



Executive
22 April 2013

**Report from the Director of Strategy
Partnerships and Improvement**

For Action

Wards Affected:
ALL

Tackling Diabetes in Brent

1.0 Summary

- 1.1 This report bring to the Executive the work, findings and recommendations of the Overview & Scrutiny Committee's task group investigation into Tackling Diabetes in Brent.
- 1.2 This task group was set up to look into the impact of diabetes in Brent. Recent statistics on the disease indicated that there is an increasing impact of this disease on the people of Brent and on the NHS to treat it. The group focussed their findings around what is being done in terms of education and prevention.

2.0 Recommendations

- 2.1 That the Executive agree that the task group's recommendations are considered in the allocation of the Public Health budget and the work programme of the Healthy Lifestyles Team.
- 2.2 That members of the task group be thanked for their work.

3.0 Detail

- 3.1 Diabetes is a common health condition and over 2.2 million people in the UK have been diagnosed with diabetes. An estimated 850,000 people in England have diabetes but are unaware and have not been diagnosed. Diabetes also currently accounts for 10 per cent of the National Health Service budget and it is suggested that a 6th of the NHS budget will be on diabetes by 2035.

- 3.2 Not spending enough on prevention is having costly implications as the cost of treating diseases triggered by diabetes is currently £7.7 billion and is expected to double by 2035/36. Diabetes is the biggest single cause of kidney failure, nerve damage, stroke, blindness and amputation.
- 3.3 The prevalence of diabetes is far higher in people of South Asian descent and African and African-Caribbean origin. With 58 per cent of Brent's population originating from black and ethnic minority backgrounds, diabetes has become a growing problem for Brent. Diabetes is also more prevalent in deprived areas and with Brent being ranked amongst the top 15 per cent of most deprived areas in the country is a major contributing factor.
- 3.4 Obesity prevalence for the Brent children is 10.6 per cent which is above the England average of 9.6 per cent. The annual cost of obesity and related diseases for Brent PCT in 2010 was £46.7 million pounds. Obesity increases the risk of diabetes but is also preventable.
- 3.5 In order to make the improvements and changes identified in the scope and produce locally implementable recommendations that will help with the prevention of diabetes. The task group undertook the following research and gathered evidence from a number of sources. These were:
- ❖ Dr Imran Choudhury: Consultant Public Health Medicine (Health Improvement) Deputy Director Public Health, NHS Brent
 - ❖ Farhat Hamid: Head of Nutrition & Dietetics, Community Services, Brent
 - ❖ Dr Ajit Shah: Clinical Director Kingsbury Locality of Brent CCG and Diabetes Commissioning Lead
 - ❖ Nina Patel: Diabetes Nurse Consultant, Ealing Hospital NHS Trust, Monks Park Primary Care Centre
 - ❖ Brent Sports Service: Gerry Kiefer, Head of Sports & Parks Service, Jo Creary, Sports Development Officer
 - ❖ Gloria Travers: Diabetes Support Group, based at Chalkhill Community Centre
 - ❖ DESMOND programme
 - ❖ Tower Hamlets: Task group received information about 'Maslaha' an organisation that works with the Islamic Community in Tower Hamlets. Details of the website and how it supports this community offered to the task group as an example of Best Practice.

4.0 Response to the task group's recommendations

- 4.1 The task group's report has been discussed by the shadow Health and Wellbeing Board. The HWB Board's response was positive and they supported the task group's recommendations.
- 4.2 The Executive have agreed the allocation of budgets for existing public health contracts and statutory services. However the final work streams for the Healthy Lifestyles team based in Environment and Neighbourhood Services have not been decided. It has been agreed that the first quarter of next year will be spent reviewing existing projects before making decisions on future spend
- 4.3 The Executive are therefore asked to agree that the recommendations are considered in the allocation of the Public Health budgets and the work programme of the Healthy Lifestyles Team.

6.0 Financial Implications

- 6.1 A number of the recommendations request consideration of proposals that may require additional expenditure. As part of that consideration the costs will need to be clarified, along with the funding, before those proposals can be implemented.

7.0 Legal Implications

- 7.1 The National Health Service Act 2006 as amended by the Health and Social Care Act 2012 ('HSCA') places a duty on the Council to take such steps as it considers appropriate for improving the health of the people in its area. The Health and Wellbeing Board created under the HSCA is responsible for the strategic needs assessment and the resulting strategy to meet those needs which should address the main health and wellbeing issues of the borough. The Health and Social Care Act 2012 transferred a number specific duties and powers to the Local Authority including for example NHS health check assessments , health programmes for children and young people, and lifestyle programmes to tackle obesity.

8.0 Diversity Implications

- 8.1 Recommendations from the task groups are incorporated within service department's delivery or development plans and as such will be subject to the equalities impact assessments carried out by services as part of their work programme.

9.0 Staffing/Accommodation Implications

- 9.1 None

Background Papers

Tackling Diabetes in Brent task group report

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