

REPORT TO:	HEALTH AND WELLBEING BOARD (CROYDON) 23 OCTOBER 2013
AGENDA ITEM:	8
SUBJECT:	Croydon Heart Town
BOARD SPONSOR:	Dr Mike Robinson, director of public health
CORPORATE PRIORITY/POLICY CONTEXT:	
<p>This report confirms health and wellbeing board's commitment to improving the health and wellbeing of local people. It sets out an ambitious programme to improve heart health by working across the council, NHS, the Third Sector, schools and colleges and local employers.</p> <p>The Heart Town will make a major contribution to the delivery of Croydon's joint health and wellbeing strategy 2013-18.</p>	
FINANCIAL IMPACT	
<p>The reframed Heart Town programme consists of a number of strands of fully funded activity from the ring fenced public health allocation, an investment totalling £1.597 million in 2013/14 and £1.768 million in 2014/15. This does not include work funded through mainstream council budgets which contributes to the delivery of Heart Town objectives or work funded by partner organisations.</p>	

1. RECOMMENDATIONS
The health and wellbeing board is asked to
1. RECOMMENDATIONS
1.1 Endorse the strategic partnership approach to improving heart health in the borough.
1.2 Support the use of the Heart Town brand to connect a range of existing and new initiatives, encompassing the promotion of healthy eating, sport and physical activity, stop smoking and tobacco control.
1.3 Support the extension of Croydon's Heart Town programme from two to five years to enable the programme to demonstrate measurable improvements in health and wellbeing

2. EXECUTIVE SUMMARY

- 2.1 The health and wellbeing board agreed to support the Heart Town initiative on 24 April 2013. At that point the initiative was framed as a two year campaign linking existing heart health initiatives. This report proposes that the Heart Town is reframed as a major five year public health programme to improve heart and vascular health in the borough. With the Heart Town we intend to put heart

health on everyone's agenda. This includes investing the ring fenced public health grant in high quality, integrated, 'wellness' services; encouraging health promoting environments, promoting community engagement, and fostering personal responsibility, resilience and independence.

- 2.2 The health and wellbeing board is asked to endorse the approach set out in the report below prior to approval by the council's cabinet on 18 November 2013.

3. DETAIL

3.1 The context

3.1.1 The British Heart Foundation's Heart Town initiative aims to mobilise communities across Britain to fight Britain's biggest killer - heart disease. Heart Towns work by bringing communities together through local fundraising and volunteering to help beat heart disease and other circulatory diseases such as stroke.

3.1.2 Every day of the year the organisations and networks that are represented on the health and wellbeing board have direct contact with large numbers of people. The Heart Town offers exciting opportunities to make every contact count for health and wellbeing. Our Heart Town offer will be tailored to individual needs, focusing on integrated 'wellness' provision that addresses multiple needs and using new technologies to make things easier and more convenient for our customers. In its new public health role the council will make effective and sustainable use of all resources, using evidence to help ensure that these are appropriately directed to areas and groups of greatest need and represent the best possible value for money.

3.2 Croydon's joint health and wellbeing strategy

3.2.1 The Heart Town will make a major contribution to the delivery of Croydon's joint health and wellbeing strategy 2013-18. This in turn reflects the Community Strategy's three key aspirations:

- To be a better borough which is a great place to invest, work and enjoy a healthy lifestyle
- To protect vulnerable people by offering better information about good quality services that are accessible and joined up, with better prevention and early intervention
- To encourage people to take responsibility by ensuring that people are able to help themselves, family and friends, neighbours and communities.

3.2.2 Croydon's joint health and wellbeing strategy 2013-18 has three overarching goals:

- increased healthy life expectancy and reduced differences in life expectancy between communities
- increased resilience and independence
- a positive experience of care

3.2.3 The Heart Town addresses all six areas for improvement identified by the joint health and wellbeing strategy. These are:

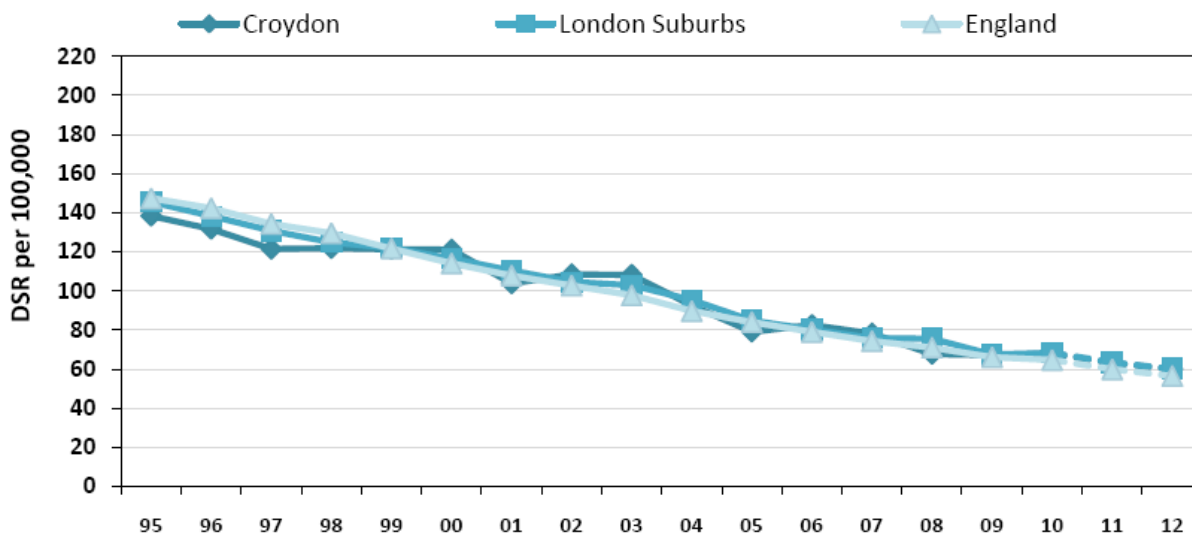
1. giving our children a good start in life
2. preventing illness and injury and helping people recover
3. preventing premature death and long term health conditions
4. supporting people to be resilient and independent
5. providing integrated, safe, high quality services
6. improving people's experience of care

3.3 The baseline – trends in heart and circulatory diseases

3.3.1 Whilst Croydon performs close to, or better than, the national average on most cardiovascular disease indicators, they remain amongst our biggest killers. Heart and circulatory diseases, including coronary heart disease and stroke, are responsible for around a third of all deaths in Croydon and are also major causes of early death (under 75 years) and disability. Women in the borough are over three times more likely to die of heart disease than breast cancer. Croydon's population is increasingly overweight and inactive, putting those individuals at risk of cardiovascular diseases.

3.3.2 The rate of early death from cardiovascular diseases in Croydon has been falling for over a decade. It is similar to the national rate (64.6 compared to 60.9, 2009-2011). However, this means that 215 individuals die early every year in Croydon from cardiovascular diseases. It is estimated that, of these, around 133 deaths could have been prevented.

All CVD mortality rates (DSRs) in persons under 75 yrs: 1995 to 2012

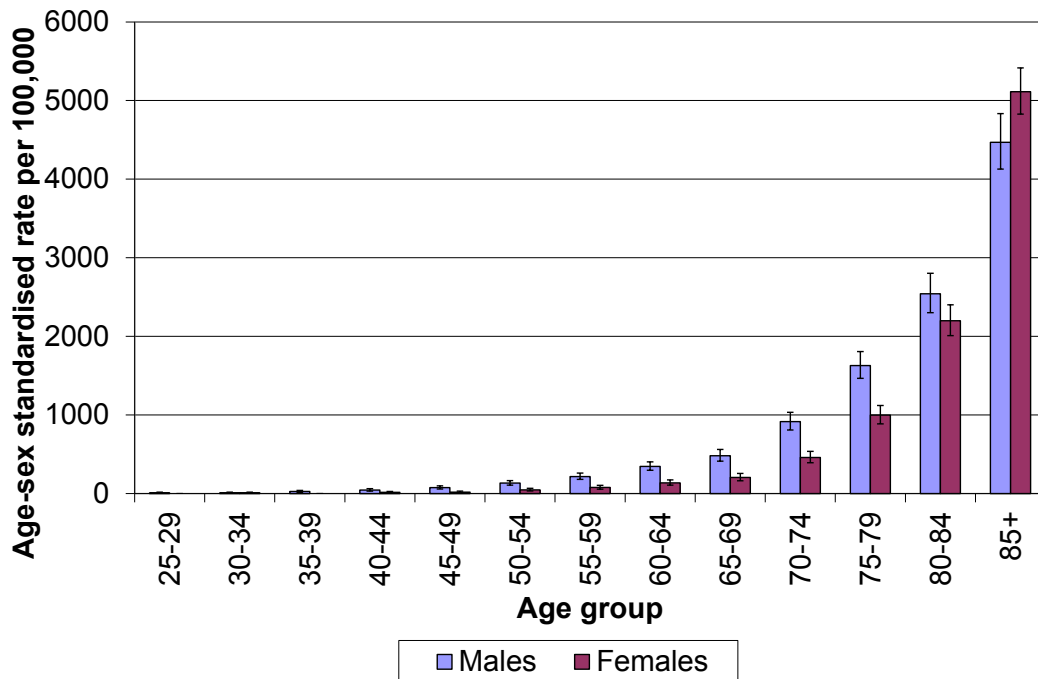


3.3.2 However, data from this year's JSNA indicates that both the one and three year trends for early death from circulatory diseases and two other key indicators (deaths from coronary heart disease and emergency readmissions within 28 days of discharge for stroke) have been worsening. Although our performance is not significantly different from the national average, without action these may well become future challenges for the borough:

3.3.3 There are significant health inequalities for circulatory diseases in Croydon in terms of age, gender, ethnicity and deprivation. Deaths from circulatory

diseases are concentrated in the over 75 age group. More men than women die of circulatory diseases.

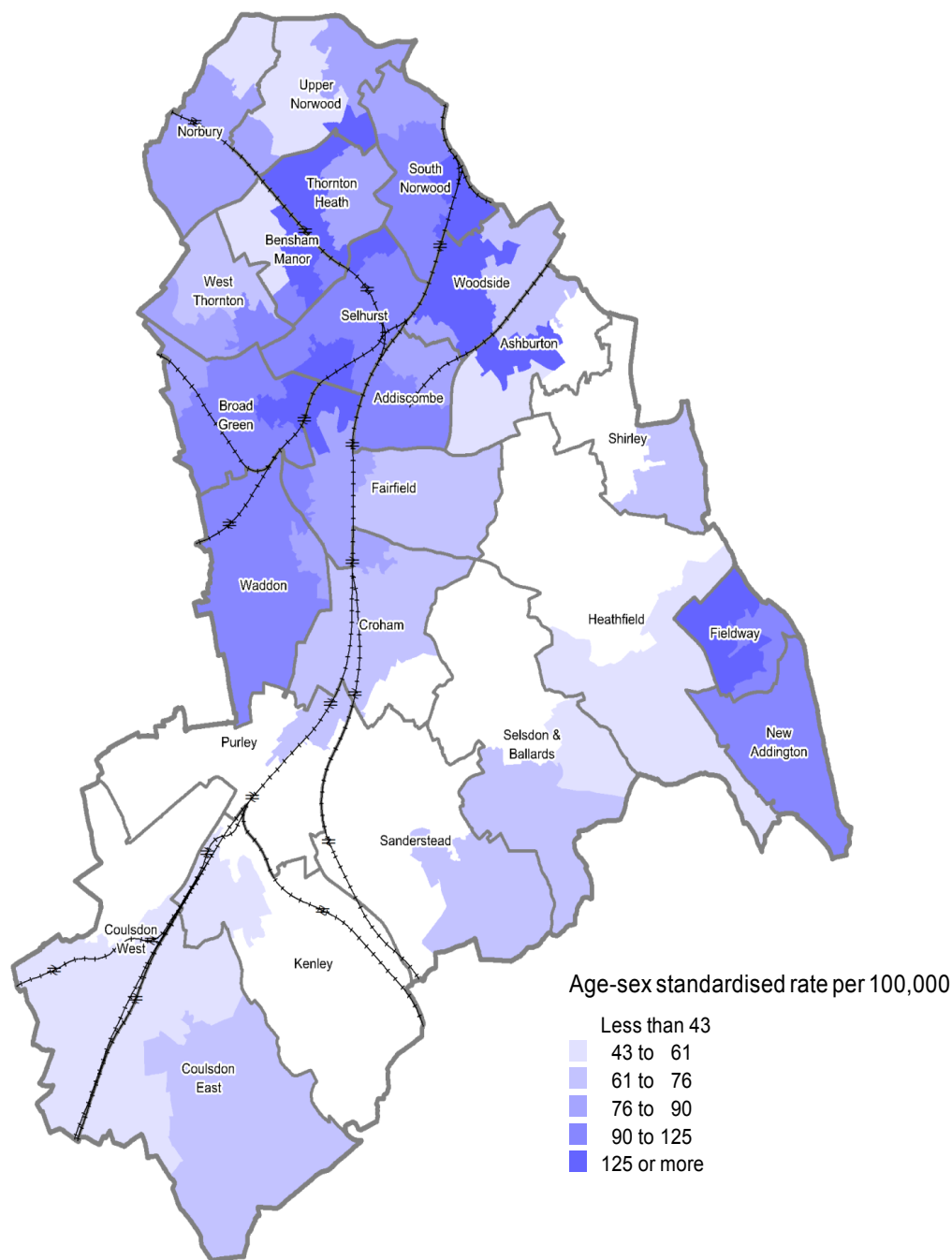
Death rate for circulatory diseases, Croydon by age and gender, 2007-2011



3.3.4 Croydon GP data on cardiovascular diseases (including hypertension, atrial fibrillation, stroke, heart attack, coronary heart disease and heart failure) record greater prevalence amongst men compared to women for all these conditions except hypertension. Black people had the greatest recorded prevalence for hypertension and stroke. Atrial fibrillation was greatest amongst White people, while for Asian patients the greatest prevalence was for heart attack and coronary heart disease.

3.3.5 People from the most deprived communities in Croydon have a cardiovascular disease death rate that is twice as high as people from the least deprived communities. Differences in smoking and obesity rates are key factors which may explain this inequality.

Early death rate for circulatory diseases, map of Croydon middle super output areas, 2007-2011



3.4 Causes of heart and circulatory diseases

3.4.1 There is a mixed picture in relation to the modifiable lifestyle factors that cause heart and circulatory diseases. Whilst the adult smoking rate is falling, there are rising levels of overweight and obesity in both adults and children. The estimated level of healthy eating in adults is better the national average with

levels of physical activity in adults close to the national average. Excessive alcohol consumption can contribute to cardiovascular diseases. Croydon's rate of hospital admissions for alcohol related conditions is close to the national average. There are inequalities in patterns of healthy and unhealthy lifestyle behaviours across the borough by geographical area, gender, ethnicity and, to some extent, age group.

- 3.4.2 Excess body fat and smoking are the two single most significant causes of cardiovascular disease and preventable deaths. Other contributory factors include high levels of alcohol consumption, too much fat and salt in the diet and stress. Pre-existing conditions such as diabetes also carry an increased risk of developing cardiovascular diseases.
- 3.4.3 Around 21% of heart disease is attributable to excess body fat. In Croydon, almost a half of all adults are overweight or obese (one in four are obese). One in three children under the age of 11 is overweight or obese. Recent data suggest a levelling off in obesity amongst 5-6 year olds and a recent rise in obesity amongst 10-11 year olds, especially amongst boys. However, it is still too early to confirm whether these results represent a long-term trend.
- 3.4.4 Smoking is responsible for around 14% of deaths from cardiovascular diseases. One in five adults (around 50,000 individuals) in Croydon smoke: this is close to the national average. There are no nationally available data sources of reliable trend data, but local GP data shows that smoking prevalence, as recorded by Croydon GPs, decreased between 2009/10 and 2011/12 from 21.0% to 20.4%. Although the smoking rate is falling there remains considerable scope to help more people to quit. This will also contribute to reducing sickness, disability and deaths from respiratory diseases and cancers.
- 3.4.5 Diabetes is a long term condition which can lead to cardiovascular diseases. Many of the modifiable lifestyle factors which help prevent cardiovascular diseases will also prevent diabetes. At 6.1% of all adults, Croydon's diabetes prevalence is significantly higher than the national average of 5.8%.
- 3.4.6 Good mental health and the reduction of stress can also contribute to reducing the risk of cardiovascular diseases. Whilst there are not currently good, comparable, indicators for mental wellbeing, the prevalence of recorded depression in Croydon is significantly lower than the national average (7.4% compared with 11.7% of adults).

3.5 The proposed Heart Town approach – addressing the causes of heart and circulatory diseases

- 3.5.1 The two high level outcomes that we expect Croydon Heart Town to deliver are:
- increased healthy life expectancy
 - reduced differences in life expectancy and healthy life expectancy between communities
- 3.5.2 We aim to improve not only how long people live – their life expectancy, but also how well they live – their healthy life expectancy. The second outcome focuses attention on reducing health inequalities between people, communities

and areas in our borough. Both will contribute to our objectives of managing demand for services and increasing independence. Heart Town aims to do this by reducing levels of disease and disability caused by heart and circulatory diseases. There are further benefits, in that a heart healthy lifestyle provides protection against cancer, diabetes and, to some extent, liver and respiratory diseases.

3.5.3 The Heart Town initiative, developed by the British Heart Foundation and adopted by Croydon Council in April 2013, aims to mobilise communities to fight heart disease. The goals of the original Croydon Heart Town proposal were to:

- to raise levels of public awareness of heart disease;
- to activate and involve business and the community in charitable fundraising; and,
- to provide education, advice and support on how people can reduce their risk.

3.5.4 Whilst these goals are retained, core objectives for the proposed Croydon Heart Town programme are to:

- increase the proportion of people who take action to reduce their risk of heart and circulatory diseases by:
 - achieving a healthy weight
 - increasing their level of physical activity
 - stopping smoking
- identify undiagnosed heart disease in people aged 40-74 through NHS Health Checks

3.5.5 The key outcome indicators that will be used to measure the success of the Heart Town programme are set out below. Baseline data for the indicators are at appendix 1.

- Under 75 mortality rate from all cardiovascular diseases
- Under 75 mortality rate from cardiovascular diseases considered preventable
- Utilisation of outdoor space for exercise/health reasons
- Smoking status at time of delivery
- Excess weight in 10-11 year olds
- Excess weight in 4-5 year olds
- Diet
- Excess weight in adults
- Percentage of active adults
- Percentage of inactive adults
- Smoking prevalence - adults (over 18s)
- Recorded diabetes
- Take up of NHS Health Check Programme by those eligible - health check offered
- Take up of NHS Health Check programme by those eligible - health check take up
- Fast food outlets

- Percentage of children travelling to school by public transport, cycling or walking
- Adults walking or cycling to work
- Hospital stays for alcohol attributable conditions
- Estimated healthy eating prevalence in adults

3.5.6 Benefits realisable through the Heart Town programme include community mobilisation, with increased levels of volunteering and charitable fundraising. In the medium to long term there is significant potential for reduced health, social care and welfare costs.

3.6 The Heart Town programme

3.6.1 The Heart Town programme has a number of elements:

- Campaigns and awareness raising
- Support and advice in schools and work places
- Support and advice for the general population
- Service redesign and procurement of new services
- Partnership working
- Charitable fund raising and volunteering

3.6.2 The Heart Town **campaigns and awareness raising** plan includes National Heart Month, Stoptober, and 'Know Your Numbers' week. We will also deliver targeted information to known risk groups, for example, South Asian communities, who are at higher risk of heart disease than the general population.

3.6.3 Case study – STOPTOBER

Stoptober is a 28-day stop smoking challenge. The 2013 campaign in Croydon was launched in Croydon Town Centre with the Stoptober Roadshow on Saturday 14th September, in advance of the official start date of Tuesday 1st October. The campaign has been covered by the Croydon Guardian and Advertiser. Promotion of the campaign has taken place through council and partners' websites, plasma screens, email footers, and Your Croydon e-bulletin. Fliers and promotional material have been distributed widely including through the Healthy Schools network, Healthy Living Hub, libraries, CALAT and leisure centres. Weekly carbon monoxide monitoring of people who sign up to quit is taking place.

3.6.4 Heart health **support and advice in workplaces and schools** includes tailored interventions including weight management support, quit groups, and exercise classes as agreed with the school or workplace. We will be piloting a range of physical activity challenges, including the BHF jump rope challenge in the autumn term with the Selsdon Education Partnership. We expect to implement the roll out of free school meals, recently announced by the government, and will work with schools to ensure a high quality and healthy offer. We will also bid to become one of two London pilots of the Flagship Food in Schools initiative. We are developing work with a number of local employers with the support of Croydon BID and the Chamber of Commerce. We have already gained national recognition for work to develop Croydon Council as an exemplar employer.

3.6.5 Case study - CROYDON COUNCIL AS AN EXEMPLAR EMPLOYER

Croydon Council is working to demonstrate the business benefits of a healthy workforce. The implementation of the staff wellbeing plan includes staff health checks with blood pressure and cholesterol tests, exercise classes, and a Weight Watchers at Work programme. Regular staff health and wellbeing days include healthy living promotional material and incentives. The council is also supporting active travel for staff through offering the Cycle to Work scheme and providing improved changing facilities for cyclists and runners. The move to a new headquarters has offered an opportunity to encourage the use of stairs rather than lifts; implement a healthy food policy for vending machines; encourage staff to make healthy choices in the staff restaurant; review the smoking policy and ensure that links to established walking and cycling routes are explicit and published in travel information for staff and visitors. The council's work to promote staff wellbeing has been recognized with an award from the Employers Network for Equality and Inclusion. It has also gained certification from the London Healthy Workplace Charter.

3.6.6 We are proving heart health **support and advice for the general population** in a wide range of settings. These include distributing British Heart Foundation information in local pharmacies, GP surgeries, council offices and libraries. The council's Active Lifestyles Team promote a wide range of physical activity opportunities in the borough including free cycling lessons, physical activity classes and tips for becoming more active. The offer includes regular guided healthy walks and a cycling referral scheme at Croydon Sports Arena. We are also promoting heart health through the Healthy Living Hub in the Central Library. Croydon's approach to promoting stress reduction is based on the 5 Ways to Wellbeing, a set of simple evidence based actions that individuals can do in their everyday lives.

3.6.7 As an existing member of the Healthier Catering Commitment, Croydon Council is working to encourage restaurants, fast food outlets, caterers and employers to improve the quality of their food offer, with an emphasis on heart health. We will be promoting the local scheme with a logo for use by accredited venues to be designed by local schoolchildren.

3.6.8 Case study – THE HEALTHY LIVING HUB

The first of its type in the country, the Healthy Living Hub is located in the Central Library in the heart of Croydon. It provides holistic healthy lifestyle advice to members of the public on a drop in basis. It also provides a delivery point for other organizations including Solutions for Health (stop smoking advice), Diabetes UK, Age Concern, MIND and the British Heart Foundation. The council's Active Lifestyles team are at the core of the service and offer signposting to a wide range of activities and services including leisure centres, healthy walks, fitness classes and one to one and group weight management advice.

3.6.9 **Service redesign and procurement of new services** In 2013/14 the council will commission new children's and adult weight management services. They will also re-commission the NHS Health Check programme, including expanding the scheme to offer opportunistic NHS Health Checks. Public Health Croydon is supporting Croydon Clinical Commissioning Group in its review of cardiology services in Croydon. This will ensure that a full range of services

(including secondary prevention) are in place for people with pre-existing heart and cardiovascular disease. The council is also commissioning a range of services which aim to tackle the broader determinants of health and reduce health inequalities. This includes the welfare rights service which supports people to maximise their family income.

3.6.10 **Case study – REDESIGN OF STOP SMOKING SUPPORT SERVICES**

The council has re-commissioned stop smoking support services with the aim of improving quit rates and delivering greater value for money. The previous provider was not successfully meeting quit targets. As a result commissioners worked with them to redesign the service. This involved decommissioning the community element of the service and re-commissioning this from alternative providers. As well as a strong network of community providers there is now a dedicated hospital based service, focusing on pregnant women, people with long term conditions and pre-operative patients. The new tariff allows payments for high priority groups such as pregnant smokers. The new system can therefore more effectively contribute to reducing health inequalities.

The new national tariff for stop smoking services also provided the opportunity to move to a payment by results system. This encourages providers to be proactive in supporting service users in a way that the previous system did not. We have also moved to 12 week payments for quits. A quitter at 12 weeks has a much lower chance of relapse than a 4 week quitter. In quarter 1 of 2012-13 we delivered 530 quits at a 57% quit rate; In quarter 1 of 2013-14 we delivered 607 quits at a 58% quit rate – almost 15% more quitters for the same level of investment.

3.6.11 **Partnership working** is being taken forward through the health and wellbeing board and with ongoing relationships with partners such as Croydon town centre Business Improvement District, the Chamber of Commerce and Transport for London. With Pro-Active South London we are promoting the Workplace Challenge with an offer to employers to help promote physical activity in their workforce. We are working with the Crystal Palace Foundation to promote heart health through the Fitter Fans project. Croydon Clinical Commissioning Group are now implementing their Prevention, Self-Care and Shared-Decision Making Strategy to tackle risk factors such as high blood pressure and obesity, and associated lifestyle behaviours such as poor diet, low levels of physical activity and tobacco and alcohol use.

3.6.12 **Promoting volunteering and charitable fundraising** is being led by the British Heart Foundation. They are working with the Heart Town team to identify opportunities for fund raising through the programme of campaign events and activities. The Mayor of Croydon has named the British Heart Foundation as one of her mayoral charities. Core campaign activity includes the Big Donation in the autumn and National Heart Month in February each year.

3.7 **Action plan**

3.7.1 Building on the priorities set out above, the Heart Town will be delivered through the following high level action plan for 2013/14 and 2014/15.

3.7.2 Campaigns & awareness raising

1. Launch of Heart Town 20 July 2013 by the Mayor of Croydon at the Big Get Fit event in central Croydon
 2. Summer activities programme for children and families including Healthy Living Hub on Tour and Summer's Alive events
 3. Awareness raising of Heart Town through borough entry point signage and media coverage through August and September 2013.
 4. 'Know Your Numbers Week' blood pressure awareness September 2013
 5. Stoptober campaign to encourage smoking quits – October 2013
 6. Promotion of National Heart Month (Feb 2014) awareness raising campaign begins November 2013 with launch of activity packs
 7. National Heart Month 2014 programme of activities. Heart health advertising campaign planned including press coverage and advertising in key locations. Agree and launch a Heart Town walk / run. February 2014
 8. Explore other opportunities to raise awareness of Heart Town, for example, including the logo on email during key campaign months..
- 3.7.3 Support and advice in schools and work places
9. Raise awareness of Heart Town by registration of schools for Jump Rope and Dodgeball challenges September 2013
 10. Pilot support programme for schools in the Selsdon Education Partnership September 2013 to March 2014
 11. Roll out of school support programme September 2014 to June 2015 including Healthy Schools Champions Network
 12. Develop and deliver heart health offer for local employers, including the Workplace Challenge with Pro-Active South London September 2013
 13. Develop a bid to become a Flagship Food in Schools pilot taking a whole school approach to healthy eating October / November 2013
- 3.7.4 Support and advice for the general population
14. Develop heart health offer within the Healthy Living Hub in the Central Library July 2013 onwards. Appointment of Hub Co-ordinator from existing public health team to lead this work.
 15. Delivery of heart health information, advice and activities in a range of settings including GP practices, pharmacies, the Carers' Support Centre, the POP Service as well as during dedicated events such as Silver Sunday.
 16. Develop the healthier catering accreditation scheme for Croydon September 2013 to February 2014.
 17. Provide information and advice on alcohol through commissioning a brief intervention programme
- 3.7.5 Service redesign and procurement of new services
18. Re-procure NHS Health Checks programme beginning in January 2014 with introduction of opportunistic testing by existing providers.
 19. Procure children's weight management service spring 2014
 20. Procure new adult weight management service spring 2014
 21. Review of cardiology services by Croydon Clinical Commissioning Group September to December 2013.
 22. Procurement of community diabetes services, diabetes education services and the redesign of the diabetes pathway by Croydon Clinical Commissioning Group. September 2013 to March 2014

- 3.7.6 Partnership working
 - 23. Continue to build relationships with key partners including Pro-Active South London, Transport for London and Crystal Palace to identify opportunities to promote heart health and fundraise.
 - 24. Work with Croydon Clinical Commissioning to implement their Prevention, Self-Care and Shared-Decision Making Strategy
- 3.7.7 Charitable fund raising and volunteering
 - 25. Delivery of events sponsored by the Mayor of Croydon with BHF as one of her adopted charities June 2013 to April 2014.
 - 26. BHF Big Donation - with fundraising in schools and workplaces throughout September 2013 and September 2014
 - 27. National Heart Month February 2014 'Ramp up the Red'. Promotion of registration for activities begins October 2013.
 - 28. Ongoing programme of Heart Town fundraising by British Heart Foundation through campaigns and awareness raising events

3.8 Governance and coordination

- 3.8.1 The Heart Town programme is being taken forward under the remit of the health and wellbeing board. The coordination of the Heart Town will be managed through a programme board reporting to the executive group of the health and wellbeing board.

3.9 Appendices

Appendix 1 Croydon Heart Town outcome indicator data

4. CONSULTATION

- 4.1 Partner organisations were initially consulted on the Heart Town proposal through the health and wellbeing board. Further consultation with partners on the revised Heart Town programme objectives will take place in autumn / winter 2013. This will include a dedicated national Heart Month briefing event for elected council members and the health and wellbeing board.

5 SERVICE INTEGRATION

- 5.1 The Heart Town programme approach relies on integrated commissioning and integrated services across a range of providers. Key elements of the programme are being commissioned by Croydon Council as part of its new public health responsibilities. These aim to support commissioning by Croydon Clinical Commissioning Group to improve heart health outcomes. The delivery of Croydon Heart Town also requires integration between statutory, Third Sector and the private sector. The health and wellbeing board has a key role in facilitating this work.

6 FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

- 6.1 The reframed Heart Town programme consists of a number of strands of fully funded activity from the ring fenced public health allocation, an investment totalling £1.597 million in 2013/14 and £1.768 million in 2014/15. This does not include work funded through mainstream council budgets which contributes to the delivery of Heart Town objectives or work funded by partner organisations.

Programme area	2013/14 (000)	2014/15 (000)
NHS Health Checks	250	400
Children's weight management	255	295
Adults weight management	98	130
Healthy Schools	10	20
School travel	30	tba
School health survey	30	tba
Stop Smoking services	632	632
Alcohol information and brief interventions	41	tba
Voluntary sector prevention initiatives	20	70
Mental wellbeing	10	10
Healthy catering	10	tba
Campaigns	50	50
Sports and physical activity	161	161
TOTAL	1597	1768

6.2 Approved by: Paul Heynes, Head of Departmental Finance, Adult Services, Housing and Health on behalf of Head of Departmental Finance, Adult Services, Housing and Health

7. LEGAL CONSIDERATIONS

7.1 Legal advice has not been sought on the content of this report.

8. HUMAN RESOURCES IMPACT

8.1 There are no immediate human resources implications that arise from this report.

9. EQUALITIES IMPACT

9.1 Key evidence from the equality analysis relating is set in sections 3.3 and 3.4. Actions arising from the equality analysis include reviewing campaign and information materials to ensure that the needs of Croydon's ethnic groups are appropriately addressed, especially those at higher risk of heart and circulatory diseases. Campaigns and awareness raising will be targeted – for example, targeting of the 'Know Your Numbers' campaign at Black African and Black Caribbean communities to reflect higher risk of hypertension. Schools have been selected as a key setting for the programme on the basis of high and increasing levels of overweight and obesity in children in Croydon. This places them at increased risk of future cardiovascular diseases.

10. ENVIRONMENTAL IMPACT

10.1 There is potential for environmental benefits from Heart Town. The British Heart Foundation supports the collection of used clothes and furniture for charity

10.2. Heart Town also promotes sustainable travel through raising awareness of walking and cycling as beneficial for heart health.

11. CRIME AND DISORDER REDUCTION IMPACT

11.1 No impacts on crime and disorder have been identified.

12. REASONS FOR RECOMMENDATIONS/PROPOSED DECISION

12.1 The programme will deliver on key objectives of the health and wellbeing board by supporting people to take responsibility for their own health, make healthier choices and reduce their risk of future dependence on health and social care services. It will also stimulate volunteering and charitable fundraising through business and the community.

13. OPTIONS CONSIDERED AND REJECTED

13.1 Do nothing - retain the original limited campaign objectives for Croydon Heart Town. This would be unlikely to deliver the objective of reducing preventable early death from cardiovascular diseases.

13.2 Cease to be a Heart Town – ending the Heart Town initiative early would not deliver on the objective of reducing preventable early death from cardiovascular diseases.

CONTACT OFFICER: Steve Morton, head of health and wellbeing 020 8726 6000
x61600 steve.morton@croydon.gov.uk

BACKGROUND PAPERS

Cabinet paper A51/13 Heart Town proposal 29 April 2013
<https://secure.croydon.gov.uk/akscroydon/images/att2013.pdf>

Appendix 1 Croydon Heart Town outcome indicators

Heart Town outcome indicators	Time period	Croydon	London	England	Croydon vs England
PHOF 4.04i - Under 75 mortality rate from all cardiovascular diseases (provisional)	2009 - 11	60.9	64.7	64.6	Similar
PHOF 4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable (provisional)	2009 - 11	39.7	39.3	40.6	Similar
Indicators contributing to the delivery of Heart Town outcomes					
PHOF 1.16 - Utilisation of outdoor space for exercise/health reasons	Mar 2009 - Feb 2012	21.6	8.1	14.0	Similar
PHOF 2.03 - Smoking status at time of delivery	2011/12	8.0	5.9	13.2	Lower
PHOF 2.06ii - Excess weight in 10-11 year olds	2011/12	38.2	37.6	33.9	Higher
PHOF 2.06i - Excess weight in 4-5 year olds	2011/12	24.2	23.4	22.6	Higher
<i>PHOF 2.11 – Diet (under development)</i>	<i>awaiting data</i>				
<i>PHOF 2.12 – Excess weight in adults (under development)</i>	<i>awaiting data</i>				
PHOF 2.13i - Percentage of active adults	2012	56.8	57.3	56.0	Similar
PHOF 2.13ii – Percentage of inactive adults	2012	29.8	27.3	28.5	Similar
PHOF 2.14 - Smoking prevalence - adults (over 18s)	2011/12	19.7	18.9	20.0	Similar
PHOF 2.17 – Recorded diabetes	2011/12	6.1	5.6	5.8	Higher
PHOF 2.22i - Take up of NHS Health Check Programme by those eligible - health check offered	2012/13	20.0	20.6	16.5	Higher
PHOF 2.22ii - Take up of NHS Health Check programme by those eligible - health check take up	2013/13	12.5	45.3	49.1	Lower
JSNA 22 - Fast food outlets (rate per 100,000 population)	2010	113.7	98.2	77.5	Higher
JSNA 57 - Percentage of children travelling to school by public transport, cycling or walking	2010/11	66.1	76.4	69.3	Lower
JSNA 215 – Hospital stays for alcohol attributable conditions (rate per 100,000 population)	2011/12	1992	1985	1974	Similar
JSNA 225 - Walking or cycling to work (% of working population 16-74)	2011	9.0	12.9	13.7	Lower
JSNA 226 – Estimated healthy eating prevalence (% of adults over 16 eating 5 fruit and vegetables)	2006-08	34.4	36.4	28.7	Higher

PHOF: Public Health Outcomes Framework indicator

JSNA; Croydon Joint Strategic Needs Assessment indicator