



Public Health
England

Protecting and improving the nation's health

Action on CVD: our achievements and priorities

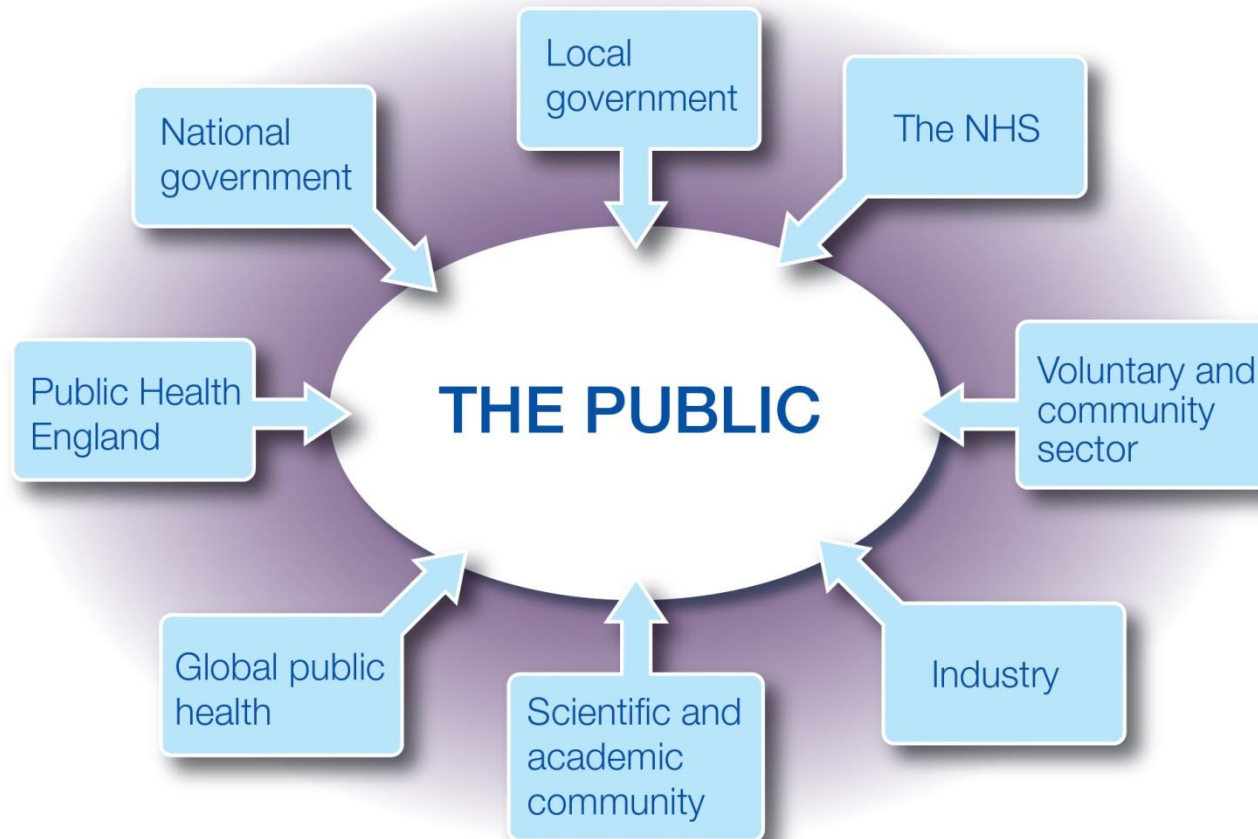
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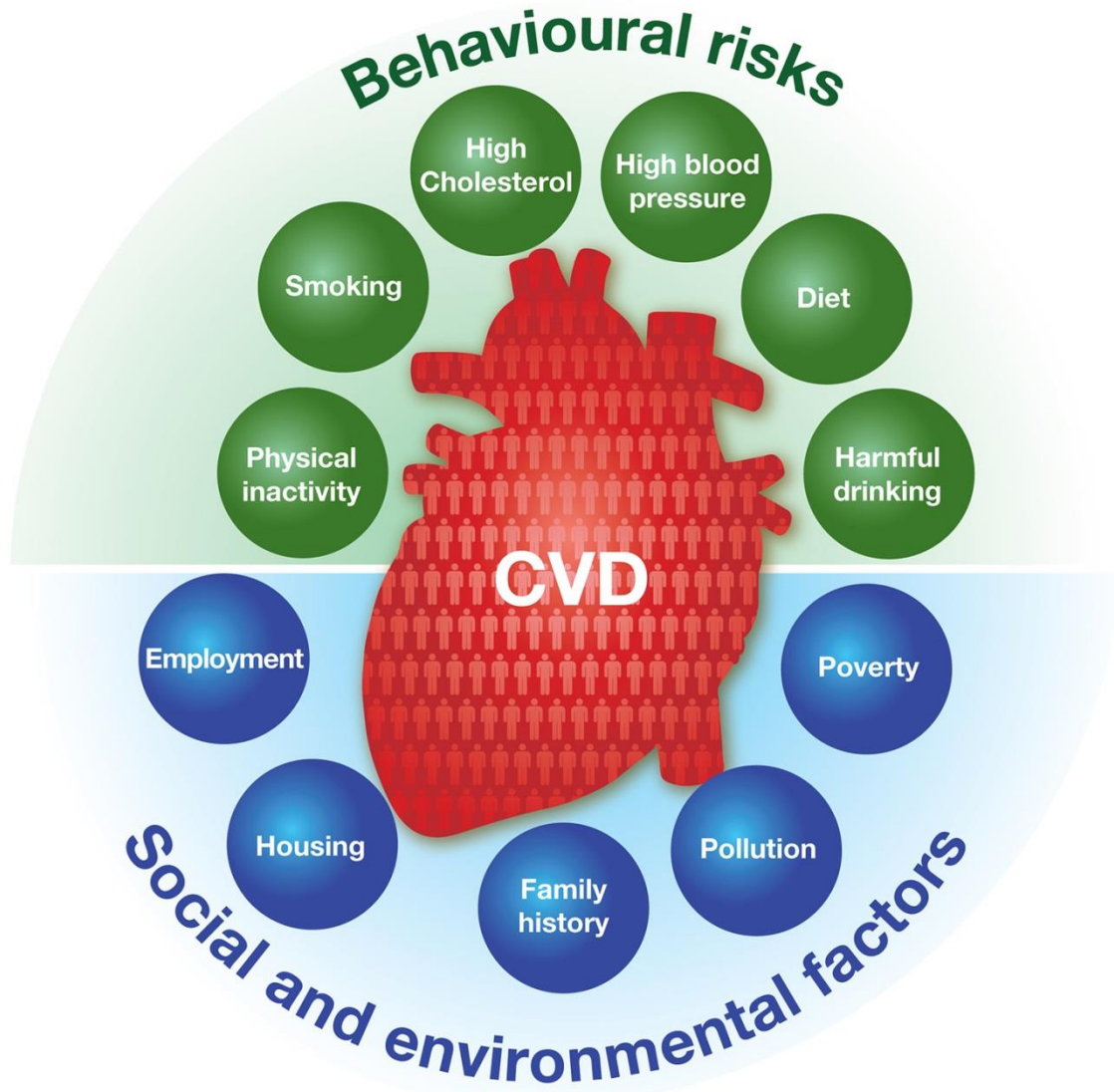
PHE and the public health system

PHE's key stakeholders and place in the public health system:



Cardiovascular disease in the UK

- CVD affects around 7 million people in the UK.
- The NHS spent about £6.8 billion on cardiovascular disease in 2012/13.
- CVD is the second highest cause of death in England - responsible for 27% of all deaths in 2014.
- Within each CCG or local authority, CVD will account for 1 in 4 of total premature deaths before the age of 75.
- CVD accounts for more than 15% of total DALYs in England, the second largest disease burden in the country.

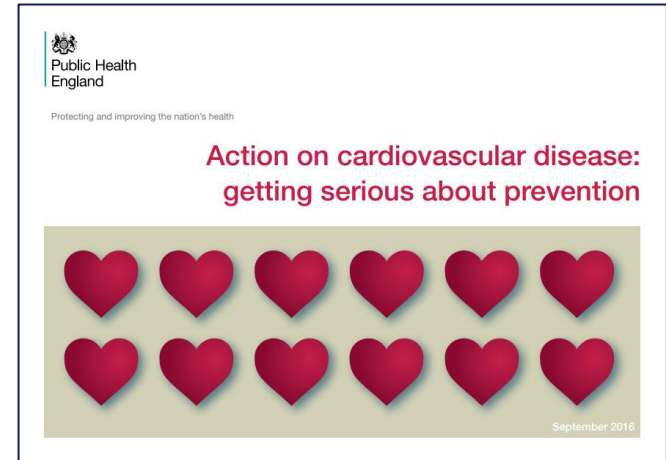


Non-modifiable risk factors include age, gender and ethnicity

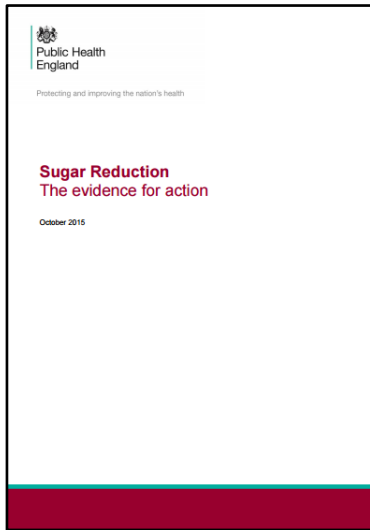
Our work on CVD prevention

Last year PHE published an overview of our work on CVD prevention – here are a few examples of current activity:

- Local Tobacco Control Profiles
- Change4Life
- One You
- NHS Health Check programme
- National Cardiovascular Intelligence Network (NCVIN)
- Government Buying Standards for Food and Catering Services
- Local Alcohol Profiles for England (LAPE)
- NHS Abdominal Aortic Aneurysm Screening Programme
- Healthier You: NHS National Diabetes Prevention Programme



Action at population level



Population-level interventions are the most effective in tackling the structural causes of ill health, including CVD. We are working with partners to tackle a number of key risk factors at population level including smoking, obesity, physical inactivity, air pollution and alcohol.

The role of NHS Health Checks

A key role in supporting local strategies for tackling preventable death and disability across England:

- Measures risk factors for CVD and other non-communicable diseases
- Provides opportunities for attendees to understand and modify their personal CVD risk profile
- Identifies people early – from age 40 – enabling timely intervention.
- Underpins other local and national lifestyle services, such as NHS DPP, as a mechanism for identifying eligible people
- Offers wider primary care workforce a systematic approach to case-finding, delivering evidence-based interventions recommended by NICE and offering appropriate clinical management, as recognised by NHS RightCare

Our priorities

- Support the continued implementation of the NHS Health Check programme
- Provide system leadership and support the wider health system to take action
- Strengthen joint working between internal teams to better address CVD outcomes
- Strengthen work with external partners to deliver better CVD outcomes
- Collaborate with external partners to develop programmes and guidance for risk factors where gaps currently exist

Conclusions

- We still haven't solved the CVD challenge, and we need to work harder than ever to help people live healthier lives, not just longer lives.
- We need to tackle this through a systems approach that includes both population and individual interventions.
 - **The NHS Health Check has a key role to play here.**
- Limited local resources makes this challenging, but devolution and STPs provide new opportunities for delivery.
- Today is an opportunity to hear learnings from different delivery models and the latest evidence to help inform what can be done to help people live longer *and* healthier lives.



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Thank you

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