106,762 (14.1%**) patients were recorded with hypertension in Northamptonshire in 2016/17, significantly above the England average.  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.  

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 6 out of 10 people have higher than recommended cholesterol levels.

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
- smoking
- not being active
- having too much body fat, especially around the middle

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.

Prevalence

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

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

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.

Diagnosis and Treatment Gap

80.8% of patients with hypertension where last blood pressure measure (last 12 months) was <=150/90 mmHg, 2016/17.

91.3% of patients aged 45 or over who had a record of a blood pressure reading in the preceding 5 years, 2016/17.

68.8%** of patients with diabetes whose last measured total cholesterol (measured within the previous 12 months) was 5mmol/l or less, 2016/17.

Prevention

Less than half (47.6%) of these had raised blood pressure (BP) recorded

98.3% had a cholesterol test

23.6% had their blood pressure measured

94.2% had their blood pressure measured

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.

Hypertension 

2016/17.

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

Prevalence

Annual

Diagnosis and Treatment Gap

Prevention

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

**Vision:**
Achieve personal ownership of blood pressure results, increase reliable detection, diagnosis and treatment rates to lead to a reduction of blood pressure in adults aged 40 years and over. Detect and diagnose an additional 50,000 cases of blood pressure in Nene and Corby CCGs.

Continue the downward trend in stroke and cardiovascular rates to reduce by 10% in 10 years. Reduced alcohol related cardiovascular disease and admissions.

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### Whole system approach
Partnership working with NHS, social impact bond and First for Wellbeing teams 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’. 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

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### Our Priorities/Objectives

#### 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 / 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.**

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### Measures of Success

- **80% detection/diagnosis rate**
- **PHOF outcomes related to blood pressure and cholesterol e.g. activity, obesity, alcohol and smoking**
- **Reduction in stroke incidence**
- **Improved levels of understanding in the general population**
- **Appropriate prescription rates in primary care**
- **Qof* and similar registers e.g. registration increase to improve outcomes**

*Quality and Outcome Framework*