Saving lives: Reducing the pressure

The Cheshire and Merseyside Five Year Cross-Sector Strategy to Tackle High Blood Pressure

Working together to improve health and wellbeing in Cheshire and Merseyside
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome</td>
<td>3</td>
</tr>
<tr>
<td>Background</td>
<td>4</td>
</tr>
<tr>
<td>The Challenge</td>
<td>4</td>
</tr>
<tr>
<td>Cheshire and Merseyside</td>
<td>5</td>
</tr>
<tr>
<td>Opportunities to make a difference</td>
<td>6</td>
</tr>
<tr>
<td>Prevention</td>
<td>6</td>
</tr>
<tr>
<td>Detection and management</td>
<td>6</td>
</tr>
<tr>
<td>The approach across Cheshire &amp; Merseyside</td>
<td>7</td>
</tr>
<tr>
<td>A systems approach</td>
<td>8</td>
</tr>
<tr>
<td>Key partners</td>
<td>8</td>
</tr>
<tr>
<td>The Strategy</td>
<td>10</td>
</tr>
<tr>
<td>Action Plan Overview</td>
<td>12</td>
</tr>
<tr>
<td>What will success look like?</td>
<td>14</td>
</tr>
<tr>
<td>Indicator Dashboard</td>
<td>15</td>
</tr>
<tr>
<td>Abbreviations</td>
<td>16</td>
</tr>
<tr>
<td>References</td>
<td>16</td>
</tr>
<tr>
<td>Acknowledgements</td>
<td>16</td>
</tr>
</tbody>
</table>
Welcome from Cllr Janet Clowes, Adults, Health and Leisure Portfolio holder, Cheshire East Council and Co-chair of the Cheshire & Merseyside Blood Pressure Partnership Board, Dr Kieran Murphy, Medical Director of NHS England Cheshire & Merseyside and Co-chair of the Cheshire & Merseyside Blood Pressure Partnership Board, Dr Heather Grimbaldeston, Director of Public Health for Cheshire East Council and Lead Director of Public Health for high blood pressure in Cheshire & Merseyside.

In 2013, the Cheshire & Merseyside Directors of Public Health agreed a sub-regional system-wide approach to tackling high blood pressure as a key priority. As we know, high blood pressure leads to serious medical problems including heart attack, stroke, heart failure and chronic kidney disease and has a significant impact on individuals, health, social care services, carers and the economy. With over 625,000 people affected by high blood pressure in Cheshire & Merseyside and almost half this number thought to be unaware that they have the condition, it’s critical we take urgent action to prevent, identify and manage people at risk of developing these serious conditions.

The Cheshire & Merseyside Blood Pressure Partnership Board was established in November 2015 and we are very pleased to bring you the Cheshire & Merseyside five year cross-sector strategy to tackle high blood pressure “Saving lives: Reducing the pressure”. There has been some excellent progress made in Cheshire & Merseyside since 2013, with connections being made across partners locally, nationally and internationally, who have the knowledge, energy and commitment to make a difference. Our work has been nationally and internationally recognised too with colleagues from the National System Leadership Blood Pressure Board saying we are “setting the pace” for the rest of the UK and Professor Norm Campbell from the University of Calgary in Canada, who led the Pan-Canadian Framework for tackling high blood pressure saying the strategy “provides a state of the art, comprehensive approach to hypertension and will serve as a model for other programmes around the globe”.

Launched on World Hypertension Day, 17th May 2016, our strategy sets out our vision, aims, objectives and high level action plan for how we intend to prevent, detect and manage high blood pressure, saving lives and reducing health inequalities as well as relieving the pressure on health and social care services.

This strategy is an exciting development. It gives us a clear focus for how we will go about tackling high blood pressure in our sub-region. A great deal of hard work and consultation has gone into the production of the strategy and we would like to thank all our partners for their fantastic contributions. We now look forward to working together across the system to ensure our communities have the best possible blood pressure.

Cllr Janet Clowes
Adults, Health and Leisure Portfolio holder, Cheshire East Council and Co-chair of the Cheshire & Merseyside Blood Pressure Partnership Board

Dr Kieran Murphy
Medical Director of NHS England Cheshire & Merseyside and Co-chair of the Cheshire & Merseyside Blood Pressure Partnership Board

Dr Heather Grimbaldeston
Director of Public Health for Cheshire East Council and Lead Director of Public Health for high blood pressure in Cheshire & Merseyside
Background

What is high blood pressure (BP) and why is it important?

Some pressure in our blood vessels is essential; it moves blood around the body and keeps us alive. Above a certain point though, despite having no symptoms, raised BP increases the risk of a range of serious medical problems, including heart attack, stroke, heart failure, chronic kidney disease, and vascular dementia. High BP is the most common long term condition in the UK, affecting more than one in four adults.

Most causes of high BP are preventable, including being overweight or obese, eating too much salt, not eating enough fruit and vegetables, lack of exercise, and drinking too much alcohol. Other non-preventable risk factors for high BP include increasing age, being of African or Caribbean decent, and a family history of high BP (PHE, 2014).

The Challenge

Nationally

Whilst there have been improvements nationally over the last ten years, England’s performance in addressing high BP still lags behind the best performing countries such as Canada (Campbell N. et al, 2012).

High BP (hypertension) is the second biggest risk factor after smoking for early death and disability in England (Murray et al, 2010). Poor health outcomes related to high BP are worse for those who live in disadvantaged communities, who are 30% more likely to have high BP than those from the least-deprived areas, and more likely to suffer ill health as a result.

1 in 4 people estimated to have High Blood Pressure

The conditions caused by high BP can lead to a significant burden of long term illness, loss of independent function, dependence on carers and inability to work. As a result, the impacts of high BP extend beyond affected individuals, placing significant demand on health and social care services, carers and the economy. It is estimated that conditions attributable to high BP cost the NHS in England over £2 billion every year (PHE, 2014).

Tackling high BP is critical if we are to achieve healthier longer lives for our communities, and in a climate of austerity we simply cannot afford to continue as we are.
Risk factors for high BP are common in Cheshire and Merseyside:

### Risk Factors

- **Two thirds** adults are overweight or obese
- **One third** adults are physically inactive
- **One third** adults smoke

Out of a total population of around 2.4 million, over 350,000 people across Cheshire and Merseyside are known to have high BP, and around a quarter of these are not controlled to a minimum standard (QoF, 2014/15).

A further 275,000 people are thought to be affected but unaware that they have high BP, so remain at risk (PHE Healthier Lives, 2014). So in all, around 625,000 people (or over a quarter of the total Cheshire and Merseyside population) are thought to have high BP.

### High Blood Pressure

- **353,000** on GP registers
- 275,000 estimated to have high BP but are undiagnosed

Of those known, up to 1/4 not controlled to a minimum standard

This is having a huge impact on communities, health services and social care:

- Most CCGs in Cheshire & Merseyside have a higher than average CVD prevalence (11/12 CCGs)
- Above average rates of early deaths due to CVD in 7/9 Local authorities
- **12 clinical commissioning groups**
- **9 local authorities**
- **11 out of 12** Most CCGs have a higher than national average prevalence of cardiovascular disease
- **7 out of 9** local authorities have above average rates of early deaths due to cardiovascular disease
- Hospital admission rates are higher than the England average for heart attacks in 7 out of 12 CCGs and for strokes in a third of CCGs
- Death rates are higher than the England average for heart attacks in 10 out of 12 CCGs and for strokes in 8 out of 12 CCGs.
- There is considerable variation in hypertension indicators between general practices within the same CCG.
- 800 heart attacks and strokes could be prevented every year through optimising BP treatment alone
- >30,000 people are estimated to have dementia
- Total adult social care bill for C&M 2014-2015 >£700 million
Opportunities to make a difference

The impacts of high BP are not, however, inevitable, and there is huge scope to make a positive difference. By tackling high BP we can improve and save lives, reduce inequalities, and reduce pressure on health and social care services in a sustainable and cost-effective way.

PHE’s ‘Tackling High Blood Pressure’ sets out key opportunities across different sectors to improve how we prevent, detect and manage high BP (PHE, 2014).

Prevention

The biggest and most sustainable way to reduce the impact of high BP is to stop it from developing in the first place. Nationally it is estimated that 45,000 quality adjusted life years (QALYs) could be saved, and £850m not spent on related health and social care over ten years, if England achieved a 5mmHg reduction in the average population systolic blood pressure.

This echoes the NHS Five Year Forward View (NHS, 2014) which emphasises the need for a radical shift towards prevention and self-care. In order to do this we need to look well beyond the health care system, focusing instead on building healthy public policy, supportive environments and community action in order to tackle the factors that contribute to high blood pressure in the first place, such as diet (particularly too much salt, and too many calories), sedentary lifestyles, obesity, smoking and alcohol.

Detection and management

We know that reducing raised BP reduces the risk of developing health problems, but that almost half of those with high BP do not know it, and of those who are aware, there is unwarranted variation in care.

Nationally it is estimated that 14,000 QALYs could be saved, and £240m of related health and social care costs could be saved over ten years if England achieved a 15% increase in the proportion of adults who have had their high blood pressure diagnosed, and a 15% increase in the proportion of adults on treatment controlling their blood pressure to 140/90mmHg or below.

We need to identify more of those affected and to support clinicians to implement best practice (NICE, 2011). However, there is also a need to move the balance away from an already over-burdened medical workforce, including by empowering healthy lifestyles and self-care.
The approach across Cheshire and Merseyside

Local progress so far

This strategy is the culmination of two years of iterative sub-regional developments across Cheshire and Merseyside:

**2014**

- Local Primary Care Forum highlighted high BP as an area warranting focused action.

- The Cheshire and Merseyside Health Care Public Health leads highlighted the opportunity for a sub-regional system-wide approach to tackle high BP to the Cheshire and Merseyside Directors of Public Health.

- A Cheshire and Merseyside Hypertension Steering Group was formed to plan, coordinate and drive this programme of work forward, comprising representatives from the Health Care Public Health leads group, Public Health England (PHE) and North West Coast Strategic Clinical Network.

- Learning from national experts was facilitated by the successful nomination of the Cheshire and Merseyside Lead Director of Public Health for high BP to the National Blood Pressure System Leadership Board.

- Learning from world leaders in the identification, treatment and control of hypertension was strengthened by a conference call between the Hypertension Steering Group and the team in Canada behind the Pan-Canadian Framework for tackling high BP.

- The evolving cross-sector system and industry partners co-produced a competitive bid for NHS England funding to embed interconnected innovative digital technologies to support the prevention, detection and management of high BP and atrial fibrillation across the sub-region. Whilst the team were runners up, the ‘art of the possible’ developed throughout the process of bid writing, which played a key role in galvanising the system and strengthening cross-sector partnerships.

- The Cheshire & Merseyside Blood Pressure Partnership Board was established.

**2015**

- An Action Learning Workshop was hosted by the Hypertension Steering Group, supported by the PHE national team. The opportunity to adopt a system-wide approach was explored with over 90 delegates from a wide range of organisations and sectors. This achieved insight into the challenges faced by partners, and enthusiasm and commitment for a collaborative cross-sector strategy.
A systems approach

While we know we need to prevent, detect and manage high BP, putting this into practice is not straightforward. It will require a cultural shift in how services are delivered, with partners from different organisations and sectors working closely together as one single system that moves beyond traditional organisational boundaries in order to achieve common goals. It needs a cross-sector systems approach.

The relationship between prevention, detection and management of high BP is not linear and clear-cut. Rather these elements are closely inter-related and partners across a range of sectors can play vital roles in addressing all three.

Key partners

As the name implies, this cross-sector approach depends on many partners from a wide range of organisations committing to work together. Key partners in strategy development and implementation to date include:

**Local health system**
- 12 Clinical Commissioning Groups
- Community pharmacy
- North West Coast Strategic Clinical Network
- North West Centre for Professional Workforce Development networks
- Primary care doctors and nurses
- Secondary care physicians
- Sustainability and Transformation Planning leads
- Vanguard site teams

**Local Authority partners**
- Cheshire and Merseyside Fire and Rescue Services
- Cheshire and Merseyside Public Health Collaborative Intelligence Network
- Cheshire and Merseyside Public Health Collaborative Support Team
- Devolution bid teams
- Directors of Public Health (including a Lead DPH for high BP)
- Elected members
- Health Care Public Health Leads from all local authorities
- Local Blood Pressure groups and boards
- Neighbourhood managers
- Nine local authorities within Cheshire and Merseyside (Cheshire East, Cheshire West and Chester, Halton, Knowsley, Liverpool, Sefton, St Helens, Warrington and Wirral)
Voluntary sector

- British Heart Foundation
- Health Equalities Group
- Stroke Association

Patients and public

A range of lay and patient contacts, both individual and as representatives of wider groups
Participants in local insight work

National Health and Public Health Organisations and Groups

- Health Education England
- National Institute of Clinical Excellence (NICE)
- National System Leadership
  Blood Pressure Board
- NHS England
- Public Health England

Academic institutions and networks

- John Moores University
- Innovation Agency, North West Coast, Academic Health Science Network
- University of Liverpool Health Economics Unit

Private/industry partners

- Bupa
- Frog design
- Nine industry partners who co-developed the ‘Test Bed Bid’
- Workplaces/employers

International links

- Canadian team behind the ‘Pan-Canadian Framework’
- World Health Organisation / Be Healthy Be Mobile initiative

Members of the Cheshire & Merseyside Blood Pressure Partnership Board at their launch meeting November 2015
The Strategy

Vision

Our communities will have the best possible blood pressure

Aims

In order to achieve our vision we aim:
• to reduce the burden of ill-health and deaths caused by high blood pressure (e.g. stroke and coronary heart disease deaths)
• to ensure more people with high blood pressure are aware of their condition (appreciating this will create an apparent increase in new and existing cases of high blood pressure initially)
• to empower more people with high blood pressure to control it with lifestyle therapy alone
• for those known to have high blood pressure, and who are unable to be successfully treated with lifestyle alone, to be prescribed appropriate drug therapy
• for more of those known to have high blood pressure, to be controlled to target (NICE)
• to reduce inequalities so that populations at higher risk of high BP will have similar rates of treatment and control than the general population
• to be the most improved sub-region in England in terms of high blood pressure outcomes

Objectives

Ten objectives collectively underpin delivery of the vision and aims. The objectives are closely inter-related and all play a part in the prevention, detection, and management of high blood pressure. These objectives are the focus for ten key components of the Cheshire and Merseyside cross-sector approach to tackle high BP, represented schematically below (Fig 1).

Objective 1: System Leadership and Accountability
Partners from a wide range of sectors and organisations work together in a coordinated way to improve blood pressure-related outcomes, with a clear system of accountability.

Objective 2: Intelligence and Evaluation
Indicators and outcomes from across the cross-sector system inform understanding of the challenges faced, drive action and monitor impact of the strategy.

Objective 3: Patients and Communities Empowered
Communities and activated patients are at the heart of the strategy.

Objective 4: Engagement
Understanding of the challenges faced by communities, patients and system partners in tackling high blood pressure is sought. The same groups are well informed about high blood pressure (including risk factors, complications, prevention and self-care), and they know and understand their own ‘numbers’.

Objective 5: Health and Social Care Providers
Management of patients at risk from or affected by high BP who are seen within primary care, community pharmacies and by the wider health and social care work force is consistently aligned with best practice.

Objective 6: Education and Training
The cross-sector workforce is incentivised and has the right knowledge and skills to prevent, detect and optimally manage high BP.
Objective 7: Health System Design
The sub-regional BP ‘health system’ drives a radical shift towards prevention and self-care, enabling it to have the biggest possible impact on BP-related outcomes for given resources, and promoting sustainability.

Objective 8: Supportive Environments
The places where people live and work support healthy lifestyles.

Objective 9: Community Partners
A range of community partners ensure public access to information, blood pressure measurement, and signposting in community settings is increased and inclusive.

Objective 10: Innovation and Digital Technology
Innovations and digital technologies are adopted to support delivery and integration of key system objectives.

Figure 1. The Champs Public Health Collaborative model for a system leadership approach to tackle long term conditions, M. Roche 2016.
**Action Plan Overview**

While this is a five year strategy the key deliverables set out below are intended for 2016 to 2018. Key Deliverables 2016 to 2018 will be reviewed and refreshed annually taking into account recommendations from the previous annual report. Action Plans sit behind the high-level deliverables set out in this document.

**Key Deliverables 2016 to 2018**

1. **System Leadership and Accountability**
   a. **Board:** Establish a Cheshire and Merseyside BP Partnership Board to drive the direction and implementation of Saving Lives: Reducing the Pressure (including annual update of deliverables)
   b. **Governance:** Establish a clear governance structure
   c. **System Leadership:** Develop the Board as system leaders
   d. **Sector Led Improvement:** Embed a Sector Led Improvement (SLI) approach, including benchmarking and sharing of good practice
   e. **Local log:** Establish and maintain a log of BP-specific work across local authorities
   f. **Risk Register:** Establish and maintain a strategy risk register
   g. **Resource:** Understand resources and assets available to support the strategy
   h. **National Board:** Maintain close links with the National Blood Pressure System Leadership Board

2. **Intelligence and Evaluation**
   a. **Working group:** Establish a PHE-chaired working group that focuses on data and outcomes for the strategy.
   b. **Baseline:** Production of a baseline dataset that gives cross-sector partners a clear understanding of the nature and scale of challenges currently faced in relation to high BP prevention, detection and management.
   c. **Local variation:** Provide insight into local variation in BP-related outcomes to inform prioritisation and targeting of interventions
   d. **Annual report:** Production of a strategy annual report
   e. **Template:** Production of templates for the local economy to support them to make the case for change
   f. **Health economics:** Development of a health economics case for change

3. **Patients and Communities**
   a. **Lay representation:** Lay representation on the Cheshire and Merseyside Blood Pressure Board
   b. **Lay network:** A network of lay and patient contacts is established and maintained to facilitate timely consultation on key BP strategy developments

4. **Engagement**
   a. **Community insight:** Insight work with local communities to understand barriers and potential solutions to tackling high blood pressure
   b. **Primary care insight:** Insight work with primary care to build on our understanding of the challenges and to inform co-creation of solutions
   c. **Campaigns:** Promotion of key national blood pressure and prevention/self-care campaigns across the sub-region
   d. **Communications strategy:** Development and implementation of a cross-sector communication strategy

5. **Health and Social Care Providers**
   a. **Primary care workshop:** A primary care system leadership workshop to initiate wider embedding of clinical insight and leadership within relevant developments
   b. **Pharmacy working group:** Establish an NHSE-chaired community pharmacy working group
   c. **Current community pharmacy services:** Optimise the role of community pharmacies in tackling high BP through existing services (e.g. Medicine Use Reviews and New Medicine Services)
   d. **Healthy Living Pharmacies:** Expand the role of community pharmacies through new opportunities, e.g. Healthy Living Pharmacies Programme
   e. **Wider workforce:** Opportunities to optimise the role of the wider workforce as part of the prevention and self-care agenda, including Making Every Contact Count, are explored.
6. Education and Training

a. **Workforce mapping**: Understand the size, composition and educational needs of the ‘BP workforce’ across the sub-region.

b. **Education and Training programme**: Develop and implement a Cheshire and Merseyside-wide High Blood Pressure education and training programme that initially focuses on the general practice team and on Fire and Rescue Service staff as key community partners. Key partners include HEE, NICE and BHF.

c. **Primary care piloting**: Implementation within primary care to be piloted in ‘Beacon Practices’ and subsequently rolled out across the sub-region. Content and delivery methods to be informed by partner insight work, but to include local-level data and benchmarking.

d. **Wider roll out**: Opportunities to adapt and adopt the more ‘light-touch’ Fire and Rescue Service BP training more widely across the workforce via existing networks to be explored.

7. Health System Design

a. **BP Pathway**: Develop a Cheshire and Merseyside BP pathway that supports a shift towards prevention and self-care as well as embedding best clinical practice. The initial focus will be on the pathways between primary care, community pharmacies, community partners and lifestyle services.

b. **Sustainability and Transformation Plans**: Embed the integrated, upstream approach being taken to tackle high BP in Cheshire and Merseyside into the sub-region’s Sustainability and Transformation Plan (STP).

8. Supportive Environments

a. **Health and Wellbeing Boards**: Increase the number of Health and Wellbeing Boards across the sub-region for which tackling high BP is a priority.

b. **Devolution**: Embed the integrated, upstream approach being taken to tackle high BP in Cheshire and Merseyside into the sub-region’s devolution bids and developments.

c. **Workplace**: Embed BP into workplace health initiatives.

d. **Healthy lifestyle services**: Build on existing North West public health commissioning of services supporting healthy lifestyle change around improved food and nutrition and tobacco control.

e. **National policy**: Advocate for healthy public food and tobacco control policy at a national level.

9. Community Partners

a. **Fire and Rescue Services**: Embed BP measurement, advice and signposting into Cheshire and Merseyside Fire and Rescue Services ‘Safe and Well Checks’ which aim to reach 100,000 homes each year across the sub-region.

b. **Bupa**: As part of the international ‘Be Healthy Be Mobile’ programme, work with Bupa and PHE to develop and locally pilot a community-based ‘conversational tool’ that facilitates conversations around high blood pressure and empowers self-care. Link with existing local initiatives where possible (such as in community pharmacies, work places and homes).

c. **Voluntary Sector**: Work with voluntary sector partners to increase BP detection, advice and signposting, especially with ‘hard to reach’ or vulnerable groups.

d. **Future**: Explore potential to work with wider range of partners in the future, e.g. prisons.

10. Innovation and Digital Technology

a. **Working group**: Establish a working group to co-develop innovation and digital technology proposals with industry partners in readiness for future bidding opportunities.

b. **Bid development**: Build on feedback from the previous Cheshire and Merseyside ‘Test Bed’ bid for high blood pressure and atrial fibrillation to optimise chances of future success; the blood pressure pathway development in particular.

c. **Data governance**: Work with NHSE to understand and generate data governance solutions that enable cross-sector data sharing as part of an interconnected ‘Internet of Things’ that supports a systems approach.
What will success look like?

Ultimately it is anticipated that the impact of the strategy will be reflected in improved life expectancy and healthy life expectancy, reduced health inequalities across the sub-region and between Cheshire and Merseyside and England, and a sustainable system with reduced total spend across health and social care.

These impacts will be achieved as a result of contributions from a wide range of partners, organisations and sectors, and will become evident gradually over several years. However, indications that we are moving in the right direction will be available more quickly.

In order to measure success we will monitor a range of indicators, including outputs and short- medium- and longer-term outcomes for each strategic objective. In this way, key drivers and measures of success will be available for all partners involved.

A dashboard based on a logic model approach captures an overview of these indicators, and demonstrates how a wide range of actions across the system can come together in a coordinated way to achieve a common goal. The indicators are a pragmatic blend of routinely available and bespoke data sets. Some key indicators may need to change over time in response to evolving work streams or system drivers, but this will be within the context of the logic model framework.
## Objectives & Deliverables 2016/18

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Deliverables 2016/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>System Leadership &amp; Accountability</strong></td>
<td>Board</td>
</tr>
<tr>
<td>2. <strong>Intelligence &amp; Evaluation</strong></td>
<td>Working group</td>
</tr>
<tr>
<td>3. <strong>Patients &amp; Communities</strong></td>
<td>Lay representation</td>
</tr>
<tr>
<td>4. <strong>Engagement</strong></td>
<td>Community insight</td>
</tr>
<tr>
<td>5. <strong>Health &amp; Social Care Providers</strong></td>
<td>Primary care workshop</td>
</tr>
<tr>
<td>6. <strong>Education</strong></td>
<td>Workforce &amp; Training mapping</td>
</tr>
<tr>
<td>7. <strong>Health System Design</strong></td>
<td>BP Pathway</td>
</tr>
<tr>
<td>8. <strong>Supportive Environments</strong></td>
<td>HWB</td>
</tr>
<tr>
<td>9. <strong>Community Partners</strong></td>
<td>Fire &amp; Rescue Services</td>
</tr>
<tr>
<td>10. <strong>Innovation &amp; Digital Technology</strong></td>
<td>Working group</td>
</tr>
</tbody>
</table>

## Outcomes

<table>
<thead>
<tr>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Short term (12-18 months)</strong></td>
</tr>
<tr>
<td><strong>Medium term (18-36 months)</strong></td>
</tr>
<tr>
<td><strong>Long term (36+ months)</strong></td>
</tr>
<tr>
<td>↓ gap between observed/expected high BP prevalence</td>
</tr>
<tr>
<td>↓ prevalence high BP</td>
</tr>
<tr>
<td>↓ mortality from CHD/stroke falls</td>
</tr>
<tr>
<td>Improved value for spend across the system</td>
</tr>
</tbody>
</table>

## Impacts

- **Improved life expectancy and healthy life expectancy**
- **Reduced health inequalities within the sub-region, and between Cheshire and Merseyside and England**
- **Reduced total spend across health and social care**
- **Cheshire & Merseyside becomes the most improved sub-region in England with respect to BP outcomes**
Abbreviations

AF atrial fibrillation
BHF British Heart Foundation
BP blood pressure
CCG Clinical Commissioning Group
Champs Cheshire and Merseyside Public Health Collaborative
DPH Director of Public Health
HEE Health Education England
NHSE National Health Service England
NICE National Institute for Health and Care Excellence
NWCPWD North West Centre for Professional Workforce Development
PHE Public Health England
QALYs Quality Adjusted Life Years
SA Stroke Association
SCN Strategic Clinical Network

References

NHS Five Year Forward View, October 2014
PHE CVD Primary Care Intelligence Packs, April 2016 (CVD packs)
PHE CVD Profiles, April 2016 (CVD profiles)
Quality and Outcomes Framework, Primary care hypertension disease register, 2014/15

Acknowledgements

The Cheshire and Merseyside Blood Pressure Partnership Board would like to thank all partners from sectors and organisations across the system for their contributions in the production of this strategy.
Working together to improve health and wellbeing in Cheshire and Merseyside