Midlothian Integration Joint Board

Thursday 5th October 2017, at 2.00pm

Type 2 Diabetes and Obesity in Midlothian

Item number:	**5.6**

Executive summary

This report explains why the Health & Social Care Partnership has agreed to focus attention on Type 2 Diabetes and weight management. Both obesity and Type 2 Diabetes place a financial burden on health and other services but they also impact on the health and wellbeing of Midlothian residents and their families.

The Health & Social care Partnership is keen to reduce the number of people requiring acute treatment and plans to develop or promote services and facilities that could help people avoid significant weight gain and in some cases avoid the development of type 2 diabetes.

There is a range of local activities underway that will have a positive impact on type 2 diabetes. Some are included in this report and involve health, council and voluntary sector services.

While it is acknowledged that there have been a number of local developments over the past 18 months there is still work to do. A strategic approach to this work is required.

Board members are asked to:

- Note the content of the report in particular the intention to develop a strategic approach to the prevention and treatment of diabetes and obesity in Midlothian.

Report

Type 2 Diabetes and Obesity in Midlothian

1 Purpose

1.1 This report summarises developments in relation to Type 2 Diabetes in Midlothian and plans to progress this work.

2 Background and main report

Background

2.1 1451 people in Midlothian were diagnosed with type 2 diabetes in the last 5 years. (108 aged 18-44, 650 aged 45-64, 692 aged 65+). Last year 56 people were diagnosed with pre-diabetes (a condition that can be reversed). If national prevalence data is correct, that is that 5.4% of the population have type 2 diabetes, then it is safe to assume that there are many people in Midlothian who have yet to be formally diagnosed.

2.2 Diabetes care is thought to account for around 10% of all NHS expenditure. The York Health Economics Consortium state that if no changes are made to the way diabetes is treated by 2035/2036, this will rise to around 17% of NHS expenditure[i]. This high level of investment emphasises the importance of preventing or reversing the condition and ensuring that those who require care receive cost-effective, evidence-based and person-centred treatment and support in a timely manner and ideally in their local community.

2.3 Some incidences of type 2 diabetes can be prevented or its onset delayed. Prevention of type 2 diabetes, and the avoidance of complications in those with the condition would be extremely cost-effective, but even more importantly would contribute greatly to quality of life.

2.4 Long-term complications of Type 2 Diabetes include damage to eyes (retinopathy), heart (cardiovascular disease), kidneys (nephropathy), and nerves and feet (neuropathy). The Scottish Government[ii] has reported that recently in Scotland 19% of those diagnosed with type 2 diabetes had some retinopathy within 1 year of diagnosis. Approximately 80% of diabetes complications are preventable or can be significantly delayed through early detection, good care and access to appropriate self-management tools and resources.

2.5 Being overweight or obese is the main modifiable risk factor for type 2 diabetes. In England, obese adults are five times more likely to be diagnosed with diabetes than adults of a healthy weight[iii]. Currently 90% of adults with type 2 diabetes are overweight or obese. People with severe obesity are at greater risk of type 2 diabetes than obese people with a lower BMI. (However diabetes can occur for other reasons.)

2.6 Scotland has one of the highest levels of obesity in OECD countries; only the USA and Mexico having higher levels. According to 2013 figures, almost two thirds of adults in Scotland were overweight, with 27.1% classed as being obese. The McKinsey report suggests the cost of obesity is £73billion/year in the UK (this would reflect around £7billion in Scotland).[iv]

2.7 Deprivation is closely linked to the risk of both obesity and type 2 diabetes[v]. Prevalence of type 2 diabetes is 40% more common among people in the most deprived areas compared with those in the least deprived areas. People from black, Asian and other minority ethnic groups are at an equivalent risk of type 2 diabetes at lower BMI levels than white European populations. Some issues of obesity are directly related to poverty, such as access to affordable healthy food, and the cost of participating in leisure activities. There may also be specific issues around access to support for those living in rural communities. A reshaped system around obesity and diabetes will involve welfare rights and other services that mitigate the impact of inequality.

Local Developments

2.8 Work is already underway to tackle obesity and reduce the incidence of type 2 diabetes. The following examples are intended to illustrate the range of local activity in Midlothian in the last twelve months.

Weight Management

2.9 Work has progressed to reshape and simplify the weight management pathway for Midlothian residents. All referrals are now triaged by the Weight Management Team who then offer community based services such as Midlothian Active Choices (MAC), Ageing Well, Leisure Services, the Community Health Inequalities Team (CHIT) and Dietetic–led weight management group programmes or individual assessment and treatment based in Midlothian.

2.10 Core messages around healthy eating and physical activity have been agreed. These are to be used by Midlothian local staff, such as leisure attendants and GPs, to reduce confusion around messages. Multi-agency training on the core messages has taken place.

2.11 At a Professional Forum for local health and social care staff, all organisations were encouraged to ask the question ‘have you ever thought your weight is a problem to you?’ and start dialogue with patients/clients about their weight, alerting them to available support.

2.12 Weight management programmes for adults and families, Counterweight and Get Going, continue to be delivered by Midlothian Council Leisure Services staff (funding from NHS Lothian as part of the Weight Management Care Pathway)

2.13 A weight management programme for people with a learning disability is being investigated as they have an increased risk of Type 2 Diabetes and a higher likelihood of obesity.

2.14 Work is underway with a women’s group at the Midlothian Muslim Community Centre (Bonnyrigg Mosque) to run a 6 week programme covering healthy Asian

cooking, physical activity and awareness about diabetes and the risk factors. A funding bid has been submitted to Community Food and Health Scotland to pilot this. Discussions are underway with Midlothian Leisure regarding "women only" swim sessions. The use of Burkinis has been approved by Midlothian Council Leisure Services.

2.15 During May and June 2017 there was £50,000 made available by Midlothian Council and NHS Lothian for healthy eating/food poverty programmes across the three target areas. Grants (up to £3,000) were awarded according to the Participatory Budgeting process

2.16 A Big Lottery Bid is being considered around whole system change to improve prevention and early intervention. (Big Lottery Fund – Early Action System Change).

Pre-diabetes

2.17 Community Health Inequality Team nurses are delivering a pre-diabetes programme – a 6 week programmes aimed at '*prevention of Type 2 diabetes by addressing modifiable risk factors and supporting individuals using person centred behaviour change approach with the outcomes of risk factor reduction'.* CHIT also offering 'good conversation' appointments with people at risk of diabetes who are also homeless, experiencing mental health or substance misuse difficulties, women involved with the 'Spring' programme, and others.

Improved data to improve our understanding

2.18 In order for us to improve our work around obesity and diabetes it is important that we have a better understanding of the people affected and the care and support they have received. Data has been received from a patient information system (Sci-Diabetes) and is being analysed. In addition data on type 2 diabetes and the links to deprivation has been made available and will be used to influence service planning and review.

Care and Treatment

2.19 Dr Nicola Zammitt has been identified as the diabetic consultant from the Edinburgh Royal Infirmary who will link with Midlothian H&SCP. Dr Zammitt has been a point of contact for local GPs and has advised on medication and other aspects of care and treatment.

Strategic Planning

2.20 A group has been called to meet to discuss diabetes in Midlothian and to prioritise actions around prevention, reversal and care related to type 2 diabetes and obesity. This meeting is scheduled for 4th October 2017 and involves representatives from Primary Care, Edinburgh Royal Infirmary, Dietetics and other members of the Health & Social Care Partnership.

2.21 Partners across the Community Planning Partnership can contribute to this work. An example of this is the forthcoming Physical Activity Strategy for Midlothian as it will be influential to developments around obesity and type 2 diabetes.

2.22 There has been a preliminary discussion around a regional approach to diabetes prevention and service provision. This proposal is at a very early stage. Meanwhile we continue to develop a strategic approach locally.

3 Policy Implications

Scotland's Diabetes Improvement Plan

3.1 The Scottish Government produced a Diabetes Improvement Plan, built around eight key priorities: prevention and early detection of diabetes and its complications; type 1 diabetes care; person-centred care; equality of access; supporting and developing staff; inpatient diabetes care; improving information; and innovation.

The Scottish Government is leading the Scottish Diabetes Group. Midlothian IJB has representation on the Diabetes Prevention Subgroup which reports to this group.

Scottish Government's Programme for Scotland 2017 -18

3.2 The Scottish Government programme for 2017-18 includes action across government to increase activity levels and tackle diet and obesity to reduce the long-term challenges facing health services and allow people to live healthier for longer Work streams have been established to develop pathways on child and adult obesity which include plans to consult on a range of actions to deliver a new approach to diet and healthy weight management –these are linking in with National Diabetes Prevention, Early Detection and Early Intervention strategy to support targeted weight loss support for people with, or at risk of, type-2 diabetes. To support this, there are also plans to limit the marketing of products high in fat, sugar and salt which disproportionately contribute to ill health and obesity.

Midlothian IJB Delivery Plan

3.3 The IJB Delivery Plan 2017/18 summarises activities planned around diabetes. Consequently a specific Direction has been stipulated by the IJB to Midlothian Council and NHS Lothian.

- Direction 16 – NHSL Set-Aside Diabetes Services. This includes a statement that a community based approach should be developed drawing on best practice from elsewhere.

- In addition Direction 17 (Health Inequalities) makes specific reference to diabetes and weight management, including prevention and pre-diabetes work.

4 Equalities Implications

4.1 Deprivation is closely linked to the risk of both obesity and type 2 diabetes[vi]. (Outlined in 2.7)

4.2 The Midlothian Health & Social Care Partnership Strategic Plan has as one of its key objectives a commitment to address health inequalities. The Strategic Plan itself was subject to an Equality Impact Assessment on the 8th February 2016 and further changes were made to the Strategic Plan as a consequence.

4.3 The planning and review of developments will continue to include an inequalities perspective.

5 Resource Implications

5.1 The resource implications around this work are complex. There is a commitment by the Chief Finance Officer to investigate costs associated with the care for people with diabetes. This will involve primary and secondary care costs as well as the cost of services funded from NHS prevention budgets (Prevention Bundle) and other sources.

5.2 This is complicated by the fact that the recording of hospital admissions or primary care appointments may not identify diabetes but the presenting condition, such as coronary heart disease or vascular difficulties.

5.3 In order to maximise opportunities for prevention and reversal of this condition there will need to be a shift in the balance of spend from crisis, treatment and the management of complications.

5.4 Some existing programmes are reliant on short term funding, for example the Community Health Inequalities Team nurses and the Weight Management Pathway programmes such as Get Moving with Counterweight. Work is underway with NHS Lothian to develop plans to ensure longer term sustainability.

6 Risk

6.1 The cost of obesity and type 2 diabetes to health and other services, to individuals and families and to the local economy is excessive and will be unmanageable in the near future. The majority of incidences of obesity and type 2 diabetes can be prevented. It is imperative that Midlothian IJB agrees local action to tackle this growing problem.

7 Involving people

7.1 The engagement of local people in the planning of new developments and in the review of current initiatives is important. At present people engaged with services have opportunities to provide feedback related to these services but more work is required to meaningfully engage people and communities in work to consider the whole system.

7.2 The proposed Big Lottery Bid therefore includes a request for funds to improve the involvement of people with lived experience of weight management issues and Type 2 Diabetes in the shaping of activity and services for people at risk of obesity and diabetes.

8 Background Papers

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DATE	October 2017

References:

[i] https://jdrf.org.uk/wp-content/uploads/2015/10/Hex-and-Bartlett.pdf

[ii] http://www.diabetesinscotland.org.uk/Publications/Diabetes_Improvement_Plan_2014.PDF

[iii] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/338934/Adult_obesity_and_type_2_diabetes_.pdf

[iv] http://www.consultancy.uk/news/1278/mckinsey-obesity-costs-uk-society-73-billion-per-year

[v] www.gov.uk/government/uploads/system/uploads/attachment_data/file/338934/Adult_obesity_and_type_2_diabetes_.pdf

[vi] www.gov.uk/government/uploads/system/uploads/attachment_data/file/338934/Adult_obesity_and_type_2_diabetes_.pdf