



Diabetes in Leicester

Health and Wellbeing Scrutiny Commission

Date: 15 January 2019

Lead director: Ivan Browne

Useful information

- Ward(s) All
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Purpose of report

To provide the commission with background information on the scope and impact of diabetes within Leicester City and the current action being taken within the public health division to address the increasing levels of diabetes within the local population

Background

Diabetes is a chronic disease that occurs when the pancreas does not produce enough insulin, or when the body cannot effectively use the insulin it produces, leading to hyperglycaemia (raised blood sugar). Hyperglycaemia, if uncontrolled, has a potential to cause severe damage to many of the body's organs and systems, by affecting nerves and blood vessels¹.

There are two main types of diabetes:

Type 1 diabetes (T1D) is where the pancreas doesn't produce any insulin. It usually develops in childhood or adolescence and patients require lifelong insulin injections for survival.

Type 2 diabetes (T2D) is where the pancreas doesn't produce enough insulin or the body's cells don't react to insulin. It usually, but not exclusively, develops in adulthood and is related to obesity, physical inactivity, and unhealthy diet. This is the more common type of diabetes and treatment may involve lifestyle changes and weight loss alone, oral medications or insulin injections. Rising rates of excess weight (obese and overweight) in childhood have been linked to an increase of T2D diagnosis in younger age groups.

Nationally, Diabetes is one of the most common of all chronic medical conditions, it represents a significant problem for health services and it continues to be a significant challenge with around 200,000 new diabetes diagnoses a year. Additionally, those with diabetes experience shorter life expectancies and around 22,000 people with diabetes die early every year

The profile of diabetes in Leicester

In 2018 it was estimated that 30,529 or 11.0% of the 16+ population have diabetes (diagnosed and undiagnosed) in Leicester. This could be expected to rise to 37,634 by 2035 based on current prevalence data.

In March 2017, there were 28,253 patients registered on the primary care diabetes Quality and Outcomes Framework (QOF) registers across 60 practices. Leicester has a higher prevalence of diabetes in its adult population (over 17+ years) – 9.0% compared to 6.7% nationallyⁱⁱ, with the majority having type 2 diabetes.

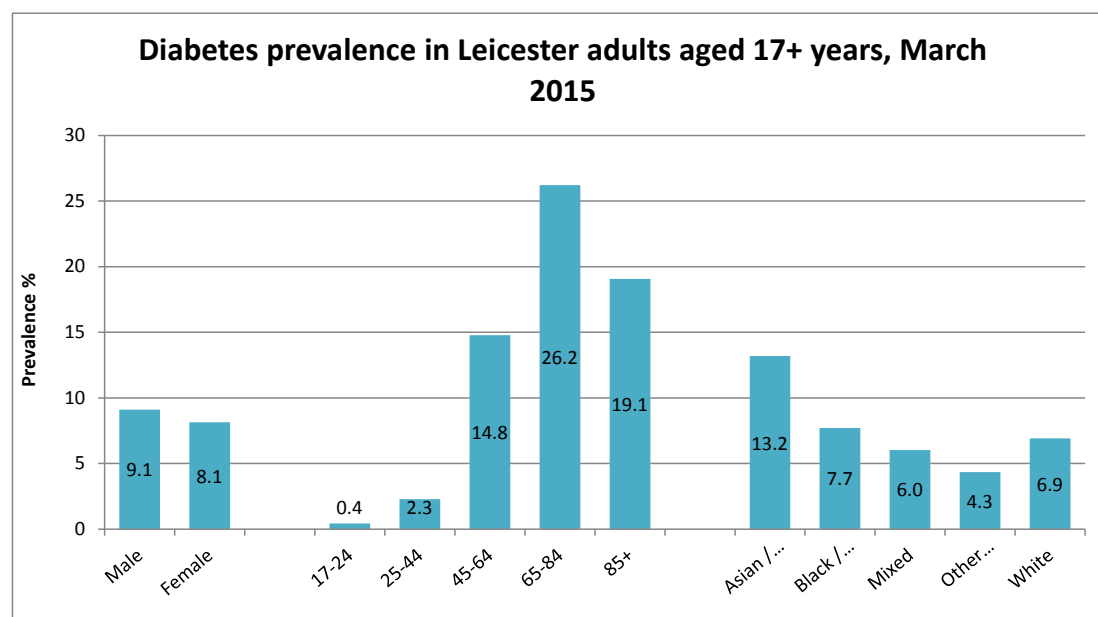
Approximately 22,000 (86%) of these patients are currently managed in primary care and the remaining patients are under the care of the acute service and Integrated Community Diabetic Service.

It is estimated that every year there are approximately 1,000 new cases of diabetes in Leicester City.

Figure 1 below shows that diabetes prevalence in Leicester is:

- More common in older ages where around 1 in 4 people aged over 65 has diabetes;
- More common in the Asian population, where the rate is four times as high as in the White population, even after adjusting for difference in the age structure of these two populations.

Figure 1: Diabetes prevalence in Leicester adults aged 17+ years, March 2015

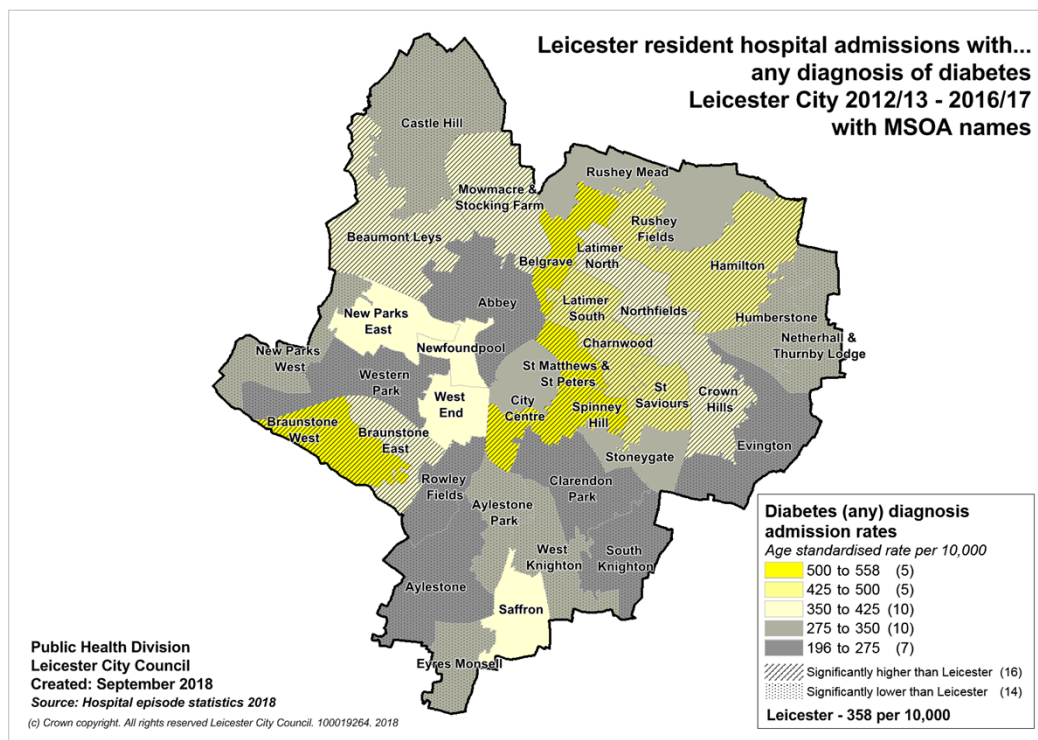


Data: SystmOne, March 2015

A proportion of Leicester patients with diabetes will inevitably require emergency hospitalisation at some point in their lives. The latest available NHS benchmarking data (2012/13) indicate that the rate of emergency admission for diabetes in Leicester is very similar to the national average (30/100,000 population). However, there is a significant variation in rates across different population groups, linked to prevalence of risk factors for diabetes. Among over 6,000 diabetes

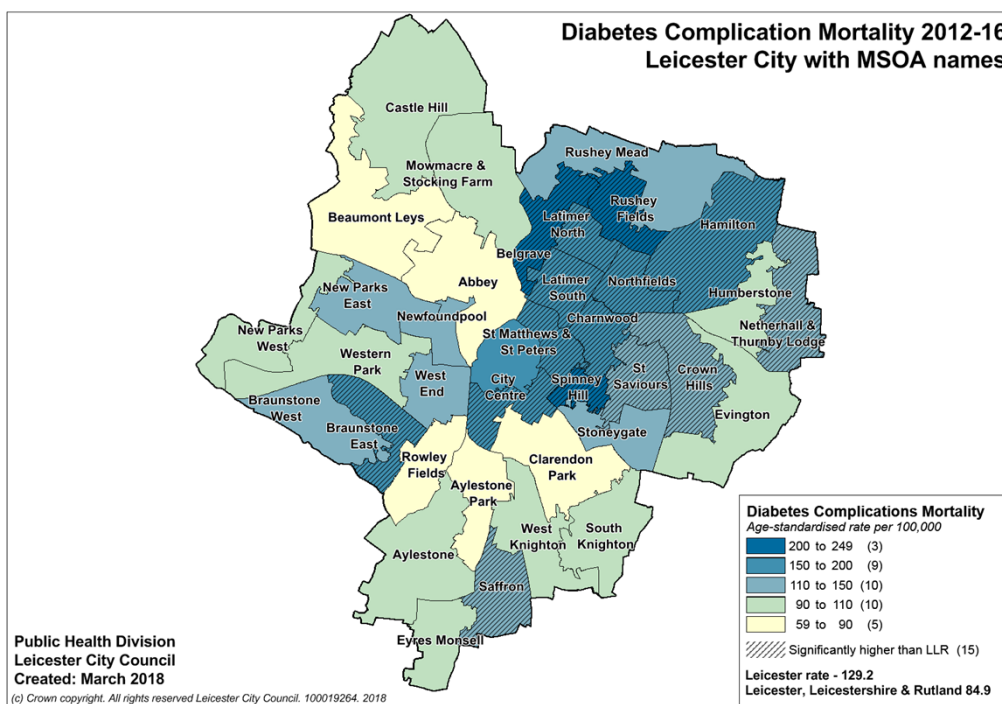
emergency hospital admissions in 2014/15, the majority of involved patients were over 85 years of age, Asian or Asian British residents or those residing in areas of significant socio-economic deprivation.

Figure 2: Hospital admission rates, 2012 to 2016/17: Age standardised rates per 10,000 population



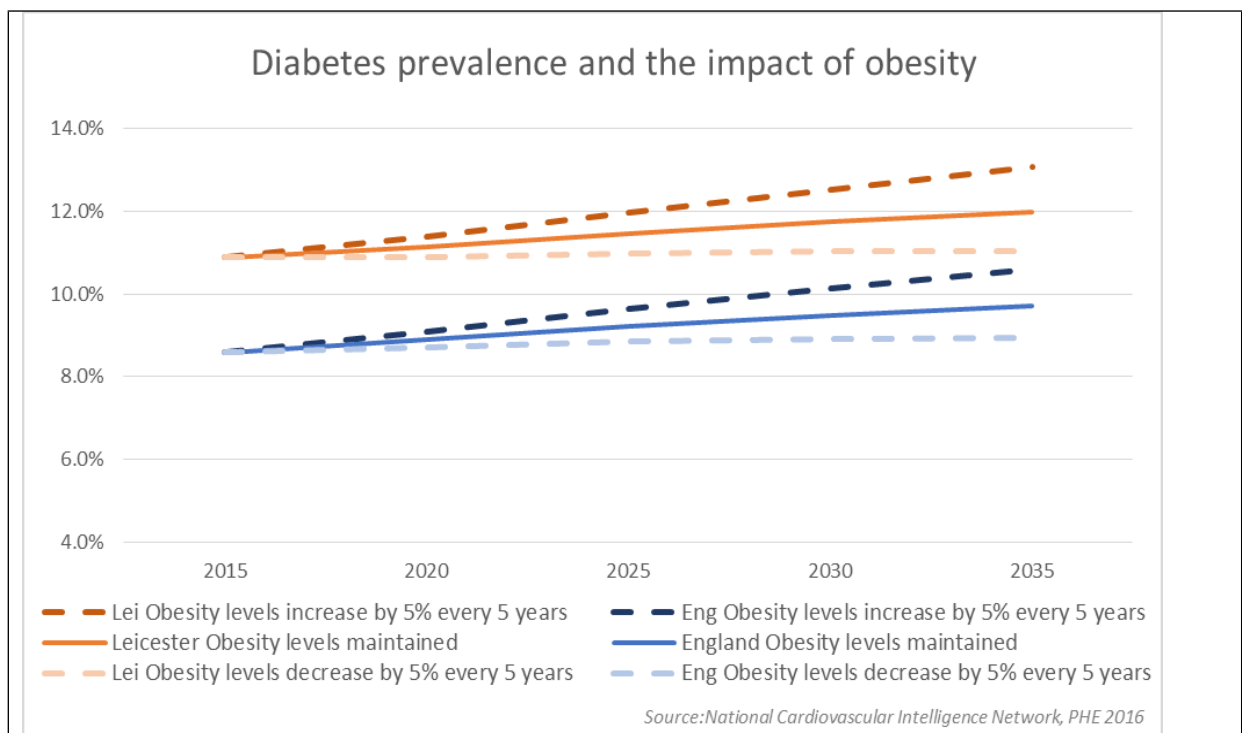
In Leicester there are around 33 deaths per year with an underlying cause of diabetes. Deaths where diabetes complications are a contributing factor are more common at 254 in 2016. The map below shows rates of diabetes related mortality higher in areas with large South Asian populations and areas of high deprivation.

Figure 3: Mortality including diabetes complications as a contributing factor, 2012 to 2016: Age standardised rates per 100,000 population



The primary driver of the increase in type 2 diabetes across the country and within Leicester is the increasing levels of obesity within the population. Figure 4, below, shows the estimated prevalence of diabetes in Leicester, compared to England and the impact changes in obesity will have on forecasted prevalence diabetesⁱⁱⁱ. If current trends in population change and obesity persist, the total prevalence of diabetes in Leicester can be expected to rise to 12% by 2035. If obesity levels were to increase by 5% every 5 years estimated diabetes prevalence would reach 13.1% or 41,100 people. If obesity were to decrease by 5% every 5 years prevalence would be steady at about 11.0% for the period from 2015-2035. Diabetes prevalence in Leicester is forecast to remain higher than rates in England

Figure 4: Estimates of diabetes prevalence and the impact of obesity



Source: Yorkshire and Humber Public Health Observatory:
<http://www.yhpho.org.uk/diabetesprevaltable/default.aspx>

Current Public Health Diabetes Related Activities

The Public Health division of Leicester City Council provides and commissions a range of programmes and initiatives which contribute towards the prevention and treatment of diabetes. These programmes primarily focus on reducing levels of obesity and increasing levels of physical activity.

Increasing Physical Activity

- Active Lifestyle Scheme – patients with a long-term condition or who are at high risk of developing cardio-vascular disease are referred by their GP for support with increasing their levels of physical activity. Patients are referred via the healthy lifestyles hub which assesses patients, offers support with lifestyle changes and signposts and refers clients onto relevant programmes within the city.
- The professional sports clubs, Leicester Diabetes Centre and Leicester City Council have formed the Strategic Alliance for Physical Activity. They have recently developed a pledge to commit to tackle type 2 diabetes across Leicester by being healthy role models for fans, supporting fans to make healthy lifestyle choices and working with key partners to provide accessible and inclusive community sessions.
- Beat the Street – An interactive initiative with the aim of increasing physical activity that will launch in 2019. This involves a 6-week game whereby participants can walk, cycle or run to various stations across their area and by tapping their beat the street card can earn points. In other areas the programme has reported a 10% increase in people meeting physical activity guidelines after participating as well as a sustained impact at 1 year.

Weight Management

Weight management programmes are commissioned from Leicestershire Nutrition and Dietetic Service (LNDS), within LPT. These include:

- Lifestyle Eating and Physical Activity Programme (LEAP) a 10-week weight management programme of nutrition-led sessions followed by a physical activity session led by a physical activity instructor. The sessions are free and focus on topics such as portion sizes, food labels and eating out healthily.
- Diet Health and Activity in Leicester (DHAL) a 10-week targeted weight management programme targeting those from South Asian communities.

Both programmes above are subject to eligibility criteria and majority of referrals come from GPs and practice nurses via the healthy lifestyle hub.

Leicester's Food Plan

The Food Plan was launched in 2014 and is currently being revised. It aims to make Leicester a healthy and sustainable food city. This includes supporting people to make healthier food choices across all stages of life, reducing food poverty, developing a vibrant local food and drink economy and promoting the adoption and implementation of healthy and sustainable catering and food procurement practices.

Cities Changing Diabetes

In 2017 Leicester was selected to the first UK city to be part of an international programme to tackle urban diabetes. The council are working closely with Leicester Diabetes Centre, the CCG and many other stakeholders on this programme.

Leicester's Cities programme recognises that prevention of type 2 diabetes and other risk factors related to type 2 diabetes is the key to sustainability; therefore Leicester's Cities programme focuses on prevention strategies in addition to supporting those who have already been diagnosed with type 2 diabetes to better self-manage their condition. The programme has the following flagship mission statement:

To raise awareness, educate and train communities to deliver type 2 diabetes prevention and lifestyle education in Leicester City

The aim is being achieved through the following objectives:

1. Risk awareness and identification
2. Early prevention and environmental/public health initiatives
3. Training and sustainability building

Children and Young People

Prevention of diabetes starts in childhood with the development of healthy lifestyles. There are a whole range of initiatives and programmes which aim to support children and their families to develop healthy habits early on. A Children and Young Peoples' Healthy Weight Strategy was launched in 2018. One of the actions from this strategy was to develop the 1000 tweaks campaign which encourages families in Leicester to make small manageable and sustainable changes to their lifestyle via small tweaks. For example, parents and grandparents might pledge to cut out fizzy drinks and replace them with milk or water, or pledge to take their children to the local park at least weekly. Other programmes include "Food for Life" which is based in schools and supports schools to develop a whole-school approach to healthy and sustainable food. Schools are also being encouraged and supported to sign up to the daily mile which gets all children in the school walking or running a mile every day

within curriculum time. The School Sport and Physical Activity Network (SSPAN) support this initiative as well as generally supporting schools to increase levels of physical activity and ensure best use of the School Sport Premium that they receive annually.

Recommendations

Scrutiny members are asked to:

- Note the current health profile of diabetes in Leicester.
- Note the current Public Health initiatives being taken to help in the reduction in the prevalence and severity of diabetes within Leicester.

Financial, Legal and other implications

Financial implications

There are no direct financial implications arising from this report.

Rohit Rughani, Principal Accountant, Ext 37 4003

Legal implications

Climate Change and Carbon Reduction implications

Equalities implications

There are no equalities implications arising directly from the report, as it is for information.

However, it is worth noting that under the Equality Act 2010, public authorities have a Public Sector Equality Duty (PSED) which means that, in carrying out their activities, they have a statutory duty to pay due regard to the need to eliminate unlawful discrimination, harassment and victimisation, to advance equality of opportunity between people who share a protected characteristic and those who don't and to foster good relations between people who share a protected characteristic and those who don't.

Protected Characteristics under the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

The definition of disability under the Equality Act 2010 is a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities. Therefore, in some circumstances diabetes may be considered a disability. The report highlights that diabetes is more common in the Asian population, where the rate is four times as high as in the White population, even after adjusting for difference in the age structure of these two populations. There is a specific programme identified within the report which addresses these disparities by ensuring that there is targeted provision available. The PSED is a continuing duty and so the approach should continue to be reviewed, in order to ensure that the provision continues to meet the general aims of the PSED outlined above and the needs of people from across all protected characteristics and, where relevant, specifically in relation to a protected characteristic. The PSED cannot be delegated and, therefore, where services are commissioned it is important to ensure that this continues to inform contract specification and monitoring.

The report refers to an initiative for 2019 called 'Beat the Street', which is currently being equality impact assessed. It also highlights potential changes, in the future, to Leicester's Food Plan. It is recommended that proposals for this are shared, in due course, with the corporate equalities team who can provide advice on any potential equalities implications and the PSED.

Hannah Watkins, Equalities Manager ext. 37 5811

Supporting information / appendices

Is this a private report (If so, please indicated the reasons and state why it is not in the public interest to be dealt with publicly)?

No

Is this a "key decision"?

No

ⁱ NHS Choices: <https://www.nhs.uk/conditions/diabetes/>

ⁱⁱ NHS Digital: Quality outcomes framework, 2016-17: <http://digital.nhs.uk/catalogue/PUB30124>

ⁱⁱⁱ National Cardiovascular Intelligence Network Estimating the impact of obesity on diabetes prevalence. Oct 2016

About this briefing

The briefing is part of the Leicester JSNA and is intended to give an overview, based on current available information, of the issues involved and links to further sources of information. This briefing will be reviewed at least annually and we welcome your comments and suggestions for improvement. Please send your comments to Sandie.Harwood@leicester.gov.uk or telephone 0116 454 2023.

If you would like to join the JSNA email group and be kept up to date with changes and additions to the JSNA webpages, please contact Sandie Harwood: Sandie.Harwood@leicester.gov.uk

This briefing is not statement of policy of either Leicester City Council or Leicester City Clinical Commissioning Group, nor the Leicester Health and Wellbeing Board.