

Barking & Dagenham Partnership

NI 121 - Mortality rate from all circulatory diseases at ages under 75

Responsible Owner *Matthew Cole – Joint Director of Public Health*

National Indicator Rationale

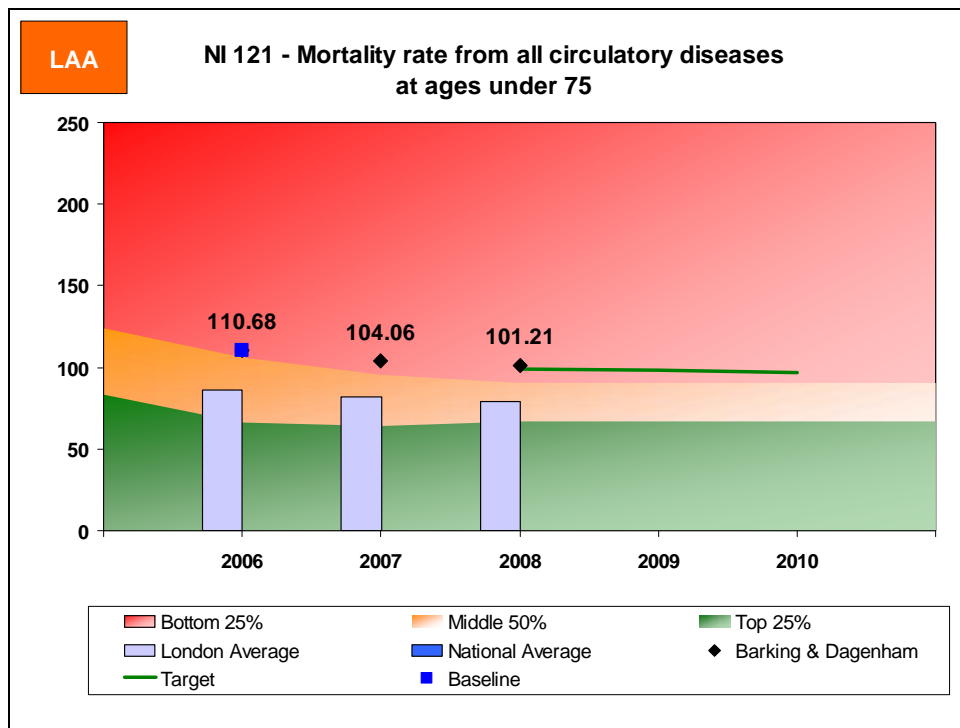
Circulatory disease is one of the main causes of premature death (under 75 years of age) in England, accounting for just over a quarter of all such deaths in this age group. Reducing mortality rates will therefore make a significant contribution to increasing life expectancy. This is a Department of Health PSA Target:

Substantially reduce mortality rates by 2010 from heart disease and stroke, and related diseases by at least 40% in people under 75, with at least a 40% reduction in the inequalities gap between the fifth of areas with the worst health and deprivation indicators and the population as a whole.

Current Performance

Performance against Target

Awaiting data



Current Performance Commentary

The mortality rate from all circulatory diseases continues to decrease and should reach the 2010 target of a 40% fall.

However, other areas of the country have shown more rapid declines in death rates.

The target remains to decrease the inequalities gap in circulatory mortality between Barking &

Dagenham and the national average. This holds true for both men and women.

Key Issues:

Specific reasons for underperformance, including equalities / area issues where relevant

1.	Healthy Eating - Evidence demonstrates that healthy eating helps to reduce the specific risk factors that contribute to poor health such as cardio-vascular disease. Currently, Barking and Dagenham has the lowest estimated levels of fruit and vegetable intake in London.
2.	Improving Cardiac Risk Factor management in primary care - Clinical practice is slow to change. The PCT sees this as a priority and is making considerable investment to monitor and improve care.
3.	Those whom seldom attend GP's all too often fall under the radar. Thus innovative thinking is required to reach those who do not attend.
4.	As mirrored by the 'Participation in Sport' indicator, obesity, personal health and well being all require a lot of acute management within the borough in order to develop for the long-term. Lack of previous concentration on these areas requires present investment to develop.

Key Projects:

Areas of current /planned projects should focus on reasons for underperformance and link to the Key Issues listed above

Key Issue No.	Project Title	Key Milestones / Date	Project Lead	Project Details
	<i>Decreasing smoking rates - which are higher in routine and manual workers.</i>	Update by April 2010	Linda Bailey	Developing tobacco strategy. £156,000 additional investment in tobacco control and stop smoking services.
	<i>Improving cardiac risk factor management in primary care</i>	June 09 to March 10 review & devise implementation steps	Matthew Cole/Sue Levi	Cardiac risk factor management is built into the Quality & Outcomes framework (QoF) in primary care. The PCT will be improving performance monitoring procedures in order to improve care.
	<i>Vascular Risk Screen (Heart MOT)</i>	Currently in year 2 of GP Enhanced Service – to end March 10 Evaluation of pilots in pharmacies –	Matthew Cole/Sue Levi	Roll out of screening services into more accessible community areas, targeting specific areas of known low participation in screening. Approximately, 15% of target population has been screened – slightly behind on the target of 100% in 5 years. Will be basic evaluation of pharmacy pilots in about Jan 2010. A fuller effectiveness/efficiency

		April 2010		evaluation will be later in 2010.
	<i>Healthy Adults</i>		Linda Bailey & Julie Boyd, Public Health, NHS B&D	Exercise and weight loss programme for over 18 year olds.
	<i>Health Trainers</i>		Linda Bailey, Public Health, NHS B&D	Part of Fit for Life programme providing tailored fitness programmes and support via GP referral.

Key Risks:

Risks may relate to specific projects or to performance in general

- Vascular Screening – behind on project – aim for full implementation by March 2010. The project is now going to have much more GP dependence than originally foreseen. The pharmacy & peripatetic components have commenced and are functioning as small volume pilots and do not have large capacity

There is currently a problem covering the patients where the GP is unwilling or unable to perform the tests. Plan for PBC cluster cover or external commissioning.

The risk is that the estimated gain from vascular risk assessment will be delayed and the people who have most to gain will be seen later rather than sooner.

Actions for Improvement (To be used for Quarterly Reporting):

Plans for further interventions must be robust and show clear prospects for improving performance

- This is acknowledged as being the most common cause of death in B&D and the largest cause of premature death. In deference to this a large financial allocation has been made to this by the PCT and a senior member of staff is being recruited to review current services, agree a strategy for large-scale change and to begin implementation of that change.