	Health and Wellbeing Board **Thursday 14th July 2022**
Title	**Barnet Cardiovascular Disease Prevention Programme & Action Plan**
Report of	Director of Public Health and Prevention
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix I – Draft Barnet Cardiovascular Disease Prevention Programme 2022-26 Appendix II – Draft Barnet Cardiovascular Disease Prevention Programme Action Plan 2022-2024
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Summary

A 4-year Cardiovascular Disease (CVD) Prevention Programme and 2-year action plan have been developed in collaboration with system partners, through the Barnet Borough Partnership CVD Prevention Task & Finish Group within the Health Inequalities Workstream. The Programme and associated Action Plan sets out 4 priority areas of focus for CVD Prevention in Barnet and a set of actions to reduce prevalence of CVD, improve management of risk factors, reduce overall premature mortality and inequalities in outcomes.

This report introduces the Barnet CVD Prevention Programme and Action Plan to the Board. Appendix I is the Draft Barnet CVD Prevention Programme 2022-2026. Appendix II is the Draft Barnet CVD Prevention Programme Action Plan 2022-2024.

Officers Recommendations

1. That the Board approve the Barnet Cardiovascular Disease Prevention Programme 2022-2026

2. That the Board approve the Barnet Cardiovascular Disease Prevention Programme Action Plan 2022-24

1. Why this report is needed

1.1 Cardiovascular disease (CVD) is one of the major causes of deaths in under 75s in Barnet (55.0 per 100,000 population) and is the single largest cause of inequality in premature mortality between the most and least deprived areas in Barnet. There remain significant opportunities for the prevention of CVD through primary prevention, early detection, public health action, and secondary prevention - clinical care (especially in primary care) to reduce the burden of risk factors and maximise the uptake of known effective care.

1.2 This report gives the Board an introduction to the proposed 4-year CVD Prevention Programme and 2-year action plan. The overarching aims of this work are 1) to reduce premature mortality from CVD in Barnet and 2) to reduce inequalities in CVD outcomes relating to geography, ethnicity, deprivation, living with learning disabilities or severe mental illness. The Barnet CVD Prevention Programme proposes 4 areas of focus, each with a set of priority outcomes. The action plan sets out proposed actions and measures to progress towards these outcomes over the next 2 years. The full programme and action plan are appendices to this report.

1.3 The first set of priority outcomes relate to improving population awareness of CVD risk, how to prevent it and the services available in Barnet. It also highlights the importance of enhancing patient activation and empowerment to take action to reduce or manage their risk of CVD. Using a collaborative approach with LBB Public Health, lifestyle service providers, Barnet voluntary and community sector (VCS), local health leaders and champions, a comprehensive communications plan will be developed, with a series of targeted awareness campaigns and events delivered to achieve these outcomes.

1.4 The second set of priority outcomes relate to detection and management of 3 key behavioural risk factors, specifically 1) smoking 2) drinking to harmful levels 3) obesity. Through a more in-depth mapping exercise of local need and service availability, as well as an interrogation of barriers to referral and uptake of lifestyle services, a number of hyper-targeted interventions will be delivered relating to overconsumption of alcohol, smoking, weight management, healthy eating and physical activity in populations who are at highest risk. This activity aims to improve equity of access to and increase referrals and uptake of local lifestyle services and reduce the prevalence of these behavioural risk factors in populations at high risk.

1.5 The third set of priority outcomes relate to detection and optimal treatment of 4 key clinical risk factors, specifically detection and optimal treatment of hypertension, atrial fibrillation; pre-diabetes & type 2 diabetes and raised cholesterol. This sees a coordinated effort of detection and treatment in primary care through the delivery of the North Central London Long Term Conditions Locally Commissioned Service; a refreshed approach to health checks, delivering health screening in community settings; a hyper-targeted intervention of hypertension detection within community pharmacy in areas where there is lower coverage and the scoping and delivery of CVD prevention at neighbourhood level through the Grahame Park Neighbourhood Model.

1.6 The fourth and final set of priority outcomes relate to self-care and sustainability. These focus on supporting people with behavioural and clinical risk factors of CVD to feel empowered to sustain behaviour change or manage their condition. Through a pilot model of peer support, the Healthy Heart Peer Support Project, people of South Asian, Black African, and Black Caribbean heritage living with hypertension will be empowered

to make sustainable behaviour change and manage their condition. The lessons learned and impact of this project could lead to potential expansion to wider community groups and localities. In addition, work will be done to understand mechanisms for remote and/or digital support for people living with CVD and pilots scoped, with increasing availability and use of remote or digital interventions to assist long term behaviour change.

2. Reasons for recommendations

2.1 The CVD prevention programme and associated action plan provide an ambitious but achievable evidence-based plan which should reduce premature mortality from CVD while also reducing inequalities in health outcomes related to CVD. The programme has been developed in collaboration with a broad coalition of local partners including strong representation from community groups and clinicians. It has been co-produced applying the Barnet Borough Partnership principles. The programme incorporates work that fall within the scope of CVD prevention being implemented at sector and borough level, adding value to those initiatives by identifying connections between different programmes and adding actions where there are gaps.

3. Alternative options considered and not recommended

3.1 Not applicable

4. Post decision implementation

4.1 The milestones for the action plan will be finalised over the next two months, with the programme and action plan published in September 2022.

4.2 Oversight of delivery of the action plan will be through the Barnet Borough Partnership CVD Prevention Task and Finish Group. This Task and Finish Group forms part of the Health Inequalities workstream, which reports regularly to the Barnet Borough Partnership Delivery Board, with planned updates to the GP Cabinet and other relevant groups.

4.3 For the duration of this programme and action plan delivery, annual updates will be provided to the Health and Wellbeing Board. These updates will give the Board oversight of the progress being made against the action plan and desired outcome measures.

5. Implications of decision

5.1 Corporate Priorities and Performance

5.1.1 CVD Prevention sits under Key Area 2 of the Health and Wellbeing Strategy (Starting, Living and Ageing Well).

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.2.1 Implementation of the CVD Prevention Programme actions will be funded within existing budgets and staffing the public health department, other council departments, partner agencies such as NHS, Voluntary and Community sector organisations who are funded from diverse sources and for a wide range of purposes. Where additional funding sources are identified such as NCL funded initiatives, applications for additional resources will be made.

5.3 Legal and Constitutional References

5.3.1 Barnet Council Constitution, Article 7 – Committees, Forums, Working Groups and Partnerships, Health and Wellbeing Board responsibilities:

(2) To agree a Health and Wellbeing Strategy (HWBS) for Barnet taking into account the findings of the JSNA and strategically oversee its implementation to ensure that improved population outcomes are being delivered.

(3) To work together to ensure the best fit between available resources to meet the health and social care needs of the whole population of Barnet, by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental, and social wellbeing.

(5) Specific responsibilities for overseeing public health and promoting prevention agenda across the partnership.

5.4 Insight

5.4.1 The Joint Strategic Needs Assessment identifies the under 75 (premature) circulatory mortality rate and compares this with the national and London rate.

5.4.2 The CVD Prevention Programme will monitor and evaluate local data on rates of CVD mortality, behavioural and clinical risk factors using various datasets to ensure we have an ongoing accurate insight into changing risks and outcomes.

5.5 Social Value

5.5.1 The stated aim of the CVD Prevention Programme and action plan is to reduce premature mortality from CVD in Barnet and reduce inequalities in outcomes relating to CVD. The cross-cutting strategic actions fall within the prevention and healthy themes of the social value framework.

5.6 Risk Management

5.6.1 The Barnet CVD Prevention Programme 2022-2026 requires collective effort across the multi-agency Barnet Borough Partnership (BBP) to reduce the rate of premature mortality from CVD in Barnet. If the council or partners do not engage with the programme and progress their actions, it may lead to poor overall delivery of the 2022-2024 Action Plan. Poor engagement may also lead to failure to agree a 2024-2026 Action Plan. This could have a detrimental impact on local CVD prevention.

5.6.2 The following controls and mitigations are in place:

5.6.2.1 The multiagency Barnet CVD Prevention Task & Finish Group and Barnet Borough Partnership Delivery Board were consulted throughout initial programme

development and co-owns the programme and action plans. Plans have been adapted in response to feedback.

5.6.2.2 The Barnet CVD Prevention Task & Finish Group meet regularly to re-engage partners, align activities, and implement changes based on new insights.

5.6.2.3 The Barnet CVD Prevention Programme 2022-2026 will be presented to the Health and Wellbeing Board and is included in Barnet's Health and Wellbeing Strategy. Partners' progress against the action plan can be reported annually to the Health and Wellbeing Board if requested.

5.7 Equalities and Diversity

5.7.1 A whole systems approach to prevention has been taken. Particular vulnerable groups have been identified through national evidence and local insight. Actions have been put in place to focus on certain communities and individuals with protected characteristics or who may be at a higher risk of CVD. These include specific ethnic groups at increased risk of developing CVD, people living with learning disabilities and serious mental illness.

5.8 Corporate Parenting

5.8.1 The Barnet CVD Prevention Programme focusses on Adult Health Improvement while recognising that the roots of cardiovascular disease start in childhood. The Public Health Children and Young People's team are taking a number of actions to address risk factors for development of CVD, but that work is outside the scope of this programme.

5.9 Consultation and Engagement

5.9.1 The programme has been co-produced with a number of voluntary organisations as well as statutory organisations. Individual elements of the programme are being further developed in consultation with local residents. Formal consultation is therefore not planned for this programme.

5.10 Environmental Impact

5.10.1 There are no direct environmental implications from noting the recommendations.

6. Background papers

6.1 NHS Long Term Plan (2019) » Cardiovascular disease

6.2 Health matters: preventing cardiovascular disease - GOV.UK (www.gov.uk)