

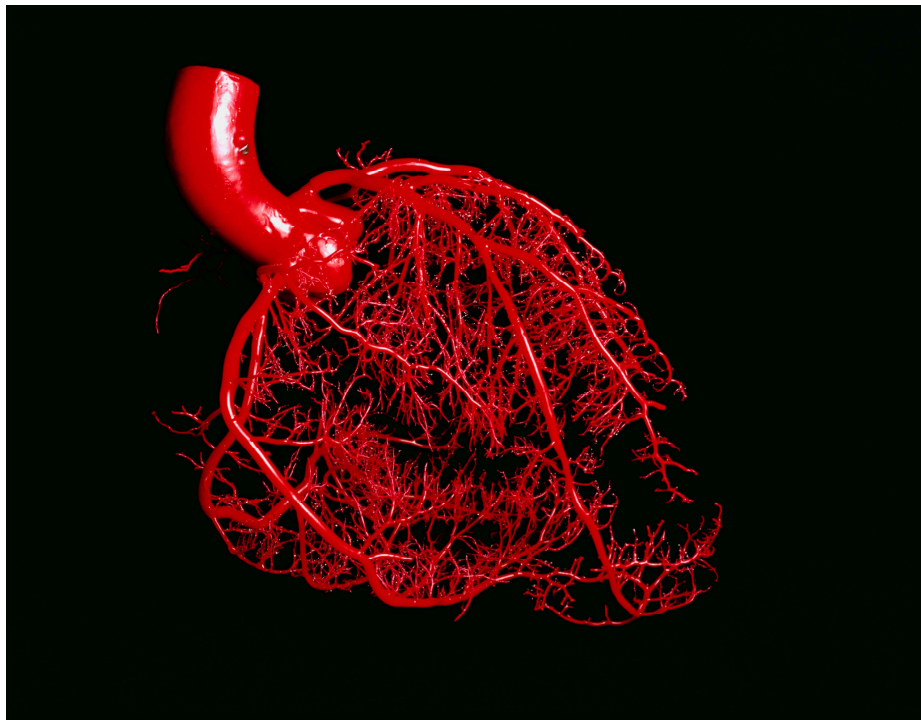
DERBYSHIRE COUNTY COUNCIL

SOCIAL CARE & HEALTH
IMPROVEMENT AND SCRUTINY COMMITTEE

**CORONARY HEART DISEASE
PREVENTION AND REHABILITATION SERVICES IN
DERBYSHIRE**

A health overview and scrutiny review

Review Report



December 2003

FOREWORD

We have found undertaking the Coronary Heart Disease review to be a very constructive experience.

We are gratified by the fact that we have received so much help and assistance from a variety of organisations and individuals across the County, representing many communities.

Our focus has been to secure better heart health for local people and to address health inequalities where they arise.

We are pleased to deliver a report comprising a series of recommendations which we hope will be implemented across NHS bodies and local government, and we have been impressed at the quality and range of services currently available.

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Vice-Chair, Social Care & Health Improvement and Scrutiny
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<p>Note: The cover photograph is a resin cast of the coronary arteries of the heart in front view, showing the ascending aorta (the large vessel at top left). CREDIT: MARTIN DOHRN/ROYAL COLLEGE OF SURGEONS/ SCIENCE PHOTO LIBRARY.</p>

DERBYSHIRE HEALTH SCRUTINY

CORONARY HEART DISEASE – PREVENTION AND REHABILITATION SERVICES REVIEW

FINAL REVIEW REPORT

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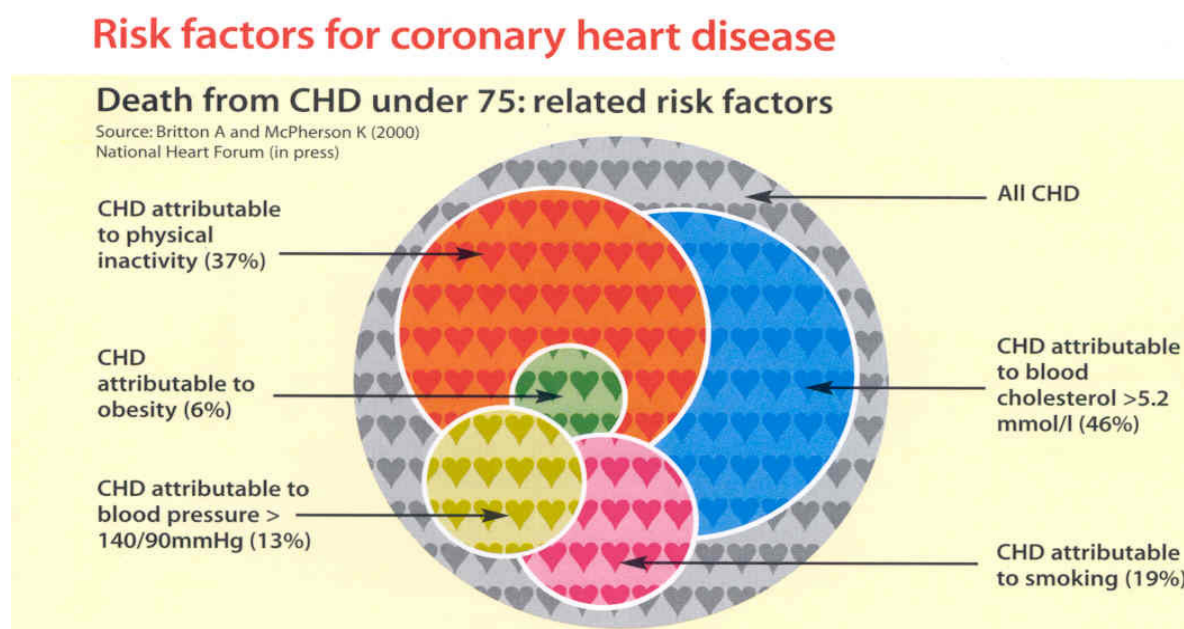
Appendix 4 - Key issues arising from Supporting Paper 4 – Cardiac rehabilitation

Acknowledgements

1. Executive Summary and recommendations

- 1.1 Coronary heart disease is one of the biggest killers in Derbyshire – and yet it is largely preventable.
- 1.2 In 2001, 1727 people died from heart disease in the County. Nearly six hundred people died prematurely, that is, under 75 years old. Most premature deaths were men.
- 1.3 The Coronary Heart Disease National Service Framework¹ established clear standards for prevention and treatment of coronary heart disease that will lead to major improvements in quality and access.
- 1.4 National Service Framework Standards 1 and 2 relate to prevention of coronary heart disease. The Standards require NHS organisations and partner agencies, including local authorities, to develop policies and practices to reduce the prevalence of coronary risk factors in the population – including smoking cessation, and to reduce inequalities in risks of developing heart disease. The risk factors are illustrated in **Figure 1**.

Figure 1



This diagram represents an estimation of how much each risk factor contributes to death rates from CHD. The overlapping areas represent those who had more than one risk factor.

The diagram is reproduced with kind permission of the National Heart Forum, Professor Klim McPherson and Dr Annie Britton

¹ Coronary Heart Disease National Service Framework, Department of Health, June 2000

- 1.5 National Service Framework Standard 12 relates to cardiac rehabilitation programmes.
- 1.6 There is a further driver for a review of coronary heart disease prevention and rehabilitation services in Derbyshire:
- Tackling Health Inequalities: A Programme for Action². The Government has set a PSA (public service agreement) target relating to increasing life expectancy – which is less than the national average in three Derbyshire district council areas.
- 1.7 The review has been carried out with the support of the seven primary care trusts and two NHS hospital trusts in Derbyshire. We have also had the support of the British Heart Foundation and some district councils have provided us with a considerable amount of information.
- 1.8 Analysis and evaluation of information, programmes and activity has been undertaken in four areas, and the evidence, key issues and recommendations for each area are presented in separate Supporting Papers.

• Supporting Paper 1	<u>Coronary Heart Disease in Derbyshire - Background Information</u>
• Supporting Paper 2	<u>Better Heart Health, Supporting Lifestyle Changes</u> – covering risk factors such as smoking, healthy eating, physical activity and reducing overweight and obesity
• Supporting Paper 3	<u>Children and Young People</u> – covering Derbyshire Health Promoting Schools, Derbyshire's schools meals service and fruit in schools
• Supporting Paper 4	<u>Cardiac Rehabilitation</u> – covering cardiac rehabilitation phases II, III and IV and raising issues of delivery of phases III and IV in a community setting.

- 1.9 The Review has generated 17 recommendations for Primary Care Trusts, NHS Hospital Trusts and the County Council to address. Each recommendation is driven by a series of key issues, set out in the Appendices. The recommendations are listed below.

² Tackling Health Inequalities; A Programme for Action, Department of Health, July 2003

1.10 **SUPPORTING PAPER 1 – Coronary Heart Disease in Derbyshire – Background Information**

Recommendations arising from the Key Issues in Supporting Paper 1 are set out below. The Key Issues are set out in Appendix 1.
(All reporting against all recommendations is to Derbyshire County Council's Social Care & Health Improvement and Scrutiny Committee.)

RECOMMENDATION 1 – driven by Key Issues SP 1-2 to SP1-4 and SP1-7

Derbyshire County Council and Derbyshire Primary Care Trusts and NHS Trusts to share information on:

- Aims, objectives and progress in delivering services to people in Derbyshire to improve heart health.
- Partnership working to complement the delivery of better heart health services.

RECOMMENDATION 2 – driven by Key Issue SP1-6

The Department of Health to share the Compendium of Clinical and Health Indicators and similar information and data with local authorities in order that all organisations aiming to improve the health of communities can achieve a better understanding of the health of a locality.

1.11 **SUPPORTING PAPER 2 – Better Heart Health, Supporting Lifestyle Changes**

Recommendations arising from the Key Issues in Supporting Paper 2 are set out below. The Key Issues are set out in Appendix 2.

RECOMMENDATION 3 – driven by Key Issues SP2-2 and SP2-4

Derbyshire Primary Care Trusts and the North Derbyshire Health Promotion Service share their plans, programmes and activities to meet the revised smoking cessation targets arising from the Department of Health's Priorities and Planning Framework 2003-2006.

RECOMMENDATION 4 – driven by Key Issues SP2-5 and SP2-6

Derbyshire County Council, Derbyshire Primary Care Trusts and the North Derbyshire Health Promotion Service share their plans, programmes and activities to support children and young people being less likely to start smoking and helping those that do smoke to stop.

RECOMMENDATION 5 – driven by Key Issues SP2-7, SP2-8 and SP2-18

Derbyshire County Council, Derbyshire Primary Care Trusts and NHS Hospital Trusts to share information on plans, programmes and activities that are in place aimed at supporting employees in other agencies and organisations in Derbyshire to deliver healthy workplaces.

RECOMMENDATION 6 – driven by Key Issues SP2-9, SP2-19 and SP2-23

Derbyshire Primary Care Trusts share their Equity Profiles and plans, programmes and activities to reduce the widening mortality gap, by social class, in the areas of smoking cessation, diet and nutrition, physical activity and reducing overweight and obesity.

RECOMMENDATION 7 – driven by Key Issues SP2-12 to SP2-17

Derbyshire County Council and Derbyshire Primary Care Trusts share their plans, programmes and activities to deliver a range of opportunities for people to undertake, at least, moderate physical activity, including walking for health projects, exercise referral schemes (including home-based and outreach projects) and outdoor activities.

RECOMMENDATION 8 – driven by Key Issues SP2-20 to SP2-22

Derbyshire Primary Care Trusts share their plans, programmes and activities to deliver a range of opportunities for people to participate in reducing overweight and tackling obesity, and address the issue of potential collaboration with a commercial slimming organisation.

1.12 **SUPPORTING PAPER 3 – Children and Young People**

Recommendations arising from the Key Issues in Supporting Paper 3 are set out below. The Key Issues are set out in Appendix 3.

RECOMMENDATION 9 – driven by Key Issues SP3-1 and SP3-4 to SP3-7

Derbyshire Local Education Authority and Derbyshire Primary Care Trusts to set out their rationale for delivering the Derbyshire Health Promoting Schools programme, in particular in relation to:

- (a) Schools with a Free School Meal Entitlement population of greater than 20% and / or in Derbyshire's areas of greatest social deprivation (top 20% by the Indices of Multiple Deprivation 2000).
- (b) Undertaking a self-assessment study of the current Health Promoting Schools programme
- (c) The coverage of the Health Promoting Schools programme in Glossopdale.

RECOMMENDATION 10 – driven by Key Issues SP3 to SP3-11 and SP3-17

Derbyshire Local Education Authority and Derbyshire Primary Care Trusts, with the support of Derbyshire Borough and District Councils, to deliver pilot projects in partnership under the Derbyshire Health Promoting Schools programme in relation to "Enabling Healthy Eating" and "Encouraging Physical Activity". The pilot schemes should be in partnership with secondary schools.

RECOMMENDATION 11 – driven by Key Issues SP3-13 to SP3-17

Derbyshire Local Education Authority to set out its vision for supporting improvements to children and young people's diets, in particular for those children and young people whose families live in the areas of greatest social deprivation and disadvantage.

RECOMMENDATION 12 – driven by Key Issues SP3-18 and SP3-19

Derbyshire Local Education Authority and Derbyshire Primary Care Trusts to set out how they plan to increase the consumption of fruit and vegetables amongst children and young people, and thereafter sustain the 5 A DAY objectives.

RECOMMENDATION 13 – (also Key Issue SP3-20)

Derbyshire County Council and Derbyshire's Primary Care Trusts and NHS Hospital Trusts, with the support of Derbyshire's Borough and District Councils, to share further information with the County Council's Social Care & Health Improvement and Scrutiny Committee on programmes and activities which impact upon better heart health and which have not been covered by the Review.

1.13 **SUPPORTING PAPER 4 – Cardiac Rehabilitation**

Recommendations arising from the Key Issues in Supporting Paper 4 are set out below. The Key Issues are set out in Appendix 4.

RECOMMENDATION 14 – driven by Key Issue SP4-1

Derbyshire NHS Hospital Trusts and Primary Care Trusts to set out if they plan to submit a bid proposal to the impending the New Opportunities Fund / BHF cardiac rehabilitation initiative.

RECOMMENDATION 15 – driven by Key Issues SP4-3, SP4-7, SP4-8, SP4-11 to SP4-13 and SP4-15 to SP4-17

Derbyshire NHS Hospital Trusts and Primary Care Trusts to set out their short-term programme and plans for delivering community-based Phase III and Phase IV cardiac rehabilitation programmes, including outreach and self-management programmes, which may include partnerships with other local authorities, including district councils and voluntary organisations, such as heart support groups.

RECOMMENDATION 16 – driven by Key Issues SP4-4 to SP4-17

Derbyshire NHS Hospital Trusts and Primary Care Trusts to set out their long-term programme and plans for delivering cardiac rehabilitation integrated patient care pathways as an alternative to the traditional Phase I to IV rehabilitation programmes.

RECOMMENDATION 17 – driven by Key Issues SP4-5 to SP4-8 and SP4-10 to SP4-12 and SP4-14.

Derbyshire NHS Hospital Trusts and Primary Care Trusts to set out how Phases I to IV cardiac rehabilitation services are delivered to all patients, with regard to the investigations and interventions set out in the NHS Coronary Heart Disease National Service Framework.

2. What is Coronary Heart Disease?

2.1 Coronary Heart Disease

- Is common – over 270,000 people in the United Kingdom suffer from a heart attack each year.
- Is frequently fatal – coronary heart disease was the principal factor in 120,891 deaths in the United Kingdom in 2001 - about 25% of all male deaths and 17% of all female deaths.
- Is largely preventable.

2.2 Coronary Heart Disease (CHD) is one form of cardiovascular disease (CVD). Other forms of CVD include stroke, congenital heart disease and valvular heart disease. CVD is the main cause of death in the United Kingdom – 245,000 deaths each year, or four out of ten of all deaths.

2.3 Coronary Heart Disease is:

- The development of fatty deposits in the walls of the arteries which supply the heart muscle. These deposits are known as *atheroma* or *atheromatous plaques*. Over many years they become infiltrated with fibrous tissue making them firmer – leading to the term “hardening of the arteries”.

2.4 Coronary Heart Disease:

- Develops slowly over many years. Atheroma have been found in teenagers (who have died in accidents). With age, atheroma deposits become more numerous and more pronounced. Heart attacks are the result of many years of deposits of atheroma and often little intervention to reduce its impact.

2.5 Coronary Heart Disease is preventable through:

- Primary Prevention – taking action before CHD develops, through smoking cessation or not starting, taking regular exercise and having a healthy diet.
- Secondary Prevention – taking action to avoid a recurrence of a heart attack – as above for primary prevention, and also the control of high blood cholesterol levels through the prescribing of statins and other cholesterol-lowering drugs.

2.6 Coronary Heart Disease manageable risk factors include:

- Smoking
- Raised blood cholesterol
- Raised blood pressure
- Lack of physical exercise

- 2.7 Coronary Heart Disease presents itself through:
- Sudden death – it is likely that cracking or dislocation of an atheroma plaque results in a sudden change in the blood supply to specific parts of the heart muscle, which are responsible for co-ordinating the regular heart beat. The heart may sometimes be restarted by the passage of an electric current across the chest using a defibrillator.
 - Heart attack – an “acute myocardial infarction” (also known as a MI or infarct) occurs when a blood clot and platelets aggregate on a damaged atheromous plaque, partially or completely preventing blood flow through the artery concerned.
 - Angina – the occurrence of pain or discomfort usually in the chest or arms, resulting from a temporary shortage of blood to some part of the heart muscle. The atheroma has caused a narrowing of an artery through which enough blood can flow at rest, but not enough when there are extra demands on the heart such as during exercise. Angina is a marker of increased risk of heart attack or sudden death.
- 2.8 This review focuses on the preventive aspects of the Coronary Heart Disease National Service Framework – specifically Standards 1, 2 and 12. Other preventive aspects covered by Standards 3 and 4, *Prevention of coronary heart disease in high-risk patients in primary care* have not been covered.

APPENDIX 1 - Key Issues arising from Supporting Paper 1 (SP1) - Coronary Heart Disease in Derbyshire – Background Information

- KEY ISSUE SP1-1: The Review focuses on work by NHS organisations and local authorities towards achievement of the Coronary Heart Disease National Service Framework Standards 1, 2 and 12.
- KEY ISSUE SP1-2: How are NHS organisations and local authorities delivering services which address the needs of communities at risk?
- KEY ISSUE SP1-3: Voluntary and non-statutory organisations can make significant contributions towards better heart health in Derbyshire.
- KEY ISSUE SP1-4: In both 2000 and 2001, there were nearly 600 coronary heart disease-related premature deaths in Derbyshire. Many of these were men. If coronary heart disease is largely preventable, what are NHS organisations and local authorities doing to reduce CHD-related deaths, and what partnerships are needed, and how many are in place, to help local people to live longer?
- KEY ISSUE SP1-5: All Derbyshire areas have seen a substantial reduction in mortality over the period 1991 to 1993, often with the gap between the Derbyshire area and England also narrowing.
- KEY ISSUE SP1-6: The Department of Health be asked to share the Compendium of Clinical and Health Indicators and similar information and data with local authorities in order that all organisations aiming to improve the health of communities can achieve a better understanding of the health of a locality.
- KEY ISSUE SP1-7: What programmes and activities do Derbyshire's NHS organisations and local authorities deliver to support better health in disadvantaged areas. Where a partnership approach is needed, what are those partnerships, and are there any gaps in service delivery?

APPENDIX 2 - Key Issues arising from Supporting Paper 2 (SP2) - Better Heart Health, Supporting Lifestyle Changes

Smoking Cessation Services in north Derbyshire

- KEY ISSUE SP2-1: North Derbyshire Health Promotion Service and north Derbyshire Primary Care Trusts have achieved smoking cessation rates ahead of the national target. This achievement is to be congratulated.
- KEY ISSUE SP2-2: What plans do north Derbyshire Primary Care Trusts and the North Derbyshire Health Promotion Service have to meet the revised smoking cessation targets arising from the Department of Health's Priorities and Planning Framework 2003-2006?

Smoking Cessation Services in southern Derbyshire

- KEY ISSUE SP2-3: Southern Derbyshire Primary Care Trusts have achieved smoking cessation rates ahead of the national target. This achievement is to be congratulated.
- KEY ISSUE SP2-4: What plans do Southern Derbyshire Primary Care Trusts have to meet the revised smoking cessation targets arising from the Department of Health's Priorities and Planning Framework 2003-2006?

Smoking and Children and Young People

- KEY ISSUE SP2-5: How many children and young people smoke in Derbyshire?
- KEY ISSUE SP2-6: What programmes and activities are in place which support children and young people being less likely to start smoking and helping those that do smoke to stop.

Smoke-Free Workplaces

- KEY ISSUE SP2-7: How many staff working in the Derbyshire Primary Care Trusts and NHS Trusts were given help to stop smoking in 2002/2003.

- KEY ISSUE SP2-8: What programmes and activities are in place aimed at supporting employees in other agencies and organisations in Derbyshire to deliver smoke-free workplaces.

Diet and Nutrition – Interventions and support in Derbyshire

- KEY ISSUE SP2-9: The Primary Care Trust Equity Profiles will provide a focus on preventative measures promoting diet and nutrition to support better heart health in local communities, in particular addressing the local needs of the groups set out in the Coronary Heart Disease National Service Framework.

Physical Activity – Interventions – for health professionals and local authorities

- KEY ISSUE SP2-10: There is an opportunity to learn from the experiences of the LEAP pilot schemes, to enable and support better decision-making in Derbyshire.

Physical Activity – Interventions and support in Derbyshire

- KEY ISSUE SP2-11: The STEPS Steering Group and Co-ordinator are to be congratulated on achieving the national Walking the Way to Health 3-heart quality mark.
- KEY ISSUE SP2-12: How do walk leaders ensure that all walkers achieve “moderate physical activity” and so have a positive impact on heart health?
- KEY ISSUE SP2-13: BE-ACTIVE, the Amber Valley model for the delivery of structured exercise, is currently based at three leisure centres, in Alfreton, Heanor and Ripley. It links Exercise on Referral and Cardiac Rehabilitation and aims to provide mainstream physical activity options for people to move on to. At the moment home-based and outreach services are planned for delivery in 2004. The collaborative approach to improving services in Amber Valley is welcomed.
- KEY ISSUE SP2-14: The Bolsover Woodlands Scheme is innovative and the County’s Social Service Department and Countryside Service are to be congratulated on setting up this “different” way of working.

- KEY ISSUE SP2-15: The idea of outdoor-based physical activity seems to suit Derbyshire, whether it is delivered by BTCV, the Countryside Service, or some other collaborative initiative, perhaps centred on an allotments site.
- KEY ISSUE SP2-16: Derbyshire Primary Care Trusts, the North Derbyshire Health Promotion Service, District Councils and other groups are congratulated for working collaboratively in producing joint physical activity strategies.
- KEY ISSUE SP2-17: The emerging issues raised in the North Derbyshire Physical Activity Strategy are common with findings in national and local projects and popular anecdote.
- KEY ISSUE SP2-18: Large organisations can be a basis for delivering workplace health initiatives. What plans do public agencies have to lead by example in Derbyshire?
- KEY ISSUE SP2-19: The Primary Care Trust Equity Profiles will provide a focus on preventative measures promoting physical activity support better heart health in local communities, in particular addressing the local needs of the groups set out in the Coronary Heart Disease National Service Framework.

Reducing Overweight and Obesity - Interventions and support in Derbyshire

- KEY ISSUE SP2-20: The North Derbyshire Health Promotion Service is congratulated for delivering the WaistWatchers programme. The programme includes men from rural or manual backgrounds, and it is recognised that these groups are sometimes “non-joiners”.
- KEY ISSUE SP2-21: The North Derbyshire Health Promotion Service is congratulated for delivering the Change for Life programmes. The qualification of some former programme participants as exercise instructors is an example of its success in achieving lifestyle change for some women.

- KEY ISSUE SP2-22: Slimming World has indicated that it wishes to work with Primary Care in order to manage health risks due to overweight and obesity. It is also recognised that there is some caution in Primary Care settings in relation to commercial slimming organisations, in particular achievement of long-lasting weight loss. However, the current “reach” of the Slimming World organisation into the most disadvantaged areas appears considerably greater than the reach of Derbyshire Primary Care Trusts in the same areas.
- KEY ISSUE SP2-23: The Primary Care Trust Equity Profiles will provide a focus on preventative measures in reducing overweight and obesity to support better heart health in local communities, in particular addressing the local needs of the groups set out in the Coronary Heart Disease National Service Framework.

APPENDIX 3 - Key Issues arising from Supporting Paper 3 (SP3) - Children and Young People

Derbyshire Health Promoting Schools

- KEY ISSUE SP3-1 – Derbyshire’s Health Promoting Schools Partnership could undertake a self-assessment using the templates set out in the National Health Schools Standard literature.
- KEY ISSUE SP3- 2: Derbyshire’s Health Promoting Schools partnership was one of the first three partnerships accredited in September 2000. This means that the Health Promoting Schools Team has a record of partnership working, and has delivered better outcomes for a range of children and young people across the County. These achievements are congratulated.
- KEY ISSUE SP3-3: The Derbyshire Health Promoting Schools Partnership Team is congratulated for achieving its target well ahead of schedule.
- KEY ISSUE SP3-4:
 - Derbyshire Local Education Authority (LEA) / Derbyshire Primary Care Trusts (PCTs) – Identify how the targets for HPS are set
 - Derbyshire LEA – New Millennium Education Strategy – Incorporate a target for schools with Free School Meal Entitlement (FSME) population of greater than 20% >20%
 - Derbyshire PCTs – PCT Local Delivery Plans – Incorporate a target for schools with FSME population of greater than 20%.
- KEY ISSUE SP3-5 – Derbyshire LEA and Derbyshire PCTs – to consider how to prioritise schools’ participation in the Derbyshire Health Promoting Schools work programme, in particular where schools are located in areas of greatest social deprivation.
- KEY ISSUE SP3-6 – How does Tameside and Glossop PCT provide support to the Derbyshire Health Promoting Schools programme, to enable Glossopdale schools achieve the Healthy Schools award?

- KEY ISSUE SP3-7 – Derbyshire LEA and Derbyshire PCTs – to make more information available regarding the costs of delivering the Health Promoting Schools programme and achieving targets, including increasing the number of Healthy Schools located in areas of greatest social deprivation, to the County Council’s Social Care & Health Improvement and Scrutiny Committee.
- KEY ISSUE SP3-8 – Derbyshire LEA, in particular the Education Catering Service, and Derbyshire PCTs to identify improvements to support the Enabling Healthy Eating activity area within the Derbyshire Health Promoting Schools programme.
- KEY ISSUE SP3-9 – Derbyshire LEA and Derbyshire PCTs – to set out plans to further develop a range of innovative ways to get children and young people active, delivering alternatives to traditional physical activities such as football, cricket, rugby, athletics etc.
- KEY ISSUE SP3-10 – Derbyshire LEA / Derbyshire PCTs to undertake a pilot scheme, led by Derbyshire Health Promoting Schools, and involving the County Council’s Education Catering Service, a Derbyshire Secondary School, a Derbyshire Borough or District Council and a Derbyshire PCT, looking at an Enabling Healthy Eating project.
- KEY ISSUE SP3-11 – Derbyshire LEA and Derbyshire PCTs to undertake a pilot scheme, led by Derbyshire Health Promoting Schools, and involving the County Council, Derbyshire and Peak Park Sport and Recreation Forum, a Derbyshire Secondary School, a Borough or District Council and a Derbyshire PCT, looking at an Encouraging Physical Activity project.

Derbyshire County Council’s Education Catering Service

- KEY ISSUE SP3-12 – There is much evidence in Derbyshire to demonstrate that the Local Education Authority has made considerable efforts to improve the Education Catering Service.

- KEY ISSUE SP3-13 – There is evidence that the introduction of the cashless payment system in Shirebrook School has increased the uptake of free school meals by about 20%. Lunches paid for by students have also significantly increased. The County Council's Social Care & Health Improvement and Scrutiny Committee wishes to hear the views of Derbyshire LEA in relation to the expansion of the cashless payment system in schools in the most socially deprived areas in order to increase the uptake of free school meals.
- KEY ISSUE SP3-14 – Derbyshire Local Education Authority to provide information on monitoring and evaluation systems for all school meals in Derbyshire's primary schools.
- KEY ISSUE SP3-15 – Derbyshire Local Education Authority to provide information in relation to opportunities to raise awareness of healthier food and healthy diets in Primary Schools.
- KEY ISSUE SP3-16 – Derbyshire Local Education Authority to comment on the potential cost of encouraging more healthy eating habits amongst young people in secondary schools, through pricing and availability of healthier food, and any other relevant techniques or measures.
- KEY ISSUE SP3-17 –
 - (a) Derbyshire Local Education Authority to set out its vision and proposed practices for delivering healthy school lunches in Derbyshire Secondary Schools, in particular in connection with supporting health improvement and tackling health inequalities.
 - (b) Derbyshire Local Education Authority and Primary Care Trusts to identify partnership programmes which seek to deliver health improvement in young people and reduce health inequalities in Derbyshire.

5 A DAY initiative in Derbyshire

- KEY ISSUE SP3-18 – In relation to children and young people, North Derbyshire Health Promotion Service and Amber Valley PCT each share with the County Council's Social Care & Health Improvement and Scrutiny Committee their:
 - (a) Action Plans for the delivery of 5 A DAY programme and progress at the end of Year 1 and the completion of the programme (at the end of Year 2), and
 - (b) Plans to sustain the programme objectives beyond the life of the grant scheme.

National School Fruit Scheme in Derbyshire

- KEY ISSUE SP3-19: Derbyshire LEA and Derbyshire PCTs identify:
 - (a) Steps to secure the participation in the National School Fruit Scheme for the schools not yet involved.
 - (b) How the National School Fruit Scheme can support achievement of the Healthy Schools award in Derbyshire?
 - (c) The future of National School Fruit Scheme in Derbyshire beyond March 2004?

Other services not covered by the Review

- KEY ISSUE SP3-20: What other programmes and activities which impact upon children's and young people's heart health are being delivered in Derbyshire?

APPENDIX 4 - Key Issues arising from Supporting Paper 4 (SP4) - Cardiac Rehabilitation

What is Cardiac Rehabilitation? - Cardiac Rehabilitation and the British Heart Foundation

- KEY ISSUE SP4-1: The opportunity for NHS Hospital Trusts, Primary Care Trusts, District Councils and voluntary organisations to participate in a collaborative approach to the delivery of improved cardiac rehabilitation services in Derbyshire would be welcomed.

Demand for Cardiac Rehabilitation Services in Derbyshire

- KEY ISSUE SP4-2: The teams involved in designing and delivering better cardiac rehabilitation services in Derbyshire are congratulated for their achievements so far.
- KEY ISSUE SP4-3: There is some emerging evidence of an increase in the volume of Phase IV cardiac rehabilitation programmes being delivered in a community setting. However, there is little evidence of planned delivery of community-based Phase III cardiac rehabilitation in the short-term.
- KEY ISSUE SP4-4: In north and southern Derbyshire much of the cardiac rehabilitation is delivered on a Phase-by-Phase basis. However, there is some evidence of aspirations towards the delivery of an integrated care pathway for cardiac rehabilitation patients.

Four Phases of Cardiac Rehabilitation – delivery in north Derbyshire

- KEY ISSUE SP4-5: NHS Coronary Heart Disease National Service Framework details investigations and interventions in relation to Phase I of cardiac rehabilitation. More information on the nature of progress in north Derbyshire against achievement of the investigations and achievements would be helpful.
- KEY ISSUE SP4-6: NHS Coronary Heart Disease National Service Framework details investigations and interventions in relation to Phase II of cardiac rehabilitation. More information on the nature of progress in north Derbyshire against achievement of the investigations and achievements would be helpful.

- KEY ISSUE SP4-7: NHS Coronary Heart Disease National Service Framework details investigations and interventions in relation to Phase III of cardiac rehabilitation. More information on the nature of progress in north Derbyshire against achievement of the investigations and achievements would be helpful, in particular identifying:
 - (a) How many patients are not offered Phase III services, those patients being otherwise able to undertake Phase III services, and
 - (b) How access to Phase III services can be increased so that all of those who are able to participate in those services can do so.
- KEY ISSUE SP4-8: NHS Coronary Heart Disease National Service Framework details investigations and interventions in relation to Phase IV of cardiac rehabilitation. More information on the nature of progress in north Derbyshire against achievement of the investigations and achievements would be helpful, in particular how the Trusts plan to deliver improved access to Phase IV cardiac rehabilitation programmes across north Derbyshire in partnership with district councils and voluntary organisations such as the British Heart Foundation.

Four Phases of Cardiac Rehabilitation – delivery in southern Derbyshire

- KEY ISSUE SP4-9: The southern Derbyshire Cardiac Rehabilitation Strategy has a stated aim to address equity and to tackle inequalities. How are NHS Hospital Trusts and Primary Care Trusts planning to improve services through gathering patient specific information such as:
 - Where people live, by district council area?
 - Gender?
 - Age?
 - Disability?
 - Ethnicity?
 - Occupation / socio-economic status?
 - Access to a car / transport?
- KEY ISSUE SP4-10: NHS Coronary Heart Disease National Service Framework details investigations and interventions in relation to Phase II of cardiac rehabilitation. More information on the nature of progress in southern Derbyshire against achievement of the investigations and achievements would be helpful.

- KEY ISSUE SP4-11: NHS Coronary Heart Disease National Service Framework details investigations and interventions in relation to Phase III of cardiac rehabilitation. More information on the nature of progress in southern Derbyshire against achievement of the investigations and achievements would be helpful, in particular identifying:
 - (a) How many patients are not offered Phase III services, those patients being otherwise able to undertake Phase III services, and
 - (b) How access to Phase III services can be increased so that all of those who are able to participate in those services can do so.
- KEY ISSUE SP4-12: NHS Coronary Heart Disease National Service Framework details investigations and interventions in relation to Phase IV of cardiac rehabilitation. More information on the nature of progress in southern Derbyshire against achievement of the investigations and achievements would be helpful, in particular how the Trusts plan to deliver improved access to Phase IV cardiac rehabilitation programmes across north Derbyshire in partnership with district councils and voluntary organisations such as the British Heart Foundation.
- KEY ISSUE SP4-13: The Case Study recognises and values the Erewash Exercise for the Heart Group in delivering a programmes of activities supporting better heart health, in particular providing programmes of physical activity for people who have had heart attacks or cardiac surgery. The Group is also highly valued by exercise class participants, who have said that they probably would not undertake any regular exercise without a group setting. However, Erewash Primary Care Trust and Erewash Borough Council recognise the need to provide greater access to Phase IV rehabilitation programmes.

Four Phases of Cardiac Rehabilitation – delivery outside Derbyshire

- KEY ISSUE SP4-14: The Review did not explore cardiac rehabilitation services available and delivered to people who live in Derbyshire, though these patients may have accessed acute care from a hospital outside Derbyshire.

Four Phases of Cardiac Rehabilitation – delivery in Derbyshire - British Heart Foundation affiliated Heart Support Groups

- KEY ISSUE SP4-15: The Heart Support Group has made some interesting comments in relation to improvement of Phase IV cardiac rehabilitation services.

Four Phases of Cardiac Rehabilitation – delivery in Derbyshire - A role for private gyms in delivering Phase IV cardiac rehabilitation?

- KEY ISSUE SP4-16: The Private Gym has made some interesting comments in relation to improvement of Phase IV cardiac rehabilitation services.

What happens next? Providing support to people to maintain lifestyle changes - Walking for Health schemes

- KEY ISSUE SP4-17: There is evidence that patients wish to have a variety of options for increasing physical activity and exercise. Do all Derbyshire Hospital NHS Trusts and Derbyshire Primary Care Trusts share information on local walking groups, and similar, to patients who have had a heart attack, or heart surgery, or other heart complaint?

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Project Board (in alphabetical order)

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