

## Government health priorities, standards and targets related to blood pressure

For details of policies and programmes on healthy eating, physical activity and the wider determinants of health, see Tool H10 National policy drivers (2).

### ENGLAND

#### **Choosing Health: Making Healthy Choices Easier** (2004)

[www.dh.gov.uk](http://www.dh.gov.uk)

This public health white paper is a national strategy for improving health in England, focusing mainly on individual lifestyle changes, supported by fiscal, legislative, environmental, commercial and other changes to encourage, enable and empower the individual. It builds on the relevant national service frameworks described below and introduces a number of new initiatives including:

- tough targets for salt reduction in processed and prepared foods
- an expanded Healthy Schools Programme
- nutrient-based standards for school meals and public sector catering
- a specialist anti-obesity service in each PCT
- NHS-accredited health trainers offering lifestyle advice
- personally-held health guides containing personal health goals
- boosted smoking cessation services
- a big expansion and enforcement of smoke-free workplaces, restaurants, pubs and bars
- boosted active workforce schemes
- an online/telephone advisory service for healthy lifestyles (Health Direct)
- new campaigns to reduce binge-drinking, obesity and smoking, and increase physical activity.

#### **National Standards, Local Action: Health and Social Care Standards and Planning Framework** **2005/06-2007/08**

(2004)

[www.dh.gov.uk](http://www.dh.gov.uk)

Describes national targets and standards for NHS and social services authorities. Core standards must be complied with, while developmental standards set the 'direction of travel'.

*Core Standard C5:* Healthcare organisations ensure they conform to NICE technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care.

*Developmental Standard D2:* Patients receive effective treatment and care that conform to nationally agreed best practice, particularly as defined in national service frameworks (NSFs), NICE guidance, national plans and agreed national guidance on service delivery.

*Core Standard C15:* Where food is provided, healthcare organisations have systems in place to ensure that patients are provided with a choice, and that it is prepared safely and provides a balanced diet.

*Core Standard C23:* Healthcare organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the NSFs, and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking and substance misuse.

*Developmental Standard D13:* Healthcare organisations:

- identify and act upon significant public health problems and health inequality issues, with PCTs taking the leading role
- implement effective programmes to improve health and reduce health inequalities, and
- take fully into account current and emerging policies, and knowledge on public health issues in the development of their public health programmes, health promotion and prevention services for the public, and the commissioning and provision of services.

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**Securing Good Health for the Whole Population: Final Report**  
(2004)

The Wanless reports are likely to become major drivers of change (in England and Wales) in the allocation of resources over the next 20 years. Wanless' underlying theme is that progress in life expectancy and health status is heavily dependent on people becoming more fully involved in all aspects of their health, and that the health service should be responsive to this.

**Securing Our Future Health: Taking a Long-term View**  
(2002)  
[www.hm-treasury.gov.uk](http://www.hm-treasury.gov.uk)

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**Improvement, Expansion and Reform: The Next 3 Years' Priorities and Planning Framework, 2003-2006**  
(2002)  
[www.dh.gov.uk](http://www.dh.gov.uk)

The priorities in the Priorities and Planning Framework (PPF) for 2003-06 are based on the Department of Health's Public Service Agreement (PSA).

The aim of the underlying PSA is to transform the health and social care system so that it produces faster, fairer services that deliver better health and tackle health inequalities. The objectives of the PSA relevant to policies on blood pressure are:

*Objective 2: Improve health and social care outcomes for everyone.*

- Reduce substantially the mortality rates from the major killer diseases by 2010: from heart disease by at least 40% in people under 75 years, with 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.
- By 2010 reduce inequalities in health outcomes by 10% (from a 1997-99 baseline), as measured by infant mortality and life expectancy at birth.
- To improve the health outcomes for people with long-term conditions by offering a personalised care plan for vulnerable people most at risk; and to reduce emergency bed days by 5% by 2008, through improved care in primary care and community settings.

Tackle the underlying determinants of ill health and health inequalities by:

- Halting the year-on-year rise in obesity among children under 11 years by 2010 – in the context of a broader strategy to tackle obesity in the population as a whole (joint target with the Department for Education and Skills, and the Department for Culture, Media and Sport).

Within these priority areas, the key targets of the PPF related to hypertension are:

*Coronary heart disease*

- In primary care, update practice-based registers so that patients with coronary heart disease and diabetes continue to receive appropriate advice and treatment in line with NSF standards.
- Ensure that practice-based registers and systematic treatment regimes, including appropriate advice on diet, physical activity and smoking, also cover the majority of patients at high risk of coronary heart disease, particularly those with hypertension, diabetes or a BMI greater than 30kg/m<sup>2</sup>.

*Reducing health inequalities*

- Deliver an increase of two percentage points per year in the breastfeeding initiation rate, focusing especially on women from disadvantaged groups.
- Contribute to a national reduction in death rates from coronary heart disease (CHD) in people under 75 years, targeting the 20% of areas with the highest rates of CHD.

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**National Service Framework for Renal Services – Part Two: Chronic Kidney Disease, Acute Renal Failure and End of Life Care**  
(2005)  
[www.dh.gov.uk](http://www.dh.gov.uk)

There are two quality requirements relevant to hypertension:

*Quality requirement 1: Prevention and early detection of chronic kidney disease*

People at increased risk of developing or having undiagnosed chronic kidney disease, especially people with diabetes or hypertension, are identified, assessed and their condition managed to preserve their kidney function.

*Quality requirement 2: Minimising the progression and consequences of chronic kidney disease*

People with a diagnosis of chronic kidney disease receive timely, appropriate and effective investigation, treatment and follow-up to reduce the risk of progression and complications.

Both of these require close monitoring of blood pressure to detect and control hypertension.

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**National Service Framework for Children, Young People and Maternity Services**

(2004)

[www.dh.gov.uk](http://www.dh.gov.uk)

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Action taken to promote and deliver health and well-being (as called for in Standard 1) will help prevent the rise of blood pressure with age.

**National Service Framework for Diabetes**

(2001)

[www.dh.gov.uk](http://www.dh.gov.uk)

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Three standards are relevant to hypertension:

*Standard 1:* Strategies to prevent Type 2 diabetes in the general population and reduce inequalities in the risk of developing Type 2 diabetes. Key interventions include local strategies for the prevention and reduction of the prevalence of overweight and obesity, and reducing risk by eating a balanced diet, losing weight and increasing physical activity. Implications for service planning include continuing education for health professionals about the interventions that are effective in these areas.

*Standard 3:* Empowering people with diabetes. Includes help to adopt and maintain a healthy lifestyle, such as tools to support behaviour – for example, affordable healthier food options both at home and in the workplace.

*Standard 4:* Clinical care of adults with diabetes. Emphasises that weight loss and increased physical activity are the first interventions for people with newly diagnosed Type 2 diabetes. All adults with diabetes will receive high-quality care throughout their lifetime, including support to optimise the control of their blood glucose, blood pressure and other risk factors.

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**National Service Framework for Older People**

(2001)

[www.dh.gov.uk](http://www.dh.gov.uk)

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This is a 10-year programme of action with eight standards, two of which are directly relevant to blood pressure.

*Standard 5:* Stroke. Working in partnership with other agencies where appropriate, to reduce the incidence of stroke in the population and to ensure those who have had a stroke have prompt access to integrated services.

*Standard 8:* The promotion of health and active life in older age. "The health and wellbeing of older people is promoted through a coordinated programme of action led by the NHS with support from councils." Key interventions include programmes for improved diet and nutrition. Local health systems should be able to demonstrate year-on-year improvements in measures of health and well-being among older people including flu immunisation, smoking cessation and blood pressure management.

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**National Service Framework for Coronary Heart Disease**

(2000)

[www.dh.gov.uk](http://www.dh.gov.uk)

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Sets national standards for the treatment and prevention of coronary heart disease (CHD). Reducing health inequalities is a guiding principle. Standards 1, 3, 4, 8, 11 and 12 are relevant to action on blood pressure.

*Standard 1:* Reducing the prevalence of CHD risk factors in the population and reducing inequalities in risk of developing heart disease. Directors of public health are expected to produce an 'equity profile' for their population. A community development approach is sought, with health visitors as a vital resource. All NHS bodies, working closely with local authorities, are required to have an effective local policy and programmes on promoting healthy eating, reducing overweight and obesity and increasing physical activity. NHS and local authorities are asked to be exemplary employers in the promotion of physical activity and healthy eating.

*Standards 3 and 4:* Identifying and treating all people with established cardiovascular disease (CVD) and those at high risk of developing CVD, particularly those with hypertension, diabetes and a BMI greater than 30kg/m<sup>2</sup>. By 2006 to ensure practice-based registers and systematic treatment regimes, including appropriate advice on physical activity, diet and weight, diabetes and alcohol consumption, as well as advice and treatment to control blood pressure.

*Standard 8:* People with symptoms of angina should receive appropriate investigation and treatment to relieve their pain and reduce their risk of coronary events. This includes advice on physical activity, diet and weight, diabetes and alcohol consumption, and advice and treatment to control blood pressure.

*Standard 11:* Heart failure and palliative care for people with CHD. This includes advice on physical activity, diet and weight, diabetes and alcohol consumption, and advice and treatment to control blood pressure.

*Standard 12:* Cardiac rehabilitation. This includes assessment of individuals' risks and needs, and developing individualised plans to meet those needs. Plans might include advice on physical activity, diet and weight, diabetes and alcohol consumption, and advice and treatment to control blood pressure.

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## SCOTLAND

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### Improving Health in Scotland: the Challenge – Framework for Action

(2003)

[www.scotland.gov.uk](http://www.scotland.gov.uk)

This document builds on *Towards a Healthier Scotland* and is the first in a series. It includes the following two objectives for health improvement:

- By 2010 improve the life expectancy and healthy life expectancy for all men and women living in all areas of Scotland. Also reduce inequalities between the most affluent and most deprived groups.
- By 2020-22, further improve life expectancy and healthy life expectancy of men and women living in all areas of Scotland. Also further reduce inequalities between the most affluent and most deprived groups.

The document acknowledges that improved health requires linkages with local authorities, education, social justice, environment and sport. It seeks to support people at critical times in their lives and works through four areas: early years, teenage transition, the workplace and communities.

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### Coronary Heart Disease and Stroke Strategy for Scotland

(2002)

[www.scotland.gov.uk](http://www.scotland.gov.uk)

This document includes recommendations on prevention, managed clinical networks, workforce issues and IT. The prevention recommendation is:

“All NHS boards should, through their local Managed Clinical Networks, develop explicit CHD and stroke prevention strategies... These should link to, and may be an integral part of, more general strategies for primary/secondary prevention/health improvement plans. The strategies should adopt a ‘population approach’ to improving the health of communities that they serve, complemented by a ‘high risk’ approach targeted at certain key groups, such as those with hypertension, hypercholesterolaemia, or diabetes, as well as the more socially disadvantaged groups within the population.”

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### Towards a Healthier Scotland

(1999)

[www.scotland.gov.uk](http://www.scotland.gov.uk)

This white paper sets out action at three levels: improving life circumstances that impact on health, unhealthy lifestyles and the health priorities. These include heart disease and effective support for children in their early years, and for their parents. Tackling health inequalities is the overarching aim of all three levels. There are targets for coronary heart disease and stroke, physical activity, alcohol, diet and smoking:

*CHD and stroke:* By 2010 to reduce the age-standardised mortality rate from CHD and stroke in people under 75 years by 50% (from 1995 baseline). The ratio of CHD deaths among the 20% of the population living in deprived postcode sectors to the 20% living in the most affluent postcode sectors has been chosen as an indicator of health inequalities.

*Physical activity:* The targets for physical activity have now been superseded by those set in *Let's Make Scotland More Active* (see Tool H10).

*Alcohol:* To reduce the incidence of men and women aged 16-64 exceeding weekly limits of 21 and 14 units of alcohol, respectively, from 33% in 1995 to 29% by 2010 for men, and from 13% in 1995 to 11% by 2010 for women.

To reduce the frequency and level of drinking among 12-15 year olds from 20% in 1995 to 16% by 2010.

*Diet:* The targets for healthy eating have now been superseded by those in the *Scottish Diet Action Plan* (see *Eating for Health* in Tool H10).

*Smoking:* To reduce the rate of smoking among adults aged 16-64 in all social classes to an average of 31% by 2010.

There are also smoking targets for pregnant women and young people.

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## WALES

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### **Securing Good Health for the Whole Population: Final Report** (2004)

See page 66.

### **Securing Our Future Health: Taking a Long-term View** (2002)

[www.hm-treasury.gov.uk](http://www.hm-treasury.gov.uk)

### **Health, Social Care and Well-being Strategies, and Policy Guidance** (2003)

[www.wales.gov.uk](http://www.wales.gov.uk)

Local health boards and local authorities have to produce these strategies in conjunction with other organisations and through public consultation. This is based on *Well Being in Wales* which sets an integrated approach to tackling the economic, social and environmental factors that affect people's health.

### **Improving Health in Wales. A Plan for the NHS with its Partners**

(2001)

[www.wales.gov.uk](http://www.wales.gov.uk)

This white paper set the direction for health services in Wales over 10 years. It states that the NHS will work with local government and its other partners to create healthier communities. It increased the power of local health groups in commissioning and delivering services, and widened their membership to include local authority members. Local health groups were also given the responsibility of achieving effective local joint working across the statutory and non-statutory sectors to deliver strong community-based health and social care services.

### **Tackling Coronary Heart Disease in Wales: Implementing through Evidence**

(2001)

[www.wales.nhs.uk](http://www.wales.nhs.uk)

There are five evidence-based standards for tackling CHD in Wales. Those relevant to hypertension are:

- *Standard 1.* Health authorities through their local health groups and with local authorities in partnership through local health alliances should develop, implement and monitor evidence-based programmes to address tobacco use, diet and physical activity targeted at the most disadvantaged communities in Wales.
- *Standard 2.* Everyone at high risk of developing coronary heart disease and all those who have been diagnosed as having the disease should have access to a multifactorial risk assessment and be offered an appropriate treatment plan. This should address those at high risk.
- *Standard 4.* Everyone with heart failure should be recognised and offered appropriate evidence-based care.

The health outcome target for coronary heart disease is:

- To reduce deaths from coronary heart disease (measured by the European age-standardised ratio) in 65-74 year olds from 600 per 100,000 in 2002, to 400 per 100,000 by 2012.
- Health inequality target – to improve CHD mortality in all groups and at the same time aim for a more rapid improvement in the most deprived groups.
- Other indicators to be monitored include CHD premature mortality in males and females under 75 years at local and national level, and progress towards the National Service Framework standards.

### **Promoting Health and Well-being: Implementing the National Health Promotion Strategy**

(2001)

[www.wales.gov.uk](http://www.wales.gov.uk)

Sets out the action programme for implementation of the health promotion strategy highlighted in *Better Health, Better Wales*. It outlines its commitment to preventing ill health and reducing inequalities.

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## NORTHERN IRELAND

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### **Priorities for Action 2004/05: Planning Priorities and Actions for the Health and Personal Social Services**

(2004)

[www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)

Health and Social Services Boards will be required to submit Health and Wellbeing Investment Plans (HWIPs) setting out how they will secure effective health and social services for their local populations, improve health and well-being, and reduce inequalities with a view to achieving the *Investing for Health* targets by 2010. Boards are expected to work with other organisations as part of the Investing for Health Partnership to take forward the implementation of cross-departmental strategies and action plans in the interrelated areas of drugs and alcohol misuse, mental health promotion, physical activity, food and nutrition, breastfeeding, and teenage parenthood.

Boards should also provide for improved outcomes for people with diabetes by taking forward prioritised recommendations of the CREST taskforce on the prevention and treatment of diabetes (see *The Joint Task Force Report on Diabetes*, below).

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### **The Joint Task Force Report on Diabetes**

(2003)

[www.diabetes.org.uk](http://www.diabetes.org.uk)

The Clinical Resource Efficiency Support Team (CREST) and Diabetes UK produced a joint report which highlighted relevant issues in diabetes, and collated them into an integrated health service framework. This framework is made up of 18 key building blocks which cover five main areas: prevention and early detection; care, monitoring and treatment; targeting vulnerable groups; planning and managing services; and implementation issues. It is anticipated that the development and implementation of the framework will be a 5- to 10-year programme.

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### **Investing for Health**

(2002)

[www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)

This is a framework for a new strategy to improve the health and well-being of people in Northern Ireland through a multidisciplinary approach including social, economic, physical and cultural environments and health policy. The targets include:

- reducing the gap in life expectancy between the average life expectancy of those living in the fifth most deprived electoral wards and the average life expectancy for both men and women between 2000 and 2010
- reducing the mortality rate from circulatory diseases (in particular deaths from heart disease and stroke) by at least 20% in people under 75 years by 2010
- stopping the increase in levels of obesity in men and women so that by 2010 the proportion of men who are obese is less than 17%, and the proportion of women who are obese is less than 20%.

Following on from this, cross-departmental strategies and action plans will cover a range of areas including: drugs and alcohol misuse, food and nutrition, mental health promotion, physical activity, tobacco and teenage parenthood.

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### **Northern Ireland Evidence-based Stroke Strategy**

(2001)

[www.nichsa.com](http://www.nichsa.com)

This strategy provides a challenging agenda for the development of stroke services for the next 5-10 years. Implementation of this strategy will bring benefits to patients, carers and stroke survivors.

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