

### 7.3 Heart disease

Coronary Heart Disease (CHD) is common but is a condition for which there is very strong evidence based interventions for prevention and for treatment. Whilst deaths from CHD have reduced in the past 10 years, the rates in Walsall remain higher than nationally. This means we still have too many people dying before reaching 75 years of age. Organisations and the population as a whole should redouble efforts to implement the key actions which we know will reduce CHD. In the Figure below, Walsall still shows a downwards trend in mortality up to 2012.

#### Indicators:

The number of coronary heart disease deaths per 100,000 (DSR) is recorded and compared to the West Midlands and England.

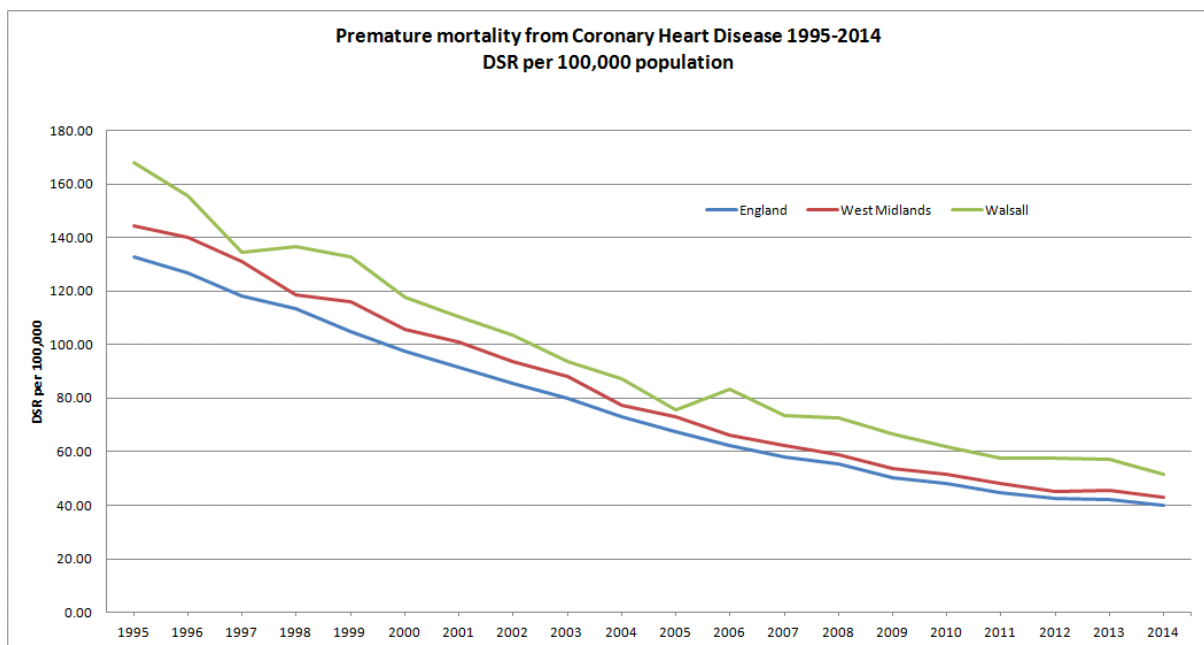


Figure 1 Under 75 Coronary Heart Disease Mortality DSR 1995-2014 (Source: Health and Social Care Information Centre)

When the data is disaggregated by gender the evidence shows a downward trend for both males and females. There is only a slight gap between the national female rate and Walsall female rate. However, the rates for Walsall Males remain higher than national male rates.

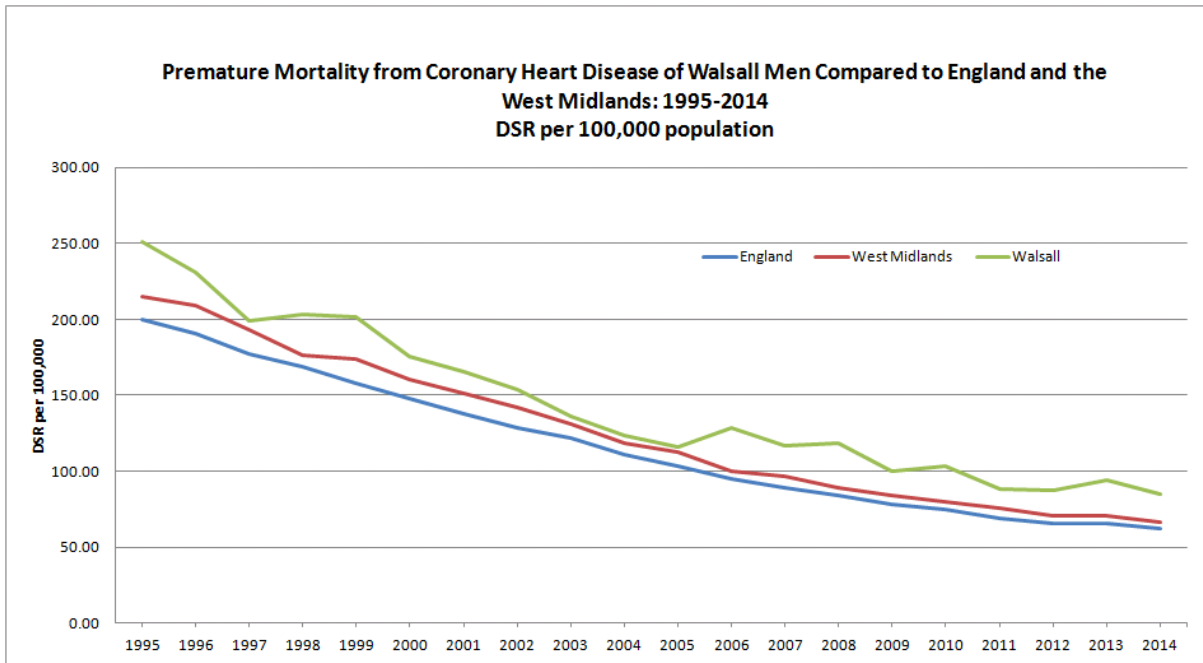


Figure 2 Under 75 Male Coronary Heart Disease Mortality DSR 1995-2014 (Source: Health and Social Care Centre)

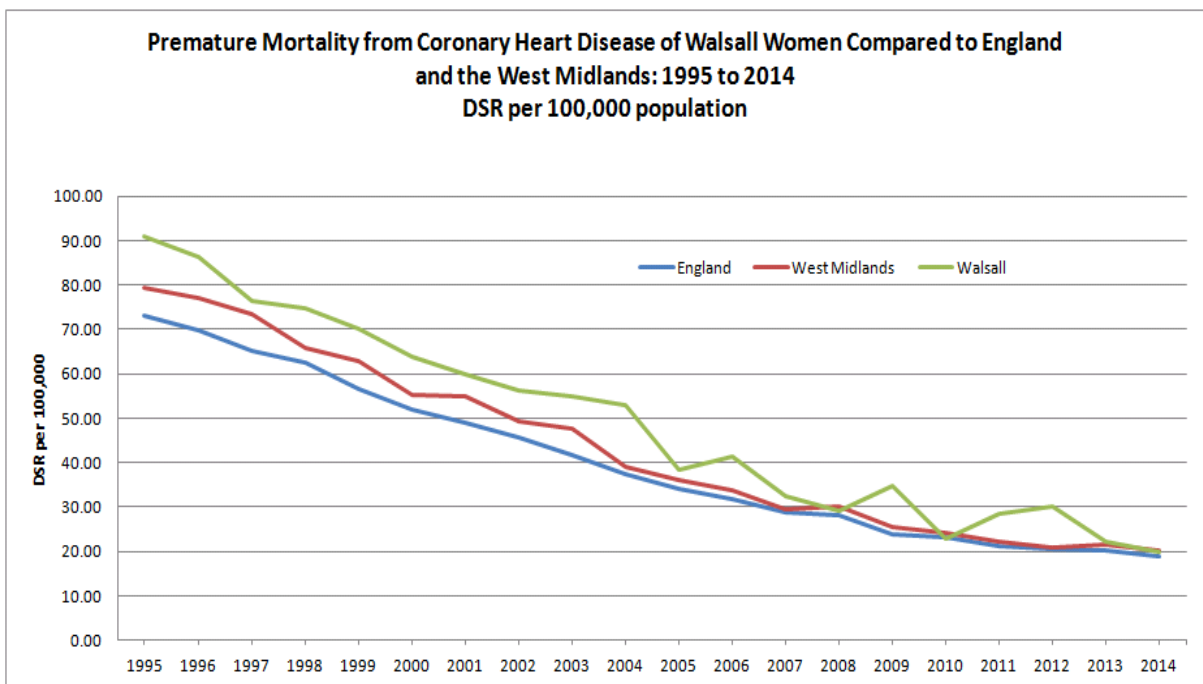


Figure 3 Under 75 Female Coronary Heart Disease Mortality DSR 1995-2014 (Source: Health and Social Care Centre)

### Heart Disease – National Ranking

Public Health England host an online resource called Longer Lives<sup>1</sup> which highlights premature mortality across every Local Authority in England, giving people important

<sup>1</sup> <http://healthierlives.phe.org.uk/>

information to help them improve their community’s health. Between 2012 and 2014, there were 368 premature deaths (55.5 per 100,000) as a result of heart disease. This ranks Walsall as 127<sup>th</sup> out of a total of 150 local authorities (where rank of 1 is best). Walsall is therefore considered one for the statistically significantly worst local authorities in England.

When Walsall is placed in a group of 15 similar local authorities, based on socioeconomic deprivation, it is ranked 7<sup>th</sup> out of 15 (where 1 is best), as seen in figure 4 below. For the group of 15 local authorities, Walsall is ranked better than average.

Premature mortality outcomes ■ worst ■ worse than average ■ better than average ■ best

### Similar Areas Ranking

Ranking similar areas to Walsall in the same Socioeconomic deprivation bracket ⓘ

[< return to national rankings](#)

Rank ▲	Local authority	Population	Premature deaths per 100,000
1	<span style="color: green;">■</span> Lambeth	314,242	42.3
2	<span style="color: green;">■</span> Lewisham	286,180	44.7
3	<span style="color: green;">■</span> Greenwich	264,008	47.8
4	<span style="color: yellow;">■</span> Hartlepool	92,665	52.0
5	<span style="color: yellow;">■</span> Wolverhampton	251,557	52.6
6	<span style="color: yellow;">■</span> Brent	317,264	53.8
7	<span style="color: yellow;">■</span> Walsall	272,161	55.5
8	<span style="color: orange;">■</span> Bradford	526,369	58.6
9	<span style="color: orange;">■</span> Rochdale	212,120	59.8
10	<span style="color: orange;">■</span> Halton	125,970	60.7
11	<span style="color: orange;">■</span> Barking and Dagenham	194,352	60.9
12	<span style="color: orange;">■</span> Nottingham	310,837	62.8
13	<span style="color: red;">■</span> Salford	239,013	66.3
14	<span style="color: red;">■</span> Blackburn with Darwen	147,369	67.4
15	<span style="color: red;">■</span> Leicester	333,812	71.9

Figure 4: Premature mortality by heart disease – comparing Walsall with similar areas  
 Source: <http://healthierlives.phe.org.uk/>

Priorities for action:

To reduce the prevalence of CHD and its impact on families the following actions should be taken:

- *All partners to prioritise reducing levels of smoking in our population.*
  - *This includes controlling tobacco, preventing children from starting smoking, supporting people to stop smoking.*

- *Key areas for action are in pregnant women.*
  - *Major areas for opportunity are in the workplace*
- *Commissioners of health services need to promote the aggressive identification and management of heart disease, e.g. through the national health service health checks programme – a primary prevention initiative which identifies those at highest risk of developing heart disease and puts actions in place to reduce those risks*
- *Health professionals and patients should work consistently to manage coronary heart disease in line with best available evidence. A wider range of health professionals can contribute to this ,e.g. community pharmacists supporting patient self-care, medicine-use reviews and NHS health checks*
- *All partners should maximise opportunities to promote more active lifestyles for all ages and provide access to affordable active leisure provision*

**Last Updated: 17<sup>th</sup> May 2016**