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.
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
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.
Thank you

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