

HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 8(b)
25 SEPTEMBER 2014		PUBLIC REPORT
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UPDATE ON THE CARDIOVASCULAR DISEASE PRIORITY WORK PROGRAMME

R E C O M M E N D A T I O N S	
FROM : Dr Henrietta Ewart, Interim Director Public Health	Deadline date : n/a
<p>The Health and Wellbeing Board is invited to:</p> <p>a) note the progress report and recommendations made to the Health and Wellbeing Programme Board on 19th September;</p> <p>b) comment on the proposed elements the cardiovascular disease strategy identified in the mapping of the coronary heart disease and cardiovascular disease programmes;</p> <p>c) support the proposal that Public Health lead the establishment of a clinically focussed group to develop the Healthcare and Rehabilitation/Reablement workstream;</p> <p>d) note the proposal to use PHOF, NHSOF and ASCOF indicators to monitor the outcomes of the three thematic workstreams.</p>	

1. THE ORIGIN OF THE REPORT

- 1.1 This report is submitted to Board following the decision taken by the Health and Wellbeing Programme Board (HWPB), at their May meeting, that cardiovascular disease (CVD) should be the top priority focus area. The priority was ratified by the Health and Wellbeing Board in July. The HWPB tasked the Public Health Team with leading an exercise to scope CVD and to propose a work plan with key performance indicators and outcomes to be considered and signed off by the HWPB/HWB.
- 1.2 A progress report was provided to the Health and Wellbeing Programme Board on 19th September (full report attached – Appendix A for information)
- 1.3 The development of a cardiovascular disease strategy links with the following priorities of the Health & Wellbeing Strategy 2012-15:
- Narrow the gap between those neighbourhoods and communities with the best and worst health outcomes.
 - Enable older people to stay independent and safe and to enjoy the best possible quality of life.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to provide the Health and Wellbeing Board with information on early thinking in mapping the relationship between the existing programme to reduce inequalities in coronary heart disease (CHD) and a wider strategy to reduce cardiovascular disease (CVD). It identifies synergies and opportunities for further development of a clinically focussed programme to address the Healthcare and Rehabilitation/Reablement workstream previously agreed as one on the three thematic work streams by the Health and Wellbeing Programme Board.

It proposes scoping the establishment of a healthcare and rehabilitation/reablement workstream group with the membership of relevant stakeholders to achieve clinical engagement and ownership of this theme of the cardiovascular programme.

2.2 In relation to the other workstreams identified and agreed by the Health and Wellbeing Programme Board in July (prevention and early intervention, continuing support) it maps selected indicators from national data sets to propose key metrics for each thematic group.

2.3 This report is for the Board to consider under its terms of reference no. 2.2 'to actively promote partnership working across health and social care in order to further improve health and well being of residents'.

3. THE CHD and CVD PROGRAMMES

3.1 The Peterborough, Boarderline and Wisbech Local Commissioning Groups of the Cambridgeshire and Peterborough Clinic Commissioning Group have established a clinically led group to tackle reducing inequalities in coronary heart disease outcomes (CHD), one of three strategic priorities identified by the CCG.

This programme has four workstreams:

1. Health Check programme

Working in partnership with Local Authorities and primary care providers and public health to successfully implement the Health Check programme.

2. Cardiac Rehabilitation

Effective use of the current Cardiac Rehabilitation pathways and recommending to both commissioners and providers areas for improvement based on local and national best practice.

3. Primary care Interventions

Improving the management of prevention of coronary heart disease in primary care so that inequalities in CHD are decreased at both a GP practice level and across the LCG population.

4. Smoking Cessation

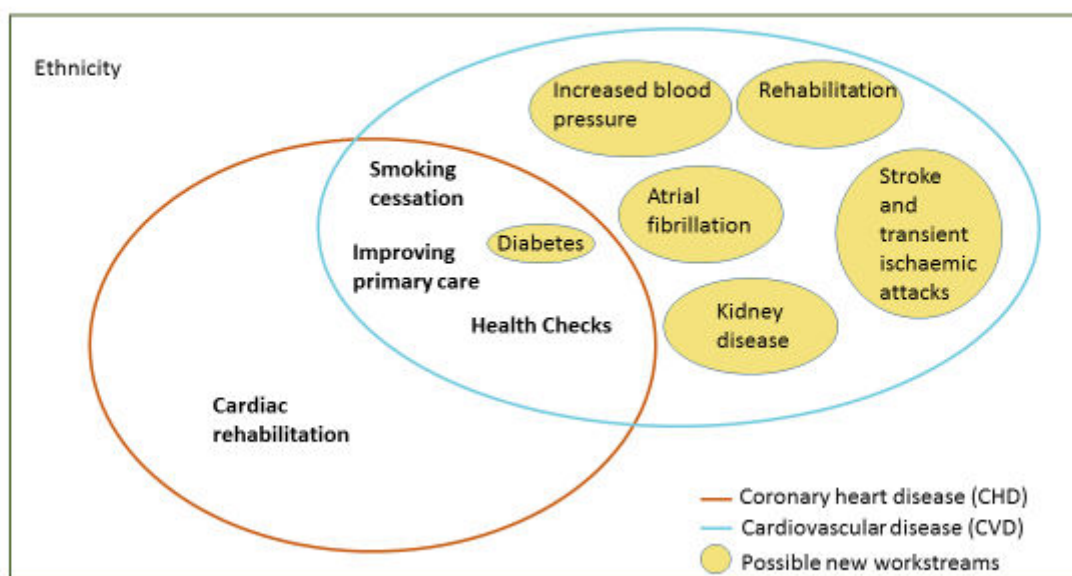
Working in partnership to increase the effectiveness of specific interventions based on the available evidence.

3.2 There is significant overlap in the elements of the CHD programme and the proposed evidence –based healthcare and rehabilitation CVD workstream.

3.3 In response to an opportunity to bid to the British Heart Foundation, the CHD programme board and Public Health developed and submitted a proposal for a project to address inequalities in coronary heart disease in August.

- 3.4 The bid is based on a person centred model of care with four key elements:
- Engaged, informed individuals and carers
 - Commissioning (including 'more than medicine' – ie whole pathway from prevention through to re-ablement/re-empowerment)
 - Commitment to partnership working
 - Organisational and supporting processes
- 3.5 It is proposed this model is explored for application to the wider cardiovascular disease programme.

Building on established interventions to reduce inequalities in coronary heart disease to address cardiovascular disease.



- 3.6 Ethnicity is a key factor in cardiovascular and diabetes risk and should be considered in relation to all aspects of the programme -risk thresholds, interventions, communications and access/barriers to services - so that inequalities in outcome are addressed for the population of Peterborough.
- 3.7 The additional areas for the CVD programme have been identified, for further consideration by the thematic group, based on the known risk factors for cardiovascular disease and the information on local indicators. See appendix B for Peterborough and Appendix C for the Cambridgeshire and Peterborough CCG.
- 3.8 The Public Health Intelligence Team have mapped selected indicators from the Public Health Outcomes Framework (PHOF), the NHS Outcomes Framework (NHSOF) and the Adult Social Care Outcomes Framework (ASCOF) against the three thematic workstreams for consideration by the HWPB and the thematic groups when established.
- 3.9 Inevitably, there is some overlap of indicators between workstreams and this may need to be worked through as the thematic action plans are developed by the theme groups to ensure appropriate accountability. This routinely collected data provides the means to ensure oversight of key outcomes of the CVD programme and track improvements over time although additional information may be required for operational management due to the timeliness of national reporting systems.

4. CONSULTATION

- 4.1 The half day stakeholder and workshop mapping in July focussed on the development of the British Heart Foundation 'House of Care' bid for a coordinated approach to the management and support of people with coronary heart disease. The bid was submitted on 11th August and the outcome will be known in November (shortlisted locations will have site visits in October/November).
- 4.2 In order to progress the Healthcare and Rehabilitation workstream, it is proposed that, following a stakeholder mapping, a second stakeholder workshop is convened with a focus on ensuring clinical engagement and that of relevant third sector and other groups e.g. the Stroke Association.
- 4.3 Consideration will need to be given to the potential overlap in membership between this and the Continuing Support workstream by the identified leads.
- 4.4 Further consultations will be required as the CVD programme as a whole is developed and the thematic work streams refined before the mature CVD strategy is approved by the Health and Wellbeing Board and other key stakeholders.

5. RECOMMENDATIONS

The Health and Wellbeing Board is invited to:

- 5.1 note the progress report and recommendations made to the Health and Wellbeing Programme Board on 19th September;
- 5.2 comment on the proposed elements of the cardiovascular disease strategy identified in the mapping of the coronary heart disease and cardiovascular disease programme illustrated in the diagram;
- 5.3 support the proposal that Public Health lead the establishment of the clinically focused group to develop the Healthcare and Rehabilitation/Reablement work stream;
- 5.4 note the proposal to use the PHOF, NHSOF and ASCOF indicators to monitor the outcomes of the three thematic work streams.

6. IMPLICATIONS

- 6.1 Proposals resulting from the adoption of cardiovascular disease as a key priority by the HWB/HWPB and from the subsequent work plans may have implications including: financial; legal; human resources; ICT; environmental; human rights; property; procurement; LAA targets; public health outcomes framework targets etc. These will be identified and addressed as they arise.
- 6.2 Tackling cardiovascular disease will require city-wide activity and strong partnerships. However, in order to address the inequalities which exist in outcomes from CVD, targeted approaches (which may focus on specific geographical areas or specific groups in the population) will also be required.

7. BACKGROUND DOCUMENTS

- a) Living well for longer-a call to reduce avoidable premature mortality; Dept. of Health March 2013
- b) Commissioning for value focus pack NHS Cambridgeshire and Peterborough CCG focus area cardiovascular disease (CVD) pathway, Public Health England, June 2014
- c) PHOF, NHSOF and ASCOF data sets.