The Public Health Call to Action for High Cholesterol and High Blood Pressure Prevention

Public Health Northamptonshire

Northamptonshire County Council

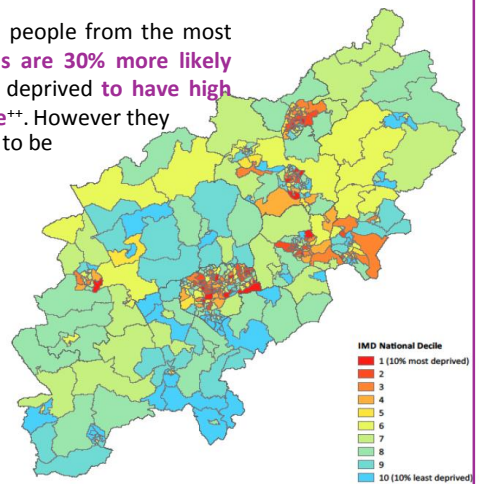
Prevalence

108,905 (14.2%) patients recorded with hypertension in Northamptonshire in 2017/18, significantly above the England average (13.9%).

It is estimated **6 out of 10** people have higher than recommended cholesterol levels.

1 in 250 of the UK population are thought to **have familial hypercholesterolemia (FH)**, an inherited condition that raises blood cholesterol levels and dramatically **increases the risk of cardiovascular disease**.

It is estimated people from the most **deprived areas are 30% more likely** than the least deprived **to have high blood pressure**++. However they are least likely to be diagnosed.



Diagnosis and Treatment Gap

An estimated **59%** of expected prevalence cases are diagnosed for hypertension**.

An estimated **37,220** additional people with **undiagnosed hypertension** need to be diagnosed to meet the PHE+ ambition (80% diagnosed).

Nationally, an estimated **85%** of people with familial hypercholesterolemia (FH) are undiagnosed.

28,910 additional people living with hypertension need to reach improved blood pressure levels (150/90) in Northamptonshire (to reach PHE ambition of 80% treated).

80.0% of patients with hypertension where last blood pressure measure (last 12 months) was <=150/90 mmHg, 2017/18.

91.2% of patients aged 45 or over who had a record of a blood pressure reading in the preceding 5 years, 2017/18.

69.7% of patients with diabetes whose last measured total cholesterol (measured within the previous 12 months) was 5mmol/l or less, 2017/18.

Health Burden

TOP 10

High blood pressure and high cholesterol are identified in the top ten **risk factors** locally for **premature death and disability** by the global burden of disease study.

High cholesterol and high blood pressure are **main risk factors for heart disease**. They are worsened by poor lifestyle behaviours:

- eating a lot of saturated fat
- not being active
- smoking
- having too much body fat, especially around the middle

672
Coronary heart disease admissions, per 100,000 population, 2017/18.

88.6%
of patients with CHD in whom the last blood pressure reading in last 12 months is <=150/90; 2017/18.

46
deaths from cardiovascular disease considered preventable per 100,000 population (aged <75 years), 2016 – 2018.

Compared to England Better | Similar | Worse | Lower | Similar | Higher

Prevention

If people diagnosed with high blood pressure **reduced it by 10mmHg** across Northamptonshire** each year we **could prevent:**

- **28%** heart failure
- **27%** strokes
- **17%** coronary heart disease
- **13%** all-cause mortality

NHS Health Checks can spot early signs and help prevent conditions like high blood pressure, heart disease or type 2 diabetes.

In 2018/19, **14,006** people received **health checks** in Northamptonshire:

99.0% had their blood pressure (BP) recorded

24.5% of these had raised blood pressure

94.5% had a cholesterol test

Less than half (46.1%) re-measured blood pressure after health checks.

It is estimated that up to **80%** of premature deaths from cardiovascular disease, can be prevented through better public health, particularly addressing behaviour change in modifiable risk factors.

Data Source: Fingertips; PHE; TCR, British Heart Foundation. Icons by Freepik, curso creative from www.flaticon.com and by Ricardo Moreira, itim2101 from thenounproject.com

* based on England estimates; **Estimated for Northamptonshire STP combining Corby CCG and Nene CCG figures; ^BHF, 2012; + Public Health England; ++ Health Matters, PHE 2017.

Produced by Public Health Intelligence Team
Northamptonshire County Council

Public Health Plan on a page: Commissioning for Outcomes (High Cholesterol and High Blood Pressure)

Northamptonshire County Council

Vision: That adults in Northamptonshire have the knowledge, skills and confidence to take personal ownership of their blood pressure and cholesterol levels. That, in all parts of the county, high blood pressure and cholesterol is detected and appropriately treated with lifestyle changes as well as medication so that fewer heart attacks and strokes occur.

Our Priorities/Objectives

Whole system approach

Partnership working with NHS, social impact bond to provide joined up prevention pathways and strategic outcomes. Partnerships with regulatory services and planning and transport services to increase opportunities for healthy living.

Achieved through:

- Joint commissioning, pathway definition.
- Social prescribing.
- Lifestyle changes (alcohol reduction, exercise increase, obesity reduction, smoking reduction, etc.)

Commissioning

Strategic, public health and joint commissioning to meet county health opportunity for blood pressure reduction.

Achieved through:

- NHS health checks – new model of delivery for improved uptake, signposting to support and quality.
- Support for partner organisations on opportunistic checks and pathways to treatment.
- Workplace wellbeing blood pressure checks, signposting and advice.

Behavioural approaches

Amplify national campaigns with partners, for example 'Know Your Numbers'. As well as secondary prevention, focus should also be on behavioural approaches to reduction of lifestyle risks for high blood pressure and high cholesterol: diet, exercises, smoking, alcohol intake, etc.

Achieved through:

- Campaigns, communication with frontline health and other staff.
- Work with partners to embed, especially in deprived areas.

Evidence based approach

Use of evidence and evaluation to advise and inform partners and to design and tailor strategic outcomes.

Achieved through:

- Joint Strategic Needs Assessment (JSNA).
- Return On Investment (ROI).
- Evaluation.
- Evidence reviews, case study comparison, learning and continuous quality improvement.

Our Commitment / Enablers

Reducing inequalities: services which mitigate inequalities and work to overcome variation - by location, approach and policy.

System partnerships: engage and co-produce with partners / stake-holders e.g. NHS, schools, prisons, workplaces and local government.

Supporting investment and commissioning of effective services across the county, accessible to all.

Engagement and co-production of research to align with best evidence and implementation locally.

Embed *Health in all Policies* - a common way of influencing the wider determinants of health: creating places that promote good health; governance/policies based on collaboration.

Measures of Success

- 80% of the expected number of people with high BP are diagnosed by 2029.
- 80% of the total number of people diagnosed with high BP are treated to target as per NICE guidelines by 2029.
- 100% of people who complete a health check to have had their cholesterol recorded by 2021.
- 45% of people aged 40 to 74 without established CVD identified as having a >20% Qrisk score are treated with statins by 2029.
- Detect and diagnose an additional 50,000 cases of high blood pressure in Northamptonshire CCGs.
- Continue the downward trend in stroke and cardiovascular rates to reduce by 10% in 10 years.

Public Health Northamptonshire

*Quality and Outcome Framework