

## **Committee: Healthier Communities and Older People Overview and Scrutiny Panel**

**Date: 28 June 2016**

Agenda item:

Wards: ALL

### **Subject: Diabetes Task Group**

Lead officer: Stella Akintan , Scrutiny Officer

Lead member: Councillor Peter McCabe, Chair of the Healthier Communities and Older People overview and scrutiny panel.

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### **Recommendations:**

- A. That the Panel comment on the findings of the Diabetes Task Group
  - B.
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## **1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

- 1.1. The purpose of the report is to provide the panel with and update and overview of the work of the diabetes task group

## **2 DETAILS**

- 2.1. Last municipal year this Panel set up a task group to consider how to improve services for people with diabetes in Merton. The membership of the panel was as follows:
- 2.2. Councillor Brian Lewis Lavender (Chairman)  
Councillor Sally Kenny  
Councillor Abdul Latif  
Councillor Marsie Skette  
Councillor Brenda Fraser  
Councillor Suzanne Grocott  
Councillor Joan Henry  
Mr Saleem Sheikh
- 2.3. This report was inspired by the Greater London Assembly report 'Blood Sugar Rush' Diabetes Time bomb in London, The report highlighted that more and more people are contracting type 2 diabetes; largely due to rising obesity and the increase in ethnic diversity in London. This has led to an estimated 75 per cent increase over the last decade. Diabetes is now the biggest single cause of amputation, stroke, blindness and end-stage kidney failure in the UK. (Blood Sugar Rush Report, London Assembly 2014)
- 2.4. After considering the emerging evidence the task group decided to focus on preventing diabetes in the South Asian Community. This is because people from this group are up to six times more likely to be diagnosed with diabetes than their white counterparts. They are also more likely to experience complications from the condition at a younger age.

- 2.5. The Census in 2011 highlights that there will be an overall increase in the Black and Minority Ethnic (BAME) population in Merton. Merton's ethnic profile is forecast to change significantly by 2020. The proportion of Merton's BAME population is expected to increase from 37% in 2014 to 40% in 2020. Looking at the breakdown of the BAME population, the largest increases are in Asian Other (notably Sri Lankan), Black African and Black Other groups.
- 2.6. Given the projected rise in diabetes; the task group members were very keen to adopt an approach which focusses on prevention of diabetes and ensure that resources are not only addressing the symptoms but are targeted to stem the rise in the condition.
- 2.7. Prevention is also pertinent given the impact of the cost of diabetes. The rise in diabetes is putting extreme pressure on the NHS services. Diabetes accounts for around 10 per cent of current national health spend four-fifths going towards treating complications. (Blood Sugar Rush Report, London Assembly, 2014).
- 2.8. Background research has provided a wealth of information about the pre-disposition for South Asian community to being diagnosed with diabetes. This group with a healthy BMI have more fat around organs and in the belly area than Europeans with the same BMI, thereby increasing risk. South Asians, are more likely to have not only more abdominal fat, but also less muscle, which further increases insulin resistance. In addition, Asian women are at greater risk of suffering from diabetes during pregnancy, which can put their children at risk of type 2 diabetes in later life.
- 2.9. The task group has developed recommendations around developing culturally appropriate services, working with the faith communities to deliver health message and support for the voluntary and community sector.
- 2.10. These recommendations are currently being finalised and the full report and recommendations will be presented to the next Panel meeting.

### **3 ALTERNATIVE OPTIONS**

The Healthier Communities and Older People Overview and Scrutiny Panel can select topics for scrutiny review and for other scrutiny work as it sees fit, taking into account views and suggestions from officers, partner organisations and the public.

Cabinet is constitutionally required to receive, consider and respond to scrutiny recommendations within two months of receiving them at a meeting.

- 3.1. Cabinet is not, however, required to agree and implement recommendations from Overview and Scrutiny. Cabinet could agree to implement some, or none, of the recommendations made in the scrutiny review final report.

### **4 CONSULTATION UNDERTAKEN OR PROPOSED**

- 4.1. The Panel will be consulted at the meeting

### **5 TIMETABLE**

- 5.1. The Panel will consider important items as they arise as part of their work programme for 2016/17

**6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS**

6.1. None relating to this covering report

**7 LEGAL AND STATUTORY IMPLICATIONS**

7.1. None relating to this covering report. Scrutiny work involves consideration of the legal and statutory implications of the topic being scrutinised.

**8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS**

8.1. It is a fundamental aim of the scrutiny process to ensure that there is full and equal access to the democratic process through public involvement and engaging with local partners in scrutiny reviews. Furthermore, the outcomes of reviews are intended to benefit all sections of the local community.

**9 CRIME AND DISORDER IMPLICATIONS**

9.1. None relating to this covering report. Scrutiny work involves consideration of the crime and disorder implications of the topic being scrutinised.

**10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**

10.1. None relating to this covering report

**11 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT**

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**12 BACKGROUND PAPERS**

12.1.

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