Cardiovascular Disease

Personal and Health Services Scrutiny Panel

Tameside Metropolitan Borough
Great lives, excellent services

December 2011

Contents

Introduction by the Chair

I am very pleased to present this report of a review undertaken by the Personal and Health Services Scrutiny Panel into the measures and mechanisms we have in place in Tameside to prevent CVD.

Tameside has a high rate of cardiovascular disease, which contributes significantly to a lower life expectancy for Tameside residents than in England as a whole. All deaths from CVD among under-75s are considered preventable.

We hope that the conclusions and recommendations included in this report will enable health service providers in Tameside to bring about real improvements in CVD rates, particularly among under-75s, and enable all Tameside residents to lead healthier lifestyles.

The causes of CVD are numerous and cover a wide range of lifestyle and genetic factors. As such, a coordinated partnership approach will be required to target resources to our most at-risk groups and lower the rate of CVD in the borough.

This review is published during a period of unprecedented change in the way in which our local health services are commissioned and delivered. The Panel is assured that cardiovascular disease will remain a priority in commissioning decisions made by the new Clinical Commissioning Group and that CVD will continue to be a focus for new partnership arrangements such as the Health and Well-Being Board.

As part of its overview function, the Personal and Health Services Scrutiny Panel will continue to monitor the effectiveness of services to reduce levels of CVD over the coming months and years.

On behalf of the Panel I would like to thank contributors to the review for their insight, expertise and assistance.

Councillor Brenda Warrington
Chair of the Personal and Health Services Scrutiny Panel

2. Summary

Cardiovascular disease (CVD) is a term covering a range of conditions affecting the heart, blood vessels and circulation. It includes, but is not limited to, coronary heart disease, heart failure and stroke. Underlying factors are broad, relating to both modifiable lifestyle and non-modifiable genetic determinants. Smoking, high blood pressure (hypertension), high levels of cholesterol in the blood, not taking regular exercise, being overweight, diabetes and a family history of heart disease are all known to substantially increase the risk of developing CVD. In 86% of CVD cases, risk factors are modifiable.

Tameside has a particularly high rate of CVD and mortality as a result of CVD compared to England as a whole. This contributes significantly to the lower life expectancy among Tameside residents. Effective strategies to reduce the incidence of CVD in Tameside and lower mortality rates require a co-ordinated partnership approach at a population level. The broad range of services provided by NHS Tameside and Glossop (the local Primary Care Trust), GPs and local authority with regards of healthy eating, physical activity, smoking cessation, alcohol harm reduction and family weight management all have a pivotal role to play in making a meaningful impression on CVD rates.

Partner organisations have acknowledged that CVD levels are too high in Tameside and measures are being taken to bring the level down, particularly among under-75s. There is a clear strategic vision and action plan to tackle risk factors associated with CVD, such as tobacco misuse, alcohol misuse, low levels of physical activity and obesity.

The proposed reforms to the NHS will bring responsibility to Public Health to Tameside MBC and place commissioning in the hands of a new Clinical Commissioning Group. In order to bring about long-term and sustainable improvements in CVD rates, limiting underlying risk factors such as obesity, smoking and unhealthy eating will need to remain a priority in commissioning decisions and public health campaigns.

3. Membership of the Scrutiny Panel

Councillor B Warrington (Chair), Councillor D Cartwright (Deputy Chair)
Councillors R Ambler, M Bailey, J Bowerman, W Bray, J Brazil, D Buckley, M Downs, J Middleton, E Shorrock.

4. Terms of Reference

Aim of the Review:

To examine the effectiveness of strategies and measures by all local agencies to tackle Tameside's high rate of CVD.

Objectives:

To examine the mechanisms in place to measure and manage CVD in Tameside and in peer authorities, considering why Tameside has a particularly high rate of CVD.

To examine the strategies and mechanisms in place to reduce CVD in Tameside and their effectiveness.

To consider the sustainability of strategies and mechanisms to reduce CVD in light of the proposed changes to NHS commissioning and provision.

To consider how partner agencies working around the health agenda can support work to reduce CVD via collaboration and public engagement.

Value for Money/use of Resources:

Cardiovascular disease is a significant health issue for Tameside's residents, accounting for over a third of all deaths in the borough. Effective strategies for minimising the number of residents who develop CVD through prevention measures will have significant cost benefits for local health services in terms of reducing the cost of treatment.

Equalities issues:

Cardiovascular disease covers a wide range of conditions related to the heart and veins and as a result can involve activities that impact on all sections of Tameside's communities. The review will consider the effectiveness of CVD prevention measures in reaching vulnerable sections of the community who may be more at risk of developing CVD due to immobility or other factors. There is a higher incidence of CVD among women, over 75s and among people of South Asian ethnicity.

Tameside Area Agreements:

This review will support work towards number of targets in the new Tameside Area Agreement, which supports the achievement of Sustainable Community Strategy aims:

Healthy Tameside	
Key Quality of Life Measures	Life Expectancy
	All-age-all-cause-mortality
Supporting Measures	Cardiovascular disease

	Physical activity/exercise
	Obesity/diet

5. Methodology

The Panel met with the Alison Lewin, Associate Director for Primary and Community Services, and Anna Maloney, Consultant in Public Health at NHS Tameside and Glossop to provide an overview of CVD rates and the approach of the Primary Care Trust to addressing the issue.

The Panel met with Sabrina Fuller, the Interim Director of Public Health, NHS Tameside and Glossop, who presented to the Panel on the strategic approach to tackling CVD at a public health level.

The Panel met with Steph Butterworth, Executive Director, Community, Environmental, Adult and Health Services, and Debbie Bishop, Head of Health and Well-Being, Tameside MBC to consider the work of Council teams around the CVD agenda.

The Panel met with Dr Raj Patel, GP and Chair of the Shadow Clinical Commissioning Group, to discuss the anticipated strategic direction of the group around CVD and the work of GPs in identifying and managing risk factors among their patients.

Over the duration of the review, the Panel also met with range of agencies with respect to other areas of its work programme. Though such meetings may not have covered cardiovascular disease specifically, they have occasionally raised related risk factors and strategic issues. Relevant contributions have been included in this review.

6. Background of the Review

6.1 This review comes during a period of unprecedented change in the health service. The Health Bill currently being progressed by the Coalition Government proposes that commissioning ceases to be responsibility of Primary Care Trusts (NHS Tameside and Glossop) and move to new Clinical Commissioning Groups led by GPs. Local authorities will assume responsibility for Public Health under the proposals.

6.2 While the national rate of mortality from CVD has fallen significantly in recent years, the Panel wishes to confirm that relevant public services have the right measures and methods in place to reduce Tameside's high rate of CVD through this period of change.

6.3 Cardiovascular disease (CVD) is a term covering a range of conditions affecting the heart, blood vessels and circulation. It includes, but is not limited to, coronary heart disease, heart failure and stroke. Underlying factors are broad, relating to both modifiable lifestyle and non-modifiable genetic determinants. Smoking, high blood pressure (hypertension), high levels of cholesterol in the blood, not taking regular exercise, being overweight, diabetes and a family history of heart disease are all known to substantially increase the risk of developing CVD. In 86% of CVD cases, risk factors are modifiable

6.4 Age is a key factor in cardiovascular disease. The prevalence of CVD increases significantly after the age of 40 years. The proportion of the population of England in this age group is projected to grow from 23.4% to 25.1% for males, and from 25.7% to 26.8% for females by 2030. After the age of 75, an individual's risk of developing CVD increases substantially.

6.5 Cardiovascular disease is the main cause of death in the UK, accounting for 156,800 deaths in England in 2008 (approximately a third of all deaths). 45% of all CVD-related

deaths as the consequence of coronary heart disease; more than a quarter (28%) are from stroke.

6.6 Nationally, deaths from CVD per 100,000 of population have fallen consistently since 2002. Tameside's rate has fallen since then, but not as quickly as in England. Since 2006, deaths from CVD in Tameside per 100,000 of population have not fallen significantly.

6.7 An individual's health is affected by a range of personal and social factors, as illustrated in the diagram below. In the case of cardiovascular disease, all these factors can influence an individual's risk of developing a condition. Measures to reduce the rate of and mortality from CVD conditions need to account for this broad range of factors.

6.8 Current best practice for CVD prevention programmes, according to the National Institute for Clinical Excellence (NICE), recommends that interventions should take place at a population level (such as a ward or borough-wide). Interventions solely focused on individuals will have a limited impact the overall prevalence of CVD within a population.

6.9 In addition to this review on measures to reduce the incidence of CVD, the Panel is also conducting a review into the provision of stroke care in Tameside. In June 2010, the Panel conducted a review into obesity in Tameside, a significant risk factor for CVD..

7. Review Findings

7.1 **Cardiovascular disease in Tameside**

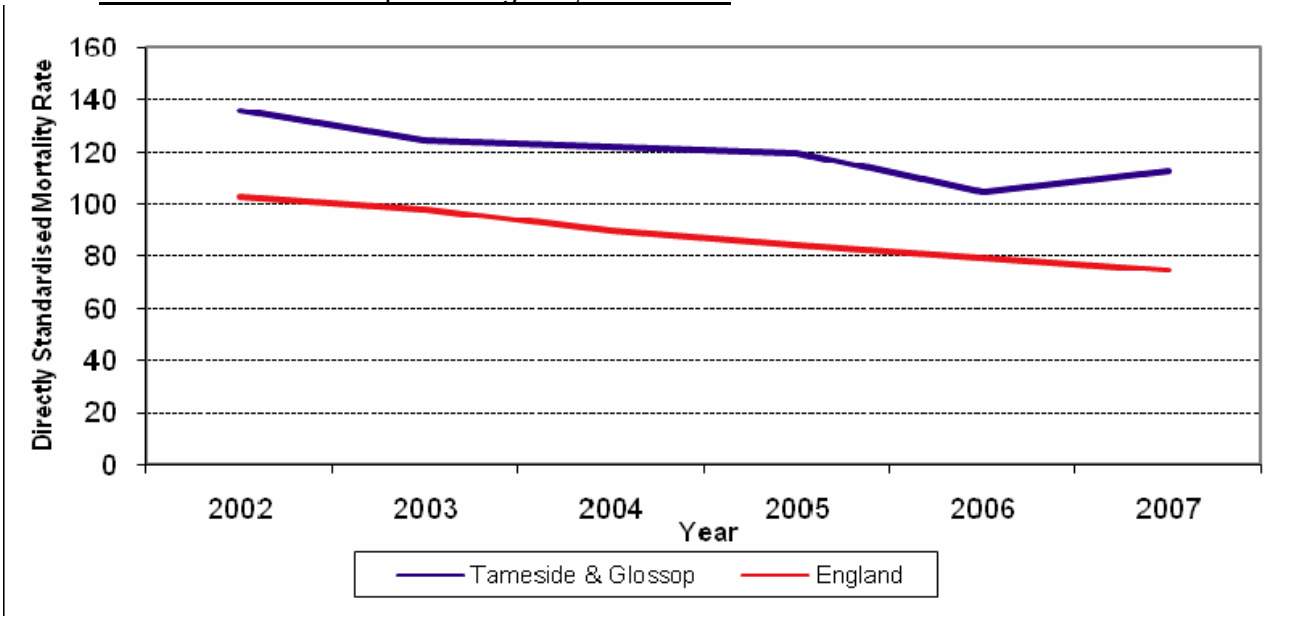
7.1.1 Tameside has a particularly high rate of cardiovascular disease when compared nationally and to neighbouring boroughs. The information available on rates of CVD includes Tameside and Glossop, in line with the geographical divisions used by the NHS.

7.1.2 All deaths under the age of 75 are considered preventable. The table below shows CVD mortality among under-75s per 100,000 population since 2004 in Tameside and Glossop, the North West and England (the standardised mortality rate). Data is available up to 2009. Future targets under the Tameside Area Agreement are shown in italics.

7.1.3 The table shows that while the mortality rate in Tameside and Glossop has fallen since 2004, it remains significantly above both the North West and England rates. Tameside and Glossop's rate has not fallen substantially since 2006. Tameside & Glossop's directly standardised mortality rate for under 75s has fallen by 43.7% since 1995, compared to a 48.5% fall for the North West and 50.1% for England.

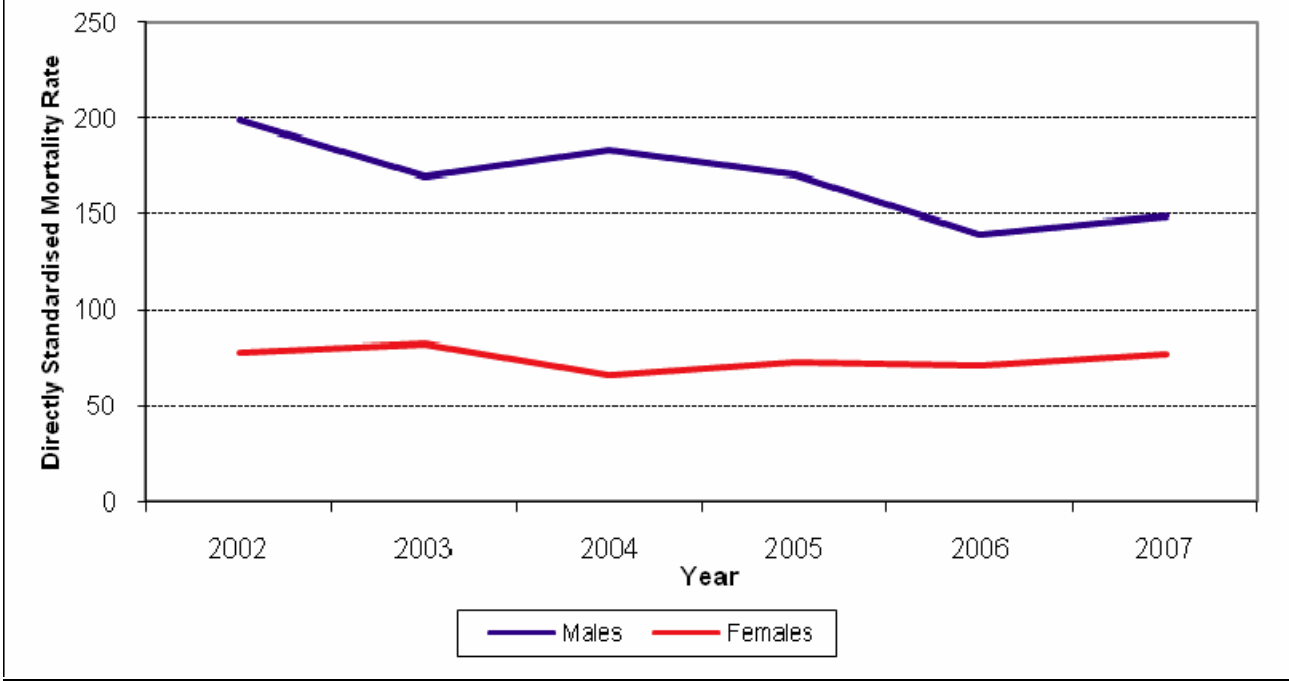
	2004	2005	2006	2007	2008	2009	*2010*	*2011*	*2012*	*2013*	*2014*
Tameside & Glossop	127.8	125.5	106.5	118.6	108.2	103	***94.1***	***85.3***	***80.4***	***75.8***	***71.5***
North West	108.7	101.7	96.2	91.1	86.6	81.8	*n/a*	*n/a*	*n/a*	*n/a*	*n/a*
England	89.7	84	79	74.4	71	66.1	*n/a*	*n/a*	*n/a*	*n/a*	*n/a*

7.1.5 CVD Mortality Under 75 Years Old, Directly Standardised Rate per 100,000 population, Tameside and Glossop and England, 2002-2007



7.1.6 The graph below (Figure 7.1.7) shows how Tameside and Glossop's pattern of CVD for under 75s mirrors the national trend in terms of gender. Males are substantially more likely to die from CVD-related conditions than females. Males are represented by the top line (higher mortality rate) and females by the bottom line (lower mortality rate).

7.1.7 CVD Mortality Under 75 Years Old, Directly Standardised Rate per 100,000, Tameside and Glossop males and females, 2002-2007



7.1.8 The table below (7.1.9) shows the mortality rates from CVD for the last 4 available years in Tameside, compared with the regional and national averages. This table is ranked by the most recent figure (2008) and covers all ages. As a result shows higher figures than the under 75 rates. Better performance is indicated by a lower number. In 3 of the last 4 years for which figures are available, Tameside has had the highest rate of deaths from CVD in Greater Manchester (2005, 2007 and 2008). Tameside's rate for 2008 is substantially higher than both the North West and England averages.

7.1.9 Directly Standardised Mortality Rates – all ages (per 100,000 population)

2005	2006	2007	2008
Tameside	277.79	252.81	255.05	252.50
Salford	269.44	245.93	227.33	237.54
Manchester	262.75	259.80	239.28	237.52
Rochdale	268.09	233.14	227.33	224.60
Wigan	244.30	256.26	246.34	221.05
Oldham	250.40	248.32	241.71	217.53
Bolton	254.04	228.34	239.57	212.80
Bury	219.36	220.20	192.82	194.37
Stockport	215.88	198.10	189.33	186.61
Trafford	224.56	194.96	191.22	179.38
North West	231.52	220.03	212.77	202.87
England	205.45	191.81	182.49	176.66

7.1.10 In 2009, a Cardiovascular Disease Needs Assessment in Tameside and Glossop established that CVD is a major cause of premature death in the area, second only to cancer. All deaths among under 75s are considered to be premature and preventable. CVD is responsible for 35% of all deaths in Tameside and Glossop.

7.1.11 Tameside and Glossop's higher rate of CVD than the average in England contributes significantly to the life expectancy gap between the area and the nation. Men in Tameside have a life expectancy of 76, compared to 77.9 years in England. Women in Tameside can expect to live to 79.7 years, compared to 82 nationally.

7.1.12 Tameside has a high incidence of a number of CVD risk factors. The number of people with high blood pressure is higher in Tameside and Glossop than in England as a whole: 13.5% compared to the England average of 12.8%. The number of people smoking in Tameside and Glossop is estimated to be 30% higher than the national average. According to the Centre of Public Health, 22% of Tameside residents over the age of 16 are binge drinkers.

7.1.13 According to the South East Public Health Observatory, the expenditure per head for all circulatory diseases in Tameside & Glossop was £174.24 in 2009/10, £36.30 more than in England and £26.90 more than in North West. There has been an increase in expenditure per head in England and an increase in expenditure per head in North West between 2004/05 and 2009/10.

Conclusions

1. Tameside has a high rate of mortality from CVD-related causes compared to Greater Manchester, the North West and England.

2. Tameside's high rate of mortality from CVD-related causes contributes to the gap in life expectancy between the borough and England.

3. Underlying risk factors for CVD, such as high blood pressure, smoking and alcohol consumption are more prevalent in Tameside than in the country as a whole.

Recommendations

1. That CVD rates continue to be appropriately monitored by health partners

2. That work towards meeting targets for cardio-vascular disease within the Tameside Area Agreement continues to be a priority.

7.2 The role of the local Primary Care Trust (NHS Tameside and Glossop)

7.2.1 As the lead commissioner and provider of primary health care services in Tameside, NHS Tameside and Glossop has a pivotal role working to manage and reduce cardiovascular disease in Tameside.

7.2.2 Under the Coalition Government's ongoing and proposed reforms, primary care trusts will be abolished and their functions transferred. This process has already commenced in Tameside. Since April 2011, responsibility for particular services has transferred to providers including Pennine Care NHS Foundation Trust; Ashton, Leigh and Wigan Community Healthcare NHS Foundation Trust; and Stockport NHS Foundation Trust under the name Tameside Community Healthcare. As Tameside's Primary Care Trust, NHS Tameside and Glossop's commissioning function will become the responsibility of the new Clinical Commissioning Group.

7.2.3 The Panel is assured that reduced CVD is a priority for NHS Tameside and Glossop. NHS Tameside and Glossop has a clear aim to reduce the (directly age standardised) mortality rate per 100,000 population from CVD by 28% (88 lives) in people under 75 years by 2013.

7.2.4 NHS Tameside and Glossop is running an Integrated Care Pilot (ICP) programme to tackle CVD. It is one of only 16 sites in the country. The Pilot explores ways of delivering care closer to the patient's home and works with people who have or are 'at risk' of becoming ill. The aim of the programme is to develop a new service model for CVD to make it more integrated (involving social services, primary and secondary care), covering the whole pathway from pre-disease to the management of complex care. The pilot is taking place in Hyde and Dukinfield. The Department of Health will help evaluate the pilot to see if it improves health outcomes, the quality of care, and user service satisfaction.

7.2.5 NHS Tameside and Glossop has already taken the following steps to improve CVD services:

- Redesigned the heart failure pathways and services in line with national and network guidance
- Launched the NHS Health Check
- Implemented improvements at GP Practice level through the Quality and Outcomes Framework process
- Developed roles for GPs with a special interest in CVD where they would work with the Tameside Hospital NHS Foundation Trust cardiology department
- Invested in the community based heart failure service, cardiac rehabilitation services and primary care diagnostics
- Invested in the Expert Patient Programme to encourage individuals to manage their own conditions
- Improved performance in acute stroke services
- Established local 5-day rapid access Transient Ischaemic Attack services
- Invested in an Early Supported Discharge Team for stroke patients

7.2.6 Over 2011-12, NHS Tameside and Glossop is undertaking the following actions to further improve services:

- Re-write the Local Enhanced Service specification for the NHS Health Check to target areas of greatest need, increase public awareness, link into the North West Network for Health Checks, and encourage more GPs to sign up to deliver the Health Check
- Work with peers to implement a North West Network for CVD Primary Prevention initiatives
- Undertake further work with General Practice on the quality of Primary Care registers and the management of patients with CVD
- Engage with the North West Public Health Network regarding prevention activities;
- Ensure Diabetes UK deliver Tameside based road shows
- Further invest in the Expert Patient Programme, focusing on disease management and secondary prevention
- Implement the outcomes of the Greater Manchester Network Review on Atrial Fibrillation and Anti-coagulation
- Commission a full 7-day Transient Ischaemic Attack service

7.2.7 CVD has a low public profile and it is not always clear to the public what is meant by the term. NHS Tameside and Glossop is working closely with the communications team for the British Heart Foundation to develop a joint communications programme, utilising the networks, resources and strong public trust in the large charity.

7.2.8 NHS Tameside and Glossop is working with GPs and the Shadow Clinical Commissioning Group to promote the issue of CVD prevention. It has received extra non-recurrent funding to support general practices to deliver programmes such as the NHS Health Check.

Conclusions

5. NHS Tameside and Glossop has identified cardiovascular disease as a priority and has commissioned and delivered a number of measures to improve local CVD services.

6. NHS Tameside and Glossop has a clear target to reduce the mortality rate for under-75s from CVD by 28% by 2013.

7. The Department of Health's Integrated Care Pilots, which have taken place in Hyde and Dukinfield, identify that an integrated service model between primary care, secondary care and social services is necessary to improve CVD outcomes for individuals.

8. CVD is a technical term which has a low public profile and understanding. Effective strategies are required to inform the public about lifestyle issues which can raise CVD risk.

Recommendations

4. That NHS Tameside and Glossop continues to work towards further improvements in CVD services until its commissioning responsibilities transfer fully to the Clinical Commissioning Group.

5. That NHS Tameside and Glossop ensures that the Clinical Commissioning Group is well placed to commission further improvements to CVD services.

6. That the target to reduce CVD-related mortality among under-75s by 28% by 2013 is maintained by the Clinical Commissioning Group.

7. That work to raise the profile of CVD and public understanding of the issue continues.

7.3 **The role of the Clinical Commissioning Group**

7.3.1 The Panel met with the Chair of the Shadow Clinical Commissioning Group to discuss the anticipated direction and strategy of the Clinical Commissioning Group after the passage of the NHS reforms.

7.3.2 The Clinical Commissioning Group is currently operating in shadow form as a sub-committee of NHS Tameside and Glossop and the NHS Greater Manchester cluster. Its membership currently includes five GPs, two non-executive directors (including the Chair of the Health and Well-Being Board, NHS Tameside and Glossop's executive team, and will include a nurse and secondary care doctor. It is anticipated that the Clinical Commissioning Group will receive its full authorisation in April 2013.

7.3.3 NHS Tameside and Glossop is working closely with GPs on issues such as disease prevention, to ensure that the Clinical Commissioning Group gives adequate consideration and expertise to this issue in its commissioning decisions.

7.3.4 The Chair of the Clinical Commissioning Group acknowledges the CVD is a particular health issue in the borough and will remain a commissioning priority under the new arrangements.

7.3.5 The Shadow Clinical Commissioning Group is in the process of developing a local constitution with GP practices, which establishes an expected level of service beyond the minimum demanded by the national contract. The Clinical Commissioning Group will not have enforcement powers (the National Commissioning Board will have responsibility for GP contracts) but it is anticipated that the local Commissioning Group will have a strong relationship with practitioners underpinned by the jointly-developed local constitution.

7.3.6 A positive relationship with GP practices should enable the Clinical Commissioning Group to use its leverage to ensure practices have a standardised approach to tackled CVD.

7.3.7 A number of GPs on the Shadow Clinical Commissioning Group continue to see patients in their practices, maintaining an important link between commissioners and practitioners which will add value to commissioning decisions around CVD.

7.3.8 The Chair of the Shadow Clinical Commissioning Group sees the Health and Well-Being Board as an important link between the local authority as a Public Health organisation and the Clinical Commissioning Group. This should ensure that CVD remains a strategic priority across the Partnership.

Conclusions

10. The Shadow Clinical Commissioning is working closely with NHS Tameside and Glossop to manage the transition of commissioning responsibilities.

11. The Clinical Commissioning Group plans to develop strong partnerships with relevant agencies.

12. The input of GPs in the commissioning process is valuable, bringing a practitioners perspective to commissioning decisions.

Recommendations

9. That the Clinical Commissioning Group continues to regard CVD services as priority in its commissioning decisions.

10. That, while the Clinical Commissioning Group will not have formal enforcement or regulatory powers with respect to GPs, it should use its leverage to influence GPs to prioritise CVD prevention services.

11. That the Clinical Commissioning Group continues to work in partnership with NHS Tameside and Glossop, Tameside MBC and all health services in the borough to ensure a coordinated response to CVD.

7.4 The role of GP practices

7.4.1 GPs play an important role, as a first port of call for patients, in the early identification of CVD symptoms. Trusted family doctors are pivotal in encouraging and supporting their patients to maintain a healthy lifestyle. GPs can identify CVD risk factors in individuals and also support population level prevention work.

7.4.2 The performance of GPs against their contract will be the responsibility of the National Commissioning Board under the NHS reform proposals. It will be necessary for other local stakeholder organisations to work with GP practices to ensure that they are delivering vital CVD services beyond the minimum demanded by their contract.

7.4.3 GPs receive extra funding to deliver the NHS Health Check programme for 40-74 year olds, who are invited to take up the Health Check. Individuals are screened for a range of conditions, such as high blood pressure and glucose levels, and given advice on lifestyle issues including exercise, diet, and smoking. In Tameside, 41 GP practices out of a total of 43 deliver the service. This follows a relaunch of the Health Check in Tameside, which has resulted in many more practices signing up to deliver the service.

7.4.4 The Panel is concerned that not all GP practices are delivering the NHS Health Check. However, alternative services, such as health checks provided by the Health Improvement Team, are in place for patients that are registered with a GP practice not delivering the Health Check. The Panel recognises that NHS Tameside and Glossop has worked effectively with GPs to substantially increase the number of practices who deliver the Health Check.

Conclusions

11. GPs are critical in identifying and treating early signs of CVD in their patients. They are pivotal to encouraging people to maintain a healthy lifestyle.

12. The independence of GP practices enables them to tailor services to the specific needs of their patients. However, it is important that GPs support a coordinated public health message around CVD.

13. NHS Health Check is a valuable service to support early identification of CVD symptoms.

15. NHS Tameside and Glossop's relaunch of the NHS Health Check locally has significantly improved the number of GP practices in Tameside delivering the service.

Recommendations

10. That all GPs in Tameside are required to deliver the NHS Health Check.

11. That GPs are given support and training to consider CVD prevention in their work.

7.5 **The role of the Council**

7.5.1 The Panel received a presentation from the Executive Director, Community, Environmental, Adult and Health Services, and the Head of Health and Well-Being, Tameside MBC on services provided by the Council to reduce cardiovascular disease.

7.5.2 The national strategy document released in November 2010, entitled 'Healthy Lives, Healthy People', has set the Government's agenda for public health improvement. The current proposals for NHS reform under the Health and Social Care Bill (2011) will result in an enhanced role for local authorities in advancing public health. The Director of Public Health will be employed by the local authority.

7.5.3 The proposed legislation and accompanying guidance acknowledges that Councils are in a unique position to influence a broad range of issues that affect public health, including transport, housing, schools, and social care services, all of which impact on CVD rates.

7.5.4 Restructuring of the Council's management structure has enabled senior managers working around health to develop closer links and work more effectively.

7.5.5 The Council delivers a range of public health related work with partners. Most of the work around CVD is preventative.

- Primary prevention – reducing the risk of developing CVD
- Secondary prevention – reducing the risk of people with CVD developing further complications or dying prematurely.

7.5.6 The Council's Health Improvement Team delivers a range of services, focused in the Smallshaw Hurst area of Ashton-under-Lyne, working with people who are out of exercise and encouraging healthy eating. These include:

- Cook and Taste and Weight Matters courses
- Independent Living Lifeskills courses
- Community physical activity for beginners of all ages and mobility
- Zumba
- Chair-based exercises for older people
- Health walks
- Jabadao – movement-based play for children under 5
- Health Outreach is undertaken by Community Development Officers based in community spaces such as GP surgeries, community centres and bingo halls.

7.5.7 Licensing and environmental protection have an important role to play in regulation contributing risk factors for CVD.

- Reducing salt consumption is a key priority for the Food Standards Agency. Working towards this aim in Tameside, the Salt Shaker Campaign has provided 90 fish and chip shops in the borough with shakers that have 5 holes rather than 17. This reduces the average level of salt in an average portion of fish and chips by 25%.
- Tameside has taken part in the ASK (Added Salt Kills) campaign as part of the Greater Manchester Healthy Eating Group initiative. Businesses have been given information and material to use at their premises to promote the campaign. The campaign encourages customers to ask for salt should they require it with their meal.
- Healthy Start is a national scheme where families with children under 4 and pregnant women receive vouchers which can be spent on milk, baby formula, fresh fruit and vegetables, thereby encouraging healthy eating and nutrition from a young age. The vouchers can be spent in shops which are registered for the scheme. The Council is working on a project to increase the number of shops in Tameside registered.
- Work is continuing to reduce underage and illicit sales of tobacco and alcohol.

7.5.8 Given Tameside Council's position as a major employer in Tameside, occupational health is an important factor in reducing risk factors for CVD among the whole population of the borough. This work is underpinned by the Council's promotion of healthy workforce policies such as the Greater Manchester Workplace Pilot, the 'Good Work: Good Health Charter' and the Greater Manchester Workplace Alcohol Pilot. Additionally, the Council has supported the delivery of health checks for 300 staff in 20 local businesses.

7.5.9 The Local Development Framework (LDF) and Local Transport Plan acknowledge the link between physical and mental health and urban planning. Well designed urban spaces can encourage environments which increase people's sense of safety and wellbeing, their opportunities for social interaction and community connectivity, improve air quality and water conservation and promote active travel and physical exercise, such as walking or children's play. The Council has taken steps to promote Health Walks and provide for Active Travel.

7.5.10 The success of the MEND (Mind, Exercise, Nutrition, Do It) programme has been built upon with the creation of the Family Weight Management Team. The team will deliver a range of prevention and treatment-based services for families and young people across Tameside. The various services will be multi-faceted and take a 'whole-family' approach. After school 'Cook and Be Active' programmes will be delivered by the team.

7.5.11 The Council has a strong working relationship with leading health commissioners and providers in Tameside and these relationships will develop further as public health functions are transferred to the local authority. GPs play an important role in identifying early signs of CVD among their patients and the Council has conducted GP training events, which have been well attended. The Chair of the Shadow Clinical Commissioning Group, Dr Raj Patel, sits on the Health Partnership Board and will have a pivotal role in the Health and Well-Being Board as this develops.

7.5.12 It is important that the Council's public health messages reach vulnerable adults and those residents who may be most at risk of developing CVD. The Information Ambassador Group, which involves 100 volunteers linked to community groups is an important resource for delivering important health messages. The Council can use communication channels such as The Citizen to inform residents about CVD services and how to reduce their individual risk. Customer Insight work will ensure that the Council uses the most appropriate communication methods for each household in a cost-efficient way.

Conclusions

15. The Council has a pivotal role to play to improve CVD rates given its responsibility for a range of services which impact on public health, such as transport, schools, social care and housing.

16. The Council's function in the prevention of CVD will be enhanced when the formal responsibility for public health is transferred to local authorities under the proposed health reforms.

17. The health outreach work conducted Community Development Officers is valuable to support vulnerable people and individuals with a high CVD risk to lead a healthy lifestyle.

18. Licensing and environmental services can contribute to lower CVD rates through regulations that encourage healthier eating habits and reduce the availability of alcohol, tobacco and fast-food.

19. The Local Development Framework and Local Transport Plan account for the need for active travel options.

20. The family weight management programme MEND was very successful and the Family Weight Management Team plays a central role in delivering CVD prevention and treatment services for families.

21. The Council is a major employer in Tameside. By ensuring it own employees and their families have access to advice and events that promote healthy lifestyles, it can improve the rate of CVD in the wider population.

22. The Council's support of the healthy workplace policies in the Greater Manchester Workplace Pilot is important to support other local employers to help their employees lead active and healthy lifestyles that lower their risk of CVD.

23. The Council has strong working relationships with local health commissioners and providers.

Recommendations

12. That sufficient resource is allocated to the Council's Health Improvement Team and Family Weight Management Team to enable the delivery of healthy lifestyle initiatives.

13. That the Council continues to support local employers to initiate healthy workforce policies.

14. That the Council continues to develop Customer Insight to ensure that public health messages about CVD are communicated via the most appropriate and efficient method for individual households.

15. That the Council maintains its strong relationship with local health commissioners when the NHS reforms are fully implemented.

7.6 CVD as a Local Strategic Partnership Priority

7.6.1 A multi-agency and collaborative approach is required by PCTs, acute trusts, GPs, local authorities, voluntary sector groups and other stakeholders to effectively deliver CVD prevention programmes and reduce the incidence of CVD.

7.6.2 The Tameside Strategic Partnership (TSP) has recognised as being marked by strong collaborative and partnership working and a number of strategies have been developed to coordinate activity among partners around CVD risk factors.

7.6.3 Population-level prevention for CVD is a strategic priority for the Health Partnership Board and shadow Health and Well-Being Board. CVD is a specific indicator within the Tameside Area Agreement, so is monitored on a quarterly basis in line with Community Strategy aims. GPs will be supported to expand their consideration of clinical prevention and wider determinants of health under the new commissioning arrangements.

7.6.4 The Tobacco Control Strategy (2009-12) was refreshed in June 2011 and is aimed to reduce tobacco-related harm in Tameside. Smokers are 60% more likely to develop CVD than non-smokers, while heavy smokers at 85% more likely. However, this increased risk halves within 12 months of giving up and is negligible after 10 years. The Tobacco Control Strategy has so far led to the creation of the multi-agency Smokefree Alliance, which has fed into North West and Greater Manchester wide initiatives such as the Quit It Bus, a new Tobacco Control Needs Assessment to support targeted measures. 500 pregnant smokers

have been offered support to quit by specialist advisors and challenging 4-week quit targets were met in 2009-10 and 2010-11. Very brief advice training has been delivered to 400 officers across the TSP. Measures are also in place to limit sales of illicit tobacco, especially underage sales.

7.6.5 Tameside Alcohol Harm Reduction Strategy (2010-13) recognises the impact of alcohol on public health. Alcohol consumption over 3 units a day has been linked to increased CVD risk (such as arrhythmias, hypertension and cholesterol).

7.6.6 The Tameside and Glossop Healthy Weight Strategy (2010-2015), published by NHS Tameside and Glossop, provides for an integrated, multi-agency approach to obesity prevention. Depending on its severity, obesity can result in a 20%-50% increase in CVD risk. The strategy provides for the management of obesity among 0-4 year olds, 4-11 year olds and pregnant women in particular. Training and a directory of services has been given to frontline staff for obesity prevention and an integrated pathway of obesity management services has been established. The Personal and Health Services Scrutiny Panel conducted a review into services around obesity in 2010.

7.6.7 Increasing the uptake of physical activity is priority across the Partnership. The Sport and Physical Activity Strategy (2010-20) has been refreshed to build on the good work so far to improve facilities and increase participation in sport and physical activity in Tameside.

7.6.8 The Children's Plan (2010-13) has a priority focus on healthy lifestyles, in particular obesity and alcohol related harm. In order to address these issues a family-based approach will be required and should have benefits in reduced individual risk of developing CVD.

Conclusions

23. CVD is a central strategic priority across the Tameside Strategic Partnership.

24. A number of strategies are specifically targeted at addressing underlying CVD risk factors, including the Tobacco Control Strategy (2009-12), Alcohol Harm Reduction Strategy (2010-13), Healthy Weight Strategy (2010-15) and the Sport and Physical Activity Strategy (2010-20). Their action plans should deliver improvements in public health and reductions in levels of CVD.

Recommendations

16. That CVD remains a strategic priority for the new Health and Well-Being Board and in the wider Tameside Strategic Partnership.

17. That the Health and Well-Being Board considers developing a partnership-wide action plan for the prevention and reduction of CVD.

7.7 CVD as a Regional and National Strategic Priority

7.7.1 The Greater Manchester and Cheshire Cardiac and Stroke Network (GMCCSN) has developed the Greater Manchester Health Inequalities Strategy. This strategy identifies the links between deprivation and inequality, and poor health outcomes. A CVD Primary Prevention Group has been established to advance this agenda across the Network. The group will lead structural and systemic change in respect of:

- Identifying people at high risk
- Improving services and patient engagement
- System incentives

- Partnership working
- Training and capacity

7.7.3 GMCCSN is also responsible for the regional delivery of the National Stroke Strategy (2007).

7.7.4 The Health Inequalities National Support Team has made a number of recommendations to improve CVD outcomes in Tameside, including addressing the variations in standards of primary care, finding the 'missing thousands' not on primary care disease registers, vascular screening, and systematic improvement of outcomes for patients on primary care disease and risk registers.

Conclusions

25. There are national and regional frameworks in place to support local health services to deliver improvements in CVD services.

26. Work at a Greater Manchester level indicates a link between inequality and poor health outcomes for individuals, particularly with respect to CVD.

Recommendations

19. That local health services maintain a strong connection with the Greater Manchester and Cheshire Cardiac and Stroke Network to support delivery of the Greater Manchester Health Inequalities Strategy and regional efforts to reduce CVD at a population level.

20. That the recommendations of the National Support Team with respect to CVD are acknowledged and worked towards.

8. Conclusions

8.1 Tameside has a high rate of mortality from CVD-related causes compared to Greater Manchester, the North West and England, which contributes to a gap in life expectancy.

8.2 Tameside's high rate of mortality from CVD-related causes contributes to the gap in life expectancy between the borough and England.

8.3 Underlying risk factors for CVD, such as high blood pressure, smoking and alcohol consumption are more prevalent in Tameside than in the country as a whole.

8.4 NHS Tameside and Glossop has identified cardiovascular disease as a priority and has commissioned and delivered a number of measures to improve local CVD services.

8.5 NHS Tameside and Glossop has a clear target to reduce the mortality rate for under-75s from CVD by 28% by 2013.

8.6 The Department of Health's Integrated Care Pilots, which have taken place in Hyde and Dukinfield, identify that an integrated service model between primary care, secondary care and social services is necessary to improve CVD outcomes for individuals.

8.7 CVD is a technical term which has a low public profile and understanding. Effective strategies are required to inform the public about lifestyle issues which can raise CVD risk.

8.8 The Shadow Clinical Commissioning is working closely with NHS Tameside and Glossop to manage the transition of commissioning responsibilities.

8.9 The Clinical Commissioning Group plans to develop strong partnerships with relevant agencies.

8.10 The input of GPs in the commissioning process is valuable, bringing a practitioners perspective to commissioning decisions.

8.11 GPs are critical in identifying and treating early signs of CVD in their patients. They are pivotal to encouraging people to maintain a healthy lifestyle.

8.12 The independence of GP practices enables them to tailor services to the specific needs of their patients. However, it is important that GPs support a coordinated public health message around CVD.

8.13 NHS Health Check is a valuable service to support early identification of CVD symptoms.

8.14 NHS Tameside and Glossop's relaunch of the NHS Health Check locally has significantly improved the number of GP practices in Tameside delivering the service.

8.15 The Council has a pivotal role to play to improve CVD rates given its responsibility for a range of services which impact on public health, such as transport, schools, social care and housing.

8.16 The Council's function in the prevention of CVD will be enhanced when the formal responsibility for public health is transferred to local authorities under the proposed health reforms.

8.17 The health outreach work conducted Community Development Officers is valuable to support vulnerable people and individuals with a high CVD risk to lead a healthy lifestyle.

8.18 Licensing and environmental services can contribute to lower CVD rates through regulations that encourage healthier eating habits and reduce the availability of alcohol, tobacco and fast-food.

8.19 The Local Development Framework and Local Transport Plan account for the need for active travel options.

8.20 The family weight management programme MEND was very successful and the Family Weight Management Team plays a central role in delivering CVD prevention and treatment services for families.

8.21 The Council is a major employer in Tameside. By ensuring it own employees and their families have access to advice and events that promote healthy lifestyles, it can improve the rate of CVD in the wider population.

8.22 The Council's support of the healthy workplace policies in the Greater Manchester Workplace Pilot is important to support other local employers to help their employees lead active and healthy lifestyles that lower their risk of CVD.

8.23 CVD is a central strategic priority across the Tameside Strategic Partnership.

8.24 A number of strategies are specifically targeted at addressing underlying CVD risk factors, including the Tobacco Control Strategy (2009-12), Alcohol Harm Reduction Strategy (2010-13), Healthy Weight Strategy (2010-15) and the Sport and Physical Activity Strategy (2010-20). Their action plans should deliver improvements in public health and reductions in levels of CVD.

8.25 There are national and regional frameworks in place to support local health services to deliver improvements in CVD services.

8.26 Work at a Greater Manchester level indicates a link between inequality and poor health outcomes for individuals, particularly with respect to CVD.

9. Recommendations

9.1 That CVD rates continue to be appropriately monitored by health partners.

9.2 That work towards meeting targets for cardio-vascular disease within the Tameside Area Agreement continues to be a priority.

9.3 That, NHS Tameside and Glossop continues to work towards further improvements in CVD services until its commissioning responsibilities transfer fully to the Clinical Commissioning Group.

9.4 That NHS Tameside and Glossop ensures that the Clinical Commissioning Group is well placed to commission any planned further improvements to CVD services.

9.5 That the target to reduce CVD-related mortality among under-75s by 28% by 2013 is maintained by the Clinical Commissioning Group.

9.6 That work to raise the profile of CVD and public understanding of the issue continues.

9.7 That the Clinical Commissioning Group continues to regard CVD services as priority in its commissioning decisions.

9.8 That, while the Clinical Commissioning Group will not have formal enforcement or regulatory powers with respect to GPs, it should use its leverage to influence GPs to prioritise CVD prevention services.

9.9 That the Clinical Commissioning Group continues to work in partnership with NHS Tameside and Glossop, Tameside MBC and all health services in the borough to ensure a coordinated response to CVD.

9.10 That all GPs in Tameside are required to deliver the NHS Health Check.

9.11 That GPs are given support and training to consider CVD prevention in their work.

9.12 That sufficient resource is allocated to the Council's Health Improvement Team and Family Weight Management Team to enable the delivery of healthy lifestyle initiatives.

9.13 That the Council continues to support local employers to initiate healthy workforce policies.

9.14 That the Council continues to develop Customer Insight to ensure that public health messages about CVD are communicated via the most appropriate and efficient method for individual households.

9.15 That the Council maintains its strong relationship with local health commissioners when the NHS reforms are fully implemented.

9.16 That CVD remains a strategic priority for the new Health and Well-Being Board and in the wider Tameside Strategic Partnership.

9.17 That the Health and Well-Being Board considers developing a partnership-wide action plan for the prevention and reduction of CVD.

9.18 That local health services maintain a strong connection with the Greater Manchester and Cheshire Cardiac and Stroke Network to support delivery of the Greater Manchester Health Inequalities Strategy and regional efforts to reduce CVD at a population level.

9.19 That the recommendations of the National Support Team with respect to CVD are acknowledged and worked towards.

10. Borough Treasurer's comments

Any resources that are required to implement the recommendations have to be met from existing resources. Prioritising resources will be required to ensure best use of the money available

11. Borough Solicitor's comments

It is important that the Scrutiny Panel consider key challenges to the health and wellbeing of resident of the borough. The report is timely given the imminent and significant changes to statutory responsibilities for health, which gives the Council a greater role.