

Director of Public Health Annual Report

Hearts and Minds - Preventing Heart Disease and Stroke in Buckinghamshire

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Consideration: Information Discussion
 Decision Endorsement

Please indicate to which priority in the Joint Local Health and Wellbeing Strategy, [Happier, Healthier Lives Strategy \(2022-2025\)](#) your report links to.

| Start Well | Live Well | Age Well |
|---|--|---|
| <input type="checkbox"/> Improving outcomes during maternity and early years | <input checked="" type="checkbox"/> Reducing the rates of cardiovascular disease | <input type="checkbox"/> Improving places and helping communities to support healthy ageing |
| <input type="checkbox"/> Improving mental health support for children and young people | <input type="checkbox"/> Improving mental health support for adults particularly for those at greater risk of poor mental health | <input type="checkbox"/> Improving mental health support for older people and reducing feelings of social isolation |
| <input checked="" type="checkbox"/> Reducing the prevalence of obesity in children and young people | <input checked="" type="checkbox"/> Reducing the prevalence of obesity in adults | <input checked="" type="checkbox"/> Increasing the physical activity of older people |

None of the above? Please clarify below:

N/A

1. Purpose of report

1.1. The Director of Public Health is required to produce an annual report on the health of Buckinghamshire’s population. This year’s themed report is on preventing cardiovascular disease which includes heart disease and stroke. It provides an overview of the impact of cardiovascular disease on the health and wellbeing of Buckinghamshire residents and what needs to be done to address it.

1.2. 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 living in our most and least

deprived areas. It is the second commonest cause of dementia. A large proportion of cardiovascular disease is preventable.

- 1.3. The report highlights the need for a renewed focus on preventing cardiovascular disease and the risk factors that lead to it. Addressing the key risk factors will improve health in a variety of other ways which include 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.
- 1.4. Implementing the recommendations in the report will help deliver the Health and Wellbeing strategy workstream on cardiovascular disease

2. Recommendation to the Health and Wellbeing Board

1. Note the Director of Public Health Annual Report.
2. Endorse the recommendations for the Board as set out in section 3.7.

3. Content of report

- 3.1. The report contains information on cardiovascular disease and the differences in its risk factors between different groups and areas in Buckinghamshire and what we can do to prevent it.
- 3.2. It highlights the risk factors for cardiovascular disease in 3 categories: behavioural risk factors such as smoking, often invisible clinical risk factors such as high blood pressure and diabetes, and social and environmental risk factors. We need to address all these categories of risk factors to tackle cardiovascular disease.
- 3.3. The social and environmental risk factors include stress at work, poor working conditions and working long hours. Poor air quality and experiencing extreme temperatures such as very cold housing or insufficient protection from heat waves.
- 3.4. The behaviours of people are heavily influenced by the commercial, social and physical environment around them. A focus on individual change alone will be much less effective than changing the environments in which people live, learn, work and play. For example, the availability, pricing and advertising of alcohol and unhealthy foods influence the food we eat and societal drinking. Children and young people are particularly vulnerable to environmental influences. Many unhealthy behaviours are started during childhood and the teenage years and become entrenched which means they are harder to stop.
- 3.5. Some risk factors like diabetes, high blood pressure and high cholesterol often cannot be found without clinical tests as many people have no symptoms until later in their illness. It is important to increase the number of people who have been identified as having these conditions so people can be helped to manage them and receive effective treatment. This is especially important for people who are at a higher risk of cardiovascular disease.
- 3.6. The report identifies that people living in deprived areas and people from South Asian and black ethnic groups are at higher risk of cardiovascular disease. This is due to a combination of interlinked factors that may include poor living and working conditions, exposure to chronic stress,

opportunities to adopt healthy behaviours and biological factors. People living with severe mental illness are also at increased risk of cardiovascular disease. It is important to identify and address risk factors that can be changed to help prevent or delay cardiovascular disease for these groups of people.

3.7. The report highlights some of the work already underway in Buckinghamshire but also identifies where more could be done. Action is asked from all partners on the Health and Wellbeing Board who have an interest in the health and wellbeing of people who live and work in Buckinghamshire. The following recommendations are made to the Board and its members. We need to work together with communities and partners 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 stopping smoking.

- 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 by

- improving data collection in primary care (for instance GPs) and secondary care for instance (hospitals) to enable monitoring of outcomes by ethnicity and areas of deprivation and improve the quality, accuracy and completeness of ethnic monitoring data.
- Undertaking surveys known as equity audits to determine access to and uptake of prevention and treatment initiatives of cardiovascular disease by different groups.

4. Next steps and review

- 4.1. Partners are working together to develop a plan to help prevent cardiovascular disease especially in groups at higher risk of cardiovascular disease. This aligns with the priorities of the Joint Local Health and Wellbeing Strategy recently published by the Board.
- 4.2. The Opportunity Bucks programme at Buckinghamshire Council aims to promote opportunities to level up health in Buckinghamshire. This provides a way to address the broader determinants of health in the target wards and to work with communities to identify what would work for them to improve their health and quality of life. Health and wellbeing is one of the five themes in the Opportunity Bucks programme and preventing cardiovascular disease is a key component of that theme.

5. Background papers

Appendix 1 – DPHAR 2021/22 Short Read

If you would like to read the report in full please see link below:

https://www.buckinghamshire.gov.uk/documents/18793/Director_of_Public_Health_Annual_Report_2022.pdf