Public Health Dorset

Agenda Item:

14

Joint Public Health Board

Bournemouth, Poole and Dorset councils working together to improve and protect health

Date of Meeting	20 July 2015
Officer	Director of Public Health
Subject of Report	**Director of Public Health Annual Report 2014/15**
Executive Summary	The Annual Report of the Director of Public Health is an independent report of the DPH on the health of the local population: This paper summarises the contents of the report, in particular the theme section on Cardiovascular Disease
Impact Assessment: *Please refer to the protocol for writing reports.*	Equalities Impact Assessment: (Note: If this report contains a new strategy/policy/function has an EQIA screening form been completed?)
	Use of Evidence: (Note: Evidence within the body text to support the recommendations and, where relevant, include a description of how the outcomes of public consultations have influenced the recommendations.)
	Budget: (Note: Have any VAT implications been identified?)
	Risk Assessment: Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as: Current Risk: LOW

<table>
<tr><td rowspan="2"></td><td>Residual Risk LOW
(i.e. reflecting the recommendations in this report and mitigating actions proposed)</td></tr>
<tr><td>Other Implications: N/A

(Note: Please consider if any of the following issues apply: Sustainability; Property and Assets; Voluntary Organisations; Community Safety; Corporate Parenting; or Safeguarding Children and Adults.)</td></tr>
<tr><td>Recommendation</td><td>The Board is invited to note some of the principal recommendations, namely:
That reducing the disease burden from cardiovascular disease is a collective effort for all agencies and people and all parts of local authorities.
To use existing structures and processes, e.g. Clinical Service Review, Better Together and Health & Wellbeing Board, to better integrate population priorities with organisational ones.
To focus additional effort on those with poorest outcomes and greatest risks.</td></tr>
<tr><td>Reason for Recommendation</td><td>To help the Board fulfil its remit of improving the health and wellbeing of the population.</td></tr>
<tr><td>Appendices</td><td></td></tr>
<tr><td>Background Papers</td><td></td></tr>
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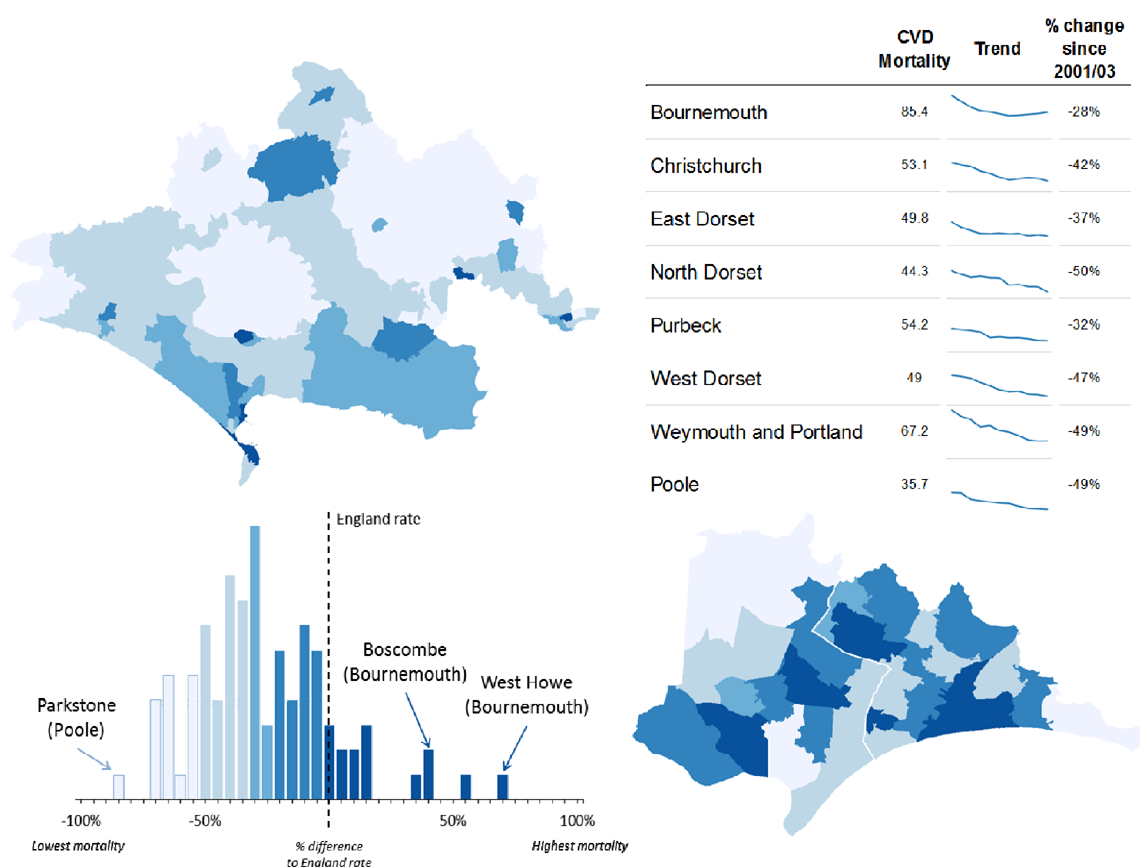
</table>

Cardiovascular Disease Theme - Summary

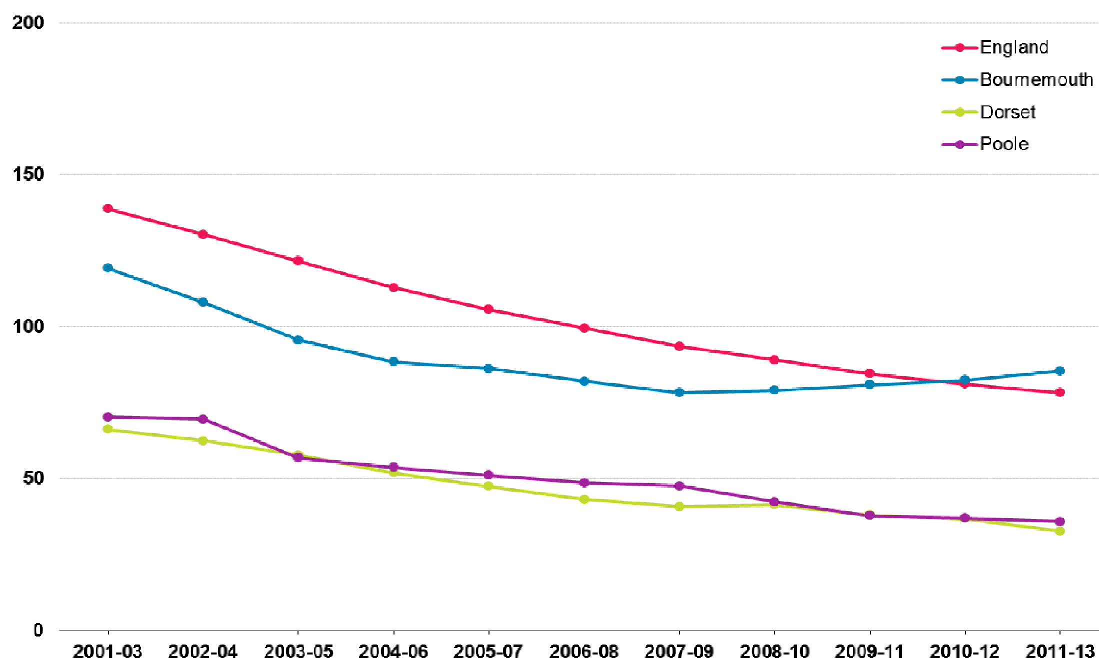
1.1 The introduction focuses on the fact that for the first time in over 20 years we have seen an increase in premature CVD rates in Bournemouth, specifically in men aged 60-74 and that fact that this pattern has not been seen in similar populations.

1.2 The report also highlights suggestions that the rate of fall is stalling in other parts of our community and describes how difference between rates of under-75 deaths in our populations are growing and rates are persistently higher in the most deprived and poorest communities. The following two figures summarise the situation:

Under 75 CVD mortality (2011-13)



	CVD Mortality	Trend	% change since 2001/03
Bournemouth	85.4		-28%
Christchurch	53.1		-42%
East Dorset	49.8		-37%
North Dorset	44.3		-50%
Purbeck	54.2		-32%
West Dorset	49		-47%
Weymouth and Portland	67.2		-49%
Poole	35.7		-49%



1.3 The report describes how the observed changes in Bournemouth are unusual and that the trend of first plateauing rates and then increasing rate is only seen in four other areas in England and importantly in no other area which is a major urban centre with Bournemouth's population mix.

1.4 It also observes that while we have not seen an increase in CVD death rates in Dorset and Poole, the rate of decrease of CVD death rates is slowing and in some areas has plateaued as has been the case in Bournemouth.

1.5 The report then explores the reasons for the historical declines in rates of premature death over the last 30 years, namely, a combination of:

- Reductions in key risks (e.g. smoking, high blood pressure and high cholesterol)
- The development of more effective treatments.

1.6 It highlights that there is no simple explanation for the observed data and suggests we focus on some underlying questions, namely:

- Is care provision adequate (particularly for those at greatest risk of premature death from CVD) and,

- Do local programmes to reduce the risk of develop in CVD reach those most at risk?

1.7 To answer these questions the report then examines our current actions under several headings:

Pregnancy and childhood

- Reducing mothers' smoking in pregnancy
- Exposure to second hand smoke in the
- Rates of overweight and obesity in children
- Smoking among young people

Adult population

- Diabetes and hypertension
- Smoking
- Alcohol misuse
- Excess weight
- LiveWell Dorset,
- The national health checks programme

Care for those with established risks/ disease

- Primary Care - effectiveness of detection and management of diabetes, hypertension, cholesterol and other risks.
- Hospital Care – rates of admission, timeliness of interventions for acute events etc.
- Community Care: cardiac rehabilitation services; end of life care.

1.8 Finally the discussion section looks at the above areas and in particular differences between areas in outcomes, risks, and uptake of preventative services.

1.9 The report suggests that prevention remains, an ‘add on’ to mainstream health and care services and lacks significant long-term investment. It also highlights how we need to work with those agencies that have embraced prevention, especially those outside the health and care setting, as well as asking what all parts of civic society can do differently.

1.10 It suggests some short term action while recommending we take a longer-term view including preventing risks developing, especially in the most vulnerable people and in doing this:

- Recognise this is a collective effort for all agencies and people and something with benefits beyond one disease.
- Use existing structures and processes e.g. Health &Wellbeing Boards to better integrate population priorities with organisational ones.
- Focus additional effort especially on those with poorest outcomes and greatest risks.

Dr David Phillips
Director of Public Health
July 2015