

	<p>Health Overview and Scrutiny Committee</p> <p>21st Feb 2019</p>
<p>Title</p>	<p>Diabetes briefing</p>
<p>Report of</p>	<p>Director of Public Health</p>
<p>Wards</p>	<p>All</p>
<p>Status</p>	<p>Public</p>
<p>Enclosures</p>	<p><i>None</i></p>
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Summary

A range of initiatives concerned with diabetes prevention, detection and management have been introduced in recent years. This paper provides an overview of those activities and recognises the opportunity to coordinate action to deliver the greatest impact on diabetes related performance measures and outcomes. Health and wellbeing board members are asked to commit to a coordinated approach to be overseen by the Quality Improvement Support Team.

Recommendations

1. That Committee members note the range of activity currently being undertaken in Barnet to improve detection and management of diabetes.

- 1. WHY THIS REPORT IS NEEDED**
- 1.1. Diabetes is responsible for an increasing burden of ill health. It can lead to serious complications including foot amputation and kidney disease, and is associated with an increased risk of stroke and heart attack.

- 1.2. Type 2 diabetes is largely preventable and manageable by lifestyle changes. The likelihood of developing Type 2 diabetes is increased by being overweight.
- 1.3. In 2016/17 there were 20,105 people, aged 17 years or older, who had been diagnosed with diabetes and included on GP registers in NHS Barnet CCG. This equals 6.2% of the population. However, the total prevalence of people with diabetes, diagnosed and undiagnosed, is estimated to be 8.7%. This means that there are likely to be over 8,000 people with undiagnosed diabetes in the borough.
- 1.4. Records of diabetes diagnosis in primary care (6.2% of the population) are higher than for those of North Central London (5.9%) but lower than those for England (6.7%).
- 1.5. Achievement of treatment targets relating to blood sugar, hypertension and cholesterol (19.8% of diagnosed patients) are better than England (19%) but lower than North Central London (22.1%).

2. REASONS FOR RECOMMENDATIONS

- 2.1 A great deal of attention has been directed to improving diabetes. This has included:
 - a DQIST (diabetes quality improvement support team) initiative in primary care aimed at improving treatment of diagnosed diabetics in primary care
 - embedding brief motivational advice in primary care
 - detection initiatives in community venues
 - review and expansion of self-care advice, peer and digital support
 - introduction of group consultation models for diabetics and pre-diabetics
 - lifestyle support programmes for pre-diabetics
 - the introduction of a range of lifestyle advice and behavioural change resources
 - support of the sugar declaration to deliver environmental improvements supporting prevention
- 2.2 Coordination of this activity will add value by ensuring greater awareness and improving access to early help with a view to improving local performance in detection and management of diabetes.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 Not applicable

4. POST DECISION IMPLEMENTATION

- 4.1 It is suggested that coordination of diabetes quality improvement initiatives be overseen by the Barnet QIST (quality improvement support team).

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 This work supports the Barnet Health and Wellbeing Strategy which includes a commitment to embed prevention for diabetes and pre-diabetes in the borough.
- 5.1.2 The council's intention to 'take on diabetes' was signalled by a full council motion in Dec 2016.

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

- 5.2.1 Current activity is funded by the CCG and from the public health grant. Coordination of activity will not require additional investment.

5.3 Legal and Constitutional References

- 5.3.1 Article 7 of the Council's Constitution sets out the responsibilities of the Health and Wellbeing Board which includes responsibilities:
 - To jointly assess the health and social care needs of the population with NHS, commissioners, and apply the findings of a Barnet joint strategic needs assessment (JSNA) to all relevant strategies and policies.
 - To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet, by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social wellbeing.

5.4 Risk Management

- 5.4.1 Current provision is commissioned by different partners including NHS England, Barnet CCG and LB Barnet Public Health. It also involves voluntary and community sector organisations.
- 5.4.2 Coordination of activity across partners provides the opportunity to recognise where services may be challenged and how others can most helpfully respond to mitigate risks.
- 5.4.3 It is proposed that the QIST (quality improvement support team) maintains an overview of risk and mitigation.

5.5 Equalities and Diversity

- 5.5.1 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 have due regard to the equality duties 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.

5.5.2 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.

5.5.3 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.

5.5.4 Diabetes prevalence increases with age and is more common amongst some ethnic groups.

5.6 Consultation and Engagement

5.6.1 The different service innovations outlined have been informed by consultation with patients and community members. Some of this has been conducted nationally (as in the case of the National Diabetes Prevention Programme) and some locally (such as in the case of the development of group consultations. A number of community outreach events have also been conducted as outlined in the supplementary briefing.

6 BACKGROUND PAPERS

6.1 Supplementary briefing document outlining current diabetes related activity