

Report for: Haringey and Islington Joint Health and Wellbeing Board Sub-Committee: 29 January 2018

Title: Prevention at Scale Project in Haringey and Islington: Cardiovascular disease prevention with a focus on identifying and managing high blood pressure and atrial fibrillation

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1. Purpose

1.1 The purpose of this report is to:

- Provide the Joint Health and Wellbeing Board with an introduction to the Local Government Association supported Haringey and Islington Prevention at Scale project, which is focusing on cardiovascular disease prevention and;
- Seek support from partners on the Joint Health and Wellbeing Board for our Prevention at Scale Project on cardiovascular disease prevention.

2. Describe the issue under consideration

2.1. Cardiovascular diseases are diseases that affect the blood vessels and heart, including heart attacks and strokes. Cardiovascular disease (CVD) is the second biggest cause of premature death after cancer in Islington and Haringey, and a major contributor to health inequalities in both boroughs. Cardiovascular disease, and in particular stroke are a major contributor to health and social care costs, and Haringey and Islington Clinical Commissioning Groups (CCGs) have higher health spend on cardiovascular disease than comparator CCGs.

2.2. Physical inactivity, smoking, poor diet, excess alcohol use and high blood pressure are all important risk factors for cardiovascular disease. Most strokes and heart attacks can be prevented by taking action on these risk factors. Atrial fibrillation, which is a kind of irregular heart-beat, is an important risk factor for stroke.

2.3. Prevention at Scale is a Local Government Association (LGA) funded programme that provides local areas with 20 days of funded expert support over the next 12 months to tackle an important prevention challenge. Haringey and Islington successfully bid to be one of a small number of sites across the country receiving support from the Local Government Association.

2.4. The LGA support provides tailored assistance to areas to deliver prevention at a bigger scale for a risk factor or condition that is causing demand on services locally. The term 'at scale', means taking a population health approach to the risk

factor or condition so that the widest possible number of people are reached by local interventions. This is not just about scaling up a service that is commissioned or delivered by a council or CCG, it is about utilizing policy levers, influencing partners and using a range of initiatives that can impact on the risk factor or condition.

2.5. Haringey and Islington's Prevention at Scale project is on cardiovascular disease prevention. While current work on cardiovascular disease prevention in Haringey and Islington encompasses a broad range of interventions, from tobacco control policies to local community based walking schemes, we have focused our efforts for this project on two key risk factors for stroke, high blood pressure and atrial fibrillation. This focus is because this is an area where there is clear evidence that we can make gains in this area in the next 12 months through scaling up simple interventions and it builds on positive existing local good practice and partnership work.

2.6. Nearly one in five adults in Haringey and Islington have high blood pressure, and nearly half of these are not diagnosed, as high blood pressure usually has no symptoms. Atrial fibrillation is a kind of irregular pulse rhythm, which is less common than high blood pressure, but significantly increases a person's risk of stroke. Like high blood pressure, people with atrial fibrillation are often unaware they have the condition.

2.7. If a person with high blood pressure or atrial fibrillation is aware of their condition and takes action to manage their condition with medical treatment or by lifestyle change they can significantly reduce their risk of stroke and other cardiovascular diseases.

2.8. We are already doing some good work across Haringey and Islington to improve the identification and management of high blood pressure and atrial fibrillation, which is starting to see some excellent outcomes. These projects include NHS Health Checks in both boroughs, a targeted programme of identification of atrial fibrillation and high blood pressure in Haringey GP practices, and a new British Heart Foundation funded project in both boroughs to carry out blood pressure checks in community settings, delivered through 5 local voluntary and community sector organisations.

2.9. However, in spite of these projects, Haringey and Islington still lag behind the best performing areas in London, such as Tower Hamlets and Hackney, in terms of population level outcomes for the identification and management of people with high blood pressure and atrial fibrillation.

2.10. The prevention at scale programme therefore provides us with an excellent opportunity to further develop our local strategy for improving the identification and management of high blood pressure and atrial fibrillation so, over time, we can match our best performing comparator boroughs.

Plans are at an early stage, but we will use the Local Government Association and their partners to help us:

1. Co-design and deliver **consistent messages** for residents and staff about prevention of CVD (in particular about blood pressure) using social marketing techniques.
2. Mobilise our communities and local health and care organisations to take action on these messages with an aim to create a bottom up social movement.
3. Developing an agreed **vision and action plan** for improving detection and management of high blood pressure in primary care, secondary care and community settings
 - This will link to work on care closer to home networks (CHINS) and quality improvement work in primary care (QISTs)

We are provisionally calling this project **Haringey and Islington Healthy Hearts**.

2.11. This programme of work will form part of the Haringey and Islington Wellbeing Partnership cardiovascular disease and diabetes work stream. The project leads will report into the Wellbeing Partnership Delivery Board.

Opportunities to rapidly disseminate learning and share outputs from this local programme of work across the broader North Central London health and care system will also be pursued, as part of an emerging whole-system focus on CVD prevention within the STP

3. Recommendations

3.1. The Joint Health and Wellbeing Board is asked to support the Prevention at Scale project on cardiovascular disease described above and in the attached slide pack.

3.2. Members of the Joint Health and Wellbeing Board are asked to consider and discuss how their organisations can support this programme of work – ideas might for example be:

- CCGs and GP federations – continued commitment to programmes that support detection and management of high blood pressure and atrial fibrillation in primary care
- Voluntary sector – build on community blood pressure checks project to be champions for CVD prevention.
- Acute trusts – improve opportunistic detection of high blood pressure and atrial fibrillation and improve communication of findings back to general practices
- Mental health trusts – ensure service users have access to blood pressure checks and support to maintain healthy lifestyles
- Adult social care leads – train enablers to carry out BP checks and talk about CVD prevention
- Councillors – be champions for local community on knowing your blood pressure and taking action.

4. Contribution to strategic outcomes

This work contributes to the following strategic priorities and outcomes.

Haringey Health and Wellbeing Strategy: Increasing healthy life expectancy priority

Haringey Corporate Plan Priority 2 (adults) indicators:

- Reducing premature mortality from cardiovascular disease
- Improving the proportion of people with diagnosed and controlled blood pressure

Islington Health and Wellbeing Strategy: Priority 2. Preventing and managing long term conditions to enhance both length and quality of life and reduce health inequalities

Islington's Corporate Plan commitment - Making Islington a place where our residents have a good quality of life, including helping residents to live healthy independent lives.

5. Statutory Officer Comments (Legal and Finance)

Legal

The Sub-Committee is required to encourage joint consideration and co-ordination of health and care issues that are of common interest or concern to the population of the two boroughs

Finance

The cost of the programme in 2018/19 is fully funded by the Local Government Association.

The work will be one of the enablers in the Priority 2 strategy of managing demand and will contribute towards achievement of MTFS savings in 2018/19 and beyond.

Any future action that the council decides to take in order to further the objectives set out in this report will need to be managed from within relevant existing budgets.

Any details relating to such actions will be assessed for financial implications as and when they arise.

6. Environmental Implications

Environmental implications for the planned work identified in this report includes that associated with office usage (energy and water use, waste generation) and publicity (use of resources for leaflets, if used). The indirect impacts in reducing CVD are likely to be positive, including the subsequent reduction in need for treatment (which in turn may reduce the environmental impact of the health services), reduced levels of smoking (which could reduce cigarette-related

littering – cigarette butts are the single biggest item of litter in the UK) as well as the encouragement of more physical activity (which may reduce transport-related emissions if people are more likely to walk or cycle).

7. Resident and Equalities Implications

The Council has a Public Sector Equality Duty under the Equality Act (2010) to have due regard to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act
- Advance equality of opportunity between people who share those protected characteristics and people who do not
- Foster good relations between people who share those characteristics and people who do not.

The three parts of the duty applies to the following protected characteristics: age, disability, gender reassignment, pregnancy/maternity, race, religion/faith, sex and sexual orientation. Marriage and civil partnership status applies to the first part of the duty.

Cardiovascular disease is a major contributor to health inequalities in Haringey and Islington:

- People from Black Caribbean and Black African ethnic backgrounds are more likely to have high blood pressure and strokes;
- The risk of getting cardiovascular disease, high blood pressure and atrial fibrillation increases with age;
- People with serious mental illness are more likely to die young from cardiovascular disease;
- People living in most deprived parts of Haringey and Islington wards – who are more likely to be from a BAME background - are more than 3 times more likely to die young (under the age of 75) from cardiovascular disease than people living in the most affluent areas;
- Men are more likely to die young from cardiovascular disease than women.

This programme of work will aim to narrow health inequalities in Haringey and Islington. By giving people with protected characteristics a greater chance to live longer, healthier lives, this programme will help to advance equality of opportunity between people who have protected characteristics and those who do not.

Through the programme we will obtain more insight on local population groups who are most at risk of having unidentified or uncontrolled high blood pressure or atrial fibrillation, and use targeted or tailored approaches to increase identification and management of these conditions in these groups.

8. Appendices

Slide pack: Haringey and Islington Prevention at Scale project: Cardiovascular disease prevention with a focus on improving the identification and management of high blood pressure and atrial fibrillation.

9. Local Government (Access to Information) Act 1985

Background Papers: None