

RUTLAND HEALTH AND WELLBEING BOARD

4th DECEMBER 2018

CARDIOVASCULAR DISEASE IN RUTLAND

Report of the Director of Public Health, Rutland County Council

Exempt Information	No	
Cabinet Member(s) Responsible:	Mr A Walters, Portfolio Holder for Safeguarding - Adults, Public Health, Health Commissioning, Community Safety & Road Safety	
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DECISION RECOMMENDATIONS

That the Board:

1. Approves further work on developing a joined up prevention system through Rutland County Council's Health and Care Board
2. Approves further work to enable an integrated communications system to support the prevention system in Rutland
3. Endorses the hypertension prevention programme being led by the Leicester, Leicestershire and Rutland Prevention Programme Board as part of the LLR STP

1 PURPOSE OF THE REPORT

- 1.1 The purpose of this paper is to summarise a profile of cardiovascular disease in Rutland and provide context within Rutland and at the STP system level as to the work going on around prevention and management of cardiovascular disease in Rutland.

2 BACKGROUND AND MAIN CONSIDERATIONS

Strategic Aim: Safeguarding the most vulnerable and supporting the health wellbeing needs of our community.

Prevalence of cardiovascular disease

- 2.1 Cardiovascular disease (CVD) is a general term for disease that affects the heart or

the blood vessels. It is usually associated with a build-up of fatty deposits inside the arteries and an increased risk of blood clots, and can result in damage to organs such as the brain, heart, kidneys and eyes. CVD includes angina, heart disease, heart attacks, strokes, transient ischaemic attacks (TIA or 'mini-stroke'), and peripheral arterial disease (usually affecting the legs). Cardiovascular disease is one of the main causes of death and disability in the UK, but it can often largely be prevented by leading a healthy lifestyle.

- 2.2 The most common cause of premature death in England is coronary heart disease. Coronary heart disease refers to the type of cardiovascular disease that specifically affects the heart. Proper management of the condition can reduce the risk of death from the disease, and improve the quality of life of the patients. The prevalence of coronary heart disease as recorded on GP registers in Rutland has remained stable for the past five years at 3.7%. The prevalence has remained significantly higher than the national prevalence throughout this time.
- 2.3 The death rate due to cardiovascular disease in East Leicestershire and Rutland CCG (ELR CCG) has decreased by 30.4% since 2004-2006. There were 368.7 admissions for cardiovascular disease per 100,000 people in ELR CCG in 2016/17. This is significantly lower than the England rate.
- 2.4 In Rutland, almost a quarter (24.5%) of all deaths were due to circulatory disease in 2016. This is similar to the national percentage of 25.5%. The percentage of deaths from circulatory disease in Rutland has significantly declined since 2004, a decline which is reflected nationally.
- 2.5 Mortality rates from cardiovascular disease in those aged under 75 years have remained significantly better than the national average for the last three time periods. In 2014-16, deaths from all cardiovascular disease for those aged less than 75 was 53.5 per 100,000 population aged less than 75 years, significantly better than the national rate of 73.5 per 100,000 population aged less than 75 years. In the same time period, deaths from cardiovascular disease considered preventable for those aged less than 75 was 37.4 per 100,000 population aged less than 75 years, similar to the national rate of 46.7 per 100,000 population aged less than 75 years.
- 2.6 As age increases, the percentage of deaths from circulatory disease also increases at a national level. However in Rutland in 2016, the highest percentage of deaths from circulatory disease (30.1%) was seen in the 75-84 age group whereas in the 85 year and over age group, less than a quarter of deaths (23.8%) were due to circulatory disease in Rutland. In both these age groups, over time there has been a significant decline in the percentage of deaths due to circulatory disease in Rutland.
- 2.7 However, prevention of cardiovascular disease is possible, with a current and real opportunity to address risk factors that can impact on the prevalence of cardiovascular disease. Smoking, being overweight or obese, being physically inactive, excessive alcohol use and having a high blood pressure are all factors that increase the risk of developing cardiovascular disease, or of further complications from cardiovascular disease if already diagnosed. Lifestyle services can help prevent cardiovascular disease, whereas optimal medical management, as well as lifestyle services, can reduce the risk of deterioration and complications of cardiovascular disease

Risk factors for cardiovascular disease

- 2.8 Smoking is the major cause of preventable ill health and premature mortality in England. In Rutland between 2012 and 2015, the smoking prevalence has remained significantly better (lower) than the national percentage. In 2016, 12.3% of adults in Rutland were current smokers, similar to the England proportion of 15.5%.
- 2.9 The percentage of physically active adults in Rutland has remained similar to the national average for the last two years. In 2016/17, 68.1% of adults in Rutland reported that they were physically active, that is, they engaged in at least 150 minutes of moderate intensity physical activity per week. This is similar to the England value of 66.0%.
- 2.10 In Rutland, in 2016/17, 60.2% of adults were classified as overweight or obese, this is similar to the England value of 61.3%. This has worsened since 2015/16, where the prevalence of excess weight in adults in Rutland was 58.0%.
- 2.11 Being overweight or obese is associated with a greater risk of developing type II diabetes. People with diabetes can lead healthy lives with correct management and monitoring of their condition. Diabetes increases the risk of developing cardiovascular disease. The percentage of patients aged 17 years and over with diabetes mellitus, as recorded on practice disease registers has been significantly increasing both nationally and locally. In 2016/17, 1,980 adults in Rutland had been identified on GP disease registers as having diabetes. This is a prevalence of 6.6%. The value for England was 6.7%.
- 2.12 In 2016/16, 16.8% of patients in Rutland were recorded as having hypertension (high blood pressure). This equates to 6,226 people in Rutland. This compares to a national prevalence of 13.8%.
- 2.13 Another common cause of premature death in England is following a stroke. Proper management of the condition can reduce the risk of death from the disease, and improve the quality of life of the patients. The percentage of patients with stroke or transient ischaemic attack (TIA), as recorded on practice disease registers (proportion of total list size) has remained significantly higher than the national percentage for the last five years. The latest data shows the prevalence of stroke or transient ischaemic attack as recorded on GP registers is 2.3% for Rutland in 2016/17. This is significantly higher than the England proportion of 1.7%. The significantly higher prevalence of stroke or transient ischaemic attack (TIA) in Rutland over time is likely to be affected by Rutland's proportionally older population compared to nationally.
- 2.14 One risk factor for stroke is atrial fibrillation, an abnormality of the heart's rhythm which gives an irregular heart rhythm and can be much faster than a normal heart rate. The diagnosed prevalence of atrial fibrillation in ELR CCG is 2.3%, with the estimated prevalence being 3.0%. There could be an additional 2,122 people with undiagnosed atrial fibrillation in the CCG.

Treatment and Prevention of Cardiovascular Disease

Healthy Lifestyle services

- 2.15 Rutland Community Wellbeing (RCWS) Service offers information, support and

advice to people in Rutland with a range of health and wellbeing needs. This includes self-help tools, and onwards referral to a variety of community support, through an interactive website, (<https://www.rutlandwellbeing.org.uk/>) single telephone number and drop-in services. They provide a wide range of assistance to help people to overcome some of the factors which may have a negative impact on their health and wellbeing, such as poor housing and debt. This includes help to access specialist military/veteran support. RCWS also provides support to help people around a range of lifestyle issues such as help to stop smoking, basic dietary and weight management advice and referral.

- 2.16 In 2016/17, there were 118 people in Rutland using stop smoking services and 69 people quit smoking as a result of attending stop smoking services. This equates to a rate of 1,747 per 100,000 smokers aged 16 and above which falls in the second lowest quintile nationally. In the same time period, of those who self-reported quitting smoking at 4 weeks, 39 had confirmation by carbon monoxide validation. This equates to a rate of 988 per 100,000 smokers aged 16 and above which falls in the lowest quintile nationally.
- 2.17 Active Rutland provides details of all the physical activities and sports available within the county, including those aimed at specific groups such as older people, young people with disabilities and those recovering from injury.
- 2.18 Rutland operates a Passport to Leisure scheme which allows specific groups the opportunity to access daytime services and facilities at the local sports centre at a discounted rate, including low income families, students and individuals with a disability or impairment.
- 2.19 The Exercise Referral Scheme is a programme for adults (16+) with health conditions, who could benefit from increased physical activity. It is a partnership between Public Health, Leicester-Shire and Rutland Sport, local authorities, GP practices and other healthcare professionals. It offers an opportunity for these individuals to exercise in a safe, supervised and structured environment.

NHS Programmes and services

- 2.20 In order to prevent heart disease, stroke, diabetes and kidney disease, everyone between the ages of 40 and 74 who has not been diagnosed with any of those conditions is invited to have an NHS Health Check every five years. The Health Check assesses the risk of a person developing any of these diseases and identifies interventions to be put in place to reduce their risk.
- 2.21 Work is currently being completed across Rutland to improve the overall quality and data accuracy of Health Checks. This includes implementing a clinical template onto the GP practice system to support consistent high quality Health Check delivery and utilising data software to audit the quality and eligibility of Health Checks.
- 2.22 The latest data shows in 2017/18, the proportion of the eligible population invited for an NHS Health Check in Rutland was 21.6%, this is better than the England value of 17.3%. The proportion of the eligible population who received an NHS Health Check in Rutland was 7.0%, this is significantly worse than the England value of 8.3%. The percentage of the eligible population in Rutland who were invited for and who received an NHS Health Check was 32.4%. This is significantly worse than the

England value of 47.9%.

- 2.23 Making Every Contact Count (MECC) is an approach to behaviour change, whereby day-to-day interactions between staff (from a wide range of organisations) and individuals are utilised to support them to make positive changes to their physical and mental health and wellbeing. Brief advice and information is offered, along with signposting or referral where appropriate, to assist with these changes. Many health, care and other professionals already utilise the principles of MECC and put these into practice in their day-to-day work. The MECC approach formalises this work, provides an opportunity to offer support and training to further assist staff in this work, alongside toolkits which can be used at organisational level as well as by individual staff members.
- 2.24 A 'hypertension project' is being taken forward by the three Clinical Commissioning Groups (CCGs) in Leicester, Leicestershire and Rutland and Public Health. This work aims to find patients with as yet undiagnosed hypertension (high blood pressure), and optimise the management of all patients with hypertension. It also includes work on prevention and self-care. The new hypertension pathway is in the final stages of development.
- 2.25 Work is underway on an end-to-end pathway review of cardiovascular disease management and cardiology services, including the parts of the pathways that sit in primary care. This is joint work between the three CCGs, primary care, secondary care, and Public Health.

3 CONSULTATION

- 3.1 The paper summarises the prevalence of cardiovascular disease in Rutland and current service provision and does not require consultation.

4 FINANCIAL IMPLICATIONS

- 4.1 The paper summarises the prevalence of cardiovascular disease in Rutland. Where the recommendations call for further action these will be met from within existing budgets.

5 LEGAL AND GOVERNANCE CONSIDERATIONS

- 5.1 The Health and Social Care Act 2012 places a statutory duty on Rutland County Council to take steps to improve the health of the population. By supporting healthy lifestyles, and its positive impact on a leading cause of ill health and death, the Council is discharging its statutory duty.

6 HEALTH AND WELLBEING IMPLICATIONS

- 6.1 Cardiovascular disease remains a major cause of mortality and morbidity within Rutland. A joined up approach to lifestyle service provision and additional focus on the key work outlined in this report will improve the health and wellbeing of the population.

7 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

7.1 In Rutland there is a higher prevalence of cardiovascular disease than the national average. This is likely to be due to Rutland's population being older, on average, than nationally. It could also be due to proactive case finding and diagnosis by GPs and primary care teams. Despite higher prevalence of these diseases, deaths from cardiovascular disease in those aged under 75 is significantly better than the national average, which suggests that cardiovascular disease is generally well managed in Rutland residents.

7.2 However there is more that can be done. Whilst smoking prevalence in Rutland is significantly lower than the national average, those who do smoke are at greater risk of developing cardiovascular disease and from dying from it. A substantial proportion of Rutland's adult population are obese. Being obese is a major risk factor in developing heart disease, type 2 diabetes, stroke, as well as some types of cancer. Tackling these risk factors now is crucial in preventing cardiovascular disease in the future.

7.3 There are a range of services and work programmes in Rutland, either at local, CCG or at Leicester, Leicestershire and Rutland level that are working on reducing risk factors, or optimising fitness and wellbeing after a diagnosis of cardiovascular disease. These will require ongoing investment and support as well as new initiatives to prevent cardiovascular disease and to reduce the effects of established disease.

7.4 Despite a higher prevalence of some cardiovascular diseases in Rutland compared to nationally, deaths due to cardiovascular disease continue to decrease or remain better than the national average. This implies that cardiovascular disease is successfully identified and appropriately managed and supported in Rutland's population in general. There are a range of services available in Rutland to support people with cardiovascular disease as well as prevent CVD by addressing a range of lifestyle factors. There is however scope for further improvement through reviewing the prevention pathway to make it even easier for people to access these services.

7.5 To focus our efforts on reducing the burden of cardiovascular disease we need a joined up prevention system. Work could be done to review the prevention pathway, so that the system works more efficiently with the resources and services that it already has. This could include how to optimise use of communications resources and channels to ensure that information about services and how to access them reaches Rutland's population in a range of ways.

7.6 It is recommended that the Board:

- i) Approves further work on developing a joined up prevention system through Rutland County Council's Health and Care Board
- ii) Approves further work to enable an integrated communications system to support the prevention system in Rutland
- iii) Endorses the hypertension prevention programme being led by the Leicester, Leicestershire and Rutland Prevention Programme Board as part of the LLR STP

8 BACKGROUND PAPERS

There are no additional papers to this report.

9 APPENDICES

There are no appendices to this report

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