



Tackling Diabetes in Brent Task Group Report

January 2013

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Chair's Foreword



This task group was set up to look at how diabetes is being tackled in the borough of Brent. I would like to say it has been a great experience to work with an exciting group on such an important topic. Despite the huge amount of work that is still required in this area, I feel that the recommendations made in this report provide a strong foundation for some big improvements.

I must express my gratitude to my colleagues on the task group, Councillor Sandra Kabir, Councillor Aslam Choudry, Councillor Shafique Choudhary and Councillor Javaid Ashraf. I would also like to thank colleagues from the NHS who were willing to meet

with the group and make valuable contributions, Dr Ajit Shah, Dr Imran Choudhury, Farhat Hamid and Nina Patel. Also, thank you too Jo Creary from the Sports Service, Gloria Travers from the Diabetes Support Group and Priya Mistry for the quality and enthusiasm of her support for the project.

I have been diagnosed with diabetes and had the opportunity to share my personal experience with the group. Diabetes in the UK is getting out of control and I cannot stress enough how important it is that we have mechanisms in place to help control and prevent this disease. The recommendations made in this report have been made in the hope that we increase awareness and encourage people to help themselves and realise how damaging this disease can be if nothing is done.

Obesity is linked to diabetes and as a local authority we aim to provide affordable and accessible facilities for people to use. We must encourage the opportunity to reduce weight and reduce the risks of diabetes. We know of the associated dangers and must work with our partners to educate people, in particular to those who are at high risk. Diabetes often runs in families but is preventable and that is why we must encourage healthier lifestyles and self management.

Councillor Reg Colwill

Executive Summary

The task group was set up to look at the implications of diabetes in Brent. Diabetes is a common health condition and over 2.2million 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 these costs are rising as the numbers of people being diagnosed with obesity and diabetes are increasing.

The prevalence of diabetes is far higher in people of South Asian descent and African and African-Caribbean origin. 58 per cent of the Brent population originate from black and ethnic minority backgrounds and therefore diabetes is a growing problem in this borough. Deprivation is linked to diabetes and Brent is ranked amongst the top 15 per cent of the most deprived areas in the country.

The task group decided that there is a lack of education about diabetes in the borough and set out to investigate what work is being done by the local authority and its partners in this area. Through education and self management you increase prevention and that is the key objective of this report.

The group met with medical professionals and colleagues within the council to discuss and gain an insight on the barriers they face and what changes they would like to see and why. It was evident that there is a lot of good work already being done but it is also very clear that the messages are not reaching the high risk groups. The group looked at evidence from various reports that have looked at the disease and its impacts, i.e. Joint Strategic Needs Assessment Report and State of the Nation 2012 report and used this information to influence their recommendations.

The group's findings led to recommendations in the following areas:

- Joint Services
- Education and Prevention
- Healthier Lifestyles

Task Group Membership:

Councillor Reg Colwill: Chair
Councillor Sandra Kabir
Councillor Aslam Choudry
Councillor Javaid Ashraf
Councillor Shafique Choudhary

Policy support was provided by Priya Mistry, Policy & Performance Officer

Task Group recommendations

Recommendation 1:

The task group recommend that an educational film should be made in partnership with the Brent Clinical Commissioning Group to educate residents and patients about diabetes. Voluntary support groups and patient expert groups should be invited to advise how to get the message across to the people that need it the most. Heart of Gold - Heart Disease patient expert group are a very active group and should be considered for this. Patients who were referred to the Intensive Lifestyle Intervention programme and who have successfully reversed their prediabetic condition should also be considered. The allocation for Public Health has not yet been confirmed but there is potential for funding from the allocation for health promotion and this should be explored once the allocation and programme has been confirmed.

The film can be used to address the following key areas:

- Engaging with high risk communities that do not understand the problems associated with the disease
- Explanation of what happens when nothing is done
- Support patients and show examples of how they can take care of themselves and how to address the changes in lifestyle and diet in order to live a healthier lifestyle
- Explain benefits of prevention of the condition
- Signposting patients and providing a better understanding of where and how to find support and advice
- Tools and advice on how to support someone who has been diagnosed with diabetes
- Engaging with children at school - Copies of the film should be provided to school governors and nurses so that it can be used as a source of discussion - Primary schools are an ideal forum for engaging with parents about healthy eating

Recommendation 2:

The task group recommends that the NHS Health Checks Programme be fully implemented equally across the borough as this will help enable early detection of diabetes. The creation of Clinical Commissioning Groups promises to create a unified and systematic approach by integrating services that are currently fragmented. The group support this approach to stream line services in order to create a more holistic approach. Commissioning for health checks from April 2013 will be a mandatory function under the council's Public Health responsibilities and the health checks will be included in the work programme, however the promise of quicker and more co-ordinated health care has to be followed through.

Recommendation 3:

The task group recommends that the pilot intensive lifestyle intervention for people with impaired glucose tolerance be developed into a local programme and rolled out across the borough. Brent Public Health are exploring further options with the current providers, Community Services, Brent Nutrition & Dietetics Service, for how intensive support can be provided in a more sustainable form.

Recommendation 4:

The task group recommends that the Desmond Programme should be rolled out across the borough so that all diagnosed patients can have access to education about diabetes. The programme is a key resource to raising awareness about diabetes and how to make the beneficial lifestyle changes. There is currently no funding structure in place which is a real concern. The Ealing Hospital Trust that services the community in Brent will review the programme and also consider alternative programmes that best meet the needs of the diverse community as this programme currently comes under the remit of NHS. There is also an opportunity to seek funding from the Public Health allocation once this has been confirmed to see if there is scope for the council to contribute.

Recommendation 5:

The task group recommends that there should be dedicated pages on the council's website to provide advice and information relating to health improvement and more specifically diabetes. 'Maslaha' is a dedicated website that was introduced by Tower Hamlets council and was delivered in conjunction with The Young Foundation. Although the Maslaha site is specifically targeted at Muslims due to the demographics of Tower Hamlets, the Brent pages should be targeted at all high risk communities. The group recommend that this work should be led by Brent Public Health in conjunction with the council's Communications Team and should link to nationally available information. The pages should be promoted at the various networking forums that take place in the borough to reinforce the message around how healthier lifestyles and healthy eating can help prevent diabetes.

Recommendation 6:

The task group recommends that more work should be done with schools to raise awareness about diabetes. Schools should be encouraged to provide children with more information about diabetes and maintaining a healthier lifestyle. Diabetes in children is on the increase and with so many fast food establishments opening up near to schools, highlighting the impacts of this disease is so important.

The group recommends that obesity management for the prevention of diabetes start in the early years and continues throughout the lifespan. One of the four strategic pillars in the Brent Obesity Strategy focuses on children, young people and infant feeding. There are currently two programmes in Brent which focus on children and young people (both are ending in March 2013). The Early Years Healthy Settings Programme involves nutrition training and one to one setting feedback for nursery staff and child minders. School age children are targeted through the Fit4Health programme, which offers those identified as above a healthy weight support in the form of a 1:1 or afterschool

programme. Both interventions are run by registered dietitians in the Brent Community Nutrition and Dietetics Department who specialise in paediatric health and behaviour change. They adopt an integrated approach to show a positive impact on health behaviours in both the family and the environment. This ensures sustainability and provides evidence-based outcomes to guide future programming. Both interventions require conservative funding. The work continues to target specific age groups and it is important to recognise the gaps in these services. There are currently no weight management services for those between the ages of 12 and 40. Eating well and staying active is a lifelong commitment and having access to services that support these positive behavioural changes is an initiative that all ages can benefit from.

The group recommend that the topic of Diabetes should be highlighted to secondary school students by including discussions about how to prepare healthy food in Food Technology lessons. Childhood obesity in Brent is higher than both the national and the London average – a major contributor to increasing the prevalence of diabetes. Therefore, we should tackle both obesity and diabetes as they are intrinsically linked.

The Healthy Lifestyles Team will be set up as a result of the Public Health responsibility coming to the council and there is scope for this to be included in the work programme as the Healthy Lifestyles Team would provide the ideal pathway to engage with the targeted audience.

Recommendation 7:

The task group recommends that as part of the council's commitment to staff in relation to their health and well being to include diabetes as part of their health and well being events. ¹With 61% of the current staff at Brent coming from a BME background and with statistics confirming that this is the group at the highest risk it makes perfect sense to address the issue about diabetes at these events.

Recommendation 8:

The task group recommends that a form of commitment to support the Diabetes Support Group be made to ensure the group can carry on the good work. This support should come in the form of information of how to contact GP surgeries and work with them to engage with diabetic patients and to seek out a source of funding. The group needs to be promoted and patients need to be made aware of what the aim of the group is and how it will benefit them. Through the work of the Healthy Lifestyles Team, information should be shared and support could be provided to such groups.

Recommendation 9:

The task group recommends that a group be set up to work in partnership with the NHS, to work with establishments in the borough which sell food, i.e. fast food outlets, ethnic food shops and restaurants to establish links and educate owners about how to change practices to improve food quality and offer their customers a choice and option to purchase healthier food. A possible award scheme should be considered whereby

¹ Dashboard monthly tracker, [http://intranet.brent.gov.uk./myemployment.nsf/Files/LBBA-594/\\$FILE/12%20Mar%20Monthly%20Tracker.pdf](http://intranet.brent.gov.uk./myemployment.nsf/Files/LBBA-594/$FILE/12%20Mar%20Monthly%20Tracker.pdf)

establishments that cooperate have an article written about them in the Brent magazine for example, to attract more customers. Also, having an endorsement by the local authority will boost their reputation. The Obesity Strategy group currently address this in their work and the council when reviewing such groups ahead of the public health transfer should consider retaining the group and extending their programme.

Recommendation 10:

The task group recommends that the outdoor gyms be introduced in all parks throughout the borough so that all residents can have easy access to one and everyone can benefit from them. This is something to consider once the Public Health allocation has been confirmed to scope out the possibility of funding, although it should be noted that previous funding for outdoor gyms has been non recurrent and at present they are not budgeted for in the public health allocation.

Introduction

What is Diabetes?

²Diabetes mellitus (just called diabetes from now on) occurs when the level of glucose (sugar) in the blood becomes higher than normal. There are two main types of diabetes - type 1 diabetes and type 2 diabetes.

³Diabetes UK explains that diabetes is a common life long health condition and develops where the amount of glucose in the body is too high and is not used properly. Insulin is the hormone produced by the pancreas that allows glucose to enter the body's cells, where it is used as fuel for energy so we can work, play and generally live our lives. It is vital for life.

Glucose comes from digesting carbohydrate and is also produced by the liver. Carbohydrate comes from many different kinds of foods and drink, including starchy foods such as bread, potatoes and chapattis; fruit; some dairy products; sugar and other sweet foods.

If you are diagnosed with diabetes, it means the body cannot make proper use of this glucose and therefore builds up in the blood and cannot be used as fuel. Therefore, a blood test is needed to make the diagnosis. The blood test detects the level of glucose in your blood. If the blood glucose level is high then it will confirm that you have diabetes.

There are two main types of diabetes, **Type 1 diabetes** and **Type 2 diabetes**.

Type 1

⁴Type 1 diabetes develops when the insulin-producing cells in the body have been destroyed and the body is unable to produce any insulin and so the glucose builds up in the blood.

Nobody knows for sure why these insulin-producing cells have been destroyed but the most likely cause is the body having an abnormal reaction to the cells. This may be triggered by a virus or other infection. Type 1 diabetes can develop at any age but usually appears before the age of 40, and especially in childhood.

Type 2

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 (known as insulin resistance). So, if there is not enough insulin, glucose builds up in the blood.

Type 2 diabetes usually appears in people over the age of 40, though in South Asian and black people, who are at greater risk, it often appears from the age of 25. It is also

² www.patient.co.uk/health/type-2-diabetes.

³ Diabetes UK, Jan 2009, www.diabetes.org.uk, http://www.diabetes.org.uk/Guide-to-diabetes/Introduction-to-diabetes/What_is_diabetes/

⁴ http://www.diabetes.org.uk/Guide-to-diabetes/Introduction-to-diabetes/What_is_diabetes/What-is-Type-2-diabetes/

increasingly becoming more common in children, adolescents and young people of all ethnicities.

Type 2 diabetes accounts for between 85 and 95 per cent of all people with diabetes and is treated with a healthy diet and increased physical activity. In addition to this, medication and/or insulin is often required

If diabetes is left untreated, it can lead to heart disease, stroke, blindness and kidney failure. Both types of diabetes are linked to a complication that involve the large blood vessels of the body and therefore increases the risk of cardiovascular diseases such as strokes and heart disease. This is also linked to complications in the tiny blood vessels in the kidneys and eyes and those that supply the nerves, hence the loss of feeling in the feet. In both types of diabetes, the poor control of blood glucose is the main association of increasing the risk of these complications.

The task group decided that they would use this report to address the following areas:

- Raising awareness of how to make early detections of diabetes to ensure early diagnosis.
- Raising awareness of the seriousness and effects of the disease, highlighting the possible complications caused by the disease.
- Learn from medical professionals in the borough what is being done to address the issue of obesity and diabetes in Brent by the NHS.
- Identify good practice already happening in Brent, such as Diabetes Support Group and see what can be done further to support any community organisations working with diabetes patients.
- Encourage changes in lifestyle through the promotion of what facilities and services are available in Brent through the services provided, i.e. sports and leisure facilities
- Identify further ways to raise awareness in particular to high risk communities in Brent.
- Identify ways to raise the awareness of the provisions that are available in Brent to ensure patients get the assistance and support they need.

Context

Diabetes in the UK

Diabetes is a common health condition and the chances of it developing in a person are dependant on a combination of genes, lifestyle and environmental factors.

⁵The number of people diagnosed with diabetes in England has increased by 25 per cent from 1.9 million to 2.5 million and is on the increase. It is estimated that by 2025 almost five million people in the UK will have diabetes. Majority of these cases will be Type 2 diabetes due to the ageing population and the number of overweight and obese people increasing.

It is estimated that 850,000 people in England have diabetes but are unaware of this and have not been diagnosed. Of those 2.2 million people diagnosed with diabetes in the UK, 1.3 million are aged over 65, with 344,000 of those from black and ethnic minority groups and 80 per cent of people with Type 2 diabetes are overweight or obese at diagnosis. The Department of Health has confirmed that ⁶diabetes is up to six times more common in people of South Asian descent and up to three times more common among people of African and African-Caribbean origin. A recent large population study carried out by Southall and Brent Revisited (SABRE) claims that half of all people of South Asian, African and African Caribbean descent will develop Type 2 diabetes by the age of 80.⁷ The study was carried out over 20 years and followed nearly 5,000 middle aged Londoners or Europeans, of South Asian, African and African Caribbean descent who did not have Type 2 diabetes at the start of the study in 1988.

Although Type 2 diabetes tends to affect the middle aged or older people, national statistics indicate that diabetes is now more frequently being diagnosed in younger overweight people and South Asians at a younger age. We know that people of South Asian, African, African-Caribbean descent have a higher than average risk of Type 2 diabetes, as well as less affluent people. The other risk factors associated with the increased risk of developing diabetes are:

- social exclusion, social deprivation
- lifestyle
- lack of physical activities
- Obesity
- family history of diabetes

The fact is that diabetes is on the increase and obesity and lifestyle are two of the main risk factors for Type 2 diabetes and this again links to deprivation. The disadvantaged communities are the ones less likely to access the appropriate care they need.

⁸Diabetes currently accounts for 10 per cent of the National Health Service budget and reports suggest a 6th of the NHS spending will be on Diabetes by 2035. An economic analysis study using various reports on the prevalence and the cost of diabetes from

⁵ State of the Nation Report 2012, England by Diabetes UK

⁶ Department of Health (2001). National service framework for diabetes <http://bit.ly/hse2004>

⁷ <http://www.sabrestudy.org.uk/>

⁸ <http://www.ncbi.nlm.nih.gov/pubmed/22537247>

organisations and UK national statistics reported that currently the NHS spend around £9.8 billion a year on the disease but over the next 25 years this could increase to £16.9 billion, meaning that this could potentially increase the current 10 per cent of the NHS's entire budget being spent on diabetes to 17 per cent. 80 per cent of the spending on diabetes then goes into managing avoidable complications. People with diabetes are twice as likely to be hospitalised and currently 19 per cent of hospital inpatients are diabetes sufferers and on average stay three days longer than people without diabetes.

Although speculation has been made, it is unlikely that diabetes will cause the NHS to go bankrupt; however it is not entirely unrealistic. Many parts of the world are facing the same challenges in addressing education, diagnosis and management of the disease. The NHS also highlight the concern about the fact that diabetes is the biggest single cause of kidney failure, nerve damage, stroke, blindness and amputation and the costs associated with this. Costs are predicted to almost double from currently costing £7.7 billion to £13.5 billion by 2035/36.

Spending heavily on treating the complications caused by diabetes is a major issue in the UK and we are not spending enough on prevention or on how to manage the disease so that complications do not develop. It is evident that we need to identify the 7 million people who are at high risk of Type 2 diabetes so that they can receive the lifestyle advice and support they need to prevent it. Without this the numbers will continue to rise and current projections suggest it will reach 4 million by 2015.

Diabetes in Brent

Diabetes has become a major issue and is a growing problem for Brent and this is definitely linked to the ethnic makeup of the borough. ⁹Brent is a very diverse borough with 58 per cent of its population originating from black and ethnic minority backgrounds. The Quality and Outcomes Framework 2008/9 confirms that Brent's diabetes prevalence of 6.7% is significantly higher than the London prevalence of 5.3%. ¹⁰Age is a key factor in diabetes prevalence and Type 1 diabetes tends to be diagnosed in childhood but the prevalence of Type 2 diabetes increases steadily after the age of 45 years.

People from Asian and Black ethnic groups have the highest prevalence of diabetes within the Brent Community. The report 'Shaping a Healthier Future', by NHS NW London informs us that diabetes has become one of the biggest costs and challenges facing the NHS locally. Diabetes is found to be more prevalent in deprived areas and it is reported that people living in the 20% most deprived neighbourhoods in England are 56% more likely to be diagnosed with this disease. In Brent, this is possibly the result of the significant inequalities in health and wellbeing experienced by residents in the most deprived wards compared to the most affluent parts of Brent.

Brent is ranked amongst the top 15 per cent of most deprived areas of the country, and the ¹¹Brent Borough Plan highlights the fact that there is a nine year difference in life expectancy in the borough which is largely related to the disproportionate impact of conditions such as diabetes, heart disease, obesity and respiratory conditions on those who experience poor socio economic conditions. According to the NHS Brent Commissioning Strategy Plan 2009-2014, children are inheriting health problems that will leave a lasting adult legacy of chronic ill health. The report states that 10% of children over the age of 5 are obese. This figure rises to over 22% by the age of 12 and this is likely to increase in the future. With over half of the Brent population not doing any regular physical exercise or eating the recommended amounts of fruit and vegetables, the prevalence of diabetes is expected to increase to around 8.5% of the adult population by 2014.

Being overweight significantly increases the likelihood of a person developing diabetes and in Brent an estimated 21.6 per cent of adults are obese. Obesity prevalence for Brent children is 10.6 per cent which is above the England average of 9.6 per cent. By tackling obesity you tackle diabetes. ¹²The annual cost of obesity and related diseases for Brent PCT in 2010 was £46.7million pounds. It is estimated that these costs will reach £53.6million by 2015. Obesity increases the risk of heart disease, diabetes, stroke, depression, bone disease and joint problems. National statistics indicate that younger overweight/obese individuals are now more frequently diagnosed with Type 2 diabetes than before, which previously tended to affect the middle aged or older people.

⁹ GLA 2010 Round Ethnic Group Projections

¹⁰ Diabetes Community Health Profile – NHS Brent Teaching

¹¹ Brent our Future 2010-2014

¹² Healthy Weight, Healthy Lives Toolkit 2008, p. 99

¹³Whilst diabetes is common across all of Brent, the Harness, Kingsbury and Wembley GP consortia have particularly high prevalence rates.

GP Consortium	Number of patients registered with diabetes	Prevalence of diabetes
Harness	4676	5.7%
Kilburn	3525	4.2%
Kingsbury	4566	6.7%
Wembley	4279	6.4%
Willesden	2682	4.9%

Methodology

To address the issues identified in this report and to propose a set of recommendations, the task group 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.
- Nina Patel - Diabetes Nurse Consultant, Ealing Hospital NHS Trust, Monks Park Primary Care Centre.
- DESMOND programme
- Dr Ajit Shah – Clinical Director Kingsbury Locality of Brent CCG and Diabetes Commissioning Lead
- Brent Sports Services, Jo Creary, Sports Development Officer
- Gloria Travers – Diabetes Support Group
- Tower Hamlets – Task group received information about 'Maslaha', an organisation that works with 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.
- NHS Brent, Commissioning Strategy Plan, 2009 to 2014.
- State of Nation 2012, England, Diabetes UK.
- 4 members of the task group are diabetic and were able to refer to personal experience.

¹³ Table taken from the JSNA Diabetes Brief 2012 quoted from the QMAS database 31st March 2011

Key Findings

The fact that diabetes is huge problem for Brent has been established by the Joint Strategic Needs Assessment report, 2011 and the task group were keen to find out how the NHS are tackling this and to explore what the key barriers were to increasing awareness about diabetes in the borough. Diabetes is hereditary and is linked to lifestyle and at the present time there is no cure for this disease. It appears that the message about the awareness and the seriousness of the disease is not reaching our residents. Diabetes is a known disease and most people are familiar with the term but the difference it makes to ones life and the devastating linked complications are not widely known or possibly taken seriously enough.

The task group's findings have been broken down into sections, reflecting the key issues identified and opinions shared.

Joint Services

Currently diabetes services in Brent are to be re commissioned by the CCG's when the existing Primary Care Trusts cease to exist. CCG's will be the successors to PCT's and their aim is to share resources and services. In total there will be eight CCG's in Brent. The council has a responsibility to ensure that the CCG's have in place clear pathways for patients and these are in a coordinated manner. Patients with diabetes need access to a variety of services and commissioning bodies need to take a holistic approach to service provision. The new model for diabetes will need to be integrated and networked so that practices can work together more closely and provide a seamless and effective service. Proposals for the new model indicate that the GP practices will provide a range of services and certain practices will provide services to those who suffer complex diabetes problems. However the services will be tiered and not all practices will provide the same range of services. Practices will be networked, so that if a GP doesn't provide the service needed, they will be linked to a local practice that does.

With the transfer of public health to local government in April 2013, there is an opportunity here to address these inequalities. Across a range of health conditions such as heart disease, obesity, cancers, diabetes and respiratory conditions, communities on lower incomes are disproportionately affected. Improving outcomes for people with diabetes is one of the specific objectives in the 'Improving prevention, management and outcomes for priority health conditions in Brent' work stream in the Health and Wellbeing Strategy for Brent and therefore provides an opportunity for review. It is about time that we look into the causes of diabetes and identify ways in which the local authority and Brent PCT should work together to break down the barriers to improving patient education and encouraging self-management.

Diabetes affects a person's quality life and without the correct support through careful, continued management, life expectancy for a diabetes patient can be reduced between 6 to 20 years. With the rise of unnecessary complications stemming from this disease means the demands on our health services will keep increasing.

The current consultation, 'Shaping a healthier future, NHS North West London' produced on 2nd August 2012, explains the reasons for needing to change in order to provide the best healthcare possible for patients. More people are being diagnosed

with diabetes and this is putting pressure on the NHS. The consultation mentions diabetes as being an example of one area that is a problem because of the lack of specialised clinics in NW London. Reduced blood flow to the legs is a complication in diabetes and can lead to amputations. GP's with specialised clinics supported by a diabetic nurse can help reduce the number of patients affected and effectively cut down long term costs for the NHS. However, not everyone in NW London has access to such a service and there is a need for local specialist services to improve treatments. The consultation highlights the issue about the inequalities in health across NW London and how there is a difference on average of 17 years life expectancy across the different areas.

Localisation and integration has been the main driver for the model for care outside of the hospital, with the offer of a wider range of more high-quality services within the community to make sure people have easier and earlier access to care. The promise of quicker and more co-ordinated healthcare is what is needed to prevent further complications in diabetic patients as they will get the support and advice they need very early on.

A common theme that came out of the many conversations that took place is that integration is a key aim and there is a real need for a long term preventative strategy to address the problem. With so many people living with the disease without being diagnosed it is so important that the health checks programme is delivered to those who are at the highest risk of developing the disease. Dr Imran Chaudhury from Brent PCT explained that diet is a major contributing factor and the Health checks programme introduced in September 2011 has been very successful and has already identified 300 individuals with diabetes. Without the health checks programme these people may well have been overlooked and missed. The programme is a 5 year rolling programme that invites people between the ages of 40 and 75 who have not been diagnosed with heart disease, stroke, and diabetes or kidney disease for a health assessment. Based on the results patients are scored on their risk of developing one of these chronic illnesses. These people will be invited once every five years to assess their risk against these diseases and will be given support and advice on how to manage the risk. The programme is also helping to identify high risk patients that are categorised as pre diabetic patients. There is a suggestion that the age range for these health checks should be broadened to possibly 18 – 75 as many more young people are being diagnosed with obesity and diabetes. However, how this would be resourced is another question as central government funding will only cover the existing age range. The intervention programme is considered to be very beneficial to the patient and the economy. Catching diabetes for instance at the pre diabetes stage is critical to allow making life long changes through dietary control, as ¹⁴primary prevention interventions address lifestyle modifications (exercise, nutrition, weight loss and smoking cessation) with or without pharmacological interventions that could reduce the risk of diabetes in high risk populations. ¹⁵Many of the associated complications linked to diabetes are avoidable with good risk assessment and early diagnosis, patient education, support and good on going services. Estimates show that more than 100 amputations carried out each week from diabetes complications; up to 80 per cent are preventable.

¹⁴ Targeted Interventions for the prevention and management of Type 2 Diabetes Mellitus
http://www.eac.cpft.nhs.uk/Download/Public/18634/1/Type2DM%20%20Literature%20Review_1.pdf

¹⁵ State of the Nation 2012, England, Diabetes UK

Intensive Lifestyle Intervention is a scheme that evolved from the NHS Health Checks programme and is a good example of where Brent's Sports Service are working in partnership with the Public Health and Nutrition and Dietetics service on a programme called the ILI – Intensive Lifestyle Intervention. The aim of the initiative is to teach patients about leading a healthier lifestyle to delay the onset of Type 2 diabetes. The programme is available free of charge to patients who are referred by their GP's after undergoing a health check. If the patient is identified as being prediabetic, i.e. IGT – Impaired Glucose Tolerance, then they are considered as someone who will benefit from the programme.

Pre-diabetes is when glucose levels are higher than normal range over a prolonged period, but not high enough to be classified as diabetes. 'Like diabetes, pre-diabetes is characterised by insulin resistance and impaired insulin secretion,' (NICE 2010). Pre-diabetic patients have an increased risk of developing Type 2 diabetes due to impaired fasting glucose, impaired glucose tolerance or both. The risk increases to between 5 and 10% per year compared to 0.7% in those with normal blood glucose levels.

Brent Community Services were commissioned by NHS Brent to deliver the Intensive Lifestyle Intervention (ILI) and take lead responsibilities in managing the dietary and exercise components. The ILI is a 6 month programme of lifestyle intervention (diet and exercise) and uses an intensive behaviour change approach. The original design was modelled on evidence-based randomised controlled studies associated with a 40 – 60% reduction in incidence of diabetes (Gillies 2007).

The programme runs for a total of six months and patients have the opportunity to see a dietitian for 6 months. The programme also incorporates a 10 week exercise programme designed to suit each individual. Patients are initially referred to a dietitian and once the initial meeting has taken place, the patient's details are shared with Vale Farm Sports Centre or Bridge Park Sports Centre, depending on where in the borough the patient lives. Staff at the leisure centre will then work on devising a 10 week gym based plan at encouraging the patients to attend the centre for exercise at least twice a week. Once the 10 week exercise plan has been completed, patients are encouraged to sign up for further exercise on the exercise referral programme when they can continue their exercise plan under supervision. However, this comes at a cost to the patient.

The purpose of supplying free advice and support on nutrition and exercise is to kick start people into actively tackling the possibility of being diagnosed with diabetes.

Health Professionals as well as GP's can refer clients with type 2 diabetes directly into the exercise referral schemes at Bridge Park, Vale Farm and Willesden Sports Centre.

Whilst initiatives such as ILI are effective they require manpower and funding and so more creativity is required to ensure that these initiatives can continue. The Brent Sports Service have tried to instigate initiatives of their own in the past to try and tackle health issues within the borough but realised that without the NHS datasets it's pointless as we cannot reach or engage with the right people. Therefore working in partnership with the NHS is critical to success.

Dr Ajit Shah, is a member of the Kingsbury consortium and informed us that in his experience the recognition of diabetes as a serious disease is a major issue and barrier. Kingsbury has a large population of South Asian residents and Dr Shah explained that ensuring early intervention and increasing knowledge about the dangers of diabetes is crucial to this community. It is difficult to encourage patients to adopt a healthier lifestyle when they don't fully understand or appreciate the benefits and the change it can make to their lives. Cultural behaviour is the most difficult to adapt. The way forward is for the

local authority and the NHS to work in collaboration (Whole Systems Care) and agree a set of pathways to tackle obesity and diabetes together. Dr Shah would like to see the council offering more activity programmes designed to suit those who find exercise intimidating or the thought of joining a gym uncomfortable or unaffordable. Promoting exercise and a healthier lifestyle is the only prevention required and could also form part of a rehabilitation programme for many long term conditions. Brent has many open spaces and leisure facilities on offer. Making these accessible to all members of the community for the benefit of their health and well being should be a priority for a local authority. The other contributing factor to an unhealthy lifestyle for this community is the number of fast food restaurants and sweet marts. Ghee, oil and sugars are used excessively in the preparation of Indian sweets and Indian food. Raising awareness about consuming these types of food in moderation is very difficult, however absolutely necessary. Dr Shah also spoke about engaging with local food businesses and to encourage them to produce healthier foods for their customers. In his opinion this would be a huge step towards changing attitudes towards the preparation and consumption of some of the traditional foods that use a lot of ghee, sugar and oil.

Fast food outlets in close proximity to schools offer cheap, fatty foods high in trans fats (bad for health). New licencing needs to be reduced and existing outlets encouraged to offer healthier choices. Children and young people's health is adversely affected with the rise in childhood obesity and type 2 diabetes in children as young as 11 – 12 years of age.

Recommendation 2:

The task group recommends that the NHS health checks programme be fully implemented equally across the borough as this will enable early detection of diabetes. The creation of Clinical Commissioning Groups promises to create a unified and systematic approach by integrating services that are currently fragmented. The group support this approach to stream line services in order to create a more holistic approach. Commissioning for health checks from April 2013 will be a mandatory function under the council's Public Health responsibilities and the health checks will be included in the work programme, however the promise of quicker and more co-ordinated health care has to be followed through.

Recommendation 9:

The task group recommend that a group be set up to work in partnership with the NHS, to work with establishments in the borough which sell food, i.e. fast food outlets, ethnic food shops and restaurants to establish links and educate owners about how to change practices to improve food quality and offer their customers a choice and option to purchase healthier food. A possible award scheme should be considered whereby establishments that cooperate have an article written about them in the Brent magazine for example, to attract more customers. Also, having an endorsement by the local authority will boost their reputation. The Obesity Strategy group currently address this in their work and the council when reviewing such groups ahead of the public health transfer should consider retaining the group and extending their programme.

Education and Prevention

The message about education and prevention is one that came up in every conversation the group had and in almost every report, research paper or study that was referred to in relation to diabetes in the UK. There is an urgent need to increase levels of awareness about the signs and symptoms of diabetes and its serious consequences. Effective education allows for effective management of diabetes.¹⁶ Without careful continued management of the condition, a person with diabetes faces a reduced life expectancy of between 6 to 20 years. Investment into interventions that help prevent or reduce obesity will help reduce the number of future cases of diabetes.

DESMOND programme

Desmond stands for Diabetes Education and self Management for On going and Newly Diagnosed. Desmond is a structured self management education programme that supports people to manage the changes that diabetes brings to their lives.

The Desmond programme is an NHS organisation that supports other health organisations to deliver first class education to patients with Type 2 diabetes. The programme is delivered in sessions to small groups of patients by a trained healthcare professional. Desmond is usually a one day course or it can be offered in two half day sessions. The programme has a number of modules designed for specific needs, such as a foundation module for newly diagnosed patients to a module specifically for those individuals who are at high risk. There are modules to support safer fasting during Ramadan and a module specifically designed for South Asian communities. The aim of the programme is to provide honest, up-to-date, evidence-based information about the causes, effects and options to managing diabetes. The idea being that the individual can then feel empowered to manage the disease and their lifestyle and improve their health. The programme provides a source of networking for individuals who may be feeling confused and quite lost when they have been diagnosed with the disease. In Brent the programme is available by referral from GP's and patients are then invited to attend a session at the Monks Park clinic. There is concern around not everyone who needs to attend the programme being referred and this could be linked to GP's not being completely aware of the benefits of the programme. Patients also experience difficulty in accessing their blood test results and results of their HbA1c, blood pressure and cholesterol results. Involving people in the management of their own care is essential to enabling them to successfully achieve control of their health.¹⁷ *"I would like to have copies of my test and examination results. This would really help me to control my diabetes". Person with diabetes.*

Nina Patel, who is the Diabetic Nurse Consultant and course facilitator at Monks Park, explained that the programme has not yet been rolled out across the borough and this means that not everyone who could benefit from the programme can have access to it. In order to support the need to change people's attitudes towards diet, exercise and lifestyle the programme needs to be available to all who need it. The other problem is that there are not enough trained facilitators to hold more sessions for those who cannot attend during the hours of Monday to Friday, 9am – 5pm. The service desperately

¹⁶ State of the Nation 2012, England, Diabetes UK

¹⁷ State of the Nation 2012, England, Diabetes UK

needs more trained staff so that it can reach out to all those who need the support. With the health checks programme resulting in more referrals staffing and funding are a major concern.

The task group were very impressed with the facilities at Monks Park and the Desmond programme. They witnessed the delivery of a training session with patients who have recently been diagnosed with diabetes and were able to speak to the patients about their feelings of being diabetic and the training session. The patients were impressed with the programme and appreciated the opportunity to meet other patients who were in a similar situation. The positive benefits of the programme were very clear to see and it was encouraging to see enthusiasm towards making healthier life changes. The visit to the Monks Park clinic highlighted the following:

- DESMOND accreditation is required for the programme to be run and comes at a cost; however this cost can be shared if a number of clinics are set up.
- It is not currently compulsory for GP's to commission the programme to their patients and more needs to be done to raise awareness amongst GP's about the benefits of the programme and how to support it.
- More needs to be done to support the outreach work that trained staff are struggling to do. Non health professionals can be trained to assist with classes and could also be used to support the administrative support required.
- Staff need more support to run the sessions and would like to see more done to explore the possibility of recruiting champions from patient expert groups to provide classroom support.

Farhat Hamid, who is the Head of nutrition and dietetics in Brent, explained to the group about how her service provides support to people diagnosed with diabetes in Brent. The service works with GP's and health professionals and aims to treat specific nutrition related diseases in adults and children. Promoting a healthy lifestyle is key to their work and providing a service that is easily accessible and sensitive to the needs of people from all ethnic, religious and low income is essential. With an appropriate diet a person can slow down the production of glucose within their body and therefore prevent further complications in the case of diabetes. Of course medication does this as well but if we can educate patients to control their glucose levels with diet, then the reliance on medication is greatly reduced. With 1 in 20 people in Brent suffering from diabetes it is huge in terms of cost for treatment. Farhat went on to say that we are not getting value for our money and the problem is beyond the remit of individual GP's. Joint working of the council, GP's and Community services is crucial to moving forward and reiterated that the key to success is prevention and education. The Brent nutrition and dietetic service currently only deals with referrals from GP's to provide treatment to people with diabetes, with no core services commissioned for prevention and management of obesity and prevention of diabetes. Brent Nutrition & Dietetic Services are the lead provider of the Intensive Lifestyle Intervention programme and are in negotiations with Public Health to deliver a cost effective model going forward.

Brent Sports Service in the past have worked with the Nutrition and Dietetics service (NHS) to develop weight management programmes for residents with type 2 diabetes. The programme consisted of a 6 week long course and involved residents receiving dietary advice once a week for an hour followed by a one hour physical activity session

with a trained professional, however this programme was initiated as a pilot scheme and is no longer being run in Brent.

The council in conjunction with schools supports the healthy eating programmes for tackling obesity to improve the lives of the borough's children. The local authority has a responsibility to provide guidance to schools on nutritional meals and support them to run campaigns on getting the message across about healthy eating. ¹⁸*Research has shown that food preferences are generally acquired during childhood and that eating habits acquired after adolescence are more resistant to change. The school environment plays an important role in nurturing and sustaining good eating habits.*

The group attended a session with the Diabetes Support Group that is held once a month at the Chalkhill Community Centre. The group is coordinated and led by Gloria Travers. The group attracts around 10-15 residents who have diabetes who come to get further information about the disease, advice and support. On the day the task group attended, guest speakers from Ealing ICO attended to give a presentation about diabetes retinopathy. Gloria makes efforts to invite guest speakers that the group can benefit from and topics can range from diet, exercise, podiatry, eye screening, and mental health to medication and health checks. This is the only support group in Brent and what the task group found was that there was not enough publicity about the group and there was no funding stream. The sessions provide information and support to those who sometimes are not sure about what to do or who to speak to. By sharing experiences the idea is that they interact and help each other in a social environment. Without proper support the group will no longer exist and yet another opportunity to engage with residents and raise awareness about diabetes will be lost.

Recommendation 1:

The task group recommend that an educational film should be made in partnership with the NHS to educate residents and patients about diabetes. Voluntary support groups and patient expert groups should be invited to advise how to get the message across to the people that need it the most. Heart of Gold – Heart Disease patient expert group are a very active group and should be considered for this. Patients who were referred to the Intensive Lifestyle Intervention programme and who have successfully reversed their prediabetic condition should also be considered. The allocation for Public Health has not yet been confirmed but there is potential for funding from the allocation for health promotion and this should be explored once the allocation and programme has been confirmed.

The film can be used to address the following key areas:

- Engaging with high risk communities that do not understand the problems associated with the disease.
- Explanation of what happens when nothing is done.
- Support patients and show examples of how they can take care of themselves and how to address the changes in lifestyle and diet in order to live a healthier lifestyle.
- Explain benefits of prevention of the condition.

¹⁸ Health Promotion Board <http://www.hpb.gov.sg/HOPPortal/health-article/2818>

- Signposting patients and providing a better understanding of where and how to find support and advise.
- Tools and advice on how to support someone who has been diagnosed with diabetes.
- Engaging with children at school. Copies of the film should be provided to school governors and nurses so that it can be used as a source of discussion. Primary schools are an ideal forum for engaging with parents about healthy eating.

Recommendation 4:

The task group recommends that the Desmond Programme should be rolled out across the borough so that all diagnosed patients can have access to education about diabetes. The programme is a key resource to raising awareness about diabetes and how to make the beneficial lifestyle changes. There is currently no funding structure in place which is a real concern. The Ealing Hospital Trust that services the community in Brent will review the programme and also consider alternative programmes that best meet the needs of the diverse community as this programme currently comes under the remit of NHS. There is also an opportunity to seek funding from the Public Health allocation once this has been confirmed to see if there is scope for the council to contribute.

Recommendation 6:

The task group recommends that more work should be done with schools to raise awareness about diabetes. Schools should be encouraged to provide children with more information about diabetes and maintaining a healthier lifestyle. Diabetes in children is on the increase and with so many fast food establishments opening up near to schools, highlighting the impacts of this disease is so important.

The group recommends that obesity management for the prevention of diabetes start in the early years and continues throughout the lifespan. One of the four strategic pillars in the Brent Obesity Strategy focuses on children, young people and infant feeding. There are currently two programmes in Brent which focus on children and young people (both are ending in March 2013). The Early Years Healthy Settings Programme involves nutrition training and one to one setting feedback for nursery staff and child minders. School age children are targeted through the Fit4Health programme, which offers those identified as above a healthy weight support in the form of a 1:1 or afterschool programme. Both interventions are run by registered dietitians in the Brent Community Nutrition and Dietetics Department who specialise in paediatric health and behaviour change. They adopt an integrated approach to show a positive impact on health behaviours in both the family and the environment. This ensures sustainability and provides evidence-based outcomes to guide future programming. Both interventions require conservative funding. The work continues to target specific age groups and it is important to recognise the gaps in these services. There are currently no weight management services for those between the ages of 12 and 40. Eating well and staying active is a lifelong commitment and having access to services that support these positive behavioural changes is an initiative that all ages can benefit from.

The group recommend that the topic of Diabetes should be highlighted to secondary school students by including discussions about how to prepare healthy food in Food Technology lessons. Childhood obesity in Brent is higher than both the national and the

London average – a major contributor to increasing the prevalence of diabetes. Therefore, we should tackle both obesity and diabetes as they are intrinsically linked.

The Healthy Lifestyles Team will be set up as a result of the Public Health responsibility coming to the council and there is scope for this to be included in the work programme as the Healthy Lifestyles Team would provide the ideal pathway to engage with the targeted audience.

Recommendation 7:

The task group recommend that as part of the council's commitment to staff in relation to their health and well being to include diabetes as part of their health and well being events. With 61% of the current staff at Brent coming from a BME background and with statistics confirming that this is the highest risk group it makes perfect sense to address the issue about diabetes at these events. Through the work of the health and well being events, staff should be encouraged to use the leisure facilities provided by the council. Staff from the leisure centres in the borough should be invited to promote the facilities and provide information about what's on offer. The new Civic Centre will provide gym facilities and the benefit of having this on site should be promoted, as should the availability of healthy foods at affordable prices on council premises.

Recommendation 8:

The task group recommend that a form of commitment to support the Diabetes Support Group be made to ensure the group can carry on the good work. This support should come in the form of information of how to contact GP surgeries and work with them to engage with diabetic patients and to seek out a source of funding. The group needs to be promoted and patients need to be made aware of what the aim of the group is and how it will benefit them. Through the work of The Healthy Lifestyles Team, information should be shared and support could be provided to such groups.

Healthier Lifestyles

A pilot intensive lifestyle programme for people with impaired glucose tolerance was carried out by NHS Brent in 2011. These individuals were people who had not yet developed diabetes but were at increased risk for developing the disease in the future. The pilot gave these people access to exercise provided by the council's leisure services twice a week and in addition advice on nutrition and behaviour change by the local dietetic service. The trials demonstrated that such intensive lifestyle interventions can reduce the incidence of diabetes in these individuals by up to 58% after three years. The successful development of a local programme could be key to reducing the number of individuals who will develop diabetes in the future.

Physical activity is essential to having a health balanced lifestyle but a survey carried out by Sport England Active People Survey Three 2009 indicates that levels of participation rates of sport and recreation in Brent have declined. The report also went on to confirm that:

- Brent went from being ranked 11th among London boroughs with a participation rate of 19.5% to the third lowest level of participation borough in London with 15.8%.
- In London, Brent was the only borough to experience a decline in participation rates for the national indicator of 3x30 minutes per week of exercise. All the other London boroughs remained the same or showed an improvement on their previous results.
- There was an increase in the number of people who accessed Brent owned sport and recreation facilities in 2009 and this resulted in an overall figure 794,844, representing an increase of 10,981 from the previous year¹⁹.
- Memberships to sporting facilities also remained consistent and indicated good representation from white British and ethnic groups.
- Residents in the southern wards of the borough don't have the same level of access to the parks and open spaces Brent compared to residents in the north of the borough.
- Cost of travel and low levels of car ownership in the borough are a contributory factor to participation numbers as majority of Brent residents need to travel to access the sport and recreation facilities provided.
- The risk of dying from coronary heart disease has also doubled due to overall numbers of inactive and unfit people in the Brent.

Outdoor gyms are a new concept in exercising and are becoming increasingly popular in the UK. Exercising outside has been known to help burn more calories than inside and is more likely to improve your mood and self esteem than exercising in a traditional indoor gym. They are also free to users and are often less crowded than indoor gyms. Brent Sports Service has successfully secured funding from the NHS to implement outdoor gyms at 5 parks within the borough. The locations were agreed by the NHS, GP Board, Brent Sports and Brent Parks services. It was agreed that the chosen park would be ones that attract a lot of users and the implementation of an outdoor gym would compliment the other facilities within the park.

¹⁹ Brent Sports Services

The following 5 parks will have outdoor gyms by Spring 2013:

- Gladstone Park – location chosen because of the existing sports provisions within the park and due to high footfall of visitors. Also a venue for the walks programme, it's close to local schools and people already use the park for exercising.
- King Edwards Park, Wembley – location chosen as the park is situated in an area of population growth with the regeneration of Wembley, existing sports facilities, is close to schools, has high footfall and is a venue for the walks programme.
- Roe Green Park – location has high footfall and is close to a high school and the need for a third pool with health and fitness facilities has been identified in this area. There are existing sports provisions and is a venue for the walks programme.
- Tiverton Green – Demand for an outdoor gym was identified following a consultation project for future facility provisions.
- Gibbons Recreation Ground – location has existing sports provisions and is close to three local schools. The area is used as a shortcut by parents taking children to school and is an area of health inequality.

The funding will cover maintenance and repairs for all the equipment for five years and will also be used for trainers to support people using the gyms. Obviously the funding will eventually run out and the plan is to train up local people so that eventually they can lead on training sessions. The usage, benefits and popularity of these gyms will be monitored as the sports service have no facility to fund extra gyms. Further avenues of funding will be explored if necessary.

'Maslaha' is a website that was introduced by Tower Hamlets Primary Care Trust and The Young Foundation working in partnership to provide medical and Islamic information on how to lead a healthier life if you have diabetes. The website is aimed at Muslims to help them deal with the everyday dilemmas of living in a western society and at the same time provides advice on how to maintain a healthy diet and information about community centres who offer free exercise sessions for men and women. The site provides information about diabetes and the importance of diet and exercise, especially for those people originating from India, Pakistan and Bangladesh are more likely to be diagnosed with diabetes due to the excess weight around the stomach area which increases the chances of diabetes. Currently we do not have such a resource of information in Brent and considering the demographics of the borough it is highly likely that a project like this would do well in Brent. It is worth considering incorporating the sports service into this as well as we want to educate people about the benefits of regular exercise too.

Recommendation 3:

The task group recommend that the pilot intensive lifestyle intervention for people with impaired glucose tolerance be developed into a local programme and rolled out across the borough. Public Health are exploring further options with the current providers, Community Services, Brent Nutrition & Dietetics Service, for how intensive support can be provided in a more sustainable form.

Recommendation 5:

The task group recommends that there should be dedicated pages on the council's website to provide advice and information relating to health improvement and more specifically diabetes.' Maslaha' is a dedicated website that was introduced by Tower Hamlets council and was delivered in conjunction with The Young Foundation. Although the Maslaha site is specifically targeted at Muslims due to the demographics of Tower Hamlets, the Brent pages should be targeted at all high risk communities. The group recommend that this work should be led by Public Health in conjunction with council's Communications Team. The pages should be promoted at the various networking forums that take place in the borough to reinforce the message around how healthier lifestyles and healthy eating can help prevent diabetes.

Recommendation 10:

The task group recommend that the outdoor gyms be introduced in all parks throughout the borough so that all residents can have access to one and everyone can benefit from them. This is something to consider once the Public Health allocation has been confirmed to scope out the possibility of funding, although it should be noted that previous funding for outdoor gyms has been non recurrent and at present they are not budgeted for in the Public Health allocation.

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