

Decision Report - Executive Decision

Forward Plan Reference: FP/23/02/02

Decision Date – 10 July 2023

Key Decision – yes



Annual Report of the Director of Public Health 2022/23 – Cardiovascular Disease

Executive Member(s): Cllr Adam Dance, Lead Member for Public Health, Equalities and Diversity

Local Member(s) and Division: All

Lead Officer: Professor Trudi Grant, Executive Director of Public and Population Health

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Summary / Background

1. The production of an annual report is a statutory obligation for Directors of Public Health. It is an opportunity for the DPH to give an independent view of health and wellbeing priorities in the county.
2. The 2022/23 Annual Report of the Executive Director of Public and Population Health in Somerset covers the impact of cardiovascular disease (CVD). Cardiovascular diseases are a broad range of conditions that affect the heart and blood vessels. Each day in Somerset, approximately five people die from cardiovascular disease and one of them will be under 75, so it takes a long and healthy retirement away from many people. For this reason, this group of diseases present a significant public health concern in Somerset.
3. This year's report takes a cricketing theme, which was inspired by our discussions on what it is to have a good innings in life. We look at the impact of some of the wider determinants of health on cardiovascular disease such as where we live and work, our social networks.
4. We also look at factors which influence cardiovascular health and there are many parallels with factors for cricket team fitness. We look at the way we want to catch cardiovascular conditions early and cricket fielding tactics. Finally, we cover how COVID 'stopped play' for cardiovascular disease prevention and touch on

cardiovascular events and the end of the innings. We summarise with recommendations for a 'six' for Somerset to move us forwards in reducing the impact of cardiovascular disease.

Recommendations

5. The Executive is asked to note the 2022/23 Annual Public Health Report and support the recommendations to have a greater focus on preventing and addressing cardiovascular disease and reducing its impact on the Somerset population.

Reasons for recommendations

6. Although CVD does become more common with age, it should not be seen as inevitable. It is estimated that about 90% of CVD and 80% of premature deaths are attributable to modifiable risk factors. Within the challenge of preventing cardiovascular disease and addressing the risk factors, it is useful to think about them at different phases of the disease progression, ideally beginning before disease has even started.
7. As we emerge from the COVID pandemic, we have even more reason to focus on CVD. The pandemic has been a time of changed lifestyles and disrupted healthcare, with much of the CVD preventative measures being impacted. It is time for us to review the main risk factors and CVD outcomes so we can refocus our efforts to reduce the impact of CVD on Somerset's health and wellbeing.
8. Sadly, like many diseases, the impact falls unequally in society. We know that people living with many other challenges experience higher levels of CVD. This point is discussed in the report and the recommendations call for a renewed focus on preventing cardiovascular disease overall and the inequalities that people experience relating to the disease.

Other options considered

9. The report is a statutory responsibility so must be produced. Each year's topic is the personal choice of the Director of Public Health.

Links to Council Plan and Medium-Term Financial Plan

10. Evidence presented in the report suggests that investment in prevention can promote greater wellbeing in the population and financial sustainability in health and care services.
11. This decision is linked to the Council Plan as follows
 - A Healthy and Caring Somerset – Reducing the burden of cardiovascular disease in Somerset
 - A Fairer, Ambitious Somerset – Addressing inequalities in cardiovascular disease risk and outcomes and designing equitable services

Financial and Risk Implications

12. There are no direct financial implications. The report specifically seeks to reduce the risks from the impact of cardiovascular disease. CVD nationally costs our NHS £9 billion. It also costs a further £10 billion each year to the wider economy, causing significant costs in social care and lost working days, not to mention the significant impact it has on families.

Legal Implications

13. There are no direct legal implications.

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HR Implications

14. There are no direct HR implications.

Other Implications:

Equalities Implications

15. The report does not require an Equalities Impact Assessment. The adverse impacts of cardiovascular disease are inequitably spread across our local population. The report outlines inequalities and mitigating suggestions.

Community Safety Implications

16. There are no direct community safety implications.

Climate Change and Sustainability Implications

17. There are no direct climate change or sustainability implications. The report recommends building a local environment which supports healthy lifestyles. This would include promotion of travel choices that do not rely on the car, including active, public and other modes of more sustainable transport.

Health and Safety Implications

18. The report promotes health and safety through the 'wider determinants of health' and also recognition of workplace and job characteristics which are linked to greater cardiovascular disease risk.

Health and Wellbeing Implications

19. The report covers key risk factors for cardiovascular disease and reviews local action which is taking place to support people with healthier lifestyles and early detection of disease. Six recommendations are presented which have potential to make a significant positive impact on health and wellbeing and preventing ill-health.
20. The report reviews factors which contribute to inequalities in cardiovascular disease risk. Cardiovascular disease is reasonably common but some population groups have a higher risks than others based on factors such as genetics, sex, age and ethnicity. Population groups such as those living in the more deprived areas of Somerset, and with other challenges such as serious mental illness or homelessness have much poorer outcomes. Understanding those in our population who are most at risk of CVD is important to enable us to focus our prevention activities to reduce these inherent inequalities in risk and ensure they get the best care possible.

Social Value

21. The report encourages community capacity to be involved in supporting health and wellbeing of local residents. Our areas of greatest need with highest levels of deprivation are highlighted along with current initiatives to reduce inequalities.
22. The report has a focus on reducing risk factors for cardiovascular disease and reducing inequalities in outcomes for local residents. We encourage our local population to 'know their numbers' so they understand their personal

cardiovascular disease risk and can be engaged in treatment options including lifestyle changes.

Scrutiny comments / recommendations:

23. The report was to be presented at Adults and Health Scrutiny Committee on 31/5/2023. Whilst it was not a report for approval or specific recommendations, the report had a positive reception and many supportive comments.

Background

24. The production of an Annual Report is a statutory requirement for all Directors of Public Health (DPH). It is the personal responsibility of the DPH, and an opportunity to give an independent view of the range of factors affecting health and wellbeing in the county.
25. The report makes the following cricket inspired recommendations for 'a six' for Somerset:
- 1) Good pitch preparation: We need to develop our environment with the purpose of improving health and environmental sustainability.
 - 2) Doing it off your own bat: Together with communities we need to re-invigorate efforts to promote, encourage and support people in Somerset to enjoy a healthy lifestyle and all the benefits that it brings.
 - 3) Working on the Ashes: Call for renewed action to meet the national challenge to reduce smoking rates to 5% or less by 2030.
 - 4) A good fielding system: A system-wide focus on finding and supporting those with high blood pressure
 - 5) Treatment delivery: Finding and sticking to the right treatments
 - 6) Keep an eye on the scoreboard: Improve data collection and use it to help predict risk of disease and diagnose and intervene early

Background Papers

- Cardiovascular Disease in Somerset. Annual Report of the Director of Public Health for Somerset 2022/23

Appendices

- None

Report Sign-Off

	Officer Name	Date Completed
Legal & Governance Implications	David Clark	13/6/2022
Communications	Chris Palmer	20/6/2023
Finance & Procurement	Nicola Hix	N/A
Workforce	Chris Squire	N/A
Asset Management	Oliver Woodhams	N/A
Executive Director / Senior Manager	Trudi Grant	N/A Author
Strategy & Performance	Alyn Jones	21/06/2023
Executive Lead Member	Cllr Adam Dance	31/05/2023
Consulted:	Councillor Name	
Local Division Members	Not applicable	
Opposition Spokesperson	Cllr Lucy Trimnell	15/06/2023
Scrutiny Chair	Cllr Gill Slocombe	17/05/2023