



## Report to Cabinet

<b>Date:</b>	<b>11<sup>th</sup> October 2022</b>
<b>Title:</b>	<b>Director of Public Health Annual Report: Hearts and Minds – Preventing Heart Disease and Stroke in Buckinghamshire</b>
<b>Cabinet Member(s):</b>	Deputy Leader and Cabinet Member Health and Wellbeing
<b>Contact officer:</b>	Dr Jane O’Grady, Director of Public Health and Community Safety
<b>Ward(s) affected:</b>	All Wards
<b>Recommendations:</b>	<b>Cabinet is requested to note the Director of Public Health Annual Report and endorse the recommendations within it and the draft action plan.</b>

### **Recommendations within the Director of Public Health Annual Report:**

We need to work together with partners and communities across Buckinghamshire to

- 1. Act on the broader determinants of health** such as income, debt, good quality employment, high quality education and healthy environments to level up outcomes across Buckinghamshire. Tackling these issues is an essential component of reducing inequalities in health and cardiovascular disease.
- 2. Support a systematic large-scale improvement in behavioural risk factors** by
  - ensuring the physical, social, commercial and economic environments in which people live, work and learn support healthy behaviours
  - increasing the understanding and the skills required to design effective behaviour change interventions across Buckinghamshire Council, the NHS and partners including rolling out the behaviour change Making Every Contact Count programme. This enables people to have “healthy conversations” to support behaviour change in their day-to-day interactions
  - working with communities to understand what would support them to reduce their risk of cardiovascular disease and co-design and evaluate appropriate approaches

- supporting NHS trusts to implement the NHS Long Term Plan smoking cessation support requirements as smoking is the single biggest modifiable driver of health inequalities
  - working together with partners and communities to develop a whole system approach to healthy eating and physical activity to combat the rise in unhealthy weight and obesity.
  - working together to tackle smoking via the Tobacco Control Action Plan.
  - working together to address harmful alcohol misuse through development of our new drug and alcohol strategy
3. **Increase detection and management of modifiable risk factors in people at higher risk of cardiovascular disease** including those living in more deprived areas, ethnic groups at higher risk of cardiovascular disease and those with mental illness by
- increasing capacity in primary care in more deprived areas to undertake NHS health checks and detect and manage clinical risk factors such as high blood pressure and diabetes, and refer to appropriate interventions such as smoking cessation
  - working with people from ethnic minority groups to design effective, culturally competent approaches to increase detection of risk factors and management of risk factors
  - working with NHS and local authority partners to develop and implement the whole system plan to tackle inequalities in cardiovascular disease
4. **Improve data collection and monitoring to track progress**
- Improve data collection in primary and secondary care to enable monitoring of outcomes by ethnicity and areas of deprivation and improve the quality, accuracy and completeness of ethnic monitoring data
  - Undertake equity audits to determine access to and uptake of prevention and treatment initiatives of cardiovascular disease by different groups

**Reason for decision:** The Director of Public Health is required to produce an annual report on the health of Buckinghamshire population. This report provides an overview of the impact of cardiovascular disease on the health and wellbeing of Buckinghamshire residents. Cardiovascular disease is one of the largest drivers of poor health and death in the county and the biggest contributor to the gap in life expectancy between residents. The report highlights the need for a renewed focus on preventing cardiovascular disease and the risk factors that lead to it. This means tackling the key social, economic and environmental risk factors. The Council has a key role in this agenda through its day to day services and the Opportunity Bucks programme. Addressing the key risk factors will improve health in a variety of other ways including reducing the risk of cancer, diabetes, dementia, musculoskeletal problems

and poor mental health and produce many other societal and economic benefits, making Buckinghamshire an even better place to live.

## **1. Executive summary**

- 1.1 Each year the Director of Public Health produces an annual report on the health of their population. There are two versions of this year's report - the full version and a short read version, both are included in the Cabinet papers.
- 1.2 This report focuses the importance of the prevention of cardiovascular disease for Buckinghamshire's population. It serves as a baseline against which progress in improving cardiovascular disease prevention and outcomes for our population can be measured. It highlights the opportunities that the Council, the NHS, the voluntary sector and residents have to reduce the risks of cardiovascular diseases in the County by working together on this agenda.
- 1.3 The aim is to support a strategic approach for the Council and partners to address the cardiovascular health and risk factors of our population.
- 1.4 The report summarises the many risk factors for cardiovascular disease. The risk factors include behavioural, clinical and environmental risk factors. It provides recommendations on how residents can reduce their risk of cardiovascular disease and what partners including the council can do to reduce these risk factors. The environmental risk factors include stress at work, the quality of housing and poor air quality.
- 1.5 Some groups of residents are at an increased risk of cardiovascular disease compared to others. These include older residents, men, people on lower incomes, those living in deprived areas and people from some ethnic groups. People living with severe mental illness are also more at risk.
- 1.6 Differences in cardiovascular disease between different groups are a significant driver of health inequalities across Buckinghamshire. Cardiovascular disease is the largest contributor to the gap in life expectancy between people living in our most and least deprived areas. This makes cardiovascular disease a key concern for levelling up health outcomes in Buckinghamshire.
- 1.7 The report highlights a range of programmes in Buckinghamshire designed to address the main behavioural and clinical risk factors for cardiovascular disease.

- 1.8 A multi-agency plan to address inequalities in cardiovascular disease across Buckinghamshire is being developed and implemented. It will be overseen by the Buckinghamshire Health and Wellbeing Board.
- 1.9 To tackle cardiovascular disease and reduce inequalities in illness and premature death in Buckinghamshire we need a multilevel approach, at individual and community level and across the whole county. We need a range of programmes that will impact over the short, medium and long term.

## **2. Content of report**

- 2.1 Cardiovascular disease describes diseases of the heart and blood vessels. It includes heart disease, stroke, transient ischaemic attacks (mini-strokes) and vascular dementia which is the second commonest type of dementia. It is responsible for 1 in 4 premature deaths in the UK and is the biggest contributor to the gap in life expectancy between those living in the most and least deprived areas.
- 2.2 Buckinghamshire is one of the least deprived and consequently healthiest counties in England. However, our residents still suffer from a significant burden of preventable diseases including cardiovascular disease. Although our death rate is lower than the national average, cardiovascular disease is a significant cause of ill health and disability in Buckinghamshire. It causes more than 1 in 5 deaths in Buckinghamshire and is the biggest contributor to the gap in life expectancy between people living in our most and least deprived areas.
- 2.3 Death rates from cardiovascular disease had been falling in Buckinghamshire over the last 20 years but progress has been slowing and premature death rates have plateaued recently. The good news is that up to 80% of cardiovascular disease can be prevented. Many of the risk factors for cardiovascular disease also cause other disease such as cancer, lung and liver disease so addressing these risk factors will reduce other diseases too.
- 2.4 Acting on the risk factors for cardiovascular disease can improve people's health, quality of life and independence as well as the quality of our environment, help mitigate the impact of climate change and increase the economic and social success of Buckinghamshire.
- 2.5 The risk factors for cardiovascular disease are a mix of personal characteristics such as age and ethnicity which cannot be changed and factors that are modifiable such as the environments and circumstances in which people live, people's opportunities to adopt healthy behaviours and exposure to chronic stress.
- 2.6 The modifiable risk factors can be categorised as: behavioural risk factors, clinical risk factors and environmental risk factors. These factors are often inter-related and

therefore we need a multi-agency and multi-level approach to address them. This approach combines actions people can take themselves, actions at a community level and Buckinghamshire wide level. National action is also required to help address some of the risk factors.

- 2.7 Changing behaviour requires much more than a focus on the individual and their behaviour but a whole system approach that supports the individual to make healthy choices and makes healthy choices the easy choices. Interventions that introduce structural changes and require less effort on the part of the individual often have a larger health impact and reduce health inequalities more effectively.
- 2.8 Anyone can develop cardiovascular disease, but some people are more likely to develop it than others.
- 2.9 Cardiovascular disease increases with age and is more common in men, people living on lower incomes or living in more deprived areas and people from certain ethnic groups especially black and South Asian ethnic groups. It is also more common in people living with severe mental illnesses such as schizophrenia or bipolar disease. People with certain inherited conditions such as familial hypercholesterolaemia are also at an increased rate. Although cardiovascular disease increases with age it occurs at a younger age in certain groups at risk.
- 2.10 Differences in cardiovascular disease between different groups are a significant driver of health inequalities across Buckinghamshire. Cardiovascular disease is the largest contributor to the gap in life expectancy between people living in our most and least deprived areas.
- 2.11 People living in the most deprived areas of England are 4 times more likely to die early from cardiovascular disease compared with people who live in the least deprived areas.
- 2.12 National data shows that people from South Asian groups are more likely to develop and die from cardiovascular disease than white groups and have the highest risk of death from heart disease of any ethnic group. South Asian people also tend to develop cardiovascular disease at a younger age than their white counterparts. People from black ethnic groups appear to have a lower risk of heart disease but are more likely to have high blood pressure and die from stroke than other ethnic groups and more likely to have a stroke at a younger age.
- 2.13 Men are more likely to have cardiovascular disease and more likely to die from it than women. Before the menopause female hormones have a protective effect on cardiovascular disease in women but after the menopause the prevalence of cardiovascular disease increases in women. However, when women develop heart

disease there are often disparities in treatment when compared to men for a range of reasons.

- 2.14 The COVID pandemic has also increased the risk of cardiovascular disease both directly and indirectly. The pandemic has had an indirect impact on cardiovascular disease by worsening some people's mental health and economic circumstances and increasing the proportion of people with unhealthy behaviours such as eating unhealthily, being less active, drinking more alcohol and gaining weight.
- 2.15 The pandemic also reduced access to routine health care and preventive interventions such as NHS health checks and management of blood pressure and diabetes. COVID infection has had a direct impact on cardiovascular disease and led to an increase in cardiovascular disease events after infection, even in those who were not admitted to hospital.
- 2.16 We have a range of programmes in Buckinghamshire designed to address the main behavioural and clinical risk factors for cardiovascular disease. These include smoking cessation, physical activity programmes, weight management, substance misuse support and healthy eating programmes. We are also developing and implementing a multi-agency plan to address inequalities in cardiovascular disease across Buckinghamshire, overseen by the Buckinghamshire Health and Wellbeing Board.
- 2.17 People may be unaware they have some of the clinical risk factors such as high blood pressure, high cholesterol or diabetes as they may not have any symptoms. It is best to detect these conditions early as they can be effectively treated which will reduce the risk of developing cardiovascular disease. The free NHS health check is offered to eligible adults aged 40-74 and is designed to spot risk factors such as high blood pressure and high cholesterol or early signs of heart disease, type 2 diabetes, stroke, kidney disease or dementia.
- 2.18 Buckinghamshire Council and partners have a variety of plans to improve the wider environmental risk factors for cardiovascular disease including action on climate change, air quality, active travel, employment and housing.

### **3. Other options considered**

- 3.1 The recommendations in this report aim to capitalise on the opportunities afforded by the relationship between the Council, community boards, the NHS, the voluntary sector and the community to prioritise cardiovascular disease prevention and management. If the recommendations are not supported and implemented, there is potential that valuable opportunities to improve the health and wellbeing of our residents and tackle health inequalities within the County may be missed.

## **4. Legal and financial implications**

- 4.1 This is a report setting out the high-level summary of cardiovascular disease prevention and outcomes for Buckinghamshire's residents. There are no direct financial implications of adopting this report. Any financial implications arising from implementing actions in the action plan would be subject to the usual financial processes and value for money assessments.
- 4.2 No direct legal implications for this report.

## **5. Corporate implications**

- 5.1 Value for Money: This is a high-level report covering a range of areas and therefore cannot be covered by a single value for money assessment. Individual policy decisions may flow from the report which will have individual value for money assessments.
- 5.2 Other Consideration: This report is for partners as well as Buckinghamshire Council and will be disseminated and presented after approval by Cabinet in a variety of forums.

## **6. Local councillors & community boards consultation & views**

- 6.1 The Deputy Leader and Cabinet Member for Health and Wellbeing and the Deputy Cabinet Member for Public Health have reviewed and approved the report.
- 6.2 Local Members will be sent copies of the report after Cabinet Decision and the report is also being presented at the Health and Adult Social Care Select Committee and the Health and Wellbeing Board.

## **7. Communication, engagement & further consultation**

- 7.1 Normal communication channels will be used to disseminate the report to partners and residents.

## **8. Next steps and review**

- 8.1 Partners and the council can use the report to understand the potential for beneficial impacts on cardiovascular disease of a wide range of their own plans including the regeneration of town centres, transport planning and housing development or local health and wellbeing plans. The report will also inform the work plan being developed as part of the Health and Wellbeing Strategy and the Opportunity Bucks programme. A joint high level action plan to implement the

recommendations of the DPHAR will be developed and monitored through the Health and Wellbeing Board.

## **9. Background papers**

- 9.1 The full Director of Public Health Annual Report and a short read version are included as appendices to this report.

## **10. Your questions and views (for key decisions)**

- 10.1 If you have any questions about the matters contained in this report please get in touch with the author of this report. If you have any views that you would like the cabinet member to consider please inform the democratic services team. This can be done by telephone 01296 382343 or email [democracy@buckinghamshire.gov.uk](mailto:democracy@buckinghamshire.gov.uk).

