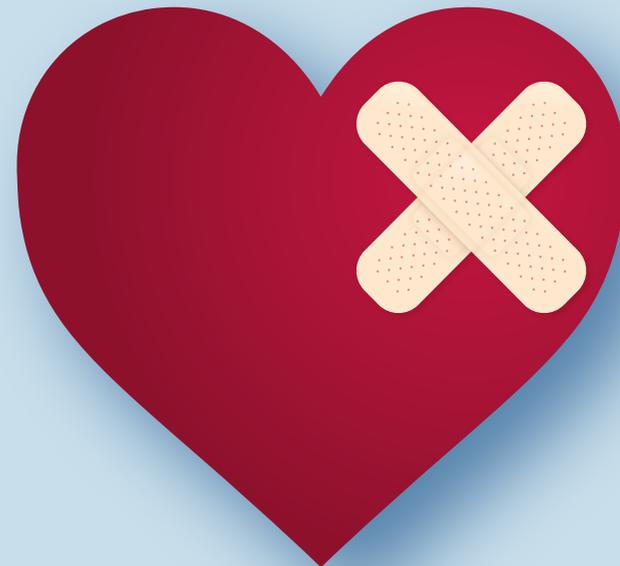




Public Health
England

Protecting and improving the nation's health

Public Health England cardiovascular disease prevention initiatives, 2018 to 2019



November 2018

Contents

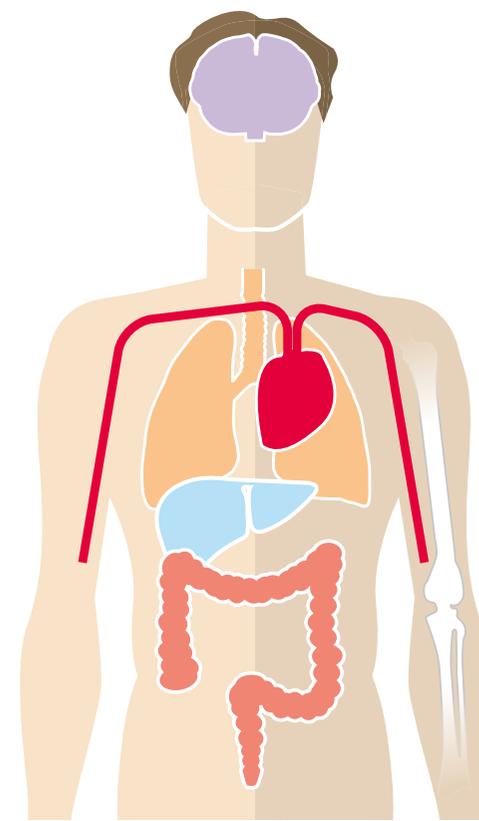
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Introduction

Cardiovascular disease (CVD) is a term that describes a family of diseases with a common set of risk factors and that result from atherosclerosis (furring or stiffening of artery walls), particularly coronary heart disease, stroke and peripheral arterial disease. It also covers other conditions such as vascular dementia, chronic kidney disease, cardiac arrhythmias, Type 2 diabetes, sudden cardiac death and heart failure.

This document sets out some of the key CVD prevention initiatives that Public Health England (PHE) is delivering in the 2018 to 2019 financial year, a year in which addressing variation in outcomes from CVD is one of PHE's top three priorities.¹ PHE is further cementing its commitment to CVD prevention in a new system leadership that involves the agency working closely with the British Heart Foundation, NHS England, the National Institute for Health and Care Excellence (NICE), NHS RightCare and others. PHE's secondary prevention project (see page 29) represents a major investment in CVD prevention across England, with national and localised activities designed to further the optimisation of secondary prevention and reduce variation in CVD outcomes. The document also updates on progress made on commitments made in [last year's action plan](#).

PHE's actions to address CVD are taking place across the agency and frequently involve multiple partners. This document is aimed at a broad audience, including those involved in the commissioning and provision of services for CVD and its prevention, for example: clinicians, local authorities, service commissioners, public health specialists, academics, the third sector and PHE staff.

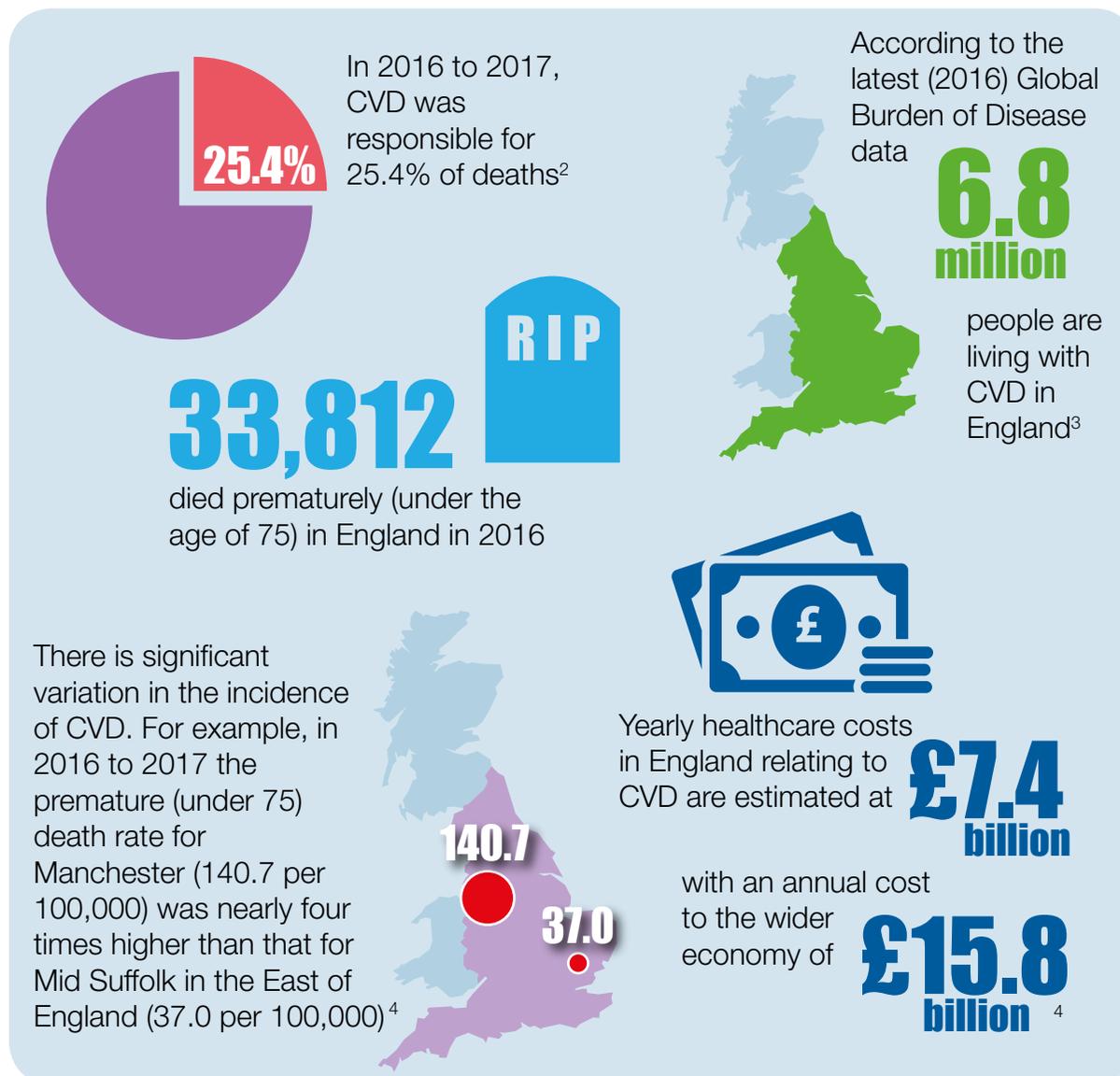


Background

Over the last few decades, great strides have been taken in reducing premature deaths due to CVD in England. However, the problem still remains a significant cause of disability, death and health inequalities.

The ageing population also presents challenges for health and social care, since there are increasing numbers of people living with long-term conditions. This is particularly relevant to CVD, as the rate of CVD increases with age.⁵

This document follows publications from 2016 and 2017, and shows some of the work that PHE is leading and involved with to help meet the CVD challenge.



The role of PHE in CVD prevention

PHE's action on CVD can be structured according to the framework of the World Health Organization's (WHO) six building blocks of an effective health system⁶, as shown right.



Update on progress: Highlights from 2017 to 2018

In 2017, PHE highlighted a number of initiatives designed to support the prevention of CVD over the course of the 2017 to 2018 financial year. These were grouped according to the WHO's six building blocks of an effective health system. The following section updates on progress made in major initiatives showcased in [Action plan for cardiovascular disease prevention, 2017 to 2018](#).



Healthcare financing

Return on investment: Scope the development of a return on investment (ROI) tool across critical CVD risk factors

PHE commissioned the School of Health and Related Research (ScHARR) at Sheffield University to assess the feasibility of building an overarching ROI tool and accompanying report for secondary prevention of CVD. The feasibility phase was completed successfully and the tool and accompanying reports have been [published](#).

The tool models the cumulative effect of holistic action on CVD. It considers both the consequence of optimising detection or management of key CVD risk conditions, as well as the consequences of improving usage of interventions for people at risk of CVD. The tool will be accompanied by reports as well as a database of interventions that sets out the evidence for effectiveness and cost-effectiveness of each high risk condition modelled.



NHS Health Check: Collect and examine findings from a national data extraction

The [NHS Health Check](#) is a national programme offering a health check-up for adults in England aged 40 to 74 every five years. One of the largest prevention programmes of its type in the world, the programme is designed to help prevent and detect early signs of heart disease, kidney disease, Type 2 diabetes and dementia. PHE has national oversight for the programme which, in the five years between April 2013 and March 2018, has seen over 6.86 million people take up their check.

The national data extraction is aimed at providing PHE with the information it needs to monitor the programme, and help local commissioners and service providers address variation by locality and across various high risk and vulnerable groups.

In the summer of 2018, the data was extracted from three of the four primary care IT system suppliers, using the General Practice Extraction Service at NHS Digital. The data was transferred securely from NHS Digital to PHE, which is anticipating that data will be collected from the remaining supplier in autumn 2018. There has been an 89% participation rate from general practices in England. PHE is beginning the process of analysing the data, with a view to producing publications and reports that will help inform the NHS Health Check stakeholder audience.



Evidence review: Review of international evidence/case studies on CVD prevention

Whilst there have been significant strides to contribute to the reduction of CVD, England is significantly behind international counterparts. PHE and the British Heart Foundation have therefore commissioned Solutions for Public Health to conduct a review of some of our international partners to consider how we can improve our offer. The review intended to:

- identify, describe and critique a series of CVD prevention programmes that are, or have been, implemented outside the UK
- make recommendations for implementation of effective CVD prevention programmes in the UK
- provide background and context of current CVD prevention programmes in the UK.

A report and [international case studies](#) were published in autumn 2018. Emerging findings from the CVD international review display how our international partners are working on interventions that cover the whole CVD pathway, with cross cutting approaches to prevention. PHE teams will consider how we can use these learnings to improve our own offer for CVD prevention.

Data: publishing datasets and statistics

PHE continues to publish a host of datasets and statistics relating to CVD. These include:

- comprehensive CVD prevention data packs developed to support PHE centres/regions in engaging with their local systems on CVD prevention
- refresh of [CVD primary care intelligence packs](#)
- refresh of [blood pressure](#) and [atrial fibrillation](#) How can we do better? resources in collaboration with the British Heart Foundation and the Stroke Association
- updated [cardiovascular disease profiles](#).

Pollution: review of evidence related to CVD

A Committee on the Medical Effects of Air Pollutants (COMEAP) report on the mechanisms by which air pollutants affect cardiovascular (CV) health has been drafted. Proposed approaches to quantification of the effects of long-term exposure to air pollution on CV morbidity in the UK have been discussed at COMEAP meetings, and issues identified for further consideration by the COMEAP CV Epidemiology/Quantification Working Group when finalising its report. PHE also manages [Inhale](#), providing invaluable an interactive health atlas of data on lung conditions in England.



Diabetes: Support the implementation and ongoing enhancement of the NHS Diabetes Prevention Programme

Diabetes is a leading cause of premature mortality, with over 22,000 additional deaths each year.⁷ Having diabetes doubles an individual's risk of cardiovascular disease (heart attacks, heart failure, angina, strokes).⁸ There are also significant inequalities related to diabetes, as people from south Asian and black ethnic groups have up to a six-fold greater chance of developing Type 2 diabetes than people from white ethnic groups.⁹ The Healthier You: NHS National Diabetes Prevention Programme (NHS DPP) is a joint initiative between NHS England, PHE and Diabetes UK, with an aim of providing personalised help to those at risk of developing Type 2 diabetes. The NHS Diabetes Prevention Programme is closely aligned with the NHS Health Check programme and is designed to provide a service to those identified as being at risk through an NHS Health Check.

Achievements of this programme to date include:

- all Sustainability and Transformation Partnership (STP) footprints are now covered by a provider under the NHS DPP framework
- at the end of July 2018, total referrals into the NHS DPP stand at 252,130
- 95,823 people have now attended an initial assessment as part of the NHS DPP
- 47,884 people have now attended a first intervention session since the programme commenced.

Analysis of the NHS DPP at the end of January 2018 suggests a positive impact on addressing risk factors for diabetes, as well as health inequalities.

Attendance rates varied by sex, age, ethnicity and deprivation:

significantly lower for males compared to females



per 100,000 referred people



per 100,000 referred people



attendance increased as age increased

significantly higher for black, asian and ethnic minority participants compared to white participants

black, asian and ethnic minority participants

119 per 100,000 people

white participants

68 per 100,000 people

significantly higher attendance rates in the most deprived quintile versus the least deprived quintile

most deprived quintile

72 per 100,000 people

least deprived quintile

60 per 100,000 people

Initial analysis of the first 12,498 participants completing the NHS DPP:

6,647 people, or 52% of participants, attended 8 sessions or more (out of 13 sessions)

mean weight change of -3.6kg (-3.8 to -3.4kg) for those who attended 8 or more sessions*

percentage mean weight change of -4.2%* (-4.4 to -3.9%).

mean weight change of -3.6kg (-3.8 to -3.4kg) for those who attended 8 or more sessions*

* excluding participants with normal body mass index (BMI)

The first progress report of the Healthier You: NHS Diabetes Prevention Programme in 2016 to 2017 was published in *Diabetic Medicine* (December 2017). A full report will be published in 2019.



Medical products/technologies

Heart age: Engage over 1 million adults on their heart health by promoting access to the Heart Age Test (previously called 'Tool')

The [Heart Age Test](#) provides the public with an online tool to help them assess their heart age and consider measures to help make changes to improve their heart health. The test has already been completed over 2 million times. The 2017 [campaign](#) engaged with various partners including Argos, Omron, the British Heart Foundation, Blood Pressure UK, the Stroke Association, Lloyds Pharmacy, Well Pharmacy, Royal Pharmaceutical Society, and the Civil Service Employee Network. Many of these partners provided locations where customers could access a free blood pressure check.

Heart Age is an 'always on' campaign and we have also seen local authorities run awareness activities at a local level throughout the year. This includes displaying posters and leaflets and running localised campaigns, leading to further test completions.

HOW HEALTHY IS YOUR **HEART?**

START

The Heart Age Test:

- Tells you your heart age compared to your real age
- Explains why it's important to know your blood pressure and cholesterol numbers
- Gives advice on how to reduce your heart age

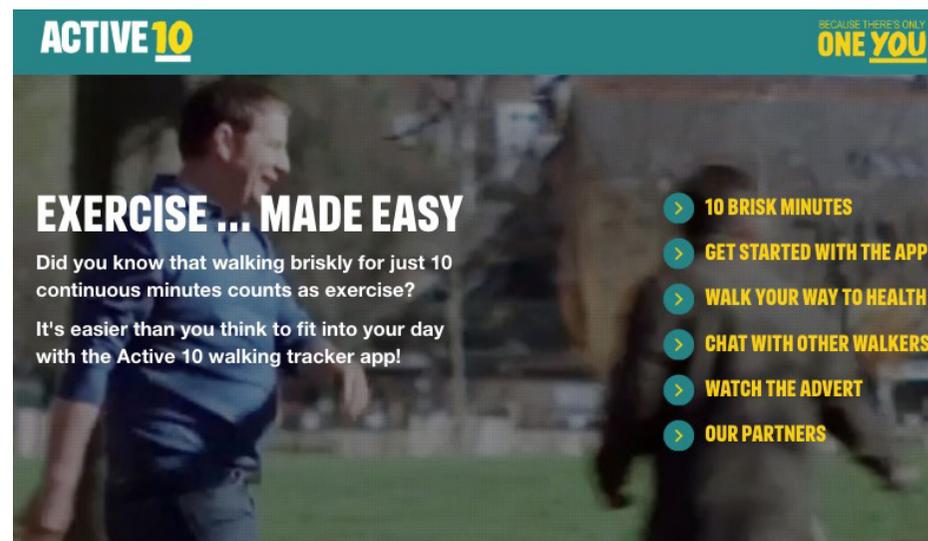
Full [terms and conditions](#) can be read here

Primary prevention projects: health campaigns, tools and enablers – Active 10

PHE relaunched [Active 10](#) in June 2018 under the One You programme, with the aim of engaging sedentary adults in the three lower socio-economic groups (C2DE) and 40-60 year old age brackets to take at least 10 minutes of continuous brisk walking per day.

The [Active 10 app](#) was created to help adults feature more physical activity in their lives and is the only free app of its kind which combines intensity and time, rather than just distance or steps. The app helps people gradually introduce more activity into their daily routine, with goal setting advice and motivational tips. It is also designed to help those who do walk relatively regularly, but not at a high enough intensity for it to count towards significant health benefits including lowering the risk of Type 2 diabetes, cardiovascular disease, dementia and some cancers. It can also reduce the risk of early death.

As at mid-September 2018, the app has been downloaded over 732,000 times, with 74,000 new downloads since the 2018 campaign launch.

A promotional graphic for the Active 10 campaign. At the top left is the 'ACTIVE 10' logo in white on a teal background. At the top right is the 'ONE YOU' logo with the tagline 'BECAUSE THERE'S ONLY ONE YOU' in white. The background is a blurred image of a man in a blue shirt walking briskly. The main text reads 'EXERCISE ... MADE EASY' in large white letters. Below this, it asks 'Did you know that walking briskly for just 10 continuous minutes counts as exercise?' and states 'It's easier than you think to fit into your day with the Active 10 walking tracker app!'. On the right side, there is a vertical list of five teal circular icons with white arrows pointing right, each followed by a white text link: '10 BRISK MINUTES', 'GET STARTED WITH THE APP', 'WALK YOUR WAY TO HEALTH', 'CHAT WITH OTHER WALKERS', and 'OUR PARTNERS'.



Leadership/governance

Work with NHS England and partners to implement improvements in detection and management of high risk conditions for CVD

PHE is working collaboratively with STPs and NHS England, including NHS RightCare, to support the implementation of identified preventative interventions at scale. This work aims to deliver on the commitments made in the [Next Steps on the Five Year Forward View](#), published in March 2017.

The initial focus is on the increased detection and optimal management of atrial fibrillation, high blood pressure and high cholesterol (including familial hypercholesterolemia), with an objective to achieve at least 80% of STPs or Integrated Care Systems (ICSs) committing to action on at least one or more of these high risk conditions for CVD by March 2019. Targeted interventions of these three CVD high risk conditions presents the greatest opportunity for reduction in mortality and morbidity and cost savings, based on work completed for [Size of the prize](#).

PHE has invested circa £1 million to provide capacity to the planning, delivery and evaluation of this work programme. PHE Centres are critical for the localised implementation of the project – see pages 30 to 34 for further information on their work.

The CVD System Leadership Forum (SLF) has been established to develop and agree a collective programme of CVD prevention national ambitions for the identified three high risk conditions, including an overarching ambition to reduce health inequalities on CVD outcomes. With 35 members, the SLF is currently developing the national ambitions, with input from subject matter experts and an aim for publication by January 2019.

Population level interventions which will prevent CVD: Reducing salt and sugar in foods

PHE is working with partners to help reduce salt and sugar in foods, as well as address excessive calorie consumption, which contributes to people being overweight and obese. Reducing salt levels in food can contribute to CVD prevention, since excess salt consumption increases the risk of having high blood pressure. Recent actions include:

- in March 2018, PHE published [Calorie reduction: The scope and ambition for action](#), which demonstrates that overweight and obese children consume between 140 and 500 excess calories every day, depending on their age and sex; and that if a 20% reduction in calories was achieved in five years, this would prevent 35,370 premature deaths and save around £4.5bn in both social care and NHS healthcare costs, over 25 years. The publication challenges all sectors of industry to reduce calories in foods contributing significantly to children's intakes, and where substantial reductions are possible, by 20% by 2024, against a 2017 baseline
- in May 2018, PHE published the [first detailed assessment](#) of industry progress against the sugar reduction programme. This shows that for retailers and manufacturers there had been; a 2% reduction in total sugar per 100g; a 2% reduction in calories in products likely to be consumed in a single occasion; reductions in sugar in six out of eight categories, and reductions in calories in four out of six categories, where it was possible to make an assessment
- at the same time, PHE also published [sugar and calorie guidelines for juice and milk based drinks](#) out of the scope of the Soft Drinks Industry Levy. The guidelines set out how much sugar the drinks industry is expected to remove from these products, as well as how these reductions could be achieved, by mid-2021.

Reducing risky behaviour - smoking and above low risk drinking

PHE is working to support health services to identify smokers and help them to quit including through implementation support for [CQUIN \[Commissioning for Quality and Innovation\] 9: Preventing ill health by risky behaviours - alcohol and tobacco](#). A successful first year of the CQUIN saw the majority of mental health trusts (54 of 62) and community health trusts (65 of 103) participate with high levels of achievement. It should be noted that many of the non-participating trusts do not operate inpatient services.

Work is now focussed on supporting the rollout of the CQUIN to acute trusts (applicable in 2018 to 2019; which could reach 4.5m patients) with a suite of [resources and tools](#).

PHE continues to engage with NHS England and partners to further increase momentum to deliver the action on the wider Smokefree NHS agenda, including milestones identified in the national [Tobacco Control Delivery Plan](#) (published June 2018).

New and updated resources

A number of new PHE resources feature in the preceding section. Other recent resources include the following:

- [Familial Hypercholesterolaemia Implementation Guide](#): a co-badged resource to support the implementation of the updated (Nov 2017) [NICE Guideline](#) on Identification and Management of Familial Hypercholesterolaemia
- International Cardiovascular Disease Prevention Review: a review of published international evaluations of CVD prevention programmes. This report and case studies are due to be published in autumn 2018

Physical activity:

- [Everybody active every day](#) is the National framework to increase activity
- [NICE guidance and pathways](#) on Physical Activity
- [UK Chief Medical Officers' infographics](#) for healthcare professionals on physical activity guidelines
- Heart Age: resources for Heart Age can be accessed via the [Campaign Resource Centre](#) or [here](#)

Allied health resources that PHE has developed or supported:

- [Allied health professional \(AHP\) public health curricula guidance](#), which provides recommendations to include prevention of CVD as part of pre-registration training across the 14 AHP professions
- [Everyday Interactions](#): this toolkit supports frontline clinicians, including nurses, AHPs, dentists and pharmacy teams to measure the impact of healthy conversations
- [Love Activity Hate Exercise Campaign](#) from the Chartered Society of Physiotherapy: a campaign aimed at physiotherapists and their patients to support physical activity conversations, particularly for people with long term conditions

Dementia risk reduction resources:

- [Findings](#) from the age 40+ dementia risk awareness pilot project

- A ['Top Tips' paper for NHS Health Check providers, practitioners and commissioners on talking about dementia in the NHS Health Check](#) for those aged 40-64 years
- The [NHS Health Check dementia leaflet](#), available in a number of different languages to order and to download
- The revised (January 2018) [NHS Health Check 30 minute e-learning for practitioners](#) to introduce the dementia risk reduction component, and links to other [training tools and resources](#)
- PHE has published a [report and tool](#) allowing the estimation of costs to the NHS and social care costs of air pollution, including from CVD

Updated and new health surveillance and epidemiology data and tools:

- [Public Health Outcomes Framework](#) (PHOF)
- [Public Health Dashboard](#), which includes indicators on child obesity, NHS Health Checks, and Tobacco Control for upper tier local authorities

- [Local Authority Health Profiles](#), which provide an overview of health for each local authority in England. The profiles are intended to help local government and health services make plans to improve the health of their local population and reduce health inequalities. Profiles include indicators on premature mortality and behavioural risk factors
- The [Segment tool](#) provides information on life expectancy and the causes of death that are driving inequalities in life expectancy at national, regional and local area levels. Targeting the causes of death which contribute most to the life expectancy gap should have the biggest impact on reducing inequalities
- [Race disparity audit](#), includes data on physical activity/inactivity, overweight, smoking and healthy eating
- [Health Profile for England 2018](#)

PHE has supported the development of updated Making Every Contact (MECC) resources:

- [MECC Implementation Guide](#) to support people and organisations when considering or reviewing MECC activity (July 2018)

- [Making Every Contact Count \(MECC\): quality marker checklist for training resources](#) for use by organisations that are developing or commissioning MECC training, undertaking a review of existing MECC training or developing and providing MECC training resources (July 2018)
- Following the closure of Pharmacy Voice, who published Tackling high blood pressure through community pharmacy, the Royal Pharmaceutical Society is now leading on addressing how pharmacy might be better engaged in the CVD work programme, working alongside NHS England, PHE, pharmacy organisations and other stakeholders.

Highlights for 2018 to 2019

PHE is committed to a number of new and ongoing initiatives that relate to CVD prevention in 2018 to 2019. Some of the major initiatives are outlined below, organised according to the WHO's six building blocks of an effective health system. In some instances, activities relate to more than one of the categories, with only the most relevant shown. PHE will report back on progress against these initiatives in the next annual publication on CVD prevention.



Information and research

Pollution: the evidence linking pollution to CVD and review of electronic nicotine delivery systems

Aim: Understanding the evidence and interventions, will help determine practical steps to combat air pollution.

The Department of Health and Social Care (DHSC) has commissioned PHE to review the evidence for effective and cost-effective interventions to provide practical recommendations for actions that can significantly reduce harm from air pollution.

The Committee on the Medical Effects of Air Pollutants (COMEAP) report on the mechanistic evidence linking air pollutants with CV effects is intended to be published later in 2018. COMEAP will continue its work to quantify CV effects, and publish its report and estimates. PHE will submit the report on interventions to Ministers in August.

The Committee on Toxicity (COT) will include CVD in its reviews of the toxicity of electronic nicotine delivery systems and electronic non-nicotine delivery systems (E(N)NDS). COT will establish the risk/benefit of transfer from tobacco smoking to E(N)NDS for CVD in non-smokers and smokers respectively on the basis of current evidence.

Primary care cardiovascular disease prevention audit

Aim: Facilitating regular data updates and prompts in primary care IT systems will help plan for improvements to address variation in treatment outcomes.

The British Heart Foundation, working with PHE and NHS England, has commissioned PRIMIS (the Primary Care Information Service) to conduct a feasibility study into a national primary care audit for CVD prevention. The audit is intended to automatically extract routinely held GP data covering diagnosis and management of six high risk conditions (atrial fibrillation [AF], blood pressure, cholesterol, chronic kidney disease, diabetes, and pre-diabetes). The scale of the audit would bring substantial transparency around performance and variation in general practice. Providing real time intelligence, it would aim to drive improved outcomes in CVD – with potential for at scale reduction in heart attacks and strokes as identified in [Size of the Prize](#).

The audit proposal has been developed as a tool for professionally-led quality improvement with a national reference group including the Royal College of General Practitioners, NHS Digital, the National Institute for Health and Care Excellence (NICE), PHE and several GPs. Working with PRIMIS, the group has established a full technical specification and business rule set for a broad range of metrics based on NICE guidance.

The audit will be used to generate practice, Primary Care Network/Clinical Commissioning Group and national level reports, and system prompts to support clinicians in their consultations.

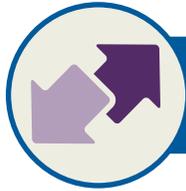
The feasibility report is expected to be published in 2018. Discussions will then be held with NHS England to consider whether such an audit can be commissioned, and whether a data extraction can be undertaken to provide the information needed.

Health Profile for England 2018

Aim: To summarise health in England in 2018.

The [report](#) is designed to fill a gap in existing PHE outputs in terms of bringing important PHE data and knowledge on the health of the population together to tell the story of health in England in 2018. This is an update of the [2017 Health Profile for England](#).

The report contains seven chapters, written as standalone articles, which are published in digital format. It brings together knowledge from PHE data and tools, such as the Public Health Outcomes Framework, and supplements this with analysis from other published sources such as the Office for National Statistics, other Government Departments and the Global Burden of Disease Study. The report covers areas related to CVD, including mortality and morbidity, risk factors and inequalities.



Service delivery

Diabetes: Support the implementation and evaluation of the NHS Diabetes Prevention Programme (NHS DPP)

Aim: To meet the Five Year Forward View target of reaching 100K people per year by 2020.

A new framework of providers for the NHS DPP will be introduced in 2019. An updated service specification reflects latest evidence and learning from the first two years of the operational service. The new service specification will also support the managed introduction of remote digital intervention provision to enable greater access to the programme, particularly among those of working age.

The programme has a target of 100,000 enrolments on the NHS DPP in the 2019 to 2020 financial year.

The service evaluation on 3,500 people with non-diabetic hyperglycaemia accessing digital behaviour change interventions will report in Quarter 4 (Q4), 2019 to 2020 financial year, with an interim descriptive analysis available in Q4, 2018 to 2019 financial year.

The National Diabetes Audit will begin to collect data on individuals with non-diabetic hyperglycaemia from November 2017, which will support the longitudinal evaluation of the programme's impact.

Allied health professionals social prescribing network

Aim: Maximise the use of allied health professionals' social prescribing opportunities to help improve people's health and wellbeing.

PHE is working with NHS Improvement and Royal Society for Public Health to develop a framework to support the increased use of social prescribing by allied health professionals (AHPs) as part of a holistic approach to health care and health improvement, including cardiovascular health.

AHPs constitute the third largest workforce in the NHS. Social prescribing is already part of AHP practice. However, there is no shared vision of what it means and how allied health professionals contribute to social prescribing. Therefore, the full potential of AHPs' contribution is not being realised. PHE is working with partners to develop this network to help ensure that community groups are engaged to help maximise the benefits of social prescribing across the people's diverse interests.

Physical ill-health and CVD prevention in SMI pathway

Aim: Achieving improvements in cardiovascular health for people with severe mental illness.

People with severe mental illness (SMI) die on average up to 20 years earlier than the general population, mainly due to preventable physical health conditions such as CVD. Despite their higher risk of poor health, people with SMI are not consistently receiving appropriate and timely physical health assessments and follow up support to reduce the risk. PHE has been working collaboratively with stakeholders to develop a RightCare Physical ill-health and CVD prevention in SMI pathway to support local health economies to drive improvement and address unwarranted variation. The resource highlights the key priorities for optimisation along with underpinning evidence and implementation resources to help make changes on the ground. The resource will be available from the [RightCare website](#) by end of 2018.



Health workforce

Physical activity initiatives

Aim: Train 12,000 healthcare professionals to incorporate physical activity into patient care.

Physical activity can reduce the risk of CVD by a third,¹⁰ and so PHE is leading a national Moving Healthcare Professionals Programme (MHPP) to increase the knowledge and skills, and change clinical practice of healthcare professionals to incorporate physical activity into routine patient care.

One in four people would be more active if advised by a doctor or nurse,¹¹ and the brief advice for physical activity in NHS Health Check is part of NICE Quality Standard 84. The MHPP is a multi-component, partnership programme involving PHE, Sport England and system leaders to increase awareness, skills and change clinical practice of these health professionals in the promotion of physical activity to patients at risk of, or living with, health conditions.

The Physical Activity Clinical Champions programme, one of six projects in the MHPP, utilises a national network of over 40 experienced healthcare professionals to deliver peer-to-peer practical training, using an evidence-based programme within existing medical training infrastructures. The standardised training covers cardiovascular health and there is optional additional training with an in-depth focus on CVD. Over 20,000 healthcare professionals have already been trained, with a target of 12,000 trained in 2018 to 2019. Further details and booking information is available from physicalactivity@phe.gov.uk.



Medical products/technologies

Heart Age campaign

Aim: More people understanding their heart age and acting to improve their heart health.

The 2018 Heart Age campaign was launched in September and ran throughout the month. This includes the creation of digital and printed resources, public relations and communications materials, as well as developing partnerships with key stakeholders across the commercial, charity, pharmacy, healthcare professional and local authority sectors.

Improvements to the Heart Age tool are ongoing, optimising the technology and making it embeddable on partner websites. The campaign includes investment in paid media across social and search sites, primarily focussing on the campaign's core audience of 40-60 year old adults.

PHE Digital Exemplar Programme: NHS Health Check work stream

Aim: Exploring digital opportunities to improve the clinical and cost-effectiveness outcomes of the NHS Health Check.

A significant national investment that is currently in a discovery phase, this project is intending to explore the needs of service users, providers and commissioners of the NHS Health Check and the potential role of digital technologies in improving both clinical and cost-effectiveness outcomes of the programme. PHE is working in a matrix across local authorities, PHE Centres, digital, behavioural insights and CVD prevention teams to deliver this work stream.



Leadership/governance

Population level interventions which will prevent CVD: Reducing salt and sugar in foods

Aim: Working to reduce salt and sugar content in foods for better cardiovascular health.

PHE will continue its work to reduce salt and sugar in foods, through the following actions:

Publishing an assessment of industry progress towards the 2017 salt targets by the end of 2018 and will use this assessment to consider next steps for salt reduction

Developing and publishing guidelines for the product categories included in the calorie reduction programme in mid-2019. This will include detailed assessment of data to provide baselines and proposals for each category, which will be discussed with stakeholders through significant engagement in the coming months

Publishing the second detailed progress report for the sugar reduction programme in spring 2019

Publishing the agency's approach to bringing products aimed specifically at babies and infants into the reduction and reformulation programme in 2019

Commenced phase two engagement in August/September 2018 with out-of-home businesses, not previously engaged. Businesses have been selected on their market share and largely focus on quick service and casual dining restaurants.

Secondary prevention project

Aim: Developing new national ambitions, resources and localised action to improve secondary prevention of CVD.

One of PHE's major CVD projects is designed to optimise the detection and management of atrial fibrillation (AF), high blood pressure and high cholesterol. This project is due to conclude in March 2019, with an ambition to achieve at least 80% of STPs or Integrated Care Systems committing to action on at least one or more of these high risk conditions for CVD by that date.

The project is intending to publish an evaluation detailing findings from the work, as well as a toolkit showcasing case studies and achievements of work undertaken across England. A key aspect of this project is the building of a sustainable legacy to help ensure that local health and care systems can continue the work.

The CVD System Leadership Forum is currently developing national ambitions to improve the detection and management of AF, high blood pressure and high cholesterol, including familial hypercholesterolaemia, as well as ambitions to reduce health inequalities. These ambitions are due to be published in 2018. The group is considering the establishment of a new programme website to feature a suite of resources for local and national use.

In 2018, PHE is also partnering with the Health Education England e-Learning for Healthcare team to develop an [All Our Health](#) platform, which will include information and resources on CVD prevention, focusing on high risk conditions.

Action on dementia

Aim: Improving dementia risk reduction messaging through NHS Health Checks.

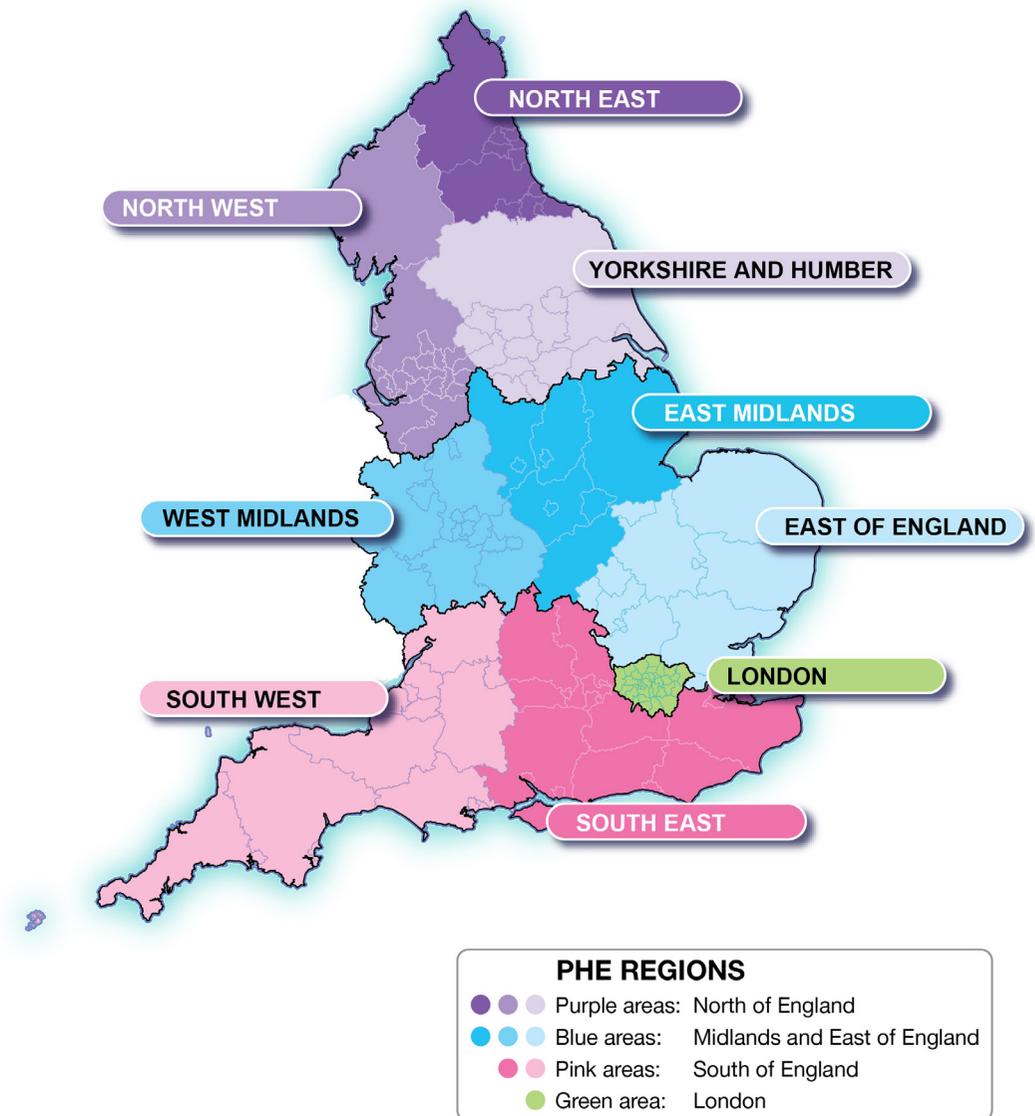
The raising of dementia risk awareness is now included as part of the NHS Health Check for all age groups targeted by the programme. This was [announced](#) in June 2018. PHE continue to work closely with all of our partners to strengthen the dementia risk reduction messaging in our guidance, training and public facing messaging. (Also see new resources section on pages 17 and 18).

The role of PHE centres and regions in CVD prevention

PHE's four regions play an important strategic role in CV prevention, working with NHS England regional offices and implementing projects across large geographic footprints. The regions are also working closely with the nine PHE centres, which are playing a critical role in the local implementation of the CVD secondary prevention project (see page 29).

The PHE centres are working with partners to:

- influence and strengthen the health and social care system
- help bring about improvements in the rates of people being optimally treated for AF, high cholesterol and blood pressure
- develop sustainable models of care to address high risk CVD conditions.



Examples of work from the four PHE regions and centres are grouped together and shown below.

London region

- providing public health leadership and advice in the development of a pan-London vision and ambition for CVD prevention with our partners
- bringing together key stakeholders in hypertension and familial hypercholesterolaemia to deliver London's CVD prevention agenda and maximise the NHS's role in preventing serious cardiac events

London centre

- leading on a familial hypercholesterolaemia needs assessment that will make recommendations to the Pan London Familial Hypercholesterolaemia Steering Group
- working with STP leads to identify gaps and opportunities to improve the detection and management of hypertension
- raising awareness, confidence and skills around cardiac arrest, CPR and the use of public access defibrillators

South region

- managed a smooth transition to Centre based programmes in the South West and South East and provided funding to enhance the local programmes
- invested in insight work on CVD prevention messaging to be used locally. This was undertaken by Blue Marble and supported by the CVD prevention leads in the Centres and communication managers
- invested in NHS smokefree status across the South
- co-ordinated a South wide communications strategy and invested in Heart Age enhancement to maximise the uptake in particularly disadvantaged communities

South West centre

- establishment of a multi-agency South West CVD Prevention Board to oversee a CVD gap assessment
- developing a commissioner/provider action framework across the care pathway
- engaging with key stakeholders to highlight the CVD gap and opportunities, including exploring sector-led

improvement initiatives around NHS Health Checks; partnerships targeting primary care support and self-assessment of AF, high BP and high cholesterol, and a collaborative PHE/National Audit of Cardiac Rehabilitation approach to improve provision and address unmet need

South East centre

- working with STPs to prioritise the need for action on CVD, the Centre is supporting the development of a local narrative, enabled by comprehensive data packs, to identify opportunity and galvanise action. Both STPs have agreed local ambitions for addressing high risk conditions for CVD, with Kent and Medway focussing on the diagnosis and management of AF, and Hampshire and Isle of Wight focussing on hypercholesterolaemia.

Midlands and East region

- secured support from the Midlands and East STP Arms'-Length Bodies (ALB) Board for a focus on CVD prevention, including the opportunities for CVD prevention, complementing the work undertaken by PHE Centre leads within Midlands and East

- current activity in relation to the key prevention indicators (cholesterol, hypertension and atrial fibrillation) have been mapped and shared with the STP ALB Board
- joint communication to all 17 STP leads by the Regional Directors of PHE, NHS Improvement and NHS England, raising their awareness of the scale of the opportunity for secondary prevention of CVD, outlining the “size of the CVD prize”

West Midlands centre

- agreed a West Midlands AF consensus statement collaboratively with partners including NHS England, NHS RightCare, the Academic Health Science Network
- participation in a collaborative AF working group developing a new AF strategy. The first phase of work is focusing on treatment pathways, with solid progress and engagement with clinicians from across the STPs involved

East Midlands centre

- developed a hypertension diagnostic workbook and is working in partnership with CCG and local authority public health leads to run a series of workshops to agree actions needed to reduce health inequalities in hypertension at scale
- participating in the East Midlands atrial fibrillation primary care improvement programme, focussing on the deployment of Alive-Cor devices and the subsequent evaluation of the impact of upskilling primary care in AF identification and management, and device utilisation
- the Centre is also leading a CVD prevention communications strategy, working with colleagues in the East of England and West Midlands and with local pharmacy networks

East of England centre

- development of a local media campaign with partners to support and amplify the Heart Age and Know your Numbers campaigns
- establishment of a multiagency East of England CVD Prevention advisory board to provide oversight, coordination and advocacy for CVD prevention

North region

- building on existing work by PHE, STP/ICS leaders and the regional directors of NHS England and NHS Improvement in the North have agreed to support a North wide focus on evidence-based, at-scale CVD prevention, with PHE playing a key leadership role
- this work complements the work undertaken by PHE Centre CVD leads, who have strong links to STPs at local level and are essential colleagues in the regional work
- STP leaders in the North have indicated their support for the continuation of CVD prevention as a pan-North programmes after the NHS England/NHS Improvement merger and formation of new regions
- north-wide workshop held in September to share good practice and shape a self-assessment framework for STPs/ICCs

North West centre

- chairing working group overseeing the development of a Cheshire and Merseyside Happy Hearts website (NHS RightCare Hot Housing initiative)

- leading a Lancashire and Cumbria community-based detection sub-group of the Stroke Prevention Alliance which will scope and implement interventions such as AF detection in Fire and Rescue Service Safe and Well Checks and further blood pressure screening in the community

North East centre

- operating a PHE Centre-wide partnership approach for action planning and delivery with local authorities, NHS RightCare, CCGs and charities
- supporting local partners to use data to inform collaborative action plans in particular data prepared by NHS RightCare, the National Cardiovascular Intelligence Network and Local Knowledge and Intelligence Service
- establishment of a North Cumbria and North East CVD Prevention Network through the Northern England Clinical Networks with partners and stakeholders across 10 CCG CVD work stream areas

Yorkshire and Humber centre

- working to build on local authority led Burden of Disease premature morbidity and mortality modelling, focussing on interventions to tackle significant health inequalities
- providing system leadership across the three STP/ICS footprints. This includes direct engagement undertaking scoping work with CCGs and clinical champions, through to supporting sector led improvement approaches with local authorities across primary prevention and commissioning of the NHS Health Check programme

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