholders in order to map out the energy currently invested in work programmes and channel it where appropriate towards CVD. This will necessitate stakeholder engagement and mapping. The HWPB has tasked the Public Health Team with organising a half-day stakeholder workshop to identify and map current activity.
- Subsequent work will be needed for gap analysis and to review current activity against best practice (NICE public health and clinical guidelines and NICE technology appraisals) and to respond to other sources of intelligence (e.g. Commissioning for Value Cardiovascular Disease Focus Packs). The HWPB (in its capacity as CVD Steering Group/Programme Board will be required to agree the content of this work plan and its delivery. This stage will follow on from the workshop described above.
- We need to understand better where our issues are and then be able to monitor the impact we are having. The Public Health Outcomes Framework gives us a high level view but we need to drill down into the local detail. We have therefore begun work to identify the PHOF indicators aligned to CVD and to break these into the work streams in order to identify local data sets and indicators to inform our understanding and monitoring. This will effectively create a refreshed CVD JSNA.

6. IMPLICATIONS

Incorporating the CVD work programme into existing work streams to provide focus for work already ongoing or planned should limit negative impacts on the above areas. However there will be a cost for some of the target work, as in the case of the proposed half day stakeholder mapping session.

7. NEXT STEPS

1. The PH Team will lead on a half day stakeholder and work stream mapping event to build upon the proposed work streams. This event is scheduled for late July. The format for this workshop has changed slightly from that originally envisaged as we

have been invited to bid for British Heart Foundation funding to develop their 'House of Care' model locally. This is a person centred model with four key elements:

i. Engaged, informed individuals and carers
ii. Commitment to partnership working
iii. Organisational and supporting processes
iv. Commissioning (including 'more than medicine' – ie whole pathway from prevention through to re-ablement/re-empowerment)

2. We propose to focus the initial workshop around the requirements for the BHF bid in order to meet the bid deadline. However, we propose that the House of Care model be adopted as the vehicle for local CVD work regardless of whether or not we are successful in achieving BHF funding. The three work steams discussed at para 4 will be incorporated into this model. A further workshop may be required to complete the mapping exercise identified at para 5.

3. The PH Team will complete the work around alignment of the PHOF to these work stream and the creation of drill down metrics. This will then be taken to the information working group of the HWBB to agree reporting lines and ownership.

4. The CCG will need to consider how the CHD Programme Board will relate to the HWPB in the latter's capacity as CVD Steering Group/Programme Board.

8. CONSULTATION

The PH team is proposing wider consultation with stakeholders as part of the workshop above.

9. ANTICIPATED OUTCOMES

That the HWB note and comment on the arrangements for progressing work on CVD proposed by the HWPB.

10. REASONS FOR RECOMMENDATIONS

To ensure that the HWB are fully informed of the proposals for progressing CVD as the Board's top priority and have assured themselves that these are appropriate.

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