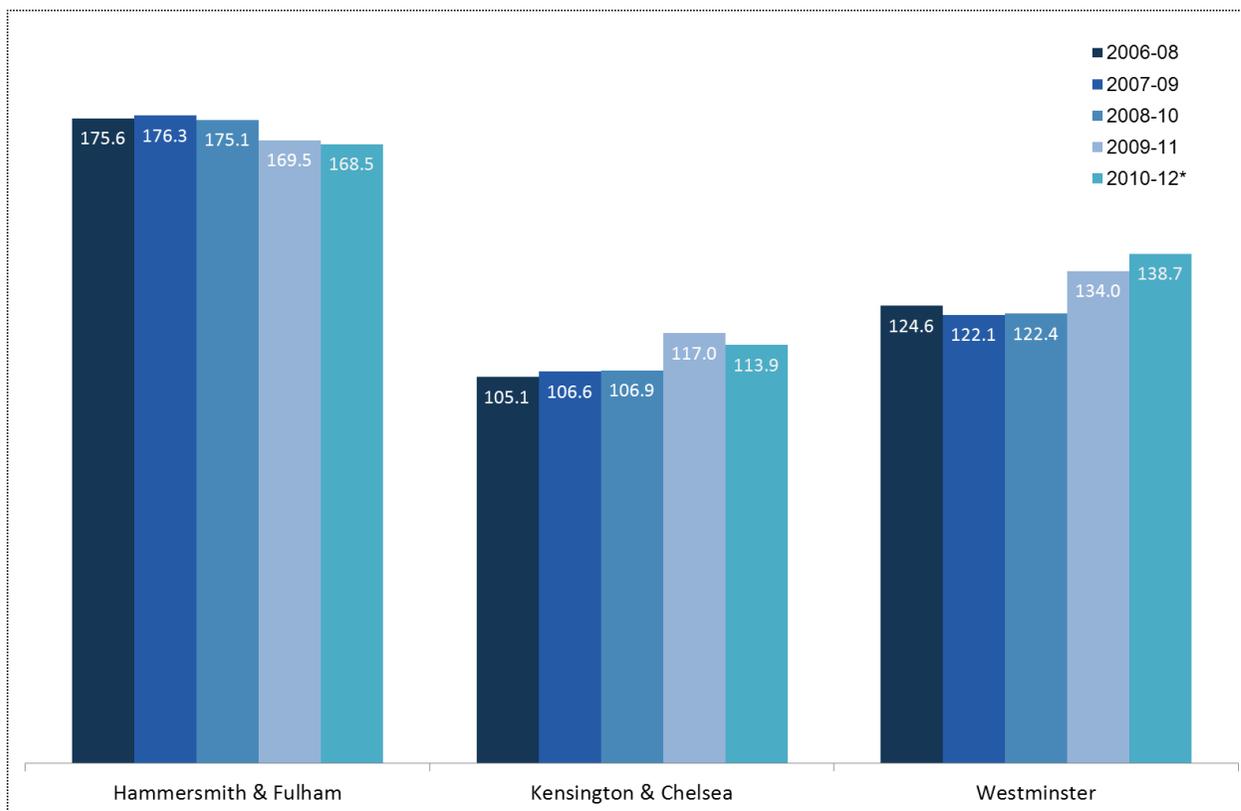


Preventable Mortality

All age mortality rate from causes considered preventable

Age-standardised rate of mortality from causes considered preventable per 100,000 population
Borough Level



Comparison Data for 2009-11		
London		140.4
England		146.1

Comments

- The all age mortality rate from causes considered preventable between 2009-11 is higher in Hammersmith & Fulham than the London and England average, but it is lower in Kensington & Chelsea and Westminster.
- Between 2006-08 and 2010-12, the rate in Hammersmith & Fulham has fallen from 175.6 deaths per 100,000 to 168.5.
- Over the same time period, the rate in Kensington & Chelsea and Westminster has risen. However, this may be due to a change in the denominator and the lowering of the resident population following the results of the Census.

Useful Links

- Public Health Outcomes Framework - www.phoutcomes.info
- NICE Guidance - <http://guidance.nice.org.uk/PH15>

Evidence

- The risk of dying early could be reduced by providing services to help people stop smoking and treatment for high cholesterol (statins) and other conditions that increase the risk of heart disease.
- NICE PH15 recommendations include the following advice:
 - GPs and other NHS staff working outside hospitals, and local authorities should set up systems to identify people who are disadvantaged and at high risk of heart disease.
 - NHS organisations and local authorities should work together to provide flexible services to improve the health of these people. This might include advice and help offered in drop-in clinics and other places people can get to easily, at times that suit them. Information should be provided in a language people understand.
 - The NHS and local authorities should ensure services aiming to improve the health of people who are disadvantaged are coordinated and that there are enough people trained to run them.

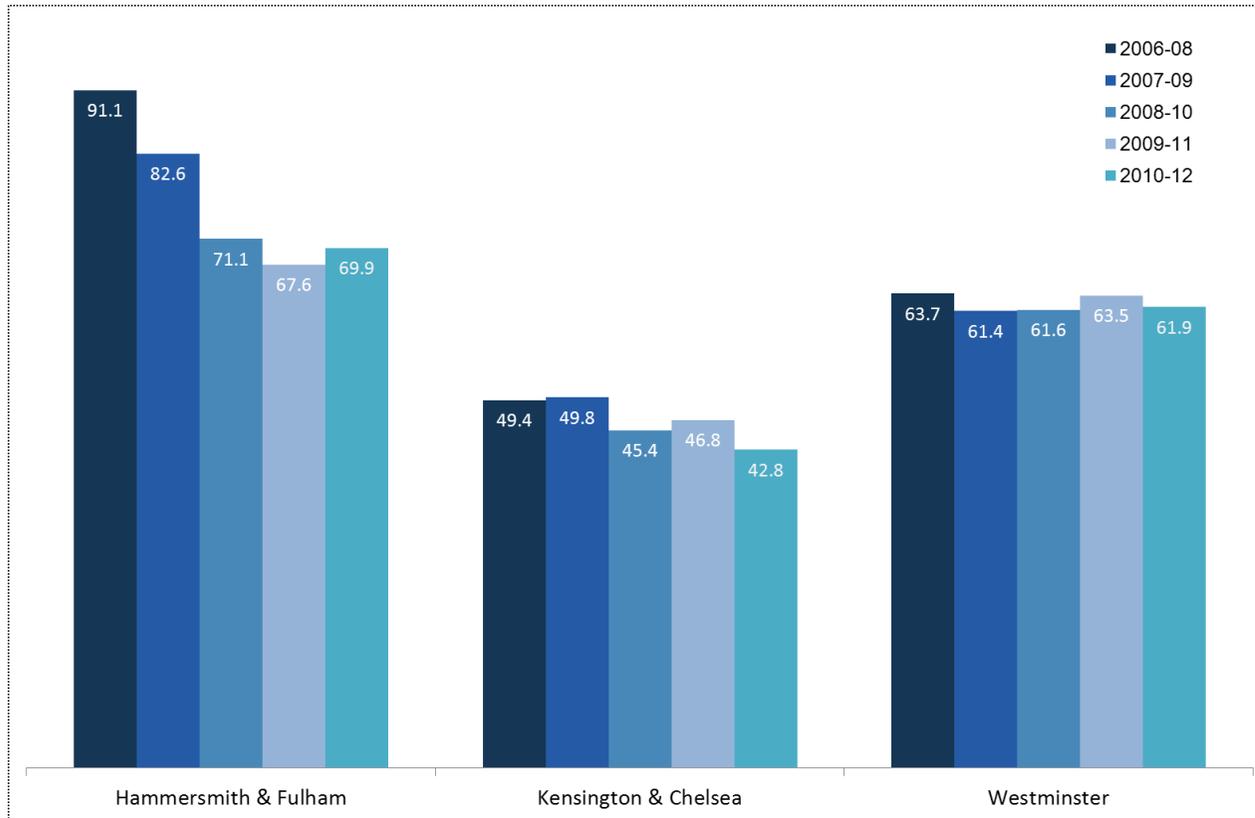
References

NICE (2008) Identifying and supporting people most at risk of dying prematurely. Public Health guidance 15. London: NICE
<http://guidance.nice.org.uk/PH15>

Mortality from Cardiovascular Diseases

Under 75 mortality rate from all Cardiovascular Diseases

Age-standardised rate of mortality from all Cardiovascular Diseases per 100,000
Borough Level



Comparison Data for 2009-11	
London	65.3
England	62.0

Comments

- The under 75 mortality rate from Cardiovascular Diseases 2009-11 is higher in Hammersmith & Fulham than London and England. In Westminster it is lower than London, but higher than England. It is lower than both London and England in Kensington & Chelsea.

The trend between 2006-08 and 2010-12 in all of the tri-borough areas is as follows:-

- In Hammersmith & Fulham it has fallen sharply from 91.1 deaths per 100,000 to 69.9.
- In Kensington & Chelsea it has fallen from 49.4 deaths per 100,000 to 42.8.
- In Westminster, the rate has stayed relatively steady, falling slightly from 63.7 deaths per 100,000 to 61.9.

Useful Links

Public Health Outcomes Framework - www.phoutcomes.info

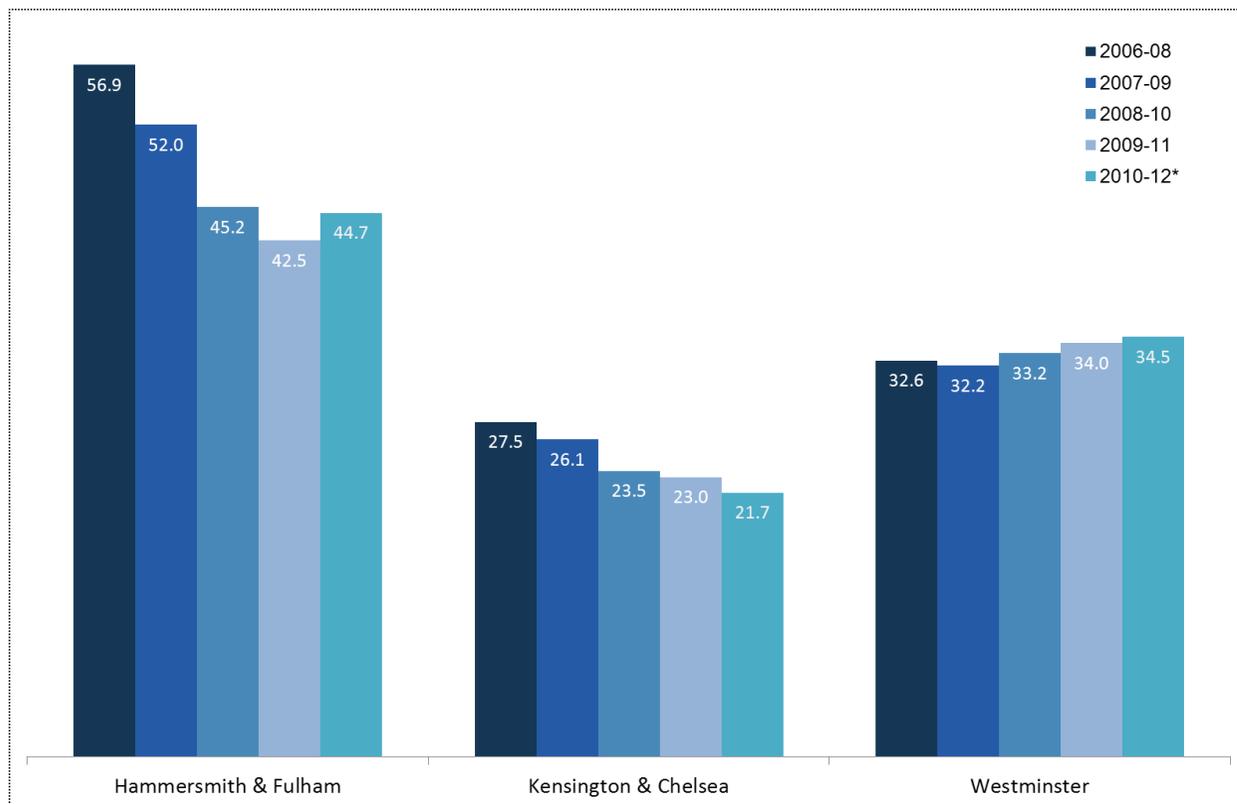


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Preventable Mortality

Under 75 mortality rate from Cardiovascular Diseases considered preventable

Age-standardised rate of mortality from Cardiovascular Diseases considered preventable per 100,000
Borough Level



Comparison Data for 2009-11	
London	40.2
England	40.6

Comments

- The under 75 mortality rate from Cardiovascular Diseases considered preventable 2009-11 is higher in Hammersmith & Fulham than London and England.
- In both Kensington & Chelsea and Westminster it is lower than both the London and England rate.
- Between 2006-08 and 2010-12, the rate has fallen in Hammersmith & Fulham and Kensington & Chelsea; In Westminster the rate has been relatively stable but has increased incrementally.

Useful Links

- Public Health Outcomes Framework - www.phoutcomes.info
- NICE Guidance - <http://guidance.nice.org.uk/PH15>
- NICE Guidance - <http://guidance.nice.org.uk/PH25>
- SIGN - www.sign.ac.uk



Evidence

Guidelines recommend that the risk of cardiovascular disease can be reduced by adopting and maintaining a healthy lifestyle including an improved diet, smoking cessation, increased physical activity, and a reduction in alcohol consumption. Lowering blood pressure, antiplatelet therapy, and lowering cholesterol through statin therapy are also key prevention measures.

In 2010 NICE made a number of recommendations to improve population level prevention of cardiovascular disease. These include measures to reduce consumption of salt and saturated fats; reduce harmful effects of trans fats; protect children and young people from the promotion of unhealthy diets; transparency between government agencies and the commercial sector; clear product labelling; implementation of health impact assessments; integrating public health and health promotion with the Common Agricultural Policy; government funding to support active travel; review planning permissions for take-away and food outlets; and effective monitoring to inform CVD prevention policy.

References

NICE (2008) Identifying and supporting people most at risk of dying prematurely. Public Health guidance 15. London: NICE
<http://guidance.nice.org.uk/PH15>

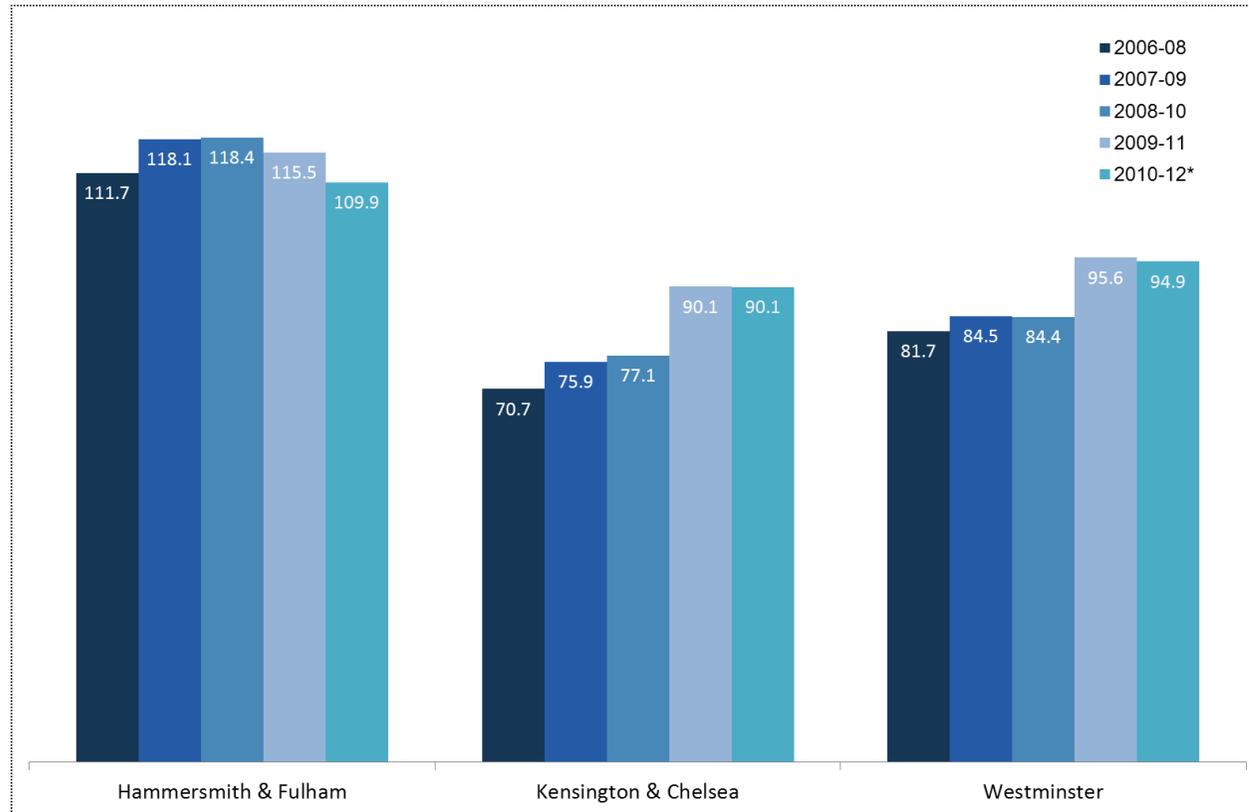
NICE (2010) Prevention of cardiovascular disease at population level. Public Health Guidance 25. London: NICE
<http://guidance.nice.org.uk/PH25>

SIGN (2007) Risk estimation and the prevention of cardiovascular disease. Guideline 97. Edinburgh:SIGN.
www.sign.ac.uk

Mortality from Cancer

Under 75 mortality rate from all Cancers

Age-standardised rate of mortality from all Cancers per 100,000
Borough Level



Comparison Data for 2009-11	
London	103.3
England	106.7

Comments

- The under 75 mortality rate from all Cancers 2009-11 is higher in Hammersmith & Fulham than London and England. In both Kensington & Chelsea and Westminster it is lower than both the London and England rate.

The trend between 2006-08 and 2010-12 is as follows:-

- In Hammersmith & Fulham it has stayed relatively stable between 118.4 deaths per 100,000 in 2008-10 and 109.9 in 2010-12.
- In Kensington & Chelsea it has increased from 70.7 deaths per 100,000 to 90.1.
- In Westminster it has increased from 81.7 deaths per 100,000 to 94.9.
- The increases seen may be due to a change in the denominator following the Census.

Useful Links

Public Health Outcomes Framework - www.phoutcomes.info

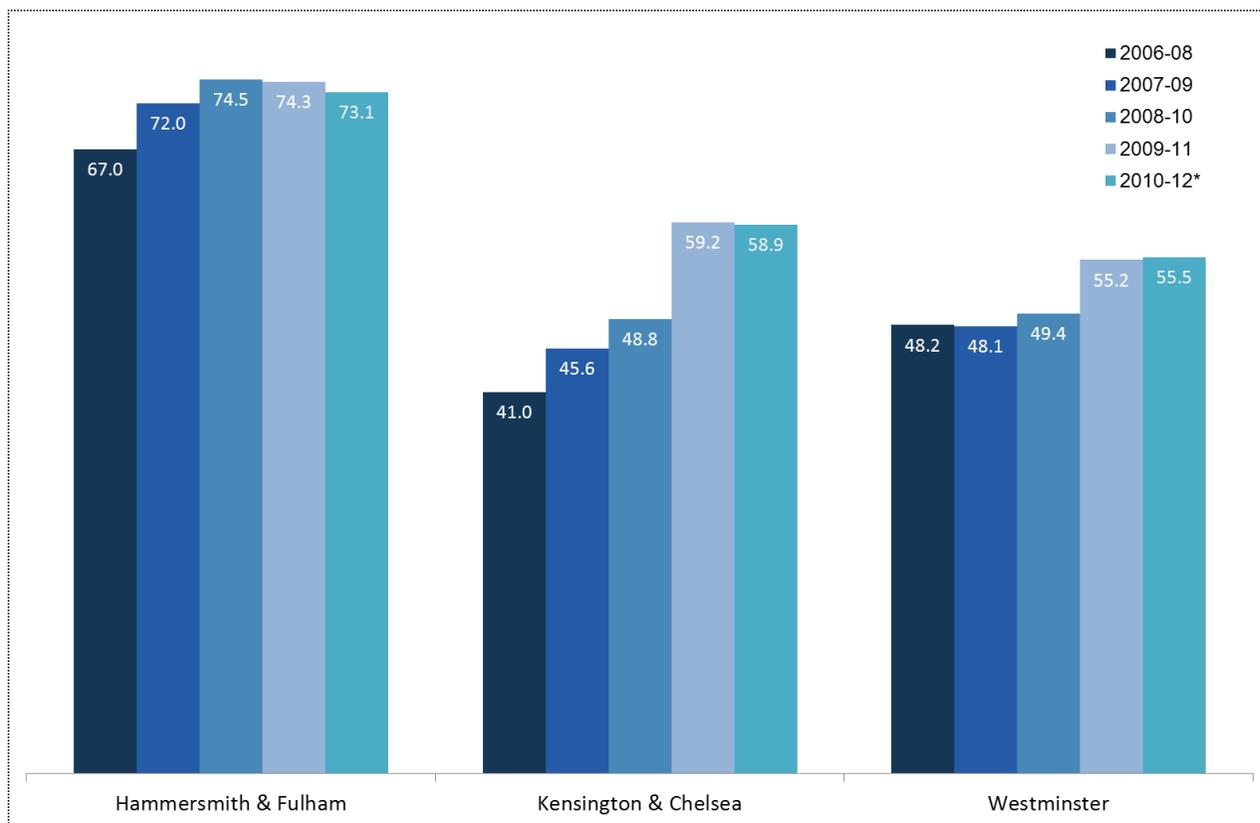


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Preventable Mortality

Under 75 mortality rate from Cancers considered preventable

Age-standardised rate of mortality from Cancers considered preventable per 100,000
Borough Level



Comparison Data for 2009-11	
London	60.8
England	61.9

Comments

- The under 75 mortality rate from all Cancers considered preventable 2009-11 is higher in Hammersmith & Fulham than London and England.
- In both Kensington & Chelsea and Westminster it is lower than both the London and England rate.
- Between 2006-08 and 2010-12, the rate has increased incrementally in all of the areas that comprise Tri-borough. The greater increases seen in Kensington & Chelsea and Westminster may be due to a change in the denominator following the Census.

Useful Links

- Public Health Outcomes Framework - www.phoutcomes.info
- NICE Guidance - <http://www.nice.org.uk/guidance/PH32>
- NHS Cancer Screening - <http://www.cancerscreening.nhs.uk/>
- WHO - <http://www.who.int/cancer/prevention/en/>

Preventable Mortality

Under 75 mortality rate from Cancers considered preventable

Evidence

The World Health Organization reports that at least one-third of all cancer cases are preventable, and that “prevention offers the most cost-effective long-term strategy for the control of cancer”.

Primary prevention focuses on reducing the risk factors for cancer by promoting and maintaining a healthy lifestyle e.g. stop smoking, healthy eating, physical activity and reduced alcohol consumption. Other measures include raising awareness of the risks of exposure to ultraviolet (UV) light and testing for the presence of radon in the home.

Secondary prevention involves screening for cancer, largely coordinated through the National Cancer Screening Programmes, and appropriate treatment.

References

Cancer Research UK - <http://www.cancerresearchuk.org/cancer-help/about-cancer/causes-symptoms/preventing-cancer>

NHS Cancer Screening Programme - <http://www.cancerscreening.nhs.uk/>

NHS Choices - <http://www.nhs.uk/Livewell/preventing-cancer/Pages/Preventing-cancer-home.aspx>

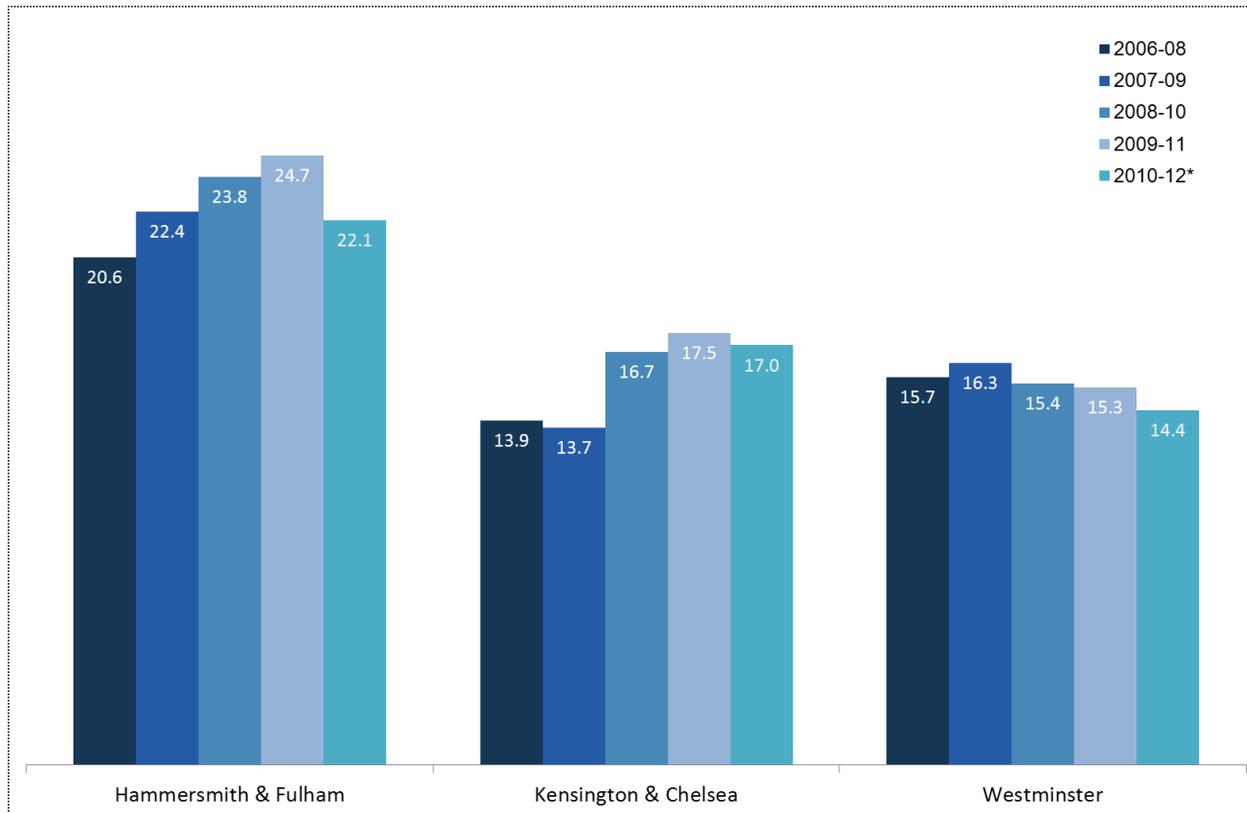
NICE (2011) Skin cancer: prevention using public information, sun protection resources and changes to the environment. London: NICE
<http://www.nice.org.uk/guidance/PH32>

World Health Organization - <http://www.who.int/cancer/prevention/en/>

Mortality from Liver Disease

Under 75 mortality rate from Liver Disease

Age-standardised rate of mortality from Liver Disease per 100,000
Borough Level



Comparison Data for 2009-11	
London	15.7
England	14.4

Comments

- The under 75 mortality rate from Liver Diseases 2009-11 is higher in Hammersmith & Fulham and Kensington & Chelsea than London and England. In Westminster it is lower than London, but higher than England.

The trend between 2006-08 and 2010-12 in all of the tri-borough areas is as follows:-

- In Hammersmith & Fulham it has risen from 20.6 deaths per 100,000 to 22.1 - however it is currently at its lowest value since 2006-08.
- In Kensington & Chelsea it has risen from 13.9 deaths per 100,000 to 17.0.
- In Westminster, the rate has stayed relatively steady, falling slightly from 15.7 deaths per 100,000 to 14.4.

Useful Links

Public Health Outcomes Framework - www.phoutcomes.info

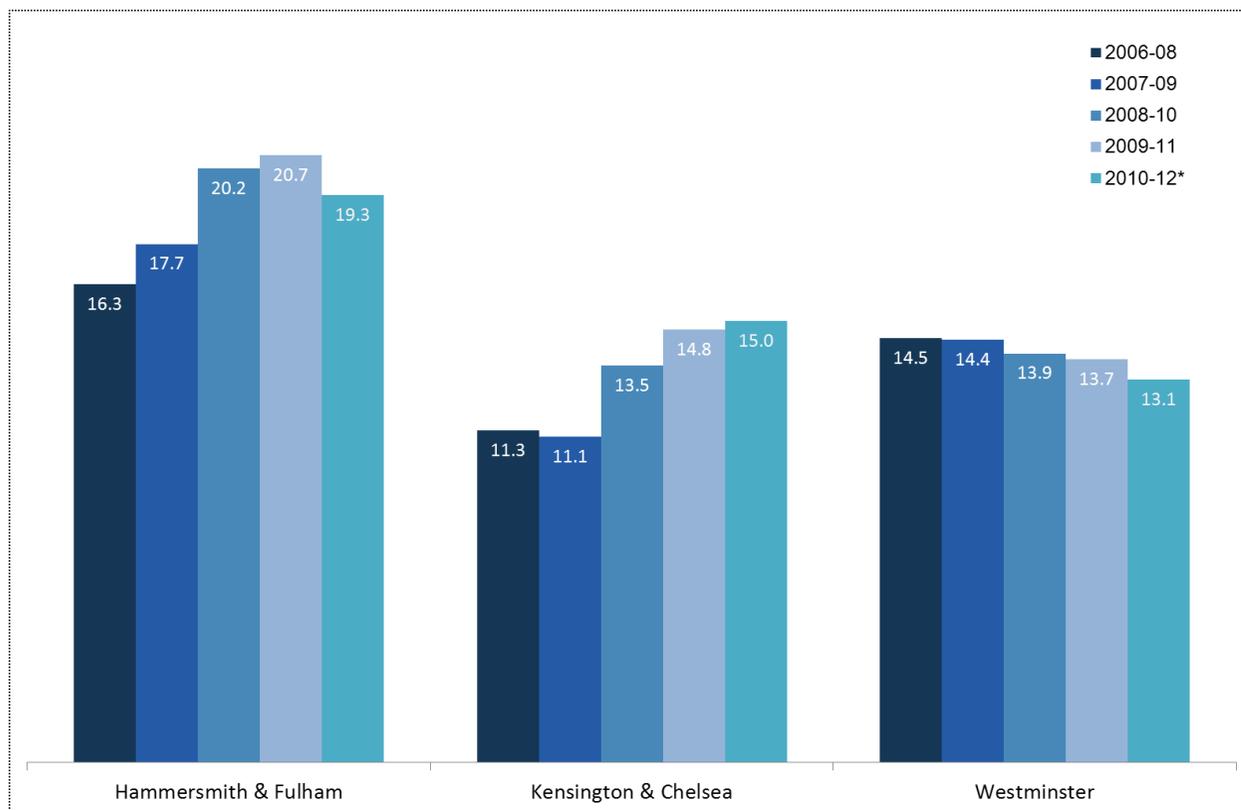


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Preventable Mortality

Under 75 mortality rate from Liver Disease considered preventable

Age-standardised rate of mortality from Liver Disease considered preventable per 100,000
Borough Level



Comparison Data for 2009-11	
London	13.4
England	12.7

Comments

- The under 75 mortality rate from all Liver Disease considered preventable 2009-11 is higher than the England average for all three boroughs.
- Hammersmith & Fulham and Kensington Chelsea are higher than the London average, while Westminster is slightly below.
- Between 2006-08 and 2010-12, the rate has increased incrementally in both Hammersmith & Fulham and Kensington & Chelsea. The rate has fallen by 1.4 deaths per 100,000 in Westminster, from 14.5 to 13.1 per 100,000.

Useful Links

- Public Health Outcomes Framework - www.phoutcomes.info
- NICE Guidance - <http://guidance.nice.org.uk/PH24>
- NICE Guidance - <http://www.nice.org.uk/guidance/CG100>
- NICE Guidance - <http://www.nice.org.uk/ph43>



Preventable Mortality

Under 75 mortality rate from Liver Disease considered preventable

Evidence

There are three main preventable threats to the liver: alcoholic liver disease; non-alcoholic fatty liver disease (NAFLD); and hepatitis.

The most effective way to protect against alcoholic liver disease is through making lifestyle changes. Alcohol consumption is strongly associated with liver disease, and either stopping drinking or following the Department of Health advice on daily limits is recommended. Having two alcohol-free days a week is also beneficial. Those who are moderately or severely alcohol dependent are likely to need specialist help.

Decreases in the price of alcohol contribute towards increases in alcohol related deaths, particularly in deaths attributable to chronic causes such as alcoholic liver disease.

Non-alcoholic fatty liver disease (NAFLD) is primarily caused by being overweight or obese. Losing weight gradually, eating a well-balanced diet, stopping smoking and reducing alcohol consumption will help to protect the liver.

Hepatitis describes inflammation of the liver caused by a viral infection or exposure to harmful substances such as alcohol. Vaccination can be used to prevent infection in groups at high risk of Hepatitis A or B. For patients with Hep B information and advice should be given on how to prevent further transmission (CKS). Anti-viral medications are available to treat Hepatitis B and C.

Recent NICE guidance makes a number of recommendations to promote testing for Hep B and C, including awareness-raising among the population and those at high risk; developing the knowledge and skills of health professionals; testing in primary care, prisons and youth offender institutions, immigration removal centres, drugs services and in genitourinary medicine and sexual health clinics; contact tracing; providing and auditing the neonatal hepatitis B vaccination; commissioning testing and treatment service; laboratory services for hepatitis B and C testing.

Preventable Mortality

Under 75 mortality rate from Liver Disease considered preventable

References

British Liver Trust - <http://www.britishlivertrust.org.uk/home.aspx>

Clinical Knowledge Summaries (2010) Hepatitis A. - http://www.cks.nhs.uk/hepatitis_a

Clinical Knowledge Summaries (2010) Hepatitis B. - http://www.cks.nhs.uk/hepatitis_b

Clinical Knowledge Summaries (2010) Hepatitis C. - http://www.cks.nhs.uk/hepatitis_c

Health Protection Agency - <http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/>

NHS Choices - <http://www.nhs.uk/conditions/liver-disease/Pages/Introduction.aspx>

NICE (2010) Alcohol-use disorders: preventing the development of hazardous and harmful drinking. Public Health guidance 24. London: NICE
<http://guidance.nice.org.uk/PH24>

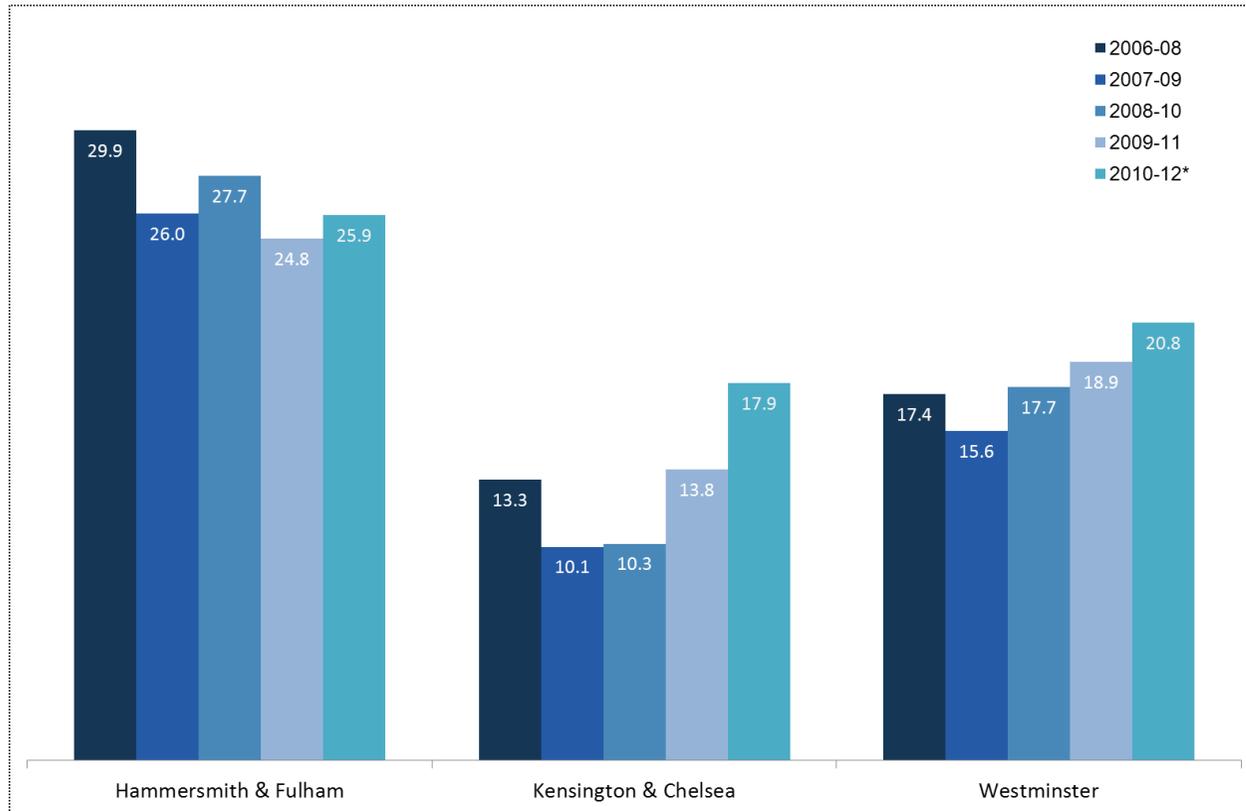
NICE (2010) Alcohol-use disorders: diagnosis and clinical management of alcohol-related physical complications'. Clinical Guidelines 100.
London: NICE
<http://www.nice.org.uk/guidance/CG100>

NICE (2012). Hepatitis B and C - ways to promote and offer testing. Public Health guidance 43. London: NICE
<http://www.nice.org.uk/ph43>

Mortality from Respiratory Disease

Under 75 mortality rate from Respiratory Disease

Age-standardised rate of mortality from Respiratory Disease per 100,000
Borough Level



Comparison Data for 2009-11	
London	22.7
England	23.4

Comments

- The under 75 mortality rate from Respiratory Diseases 2009-11 is higher in Hammersmith & Fulham than London and England. In Kensington & Chelsea and Westminster it is lower than both London and England.

The trend between 2006-08 and 2010-12 in all of the tri-borough areas is as follows:-

- In Hammersmith & Fulham it has fallen from 29.9 deaths per 100,000 to 25.9.
- In Kensington & Chelsea it has risen from 13.3 deaths per 100,000 to 17.9.
- In Westminster, the rate has risen slightly from 17.4 deaths per 100,000 to 20.8.
- The increases seen in Kensington & Chelsea and Westminster may be due to a change in the denominator following the Census.

Useful Links

Public Health Outcomes Framework - www.phoutcomes.info



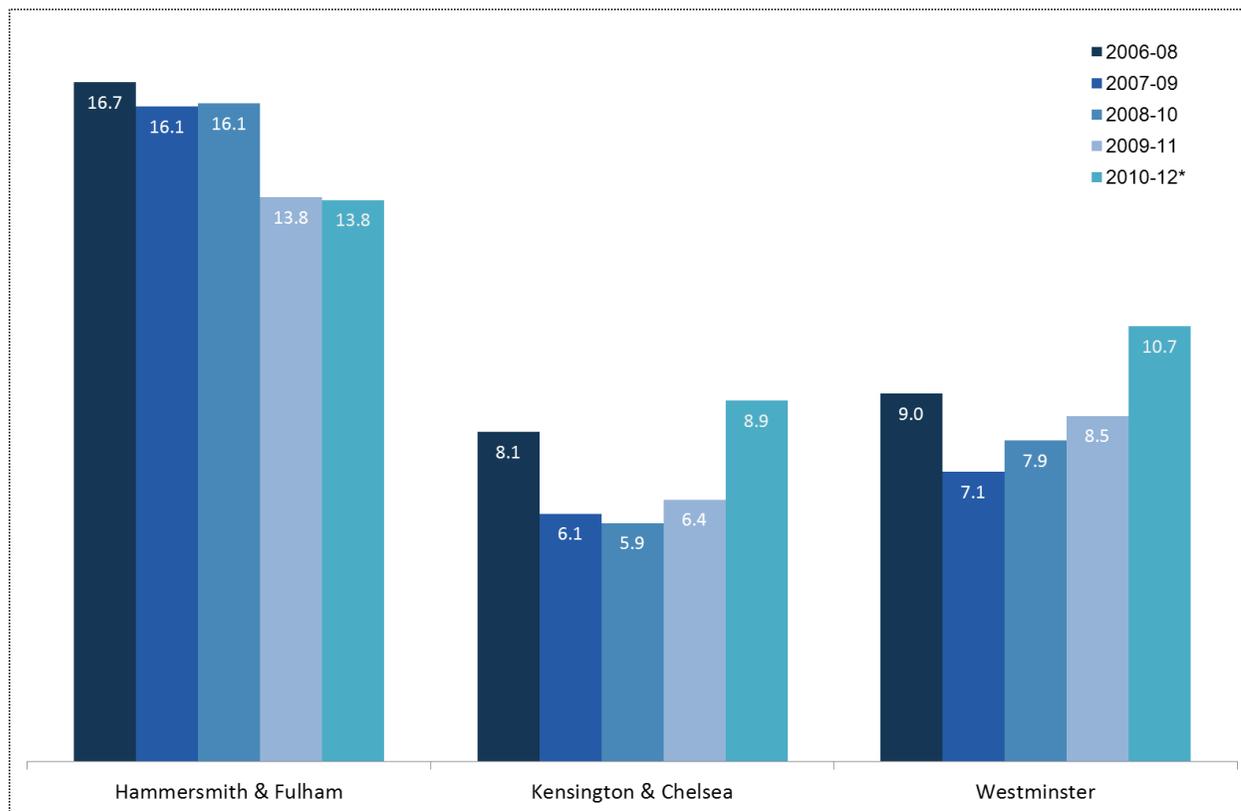
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Preventable Mortality

Under 75 mortality rate from Respiratory Disease considered preventable

PUBLIC HEALTH
OUTCOMES
FRAMEWORK

Age-standardised rate of mortality from Respiratory Disease considered preventable per 100,000
Borough Level



Comparison Data for 2009-11	
London	11.5
England	11.6

Comments

- The under 75 mortality rate from all Respiratory Diseases considered preventable 2009-11 is higher than London and England in Hammersmith & Fulham.
- In Kensington Chelsea and Westminster, the rates are lower than both London and England.
- Between 2006-08 and 2010-12, the rate has increased incrementally in both Kensington & Chelsea and Westminster. The rate has fallen by 2.9 deaths per 100,000 in Hammersmith & Fulham, from 16.7 to 13.8 per 100,000.

Useful Links

- Public Health Outcomes Framework - www.phoutcomes.info
- NICE Guidance - <http://guidance.nice.org.uk/PH15>



Preventable Mortality

Under 75 mortality rate from Respiratory Disease considered preventable

Evidence

Prevention of chronic respiratory disease involves reducing exposure to common risk factors, primarily exposure to tobacco smoke. This should start in pregnancy and childhood. Other risk factors to address include low birth weight, poor nutrition, acute respiratory infections of early childhood, indoor and outdoor air pollutants, and occupational risk factors.

Although long term decline in lung function may not be reversible, effective management including smoking cessation, pulmonary rehabilitation and reduction of personal exposure to noxious particles and gases can reduce symptoms, improve quality of life, and increase physical fitness. Asthma, although not curable, is a treatable disease.

Prevention includes prevention of sensitization to factors that might subsequently induce disease, avoidance of allergens and non-specific triggers, and pharmacological treatment.

References

World Health Organization (2002) WHO strategy for prevention and control of chronic respiratory diseases. Geneva: WHO