

Annual Public Health Report for Thurrock 2022

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Reducing the Impact of Cardiovascular Disease in Thurrock

*Annual Report of the Director of Public
Health, 2022*



Why is CVD Important?

Main clinical cause of premature mortality
- 1 in 4 premature deaths (<75) in the UK
are due to CVD

Main clinical driver of health inequalities –
premature mortality from CVD is higher in
more deprived groups, and people living
with Severe Mental Illness (SMI) and
Learning Disability

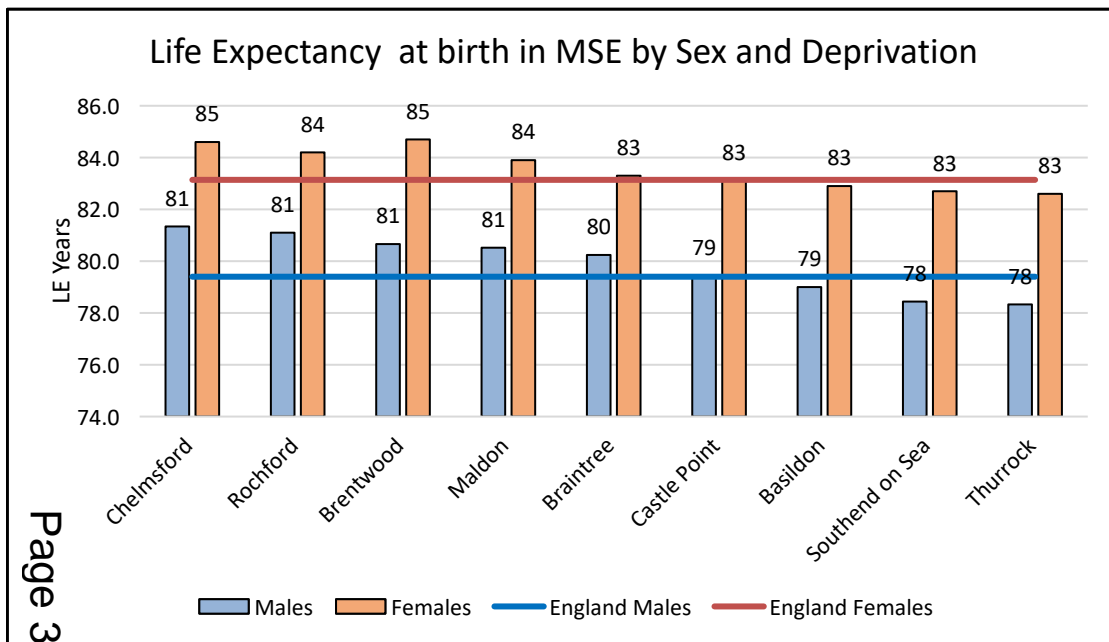
Focusing on CVD prevention provides the
greatest potential to reduce health
inequalities and reduce premature
mortality

Cardiovascular (CVD) conditions covered in this report -

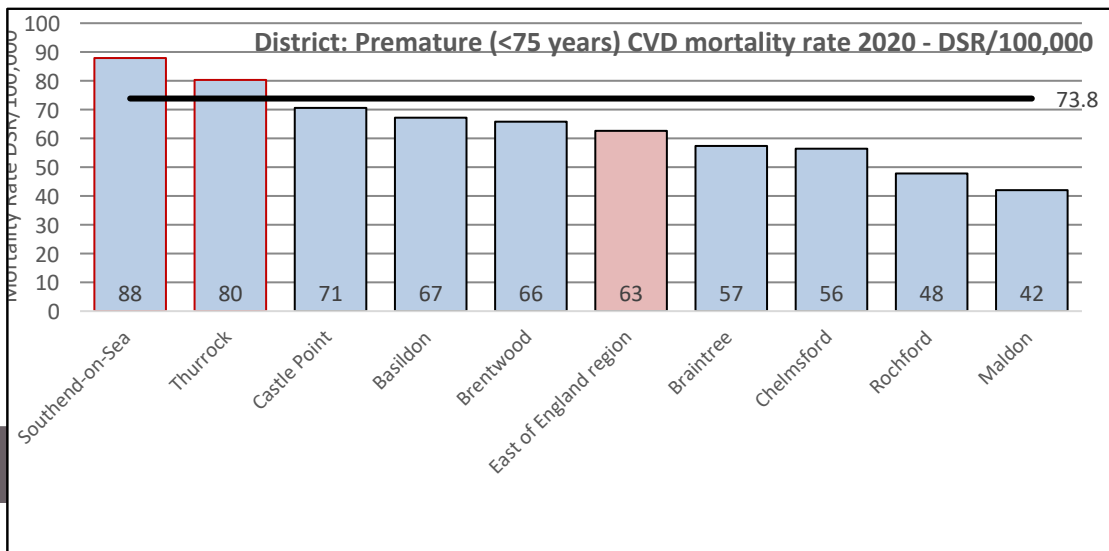
- **Hypertension** (High blood pressure)
- **Atrial fibrillation** (a heart rhythm problem, characterised by a rapid, irregular heartbeat)
- **Raised cholesterol** (Coronary Heart Disease; CHD)
- **Familial hypercholesterolaemia**
- **Stroke or TIA** (transient ischaemic attack, also known as a mini-stroke)
- **Diabetes – CVD related risk only** (people with diabetes are at increased risk of CVD and other complications)

Life Expectancy & Premature Mortality in Thurrock

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- **Life Expectancy** in Thurrock is the lowest in Mid & South Essex and lower than England average for both men and women
- Thurrock has the highest **premature mortality** (death <75) in Mid & South Essex, and the second highest rate of **CVD premature mortality**, which is higher than the England average



CVD in Thurrock

In 2020, life expectancy was significantly lower in Thurrock than average across England and the lowest in MSE ICS

Thurrock has the second highest premature (<75) CVD mortality rate in Mid & South Essex

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For mortality attributable to socio-economic inequality, CVD is the greatest contributor in Thurrock, accounting for 35% of excess deaths

For people living with SMI, Thurrock has the second highest premature CVD mortality rate in England

What has improved in CVD Care since 2016?

The first Integrated Medical & Wellbeing Centre (IMWC) has opened in Corringham, with three more to follow

Annual diagnoses of hypertension have increased, and the diagnosis gap in Thurrock is the smallest in Mid & South Essex

Page 5 Management of hypertension in all Thurrock PCNs compares well with national targets

Management of atrial fibrillation has improved in Thurrock and now exceeds national targets

There is still a substantial diagnosis gap for high cholesterol, but the quality of care for those on Coronary Heart Disease (CHD) registers is high

Key Findings & Recommendations

| Key Findings | Recommendations |
|--|---|
| Workforce | |
| Thurrock is significantly 'under-doctored' and has England's 3 rd highest GP list size | TICA / MSE ICS should prioritise new models of working and additional PCN workforce capacity |
| Best practice evidence demonstrates the potential for LTC impact by the wider community health and care workforce | Community and Allied Healthcare Professional roles should be developed to enhance LTC care |
| Service Targeting for Maximum Population Impact | |
| The greatest improvements in population CVD outcomes are likely to be gained by a focus on reducing gaps in diagnosis | Implement a targeted CVD case-finding strategy, including targeting >65s, those who are housebound, those with higher BMIs |
| The NHS Health Checks programme needs to be more targeted in order to increase uptake by those with most to benefit | Target NHS Health Checks at the younger age limit in higher risk groups, including minority ethnic groups, smokers and people on obesity registers, residents of higher deprivation areas |
| Thurrock has high CVD mortality rates for people living with SMI and with a Learning Disability. Follow-up of risks is low | Maximise uptake and follow-up of physical health checks for people living with SMI and who have a Learning Disability |

Key Findings & Recommendations

| Key Findings | Recommendations |
|---|--|
| Service Model | |
| Partnership between primary care and public health has delivered measurable improvements in quality of CVD care | Build on Stretch-QoF to continue data-based quality improvement, case finding and holistic treatment for target cohorts |
| The COVID-19 pandemic has exposed and worsened health inequalities, including prevention and management of CVD | Refresh the focus on primary prevention of CVD post-COVID-19, including tobacco control, obesity and healthy early years |
| IMWCs are an opportunity to deliver more personalised, holistic care | Promote evidence-based personalised and holistic care planning, including prevention |
| Goal-setting, patient activation and health coaching can improve outcomes for LTCs | New care models should build in cultural shifts and promote patient activation and coaching |

Next steps

Establish the Population Health & Inequalities Steering Group

- This group will report to the Better Care Together Thurrock (BCTT) Executive Group, and be responsible for delivering the Pop Health & Inequalities elements of the BCTT Strategy
- Oversight of delivery the recommendations in the Annual Public Health Report 2022 would align closely with the Group's remit and the BCTT Strategy aims