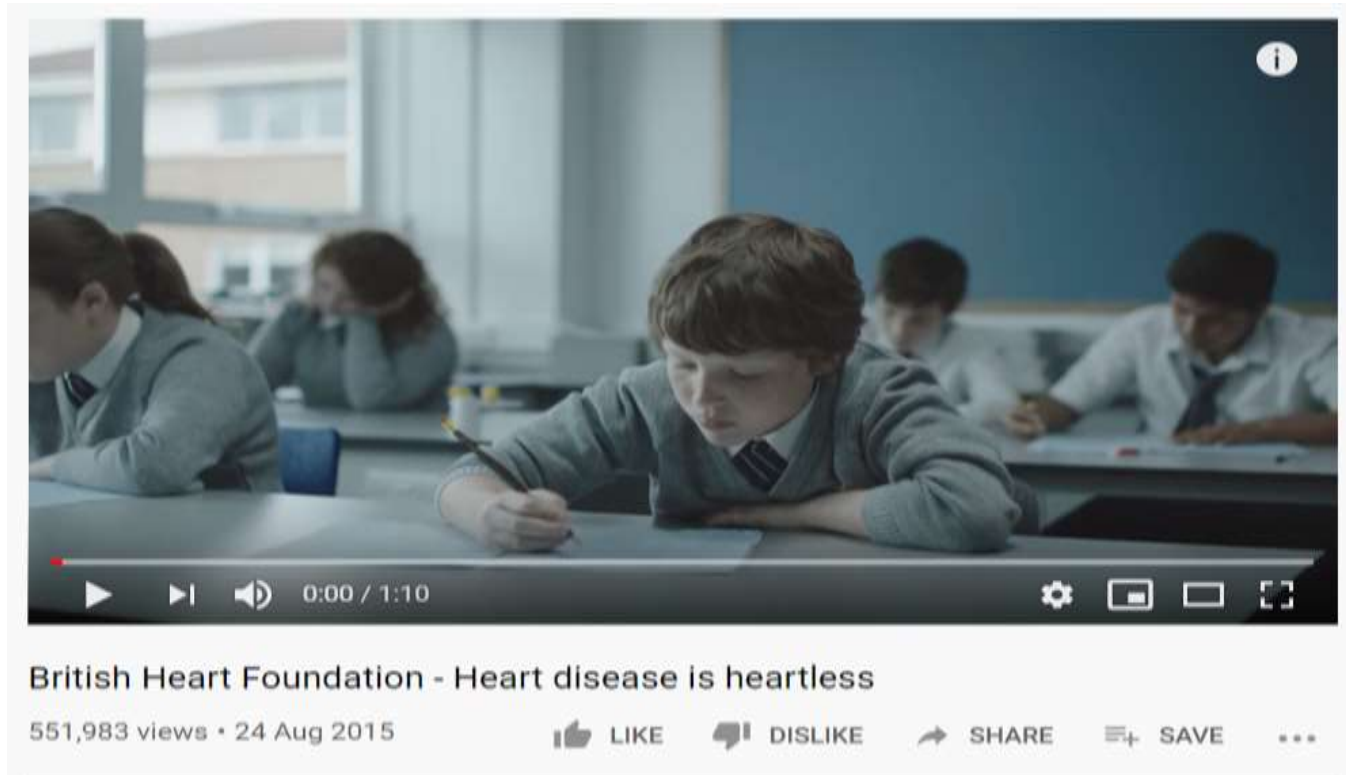
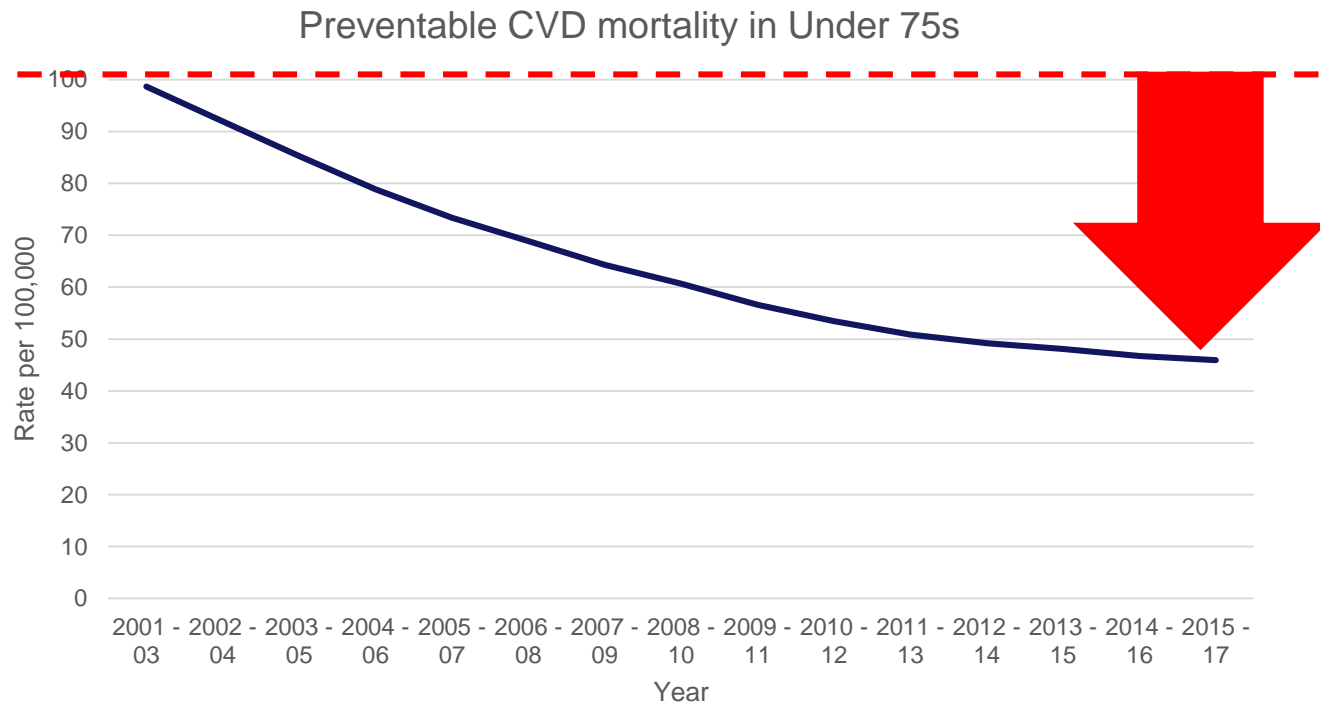


Professor Jamie Waterall
Deputy Chief Nurse, Public Health England

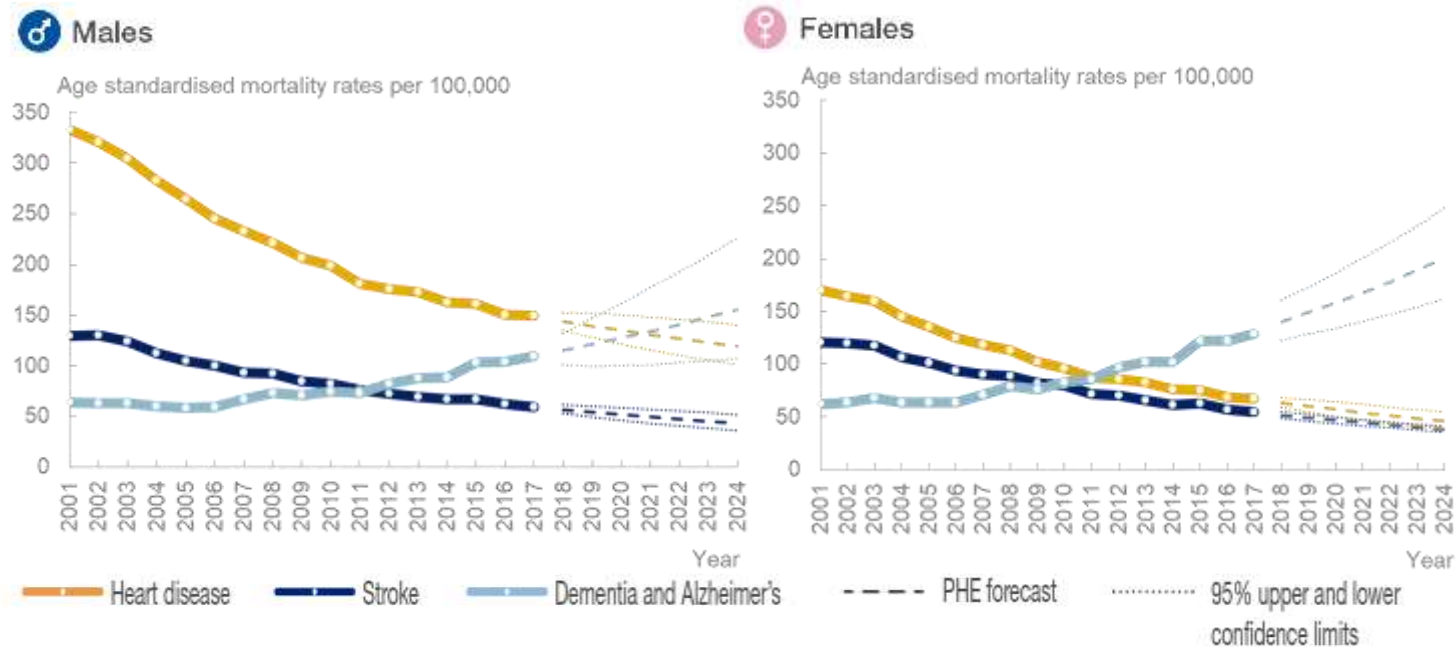
What you do matters!



Failure of our own success?

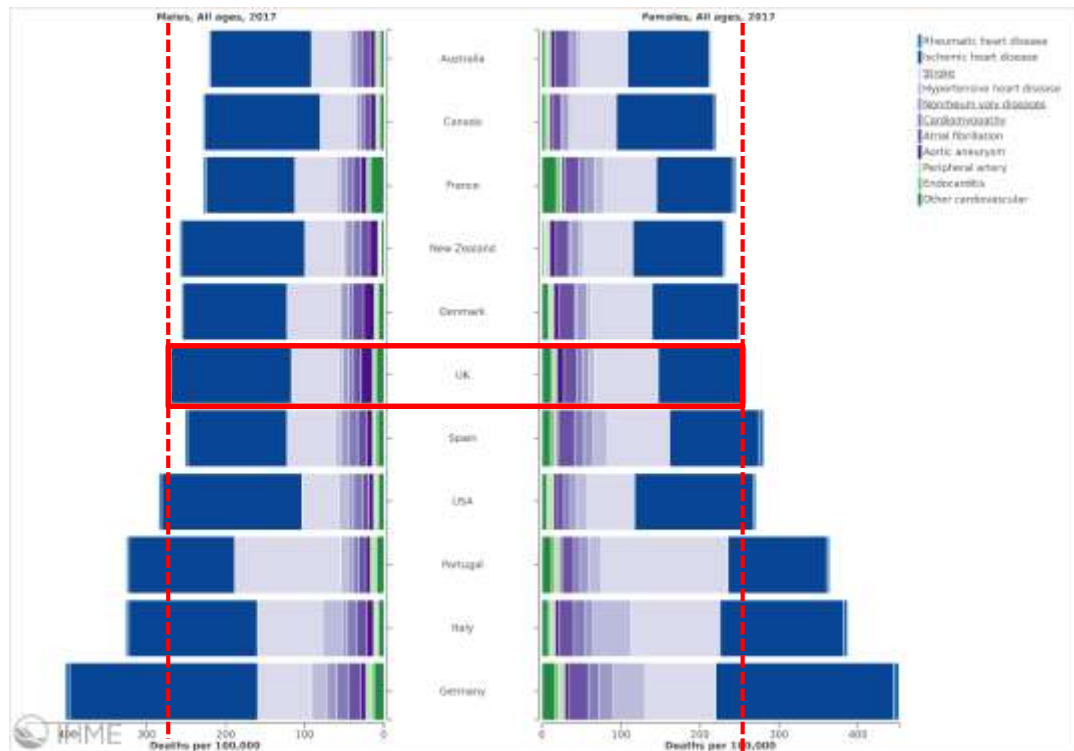


The mortality rates from dementia have continued to increase, and there has been a slowdown in improvement in mortality from heart disease



PHE forecast 2019 to 2024
Source: PHE analysis of ONS data

There is more to do on CVD mortality...



Scale of the problem

Cardiovascular disease (CVD)
is the leading cause of death worldwide



In England, CVD causes

1 in **4** deaths

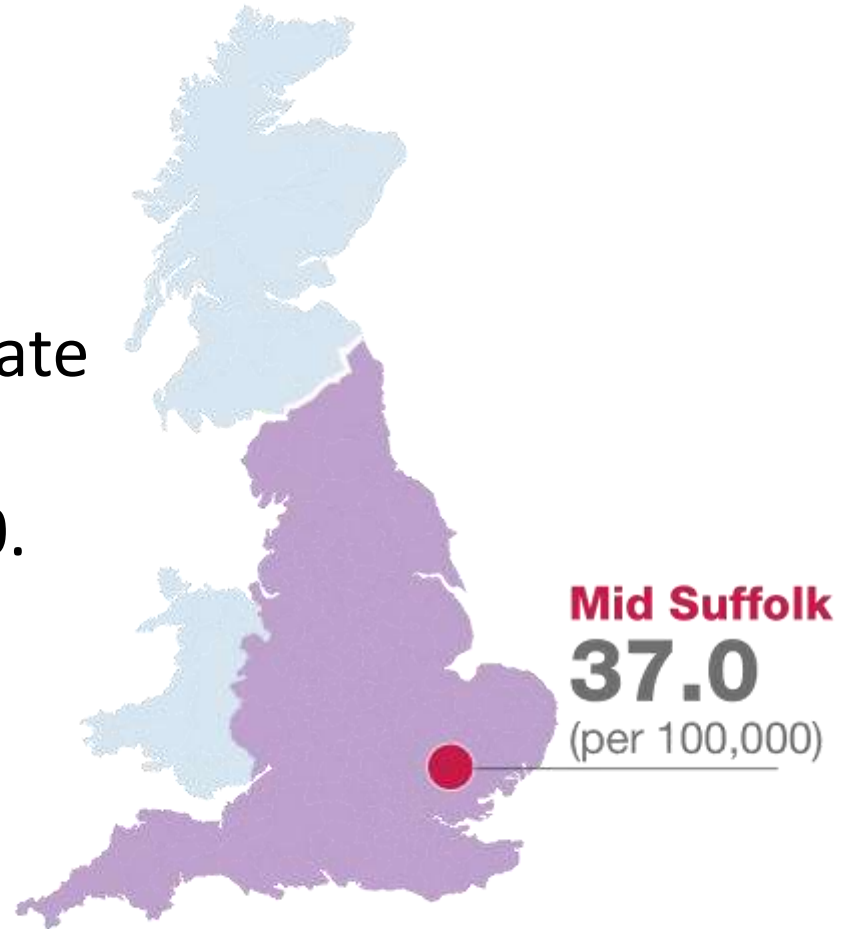
which equates to

1 death every 4 minutes

Question

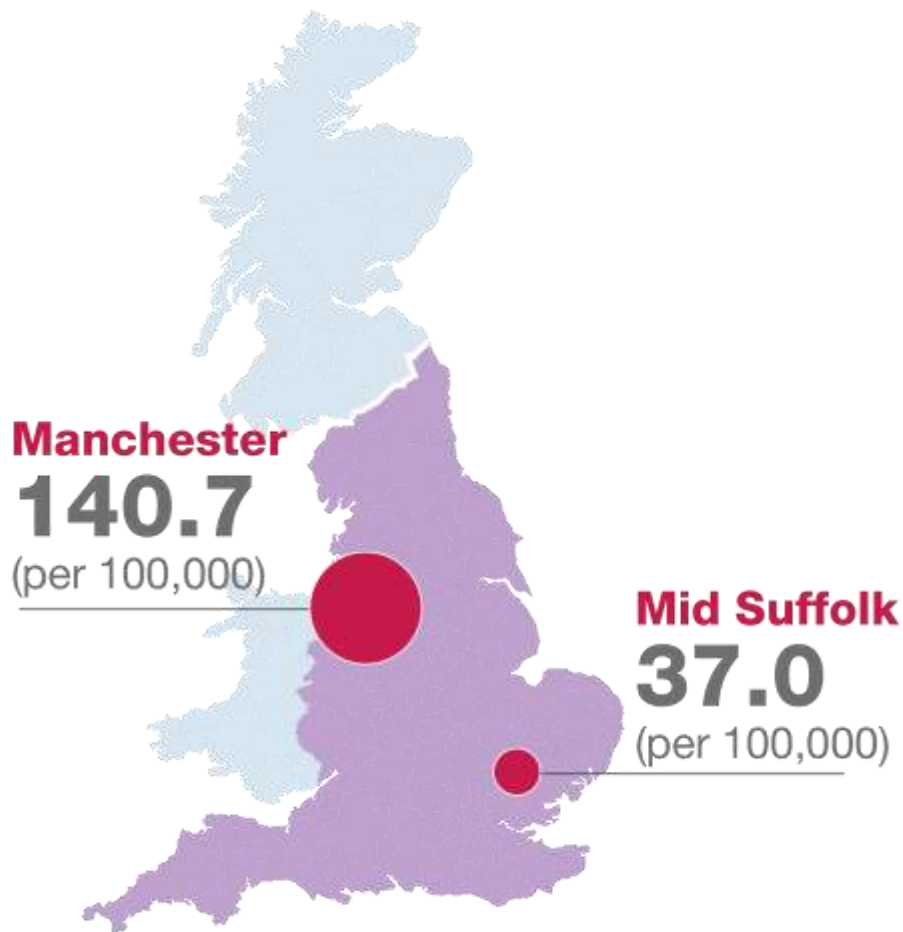
In 2016 to 2017 the CVD premature (under 75) death rate for Mid Suffolk in the East of England was 37.0 per 100,000.

What was the CVD premature death rate per 100,000 in Manchester?



Answer

There is significant variation in the incidence of CVD. For example, in 2016 to 2017 the premature (under 75) death rate for Manchester (140.7 per 100,000) was nearly four times higher than that for Mid Suffolk in the East of England (37.0 per 100,000)

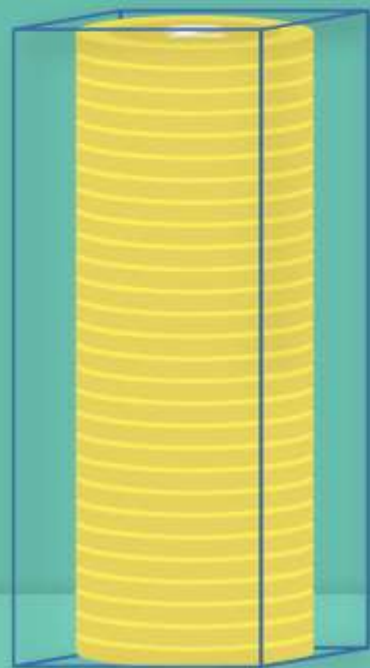


Cardiovascular disease is a major cause of health inequalities

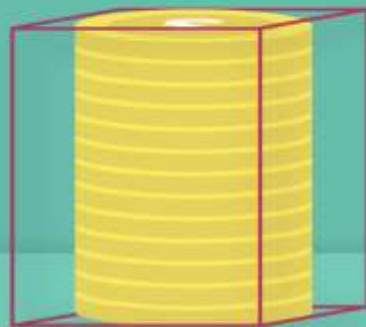
People living in the **most deprived areas** of England are almost

4 times as likely **to die prematurely from CVD** than those in the least deprived areas

Costs of cardiovascular disease to the NHS and wider society



Estimated
£15.8
billion
per year
Non-healthcare
costs



Healthcare costs
alone in England
stand at an
estimated
£7.4
billion
per year

Why invest in cardiovascular disease prevention

PHE estimates that **optimising detection of risk factors for CVD** and the **uptake of anticoagulants, antihypertensives and statins** in line with the ambitions, could prevent:



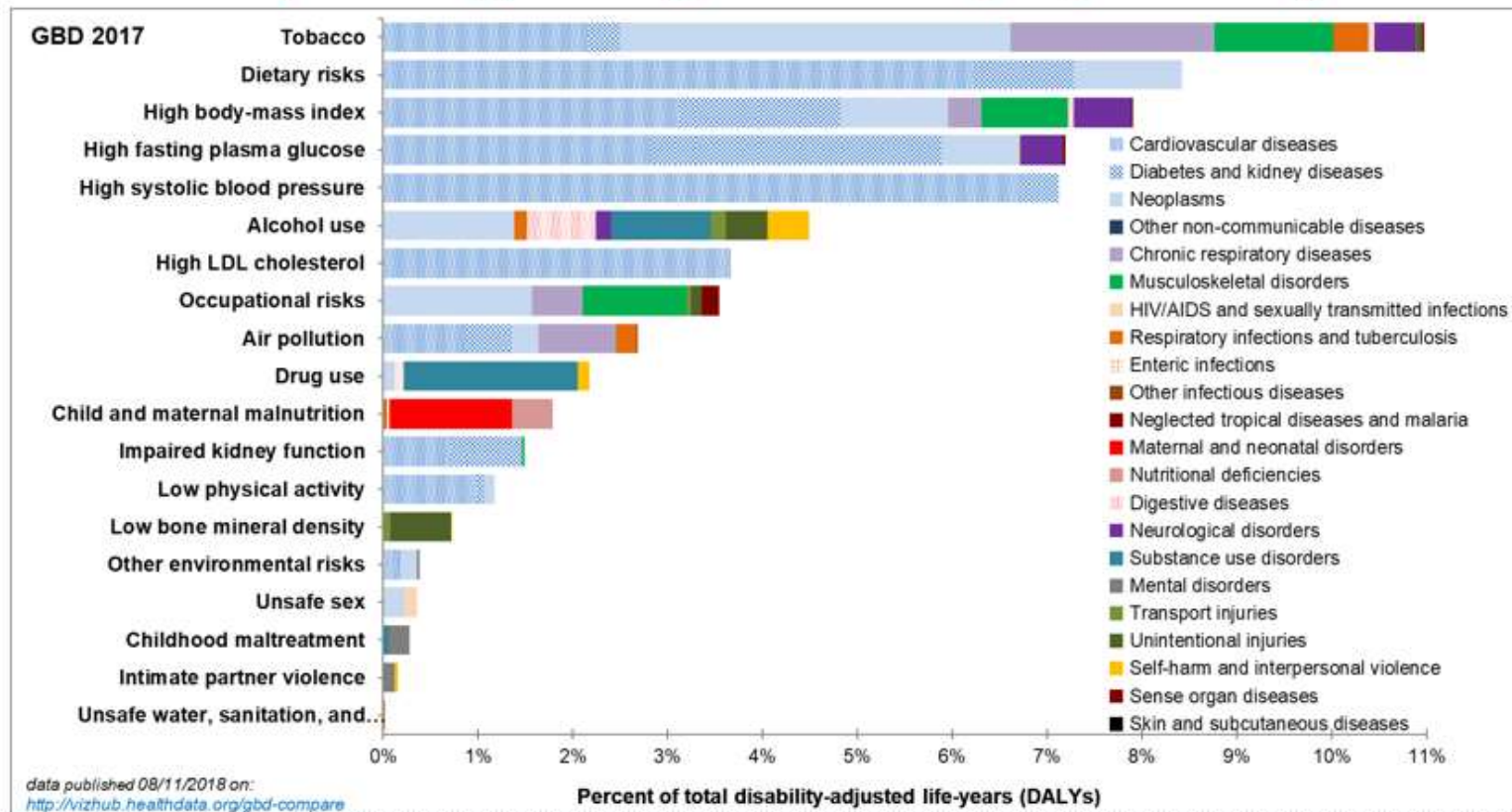
What is the single largest modifiable risk factor for CVD in England?



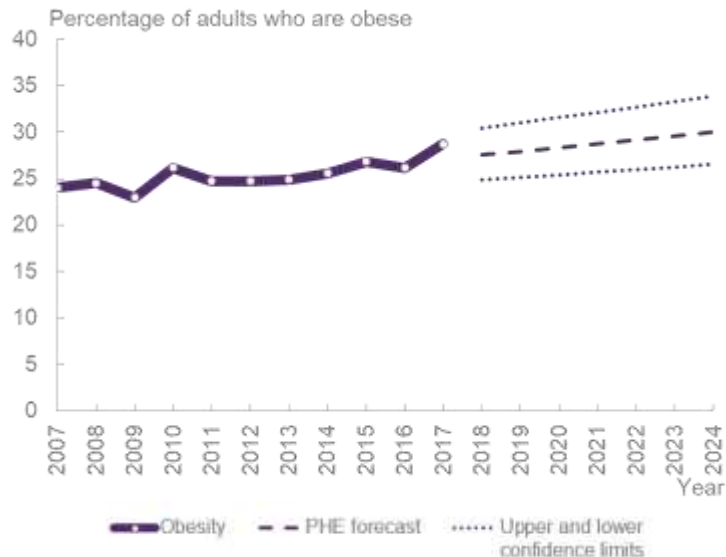
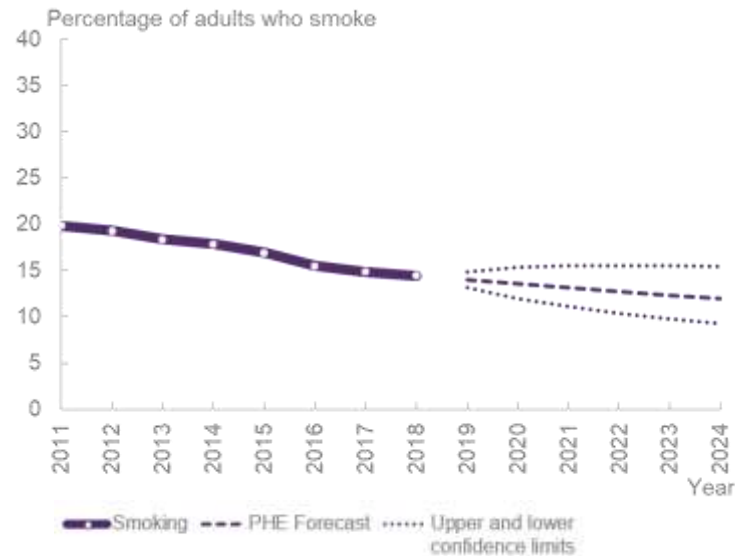
Over 10 years the societal return on investment is estimated to be

£2.30 for every **£1** spent
including the value placed on improved health

Burden of disease attributable to leading risk factors for both sexes in 2017, expressed as a percentage of England disability-adjusted life-years

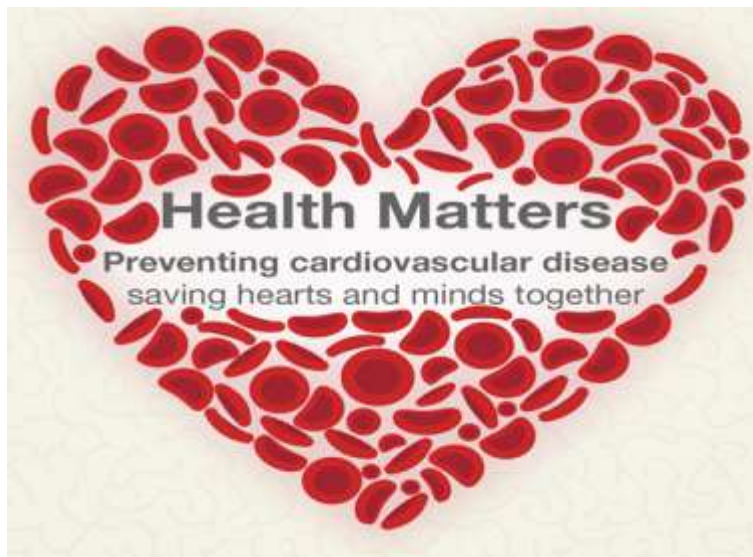


Adult smoking prevalence continues to decline, but remains stubbornly high in deprived areas, and there has been an increase in the level of obesity



Source: Annual Population Survey and Health Survey for England
Trend in smoking prevalence data adults 18+, 2011 to 2018, PHE forecasts 2019 to 2024
Trend in obesity prevalence data for adults aged 16+ 2007 to 2018, PHE forecasts 2018 to 2024

Cardiovascular Disease Prevention System Leadership Forum



Brings together partners from over 40 organisations, including government, NHS England, statutory bodies, royal colleges, the third sector, public, clinicians and academics



Public Health
England

Protecting and improving the nation's health

Public Health England cardiovascular disease prevention initiatives, 2018 to 2019



November 2018

High Risk Conditions

High Blood Pressure

Every 10mmHg reduction lowers risk of CVD event by 20%

Detected

6 in 10

Controlled to 140/90

6 in 10

Atrial Fibrillation

Anticoagulation lowers risk of stroke by 2/3

Known AF and on anticoagulant at time of stroke

1 in 2

High Cholesterol

Every 1 mmol/l reduction lowers risk of CVD event by 25% each year

10 year CVD risk above 20% and on statins

1 in 3

Current detection and management of **Atrial fibrillation (AF)**



Current detection and management of **High blood pressure**



Current detection and management of **High Cholesterol and Familial Hypercholesterolaemia (FH)**



High Cholesterol



Familial Hypercholesterolaemia (FH)



10 year cardiovascular disease ambitions for England

Atrial fibrillation (AF)

High blood pressure

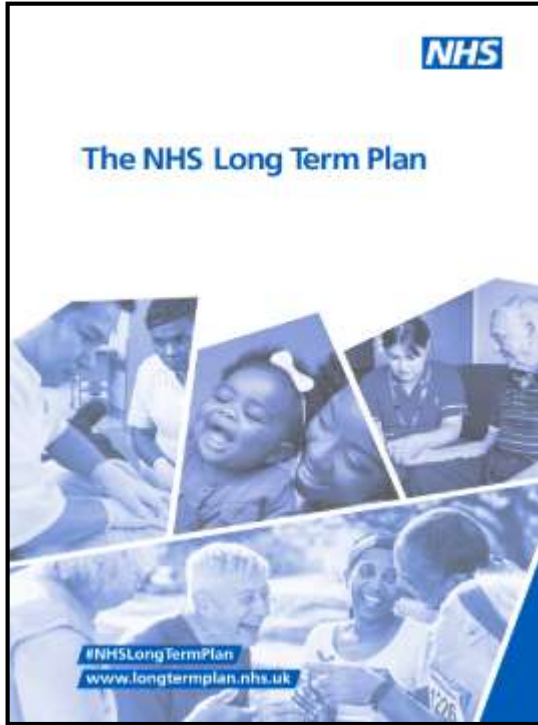
High cholesterol

To prevent the gap from widening further, over 40% of action on all ambitions should therefore be delivered to the three most deprived deciles in England.

Reduce the gap significantly in amenable CVD deaths between the most and least deprived areas by 2029

- obtain and publish health inequality data on each of the high risk conditions by deprivation decile by 2021
- set quantitative ambitions for reducing CVD health inequalities in diagnostic and treatment goals by 2021

The NHS Long Term Plan



Cardiovascular disease is the single biggest area where the NHS can save lives over the next 10 years!

CVD-respiratory programme vision



Based on commitments made in the NHS Long Term Plan, The Cardiovascular Disease-Respiratory Programme seeks to significantly improve services and outcomes for CVD, respiratory disease and stroke in England. This will include achievement of these and other ambitions:

Implement increased post-hospital stroke rehabilitation models nationally

Improve cardiac rehab access rates to the best in Europe by 2028

Avoid **220,000** admissions for community acquired pneumonia by 2023/24

Increase cardiac arrest survival rates to **25%**

Prevent up to **150,000** heart attacks, strokes and dementia cases

Deliver a **10x** increase in proportion of patients receiving thrombectomy after a stroke

Achieve the best performance in Europe for delivering thrombolysis by 2025

Reduce the gap in amenable deaths between the most and least deprived areas

Expand referrals into Pulmonary Rehab services to **60%** in 2024

We will achieve this by taking an integrated approach to delivery which involves communities, voluntary organisations and the health and care system. We will focus on prevention, early detection and diagnosis, concentrating interventions initially on populations at greater risk. Underpinning this, and supported by the implementation of new technologies and datasets, is work to expand existing rehabilitation services and training for the workforce, community first aiders and patients to enable better self-care and emergency response.



THANK YOU

