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

**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.

**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).

**Health Burden**

- **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.

**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.
**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

<table>
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<tr>
<th>Whole system approach</th>
<th>Commissioning</th>
<th>Behavioural approaches</th>
<th>Evidence based approach</th>
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<tr>
<td>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.</td>
<td>Strategic, public health and joint commissioning to meet county health opportunity for blood pressure reduction.</td>
<td>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.</td>
<td>Use of evidence and evaluation to advise and inform partners and to design and tailor strategic outcomes.</td>
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<td><strong>Achieved through:</strong></td>
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<td>• Joint commissioning, pathway definition.</td>
<td>• NHS health checks – new model of delivery for improved uptake, signposting to support and quality.</td>
<td>• Campaigns, communication with frontline health and other staff.</td>
<td>• Joint Strategic Needs Assessment (JSNA).</td>
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<td>• Social prescribing.</td>
<td>• Support for partner organisations on opportunistic checks and pathways to treatment.</td>
<td>• Work with partners to embed, especially in deprived areas.</td>
<td>• Return On Investment (ROI).</td>
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<td>• Lifestyle changes (alcohol reduction, exercise increase, obesity reduction, smoking reduction, etc.)</td>
<td>• Workplace wellbeing blood pressure checks, signposting and advice.</td>
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<td>• Evaluation.</td>
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## Our Commitment / Enablers

| Reversing inequalities: services which mitigate inequalities and work to overcome variation - by location, approach and policy. | System partnerships: engage and co-produce with partners / stakeholders 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.

*Quality and Outcome Framework*