



JSNA Data Refresh 2013/14 Diabetes Barnet

Diabetes is a common life-long health condition. There are 3 million people diagnosed with diabetes in the UK. Type 2 diabetes is a largely preventable disease strongly associated with obesity and is closely linked to cardiovascular disease.

The NHS Health Checks programme is offered to people aged 40-74. It aims to help lower your risk of developing diabetes, heart disease and stroke.

Key messages

Demographic

Diabetes rates increase with age and are associated with obesity. Although diabetes is common in all communities, people of South Asian and Caribbean origin have higher chances of developing diabetes and develop it at a younger age and at a lower level of obesity than the white population.

The aging population and expected increase in black and minority ethnic groups in the next 20 years is likely to lead to an increase in the number of people with diabetes.

Diabetes Prevalence

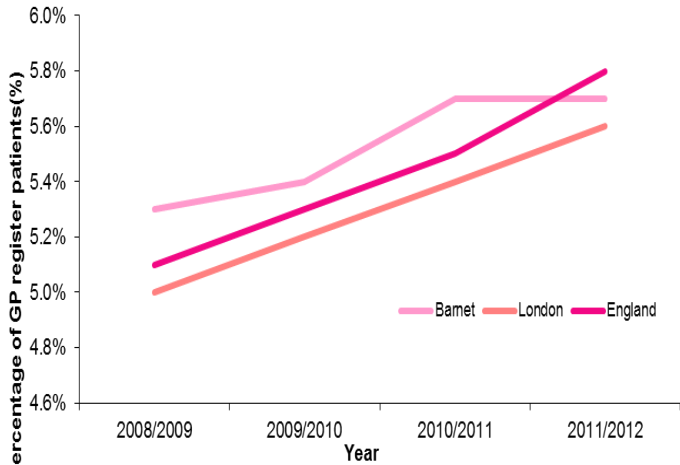
Barnet has a relatively low prevalence rate of diabetes compared to England. Although it is slightly higher than London. The projection suggest it will continue steadily rising. The obesity prevalence in Barnet is 7.5%, which is lower than London and England, but it is an issue that needs to be addressed.

Health Outcomes

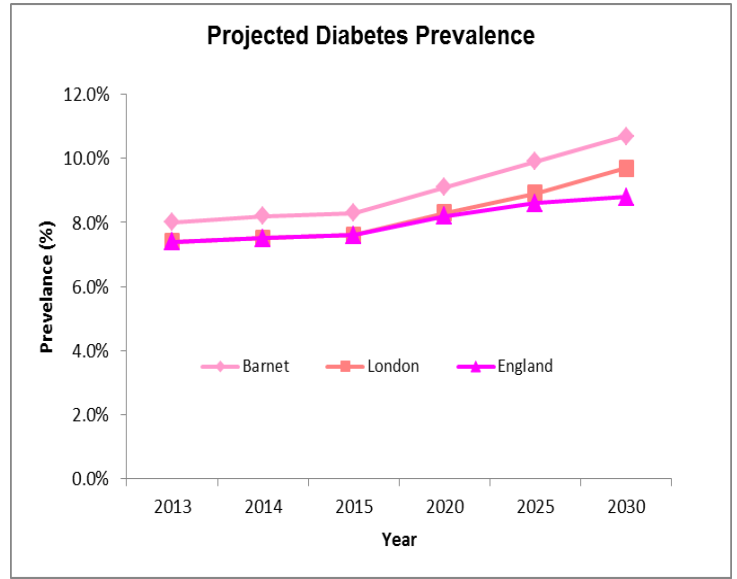
People living with diabetes may have to deal with short-term or long-term complications as a result of their condition. Long and short-term complications can impact on a wide variety of parts of the body including eyes, heart, kidneys, nerves and feet. In Barnet people with diabetes were 62.1% more likely to have a heart attack and 23.5% more likely to have a stroke. However, diabetes is generally well managed in Barnet and the rates for all diabetes complications are amongst the lowest in England.

Local Data

The Recorded Prevalence of Diabetes in Barnet 2008/09 - 2011/12



Source: Health & Social Care Information Centre (QOF)

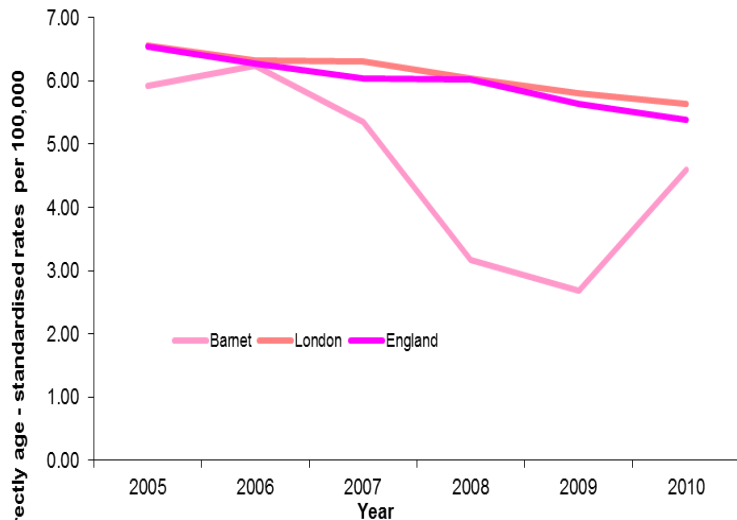


Source: Yorkshire and Humber Health Intelligence

Diabetes prevalence

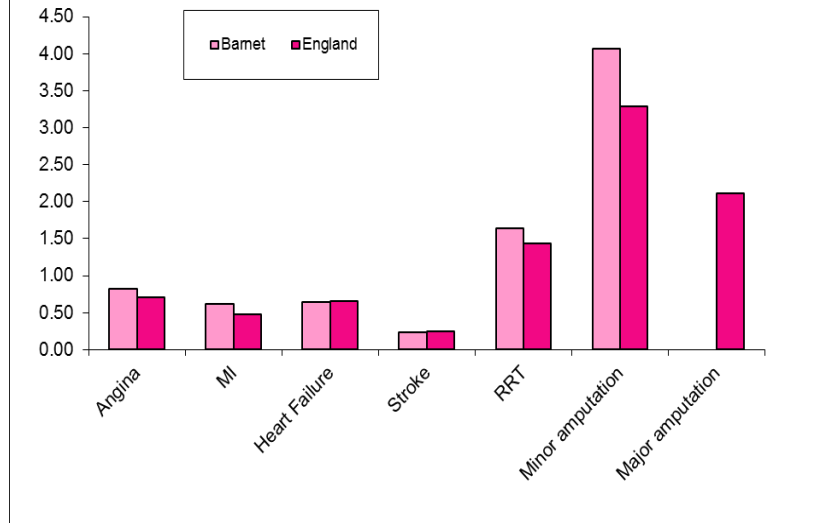
Over 17,000 (5.7% of the adult population) people aged 17 years and older diagnosed with diabetes in Barnet. It has been estimated the prevalence of diabetes is 7.9%. This would mean that there are around 6,000 people with undiagnosed diabetes in Barnet.

Diabetes Mortality in Barnet



Source: NHS Information Centre

Risk of Complications



Source: Yorkshire and Humber Health Intelligence

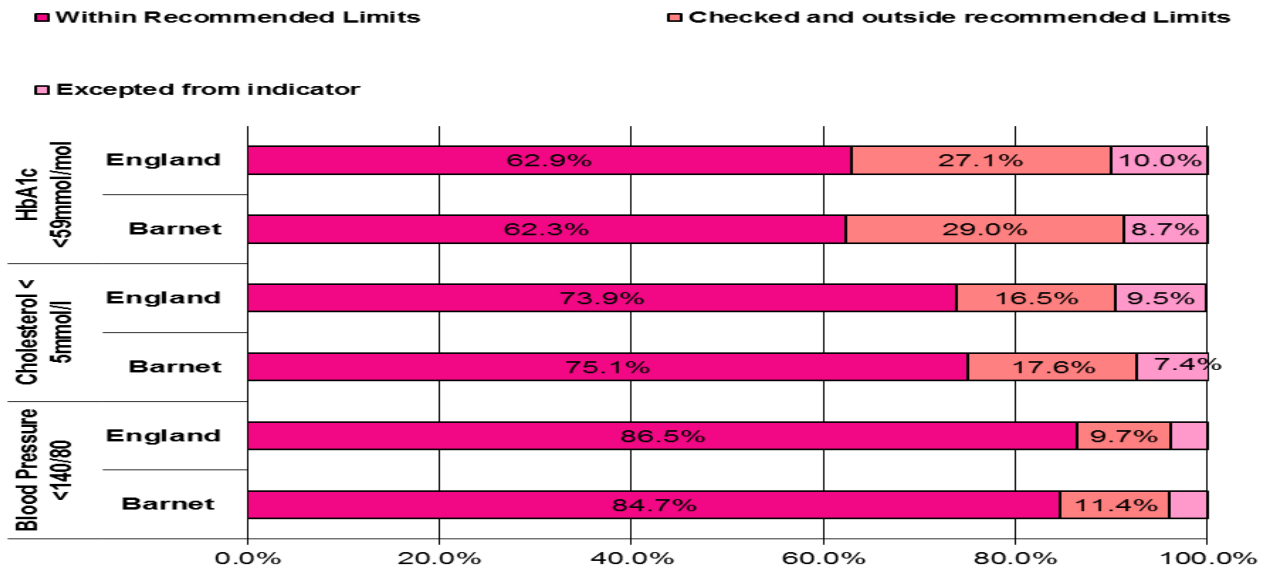
Deaths from Diabetes

Death rates from diabetes in Barnet are on average lower than those of London and England which implies that diabetes is well managed in Barnet.

Management of Diabetes

Rates of both good blood glucose and good blood pressure control in people with diabetes in Barnet are similar to the London rates and higher than the national rates. Long term improvement in blood glucose control is considered to have beneficial effects on the onset and progressions of complications. The National Diabetes Audit collates data that identifies the additional risk of diabetic complications and mortality in people with diabetes compared to the general population. Those with diabetes in Barnet were 4 times more likely (407%) to have minor amputation compared to the general population and 0.62 (62.1%) more likely to have a heart attack. They were also 0.64 (64.3%) more likely to have a hospital admission related to heart failure and 0.36 (36.3%) more likely to die than the general population in the same area.

Care Processes and Treatment Targets

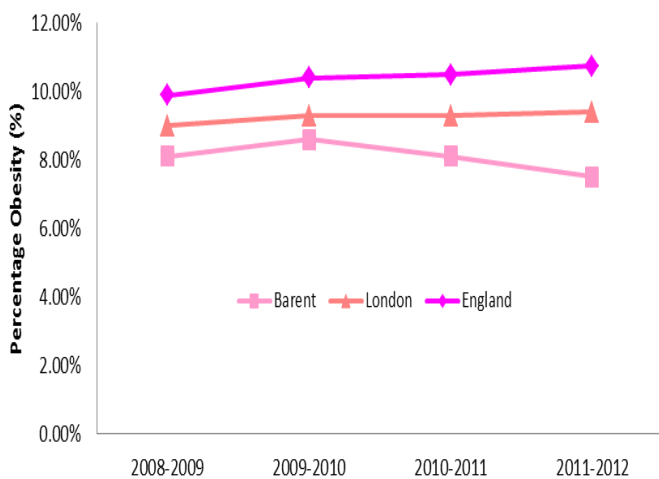


Source: Yorkshire and Humber Health Intelligence

Obesity

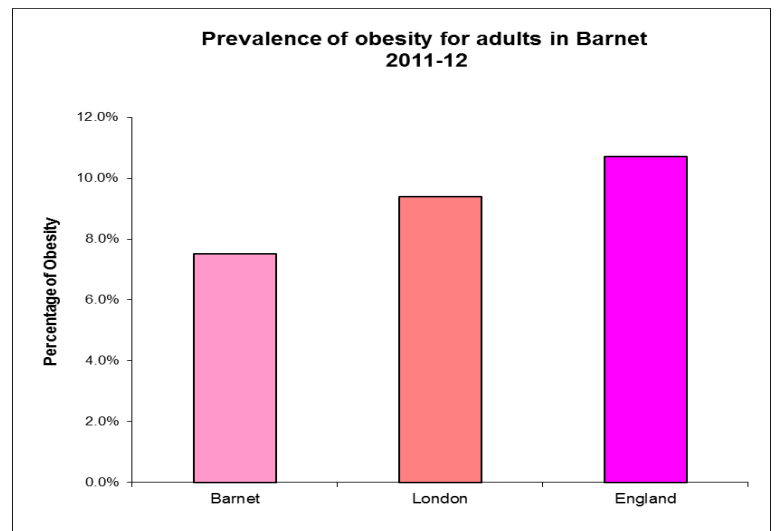
There is a known association with obesity and type-2 diabetes. Obesity prevalence in Barnet is 7.5%. This is less than the London and England averages. As obesity is a risk factor for diabetes this is something that needs to be addressed. One aspect of obesity management is the level of physical activity. Rates of physical activity in Barnet are low in both children and adults. More than 9 out of 10 adults in Barnet do not take part in the recommended level of physical activity.

The Recorded Prevalence of Obesity in Barnet 2008/2009-2011/2012



Source: HSCIC(QOF)

Prevalence of obesity for adults in Barnet 2011-12



Source: Yorkshire and Humber Health Intelligence

Local Data

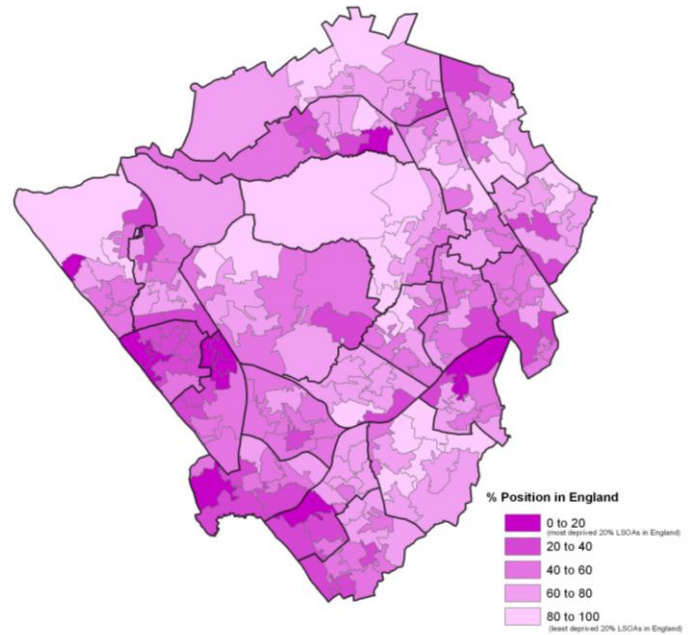
Population

Age is a significant influence in diabetes prevalence. Type 1 diabetes is usually diagnosed in childhood but the prevalence of Type 2 diabetes increases steadily after the age of 40 years. Diabetes prevalence is also higher in areas with higher rates of deprivation. People living in the 20% most deprived neighbourhoods in England are 56% more likely to have diabetes than those living in the least deprived areas.

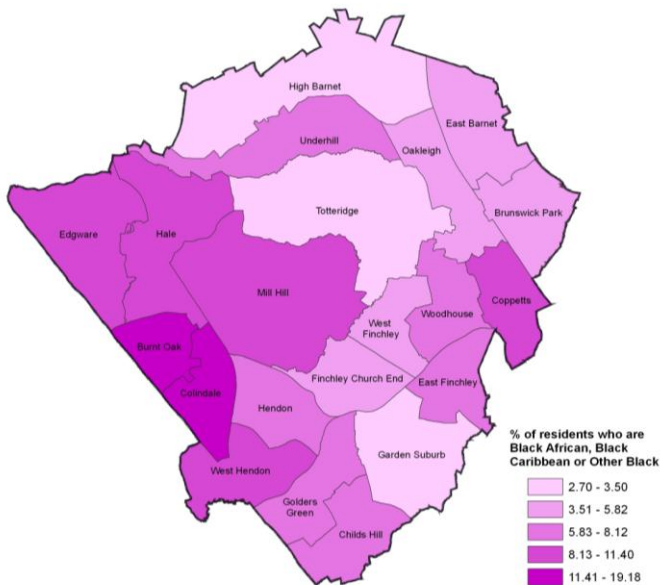
Ethnicity

Ethnicity is also a key factor in diabetes prevalence. People from Asian and black ethnic groups are more likely to have diabetes and tend to develop the condition at younger ages. The maps provided give the prevalence of black and Asian ethnic minorities showing which areas to target for diabetes awareness in the borough of Barnet.

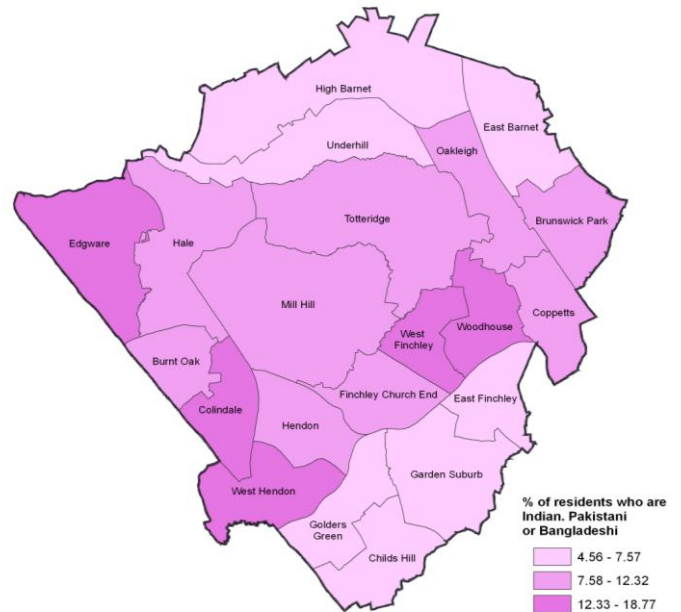
Multiple Deprivation in Barnet
Source: 2010 Indices of Deprivation, CLG



Percentage of Residents in Barnet who are Black African, Black Caribbean or Other Black
Source: 2011 Census, Table KS201EW, ONS, Crown Copyright



Percentage of Residents in Barnet who are Indian, Pakistani or Bangladeshi
Source: 2011 Census, Table KS201EW, ONS, Crown Copyright



Understanding the Spine Chart

The Spine chart

The spine chart is a way of demonstrating a lot of information on a single diagram.

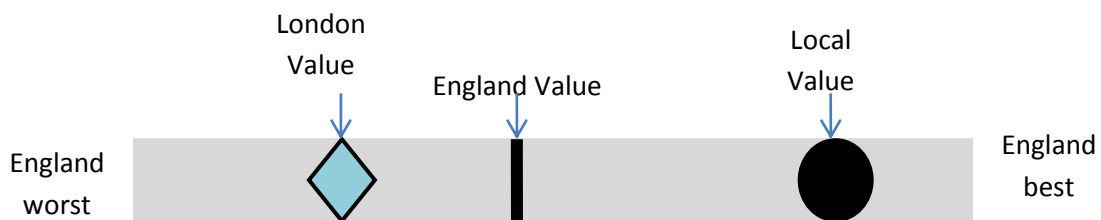
The indicators in the spine chart are generally one of three sorts:

- an indicator of higher or lower need
- an indicator of better or worse performance
- an indicator of better or worse outcomes

The “spine” is the line running down the centre. This is the England average for each indicator. The grey bar shows the range of values in local authorities across England.

Values to the **right** of the England average are better performance or outcomes or of lower need.

Values to the **left** of the England average are worse performance or outcomes or of more need.



Direction of travel indicator



Indicator has improved since last year i.e. Improvement in performance or decrease in need



Indicator has worsened since last i.e. decrease in performance or increase in need



No change since previous year

Green indicates that, according to the latest data, the area is either performing better or has lower need than England average

Red indicates that, according to the latest data, the area is performing at least 2% worse or has at least 2% greater need than the England average.

Amber indicates that, according to the latest data, the area is performing worse or has greater need but is within 2% of the England average.

Spine Chart



Indicator	Direction of Travel	Local Value	Eng Avg	Eng Worst	England Range Worse OUTCOMES Higher NEED Better Lower	Eng Best
1 Percentage of aged over 65 population	↔	13.3	16.5	25.2		6.1
2 Percentage of aged over 75 population	↔	3.3	3.9	3.9		1.5
3 Percentage of population with a limiting long term illness,	↔	13.5	16.9	24.4		10.2
4 Asian Ethnicity: Indian, Pakistani or Bangladish	↓	10.0	5.6	0.0		35.7
5 Black Ethnicity: Black African, Black Carribean or Other Black	↓	7.7	3.5	0.1		27.2
6 IMD	↓	16.4	21.7	0.5		87.8
7 Diabetes Prevalence 17+	↔	5.7	5.8	9.4		3.4
8 Obesity Prevalence 16+	↑	7.5	10.7	15.8		6.1
9 Obese children (age 4-5 years)	↓	9.4	8.5	14.5		5.8
10 Obese children (age 10-11 years)	↑	18.7	19.2	27.8		12.3
11 Participation in at least 3 hours of sport/PE	↔	53.5	55.1	40.9		79.5
12 Children's tooth decay (at age 12)	↔	0.5	0.7	1.5		0.2
13 The proportion of adults participating in recommended levels of physical activity	↔	8.5	11.1	18.2		5.7
14 Mortality from diabetes: directly standardised rate, all ages, 3-year average	N/A	3.5	5.7	19.8		3.1
15 Mortality from diabetes Directly age-standardised rates <75 years	N/A	1.5	2.5	8.7		0.1
16 Mortality from diabetes: directly standardised rate, 1-44 years, 3-year average	N/A	0.3	0.5	1.9		0.0
17 Blood pressure in patients with diabetes mellitus: percent, 17+ years 150/90 or less	↑	88.2	89.9	92.7		86.3
18 Blood pressure in patients with diabetes mellitus: percent, 17+ years 140/80 or less	↑	68.5	70.7	78.8		64.3
19 Cholesterol levels in patients with diabetes mellitus is 5 mmol/l or less. 17+ years	↑	81.0	81.7	86.8		75.2
20 Controlled blood glucose levels (7.5 or less) in patients with diabetes mellitus	↑	68.3	69.9	70.6		60.1
21 Blood glucose levels 8 or less in patients with diabetes mellitus: 17+ years	↔	76.7	78.7	84.4		70.6
22 Blood glucose levels 9 or less in patients with diabetes mellitus: 17+ years	↔	85.3	88.6	92.2		82.1
23 Proportion of patients with diabetes mellitus who have a record of retinal screening 17+	↑	91.4	91.9	95.9		85.4
24 Proportion of of patient aged 18+ with chronic kidney disease in a GP registered population.	↓	3.1	4.3	9.0		1.6
25 Smoking Cessation advice to patients with any or any combination of: coronary heart disease, stroke or TIA, hypertension, diabetes, COPD.	↔	93.4	92.9	90.5		96.5
26 Hospital procedures: lower limb amputations in diabetic patients: all ages	↑	5.6	11.6	21.8		0.00

Spine Chart Data Sources

	Data description	Year	Other sources of information or data
1	Percentage of aged over 65 population	2011	Office of National Statistics (ONS) Census 2011
2	Percentage of aged over 75 population	2011	Office of National Statistics (ONS) Census 2011
3	Percentage of population with a limiting long term illness,	2011	Office of National Statistics (ONS) Census 2011
4	Asian Ethnicity: Indian, Pakistani or Bangladesh	2011	Nomis
5	Black Ethnicity: Black African, Black Caribbean or Other Black	2011	Nomis
6	IMD	2011	Gov.uk
7	Diabetes Prevalence 17+	2011/12	Health & Social Care Information Centre (hscic)
8	Obesity Prevalence 16+	2011/12	Health & Social Care Information Centre (hscic)
9	Obese children (age 4-5 years)	2011/12	Child and Maternal Health Intelligence Network (chimat)
10	Obese children (age 10-11 years)	2011/12	Child and Maternal Health Intelligence Network (chimat)
11	Participation in at least 3 hours of sport/PE	2009/10	Child and Maternal Health Intelligence Network (chimat)
12	Children's tooth decay (at age 12)	2008/09	Child and Maternal Health Intelligence Network (chimat)
13	The proportion of adults participating in recommended levels of physical activity	2009-2011	Health & Social Care Information Centre (hscic)
14	Mortality from diabetes: directly standardised rate, all ages, 3-year average	2008-2010	Health & Social Care Information Centre (hscic)
15	Mortality from diabetes Directly age-standardised rates <75 years	2008-2010	Health & Social Care Information Centre (hscic)
16	Mortality from diabetes: directly standardised rate, 1-44 years, 3-year average	2008-2010	Health & Social Care Information Centre (hscic)
17	Blood pressure in patients with diabetes mellitus:17+ years 150/90 or less	2011/12	Health & Social Care Information Centre (hscic)
18	Blood pressure in patients with diabetes mellitus: 17+ years 140/80 or less	2011/12	Health & Social Care Information Centre (hscic)
19	Cholesterol levels in patients with diabetes mellitus is 5 mmol/l or less. 17+ years	2011/12	Health & Social Care Information Centre (hscic)
20	Controlled blood glucose levels (7.5 or less) in patients with diabetes mellitus	2011/12	Health & Social Care Information Centre (hscic)
21	Blood glucose levels 8 or less in patients with diabetes mellitus: 17+ years	2011/12	Health & Social Care Information Centre (hscic)
22	Blood glucose levels 9 or less in patients with diabetes mellitus: 17+ years	2011/12	Health & Social Care Information Centre (hscic)
23	Proportion of patients with diabetes mellitus who have a record of retinal screening in the previous 15 months.	2011/12	Health & Social Care Information Centre (hscic)
24	Proportion of patient aged 18+ with chronic kidney disease in a GP registered population.	2011/12	Health & Social Care Information Centre (hscic)
25	Smoking Cessation advice to patients with any or any combination of the following conditions (co-morbidity): coronary heart disease, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma	2011/12	Health & Social Care Information Centre (hscic)
26	Hospital procedures: lower limb amputations in diabetic patients: all ages	2011/12	Health & Social Care Information Centre (hscic)
27	Proportion of adults participating in recommended physical activity	2011/12	Health & Social Care Information Centre (hscic)

Stake holder views

A discussion of the topic was held at the Autumn Partnership Catch up in November 2013. The following is a summary of comments from the day.

On Diabetes

Need a better understanding on “how to prevent diabetes for people of South Asian and Caribbean origin”

More “Info on ethnicity and diabetes – more info on differences between Barnet’s ethnic communities and health conditions”

On Early Intervention and prevention

“Early intervention is needed in terms of diabetes prevention and dietary advice.”

“Early intervention – early questions on diet”

On improving care in Diabetes

Better signposting is need showing what “Barnet’s health services are doing and what should be next steps.”

“Greater focus needed on dietary advice to prevent complications developing.”