

Written submission

The King's Fund submission to the Health and Social Care Committee inquiry on prevention in health and social care

This submission is from The King's Fund, an independent charitable organisation working to improve health and care in England.

Cardiovascular disease (CVD) is a leading cause of morbidity, disability, mortality and health inequalities in England. About 6.8 million people are living with CVD and many more with treatable risk factors for developing it (Public Health England 2019). CVD is caused largely by preventable risk factors such as obesity, smoking, excess alcohol consumption and high blood pressure.

As our report shows (Raleigh *et al* 2022), improving prevention and management of CVD offers significant potential for enhancing population health, reducing inequalities and lowering the demand for health and care.

If the government wants to address the unprecedented demand pressures facing health and care services, reducing the heavy health and economic burden associated with CVD must be a priority. This requires a shift from short-term fixes to alleviate pressures on services to a strong public health response with an emphasis on disease prevention.

Why CVD?

- CVD causes 136,000 deaths annually, 1 in 4 of all deaths and premature deaths (Public Health England 2019). Heart disease kills twice as many women as breast cancer.
- Modifiable risk factors explain 90 per cent of CVD incidence (Collins *et al* 2022), and up to 80 per cent of premature deaths from CVD are preventable (Public Health England 2017). For example, more than a third of children and two-thirds of adults are obese or overweight (Baker 2023), and high blood pressure affects one in four adults. Such numbers will drive future trends in CVD (Public Health England 2017).

- CVD is among the largest contributors to health inequalities, accounting for one-fifth of the life expectancy gap between the most and least deprived communities (Office for Health Improvement and Disparities 2023). Black people and people from South Asian communities have the highest risk of CVD (Raleigh 2021).
- The risk factors for CVD also increase the risk of developing and dying from other serious diseases such as cancer, diabetes and dementia. A focus on CVD prevention and management could therefore reduce overall morbidity and be cost effective.
- Evidence-based, cost-effective interventions for CVD prevention and management are readily available and can reduce the heavy disease, death and cost burden of CVD if more widely implemented.

Why now?

- CVD significantly increases the risk of severe disease and death from Covid-19 (Thompson and Thompson 2021), which has abated but remains a threat for the foreseeable future. In turn, Covid-19 significantly increases the risk of long-term and acute CVD events (The Lancet Regional Health – Europe 2021).
- The pandemic significantly disrupted care for CVD, which can be life-threatening for those affected. If these unmet care needs are not addressed, preventable morbidity deaths are inevitable.
- CVD is the major contributor to excess deaths in England in 2023, including among working-age adults (Raleigh 2022).
- Pressures on emergency services can be alleviated if fewer people experience acute CVD events. There were 1 million hospital admissions for CVD in England in 2019/20, leading to 5.5 million bed days (NHS Digital 2020). One in six people will have a stroke during their lifetime (Public Health England 2018) and social care costs of stroke survivors to the UK economy are estimated at £5.2 billion annually (Patel *et al* 2020).
- Most CVDs are lifelong conditions. Tackling CVD is therefore important for getting more economically inactive working-age adults into employment.

Potential for impact

- Reducing CVD and its risk factors has significant potential for improving population health, reducing health inequalities, and mitigating the escalating work and cost pressures on health and care services.
- CVD and its risk factors are associated with worse employment prospects, wages and productivity (Smith *et al* 2022; Devaux and Sassi 2015). In an ageing society, reducing the impact of chronic diseases can lead to a larger, healthier and more productive workforce.
- There is potential for relatively quick impact. For example, fiscal and regulatory measures like the [sugar tax](#) and [smoking ban](#) can deliver health benefits within five years, and tackling life-threatening risk factors such as high blood pressure can avert heart attacks and strokes.

Action for policy-makers

- Currently, CVD policies are fragmented and do not fully realise the potential for health and economic gains. A coherent CVD prevention and management strategy can build on the NHS long-term plan and be stratified into short-, medium-, and long-term goals to 2030.
- Public health measures (as in the obesity strategy and the smoking review) aimed at preventing the onset of CVD and its risk factors should be a key component, along with early detection and management of risk factors such as high blood pressure and cholesterol, and diabetes.
- Integrated care systems bring opportunities to tackle CVD by developing and implementing locally tailored CVD strategies at scale and population level, but they need to operate within a national framework that clearly articulates the ways forward and accountability for delivery.

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