

	<p>Barnet Health Overview and Scrutiny Committee</p> <p>6th February 2017</p>
<p style="text-align: right;">Title</p>	<p>Diabetes in the London Borough of Barnet</p>
<p style="text-align: right;">Report of</p>	<p>Head of Primary Care Commissioning</p>
<p style="text-align: right;">Wards</p>	<p>All</p>
<p style="text-align: right;">Status</p>	<p>Public</p>
<p style="text-align: right;">Key</p>	<p>No</p>
<p style="text-align: right;">Urgent</p>	<p>No</p>
<p style="text-align: right;">Enclosures</p>	<p>Appendix 1 - Overview of Diabetes Care in Barnet – January 2017</p>
<p style="text-align: right;">Officer Contact Details</p>	<p>Beverley Wilding: beverley.wilding@barnetccg.nhs.uk</p>

Summary

The report provides an update on the work being done in the borough on diabetes.

Recommendations

1. That the Committee note the report.

1. WHY THIS REPORT IS NEEDED

- 1.1 As stated in the committee's forward work programme, the committee is receiving a paper on Diabetes in the London Borough of Barnet.

2. REASONS FOR RECOMMENDATIONS

- 2.1 The report provides the Committee with the opportunity to be briefed on this matter and provides an update on the work being done on diabetes within the London Borough of Barnet, with any comments.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

- 4.1 The views of the Committee in relation to this matter will be considered by the Health Overview and Scrutiny Committee.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.11 The Overview and Scrutiny Committee must ensure that the work of Scrutiny is reflective of the Council's principles and strategic objectives set out in the Corporate Plan 2015 – 2020.

The strategic objectives set out in the 2015 – 2020 Corporate Plan are: –

The Council, working with local, regional and national partners, will strive to ensure that Barnet is the place:

- Of opportunity, where people can further their quality of life
- Where people are helped to help themselves
- Where responsibility is shared, fairly
- Where services are delivered efficiently to get value for money for the taxpayer

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

- 5.2.1 There are no financial implications for the Council.

5.3 Social Value

- 5.3.1 Not applicable.

5.4 Legal and Constitutional References

5.4.1 Section 244 of the National Health Service Act 2006 and Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013/218; Part 4 Health Scrutiny by Local Authorities provides for the establishment of Health Overview and Scrutiny Committees by local authorities.

5.4.2 The Council's Constitution (Responsibility for Functions) sets out the terms of reference of the Health Overview and Scrutiny Committee as having the following responsibilities:

"To perform the overview and scrutiny role in relation to health issues which impact upon the residents of the London Borough of Barnet and the functions services and activities of the National Health Service (NHS) and NHS bodies located within the London Borough of Barnet and in other areas."

5.5 Risk Management

5.5.1 There are no risks.

5.6 Equalities and Diversity

5.6.1 Equality and Diversity issues are a mandatory consideration in decision making in the Council pursuant to the Equality Act 2010. This means the Council and all other organisations acting on its behalf must fulfil its equality duty when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business, requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review.

5.6.2 The specific duty set out in s149 of the Equality Act is to have due regard to need to:

Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act; Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

5.6.3 The relevant protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.

5.7 Consultation and Engagement

5.7.1 This paper provides an opportunity for the Committee to be updated in the future plans for the continuation of services at Cricklewood GP Health Centre.

6. BACKGROUND PAPERS

6.1 None.

Appendix 1

Overview of Diabetes Care in Barnet – January 2017

Introduction

Diabetes is a chronic and progressive disease caused by excessive glucose in the bloodstream. It is estimated that currently some 3.4 million people in England suffer from diabetes. There are two main types:

Type 1 diabetes develops if the body is unable to produce insulin, and affects about 1% of the population who require lifelong treatment.

Type 2 can often manifest in patients over 40 years old and is therefore known as “late onset” diabetes. Type 2 diabetes makes up approximately 90% of cases and occurs when the body does not respond properly to insulin and is unable to keep blood sugar levels within the normal range.

If diabetes is left untreated or is poorly controlled, it will impact many organs of the body, for example the heart, kidneys, neurological system and eyes. This can result in serious complications such as increased risk of heart attack, kidney failure, and blindness. Inadequate blood supply to the extremities of the body, notably the feet, can result in ulceration and gangrene, sometimes requiring amputation.

Barnet has Lower prevalence than London and England

In 2015 there were 18,783 people aged 17 years or older who had been diagnosed with diabetes and included in GP registers in NHS Barnet CCG. This equals 6% of this age group. In England, the diagnosed diabetes prevalence is 6.4%. In London, the diagnosed diabetes prevalence is 6.1%.

Detection rates are not as good as England as whole

The expected prevalence of diabetes in Barnet is 7.8%. This means that 77.1% of expected numbers of diabetics in Barnet have been diagnosed. In England as a whole this figure is 85.6%.

Diabetics in Barnet appear to suffer more heart attacks but fewer strokes than those nationally but the differences are not statistically significant

People with diabetes are at a higher risk of having a heart attack or stroke. In this area, people with diabetes are 131.1% more likely than people without diabetes to have a heart attack. This is higher than the figure for England which is 108.6%. People with diabetes are also 76.3% more likely to have a stroke. This is lower than the figure for England where there is a 81.3% greater risk.

Management of diabetes

People with diabetes whose last HbA1c is 59mmol/mol or less was 63.2% in 2015. This is better than that for England as a whole at 60.4%. Management of cholesterol (5mmol/L or less) was also better (72.4% as compared 70.4%). Blood pressure control (140/80 or less) was not as good though, 70.2% in Barnet as compared 71.2% for England.

Barnet has fewer major amputations but more minor ones as a result of diabetes

Among people with diabetes in NHS Barnet CCG, the additional risk of a major amputation during the three-year follow up of the 2009/10 audit was 251.5% compared to 445.8% for England and for a minor amputation was 1074.1% compared to 753.5 % for England.

Performance on prevention measures is mixed

Comparative analysis (appendix) shows that Barnet has a higher proportion of residents who meet recommendations for consumption of 5 or more portions of fruit and veg each day and a lower rate of obesity in children at reception year. Obesity at year 6 and amongst adults is similar to other areas though as is average consumption of fruit and veg. Health checks performance is poorer.

Variation in quality of care

At GP practice level in NHS Barnet CCG, the percentage of patients receiving all eight care processes ranged from 8.6% to 70.6%. For three treatment targets, the percentage ranged from 32% to 47.4%.

Barnet CCG Expenditure on Diabetes (Programme Budget data)

Data available from the 2015/16 Programme Budgeting return (attached appendix A) indicates that expenditure on the whole Diabetes patient pathway is heavily weighted towards medication prescribed by GPs to control the early symptoms of Type 2 diabetes and to avoid the use of injectable insulin. Primary Care Prescribing represents 12.2% of all Diabetes expenditure in Barnet. The CCG's medicines management team is working with primary community and secondary care colleagues, to reduce the overall spend by at least 3% over the next two years.

National Pre-Diabetes Programme 2017/18

The "Healthier You" NHS Diabetes Prevention Programme (NDPP) is a joint initiative with Public Health England and Diabetes UK which aims to deliver services, at a large scale, which works with those with non-diabetic hyperglycaemia (i.e those at high risk of developing type 2 diabetes) and offers them a lifestyle intervention to reduce weight and increase physical activity.

The national programme started in 2016 with a [first wave of 27 areas](#) covering 26 million people, half of the population, and making up to 20,000 places available. This will roll out to the whole country by 2020 with an expected 100,000 referrals available each year after.

Barnet and Enfield CCGs working with our Public Health colleagues have jointly been successful in the second wave. The local NDPP service will commence **May 2017**. Barnet has been awarded 1500 places in year 1 and 2000 places in year 2. Barnet CCG will be implementing a Locally Commissioned Service with GPs in Barnet in order to provide sufficient referrals into the NDPP. This is a joint initiative between the CCG and Public Health Harrow.

Development of Community Diabetes Multidisciplinary Team 2016/17

During 2016/17 the CCG has invested an additional £300,000 recurrent funding to develop and enhance the management of Diabetes within Community and Primary Care. The new funding builds on the work of the existing diabetes Community team, but provides greater capacity through increased investment in a consultant and specialist nursing, plus additional allied healthcare professionals ie Podiatry and Dietician. The enhanced team is linking with general practice to improve and support education, review the delivery of the NICE care

processes, as well as providing better assurance of clinical quality and governance across the whole patient pathway.

The funding has encouraged greater collaboration between Central London Community Health Services (CLCH) and the Royal Free NHS Trust (RFL), with RFL providing consultant oversight and supervision to the community team. The new service is also offering additional structured education programmes for newly diagnosed diabetics, including access to an on-line e-learning programme.

National Diabetes Transformation Fund

The North Central London CCGs are bidding against the national transformation fund offered by NHS England. The bids must be strategically linked to the Sustainability and Transformation Plans (STP) for North Central London.

The Fund focuses on 4 key areas

- Improving uptake of structured education £10m
- Improving the achievement of the NICE recommended treatment targets £17m
- New or expanded multi-disciplinary foot care teams (MDFTs) £8m
- New or expanded diabetes inpatient specialist nursing services (DISNs) £8m

The funding is available in 2017/18 and provisionally in 2018/19. We will know if the NCL bid has been successful by the end of February 2017.

National Diabetes Audit 2015/16

In previous years the uptake of the GP National Diabetes Audit has been poor. During 2014/15 only 6 Barnet practices participated, but we are pleased to report that 90% (56) of Barnet practices participated in the 2015/16 Audit and we are hoping to achieve 100% uptake in the 2016/17 audit.