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## Cardiovascular Disease in Tameside

Cardiovascular disease is an umbrella term for a wide variety of diseases affecting the circulatory system, including the blood vessels and the heart. Cardiovascular diseases include among others hypertension, heart disease and stroke.

**Tameside has the highest all age mortality rate and premature (<75 years of age) mortality rate for cardiovascular disease out of all local authority areas in England.**

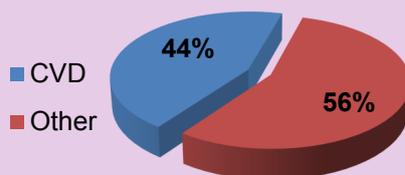
To put the scale of the issue into context, the number of overall deaths (all ages) from cardiovascular disease annually in Tameside would have to be reduced by 30% to reach a mortality rate equivalent to the England average, equating to approximately 200 less deaths.

A 40% reduction is needed in the rate of premature cardiovascular deaths in Tameside to reach the England average, equating to preventing approximately 140 premature deaths annually.

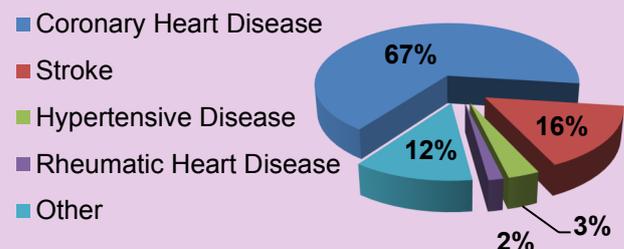
Almost three quarters of premature deaths from cardiovascular disease in Tameside are considered preventable, with the following lifestyle factors contributing to its development:-

- Diet
- Physical Inactivity
- Obesity
- Alcohol harm
- Smoking

**Under 75 CVD deaths in as a proportion of all u75 deaths - Tameside 2011-13**



**Under 75 CVD deaths by Specific Underlying Cause - Tameside 2011-13**



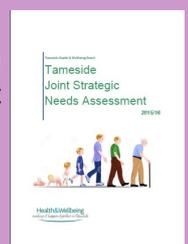
The good news is that the premature mortality from cardiovascular disease is declining in Tameside, reducing by 20% in the last ten years. However, the rate in England reduced by 40% in the same period, and the Tameside premature cardiovascular mortality rate lags almost a decade behind the England average.

Focussing upon the causes of cardiovascular disease as well as increasing early detection are key to reducing the high rate of premature deaths from the condition within the borough.

## What's New in Public Health

The 2015/16 Joint Strategic Needs Assessment is now available for download from [www.tameside.gov.uk/publichealthreports](http://www.tameside.gov.uk/publichealthreports). The JSNA is a comprehensive description of the current health and wellbeing of the population of Tameside and recommendations for action that will lead to improvements.

The JSNA has been developed in partnership by the public health team at Tameside MBC, Tameside Metropolitan Borough Council (TMBC) and Tameside & Glossop Clinical Commissioning Group (CCG), with input from other strategic partners and diverse groups and communities.



# Public Health Programme Budgeting

## Plan on a page

Public Health is responsible for the commissioning of mandated services that help people to stay healthy and protect them from threats to their health. One of the services Public Health commission in Tameside is the Drug and Alcohol service. Below is a brief outline on this service programme budget:

### Public Health Programmes: Plan on a page

#### Public Health Outcomes Framework

- 2.15i—People entering prison with substance, dependence issues
- 2.18—Alcohol Related Admissions to hospital (2012/13)
- 1.11—Domestic Abuse(2013/14)
- 1.15i—Statutory homelessness / Compliance

Rag Rating
7.1
831
23.5
0.7

#### Key Providers

Provider	Service	Spend
Lifeline Project	From 1st August 2015 : all alcohol & drugs service	£3.829 million

Includes Provision of service for:

- All age Drug and Alcohol Treatment and Recovery
- Residential Rehab and inpatient Detox
- Criminal Justice Interventions
- Mutual Aid, Peer Support and Volunteering

#### Joint Strategic Needs Assessment Key Information

*Under 75 Mortality from Liver disease considered preventable*

*Claimant Rates for Incapacity Benefit (main medical reason being alcoholism) @ 2014*

*No of people accessing specialist services for alcohol misuse (2012/13)*

*Death Related to Alcohol (2010)*

*Deaths attributable to alcohol (2010)*

Rag Rating
23.6
226.9 per 100,000
800
8,790
91

#### Public Sector Reform and links to partnership working

The transformation programme is rooted in the ethos of Public Service Reform and is aimed at delivering demand reduction through integrated working and the provision of high quality evidence based interventions.

\* The £3.83 million spend relates to Drugs and Alcohol ,as the commissioned service is integrated.

## Alcohol

### SPEND

**£3.83MILLION\***

BUDGET RELATES TO DRUG & ALCOHOL INTEGRATED SERVICE

Programme Lead: Dave Boulger

### Inequalities and Gaps in Service provision

- ⇒ Low number of dependent drinkers in treatment
- ⇒ Limited provision for mildly dependent drinkers
- ⇒ Poor provision for 18-25 year olds
- ⇒ Limited provision for offenders
- ⇒ Low BME representation

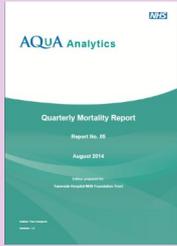
### Commissioning Intentions

(2015/16)

- Tameside is currently on an ambitious transformation journey and has commissioned an all age integrated Drug and Alcohol Treatment and Recovery Service to replace the existing fragmented system.
- The new Service will launch on 1st August 2015 and will be delivered by Lifeline Project Limited.

## Recent Publications

[PHE annual flu report.](#)



[Aqua Analytics - Quarterly Mortality Report](#)

[Local Health Profiles: May 2015 data update](#)

[Local tobacco control profiles for England: May 2015 data update](#)

[Local Alcohol Profiles for England - June 2015 Update](#)

[Child health profiles: June 2015 Update](#)

[The Heatwave Plan for England 2015](#)



[PHE—Alcohol E-Shot Bulletin](#)

## Recent Data Releases

[Public health outcomes framework tool updated](#)

[ONS avoidable mortality statistics for 2013](#)

[ONS Mid-Year 2014 Population Estimates for UK, England and Wales, Scotland and Northern Ireland](#)

[ONS Cancer Survival for Children in England - Children Followed up to 2013](#)

[Cancer Survival by GOR, SHA and Cancer Network - adults followed up to 2013](#)

[ONS - 2011 Census Analysis - Ethnicity and religion of non-UK born population in England and Wales: 2011 Census](#)

[ONS - Measuring National Well-being, Personal Well-being in the UK, Three Year Data 2011/2014](#)

[PHE—Ward and MSOA obesity prevalence data – NCMP 2011/12 to 2013/14](#)

[Abortion statistics, England and Wales: 2014](#)

## News from Public Health England

[National screening programme for bladder cancer not recommended.](#)

[Earlier diagnosis of bladder cancer could improve survival rates in women](#)

[Mycobacterial infections associated with cardiopulmonary bypass surgery](#)

[Reducing high smoking rates among patients in mental health units](#)

[Alcohol-related hospital admissions decrease among under 18s](#)

## Get in Touch

To give feedback and for more information please contact :-

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