HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 6
10 SEPTEMBER 2015		PUBLIC REPORT
Contact Officer(s):	Dr Liz Robin, Director of Public Health	Tel. 01733 207175

PETERBOROUGH CARDIOVASCULAR DISEASE JOINT STRATEGIC NEEDS ASSESSMENT

RECOMMENDATIONS	
FROM : Dr Liz Robin, Director of Public Health	**Deadline date : n/a**

1. That the Board notes the information and analysis in the CVD JSNA and supports the publication of the JSNA dataset and summary on its public website.
2. That the Board considers the verbal report from the workshop held on 9th September to inform further engagement with stakeholders and the public.
3. That the Board supports the recommendations that:
    a. The Health and Wellbeing Programme Board establishes a CVD programme steering group, drawing on the membership of the CVD JSNA steering group and the Inequalities in Coronary Heart Disease Programme Board, to lead the development of further work on services for prevention, treatment and care and support;
    b. The CVD programme should seek to improve the cardiovascular health of all in Peterborough whilst addressing the issues of inequality in risk, access and outcomes.
    c. The Public Health Board promotes a 'health in all programmes' approach across the local authority to address the wider determinants and risk factors for CVD;
    d. That the CVD JSNA informs the development of the 'Healthy Peterborough' 2016 health and wellbeing campaign plan.

1. ORIGIN OF REPORT

1.1 This report is submitted to Board following the decision taken by the Health and Wellbeing Programme Board (HWPB), at their May 2014 meeting, that cardiovascular disease (CVD) should be the top priority focus area. The priority was ratified by the Health and Wellbeing Board in July 2014. 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 Following a workshop in January 2015 and further discussions, the HWB decided that a Joint Strategic Needs Assessment (JSNA) was required to inform the development of the CVD work plan and the Health and Wellbeing Strategy, 2016-21. This report presents a summary of the CVD JSNA; the full data set will be available on the Peterborough City Council website.

1.3 Cardiovascular disease (CVD) is an umbrella term for all disease of the circulatory system including coronary heart disease (CHD), heart failure, stroke and peripheral arterial disease. Heart disease and stroke and their risk factors are the focus of this JSNA.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to provide a summary of the information in the CVD JSNA data set and draw attention to the key findings on the prevalence of cardiovascular disease and its risk factors in the local population.

2.2 The Health and Wellbeing Board is invited to consider the findings and next steps and approve the publication of the report and data set.

2.3 The JSNA is intended to inform the health and wellbeing strategy and the commissioning of services for the prevention, treatment, and care and support of people affected by cardiovascular disease with the aim of improving population health outcomes.

2.4 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 wellbeing of residents;*

And 3.3:

- *To keep under review the delivery of designated public health functions and their contribution to improving health and wellbeing and tackling inequalities.*

2.5 This report supports the Health and Wellbeing Board strategic priority of 'Preventing and treating avoidable illness' and particularly the linked outcomes of addressing disease and poor health indicators; and the HWB function

- *To develop a Health and Wellbeing Strategy for the City which informs and influences the commissioning of partner agencies*.

3. SUMMARY OF KEY POINTS FROM THE CVD JSNA

3.1 The CVD JSNA presents and analyses information from a variety of sources on the impact, and prevalence, of cardiovascular disease on the population of Peterborough, using registration with practices in the Borderline and Peterborough Local Commissioning Groups (LCGs) as the best proxy for residency as the majority of Peterborough residents are registered with these practices.17 of the 22 practices fall in the most deprived quintile (20%) for Cambridge and Peterborough Clinical Commissioning Group (CCG) based on levels of deprivation.

3.2 The population of Peterborough is growing and ageing, which will increase the need for services for the prevention and treatment of CVD. The population is predicted to rise by 23% from 2010 to 2021. Population growth is expected to be 2-4 times greater for men and women age 85+ and 70-74. The prevalence of CVD rises with age and is higher in more deprived populations. The best available data, which is not drawn from exactly equivalent populations groups or timeframes, suggests that the number of people estimated to have CVD in Borderline and Peterborough LCG will rise from 21,674 in 2015 to 24,405 by 2021 and 27,570 by 2031.

3.3 Although the mortality rates from circulatory diseases for men and women of all ages have fallen substantially in recent years, bringing Peterborough close to the national rates, the mortality rates for circulatory disease in men and women under the age of 75 remain above England rates. Mortality rates, standardised for age, for coronary heart disease are also raised compared to England for men and markedly so for women. The standardised mortality rates from stroke at all ages and for women under 75 is similar to the England rates; for men under 75, rates have fallen and were better the England rate in 2013 (though this should be monitored to see if it is sustained).

3.4 General practices collect information about the number of people with certain conditions and risk factors for CVD as part of the Quality and Outcomes Framework (QOF). There is some variation in data collection and it was not possible to analyse QOF by ethnicity nor standardise for the age and sex of the practice populations, making comparisons difficult.

3.5 The QOF data on prevalence show that CVD risk factors are relatively high in the relatively younger and more deprived population in Borderline and Peterborough LCGs, who may not be diagnosed with CVD yet, but are at high risk of developing disease and requiring services as they age.

3.6 There are significant inequalities identified within cardiovascular health. Circulatory diseases (including coronary heart disease and stroke) contribute a third of the gap in life expectancy between Peterborough and the national average for men and half for women.. Ethnicity is a risk factor for CVD, with premature coronary heart disease being more

common for South Asian populations in the UK, while stroke is more common among people of black ethnicity. Hospital admissions and deaths data for circulatory diseases in Peterborough show a correlation with wards with a high proportion of BME groups. These wards are also the most deprived, and there is a known relationship between deprivation and cardiovascular disease. Central, Park, Ravensthorpe, West, East, North and Dogsthorpe wards have higher % BME, % living in income deprived households, standardised mortality ratios for deaths from circulatory diseases and coronary heart disease (all ages) and higher standardised emergency admission ratios for coronary heart disease.

3.7 General Practitioners and others working in primary care manage the majority of treatment and prevention in cardiovascular disease and support people living with the conditions. Peterborough City Council commissions NHS Health Checks for all people aged 40-70, not known to have a condition, to identify risk factors for cardiovascular and kidney disease and diabetes with referral to a general practitioner or a lifestyle service, as appropriate, for those found to be at risk. Cambridgeshire and Peterborough Clinical Commissioning Group commissions hospital and community services. Peterborough City Council supports eligible people with continuing care needs and commissions lifestyle services e.g. smoking cessation. The level and detail of information on services varies and selected information is discussed in the JSNA.

3.8 Whilst Peterborough compares well to England in offering eligible 40-75 year olds a NHS Health Check, the conversion rate (i.e. the number of those invited who attend) is disappointing at 47.9% in 2014-5. 777 of 6042 (13%) of those attending for a Health Check in 2013-4 had a 20% 10 year risk of CVD. There is concern nationally and locally that not everyone with CVD or its risk factors is known, and if known, are treated and supported effectively.

3.9 The National Institute for Health and Care Excellence (NICE) and various professional organisations produce guidance on effective prevention (with intervention at both individual and population level) and on treatments and standards for the organisation of services. Local hospitals contribute data to national audits of services for coronary heart disease and stroke, which benchmark services against national standards. This information should be used by the proposed CVD Programme and local commissioners to inform commissioning intentions.

4 CONSULTATION

4.1 Public Health held a cardiovascular disease workshop for partners on 30 January 2015 focused on the three work streams identified by the HWPB of ‘prevention and early intervention’, ‘treatment and reablement’ and ‘continuing care’.

4.2 There was an overall commitment from those attending the workshop that a population-based approach to prevention should be adopted and that the programme should be linked with existing strategies for targeting people at particularly high risk of cardiovascular disease including promoting the uptake and appropriate referrals to services from Health Checks.

4.3 In addition to the focus on prevention, the workshop identified scope to improve treatment pathways and outcomes for those with cardiovascular disease, to include acute interventions and reablement e.g. in stroke. It recognised the work of the Coronary Heart Disease Inequalities Board and looked to learn from, and build on, this for the wider cardiovascular disease programme.

4.4 A Steering Group was established for the CVD JSNA to secure input and engagement with GPs, hospital clinicians and other service providers with the intention that Steering Group members would later provide input to the programme of work following on from the JSNA. (See annex 2 for membership; other commitments have meant that not all those invited

could attend the two meetings). There is cross membership with the Coronary Heart Disease Inequalities Board.

4.6 A briefing seminar was held for councillors on 9th June.

4.7 The JSNA Steering Group recognises that the views of service users, and those who experience barriers to accessing services, need further development in the CVD work programme.

4.8 A second stakeholder workshop is being held on 9th September and a verbal update will be available at the Health and Well Being Board meeting on 10th September.

5 ANTICIPATED OUTCOMES

5.1 The information and analysis in the CVD JSNA will inform the development of a programme of work to improve health outcomes from cardiovascular disease and address inequalities. This will require action at both an individual and a population/geographical level to address the prevalence of risk factors and support behavioural change.

5.2 The JSNA will inform the development of a collaborative programme of work to tackle CVD; and will be of interest to both commissioners and providers of services.

5.3 The Public Health Board will use the JSNA to inform how CVD and its risk factors are addressed through a 'health in all programmes' approach across the local authority.

5.4 Cardiovascular disease will be a priority in the Health and Wellbeing Strategy 2016-21 and progress will be monitored and reported.

6 REASONS FOR RECOMMENDATIONS

6.1 The above recommendations are to be considered with a view towards improving the cardiovascular health and wellbeing of the local population and improving collaborative working between appropriate stakeholders within the healthcare community to facilitate better service delivery and outcomes and address health inequalities.

7 ALTERNATIVE OPTIONS CONSIDERED

Cardiovascular disease is a major cause of death and disability in Peterborough with high levels of preventable mortality in men and women under the age of 75. Peterborough is ranked 125th out of 155 local authorities for premature deaths from heart disease and stroke. The Health and Wellbeing Board had prioritised CVD and a JSNA was seen as necessary to inform the development of a programme of work to improve prevention and treatment and so population health. Doing nothing is not an option, and a co-ordinated multi-sector, multi-intervention programme is most likely to be effective.

8 IMPLICATIONS

8.1 The CVD JSNA demonstrates that the prevalence of risk factors and the impact of CVD (deaths and number of people living with a condition) shows marked ethnic and gender differences. The development and implementation of a CVD work programme will address this leading cause of premature death in Peterborough and contribute to tackling significant inequalities in health and wellbeing.

8.2 NHS bodies –the CCG, NHS England, Monitor-have a legal duty under the Health and Social Care Act, 2012, to give due regard in the exercise of their functions to reducing inequalities between patients in access to and outcomes from health services. A local authority must, when using the public health grant, have regard to the need to reduce inequalities between people in an area with respect to the benefits that they can obtain from that part of the health service provided by the local authority.

9 BACKGROUND DOCUMENTS

None

10. APPENDICES

ANNEX 1: Peterborough Cardiovascular Disease JSNA summary

ANNEX 2: CVD JSNA Steering Group Membership

This page is intentionally left blank