

Scope for Review: Diabetes in Brent

What are the main issues?

Diabetes in Brent is “significantly worse than the England Average”¹

Diabetes is a condition in which the amount of glucose in the blood is too high because the body cannot use it properly. Glucose comes from the digestion of starchy foods such as bread, rice, potatoes, and from the liver which makes glucose. There are two main types of diabetes: Type 1 diabetes and Type 2 diabetes.

Type 1 diabetes develops if the body is unable to produce any insulin. **Type 2** diabetes develops when the body can still make some insulin, but not enough, or when the insulin that is produced does not work properly. This type of diabetes usually appears in people over the age of 40, though in South Asian and African-Caribbean people often appears after the age of 25. Type 2 diabetes is most common and accounts for between 85 - 95% of all people with diabetes.

There are currently over 2 million people with diabetes in the UK and there are up to another 750,000 people with diabetes who have the condition and don't know it². By 2010 it is predicted that the total figure will rise to over 2.5 Million.

Not only is there a human cost to diabetes, but the financial cost to the NHS of caring for people with diabetes is estimated to be around £9 billion every year³.

Diabetes is linked primarily to obesity, diet, and low physical activity. It is determined by individual lifestyle and relies on the ability of effected individuals to take responsibility for “self care”.

Policy Context

In 2001 the Government introduced a National Service Framework (NSF) for Diabetes (followed by a strategy in 2003), comprising of national standards to ensure quality and measures to reduce service variation across the country.

The framework asserted that the principle of “self care” was an important priority in tackling diabetes and the best approach for people with long term conditions, both clinically and in quality of life terms. This approach also reduces, and potentially contains, future healthcare costs.

In May 2007, the Department for Health published “*Working together for better diabetes care: Clinical Case for Change*” which asserted that “*Partnerships between patients and clinicians and between primary and secondary care are critical to supporting people with diabetes*”. Effective support is reliant on

¹ Brent Health Profile 2007, Department of Health/Association of Public Health Observatories.

² Source: Diabetes UK, 2006.

³ Department of Health Statistics.

engaged patients, proactive and well organised diabetes teams, and joint working and planning by healthcare professionals.

In July 2007 the Healthcare Commission published the results of its Service Review "Managing Diabetes- Improving services for people with diabetes" which examined services commissioned by PCTs with a specific focus on support for adults (aged 17+). In scoring the performance of PCTs the review found that 73% were "Fair". Brent tPCT were within this majority score. The review highlights some potential areas for improvement which included:

- Closer partnership between professionals and patients in planning care
- Increase knowledge and attendance by sufferers at education courses
- Working more closely with providers and commissioners
- Increasing numbers of people with a lower safe level of blood glucose
- Reducing variation in general practices' achievements.

In June, the London Health Observatory published a Brent Health Profile 2007 (an annual survey conducted within all 388 Local Authorities). This profile highlights that there are 16,021 people with diabetes in Brent (recorded), 5.9% of the population. This is worse than the national average for England of 3.7%. The 2006 profile for Brent shows the figure at 14,693 (4.1%).

Community Strategy

This subject has direct links to the Council's community strategy which states that "*Brent residents must have the best possible chance of a long, fulfilling and healthy life*" and that "*we will encourage and support local people to make healthier life choices, through programmes to reduce smoking, promote healthy eating and take part in physical activities. These programmes have a direct impact on reducing the prevalence of coronary heart disease, diabetes and cancer and creating long-term health and well-being*".

Why are we looking at this area?

African-Caribbean or South Asian people who live in the UK are at least five times more likely to have diabetes than White Europeans⁴. Brent is one of the most culturally diverse boroughs in the UK. Ethnic groups in Brent make up the majority of the population at 54.7% (according to Greater London Authority projections).

This review will assess the current quality of service of people with diabetes in the borough and help identify actions which can reduce the onset of complications.

⁴ Diabetes UK

Brent tPCT are currently establishing a Diabetes Improvement Review Sub-Group as part of its Diabetes Priority Action Group. This work could support the work of any scrutiny task group and feed in current developments relating to this condition locally.

The work will seek to provide a comprehensive picture of current initiatives and future service plans. It will flag up opportunities for further partnership working and efforts the Council could adopt to aid awareness and support.

Providing an up to date picture of the extent of the disease will help to signpost practical support and improve the quality of life of those affected.

What should the review cover?

- Brent tPCT Diabetes Action Plan and recent Pilot studies
- Links to current programmes and strategies (Such as the recent Health White Paper and the Darzi report).
- How can we tackle the prevalence of Diabetes and assist a prevention, rather than treatment, focus?
- How will the current turnaround programme adopted by Brent tPCT impact services?
- On-going care and support packages- Providers and commissioning
- Links to wider health problems and the local economy.
- The effectiveness of promotion, education, and awareness activities within the borough- The “Self-care” agenda.
- Early detection and diagnosis “hit” rate. Ways of reducing risks and the onset of linked diseases.
- More active case finding of undiagnosed diabetes.
- Ways of ensuring partner commitment and ensuring better joint working

Evidence could be sought from:

- National Charities- Diabetes UK
- Local NHS Trusts- Brent tPCT, NWLHT, LAS
- Local Support Groups
- Suffers and service users

Health Select Committee

Recommended Approach	Task Group
Suggested Start Date	November 2007
Time scale of Review	4-6 Months
Contact Officer	James Sandy Policy & Performance Officer 020 8937 1609 james.sandy@brent.gov.uk
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