

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

**Date: 4<sup>th</sup> September 2019**

**Agenda item:**

**Wards: ALL**

## **Subject: Annual Public Health Report 2019 Tackling Diabetes in Merton**

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Lead officer: Dr Dagmar Zeuner, Director of Public Health.

Lead member: Councillor Tobin Byers, Cabinet Member for Adult Social Care, Health and the Environment

Contact officer: Mike Robinson, Public Health Consultant; Barry Causer, Head of Strategic Commissioning Public Health

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### **Recommendations:**

The Healthier Communities Panel is asked to:

- A. Consider and champion the recommendations of the Annual Public Health Report (APHR) 2019: Tackling Diabetes in Merton.
  - B. Discuss and support the ongoing work of the Health and Wellbeing Board to tackle diabetes and the new Tackling Diabetes Action Plan.
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### **1 Purpose of report and executive summary**

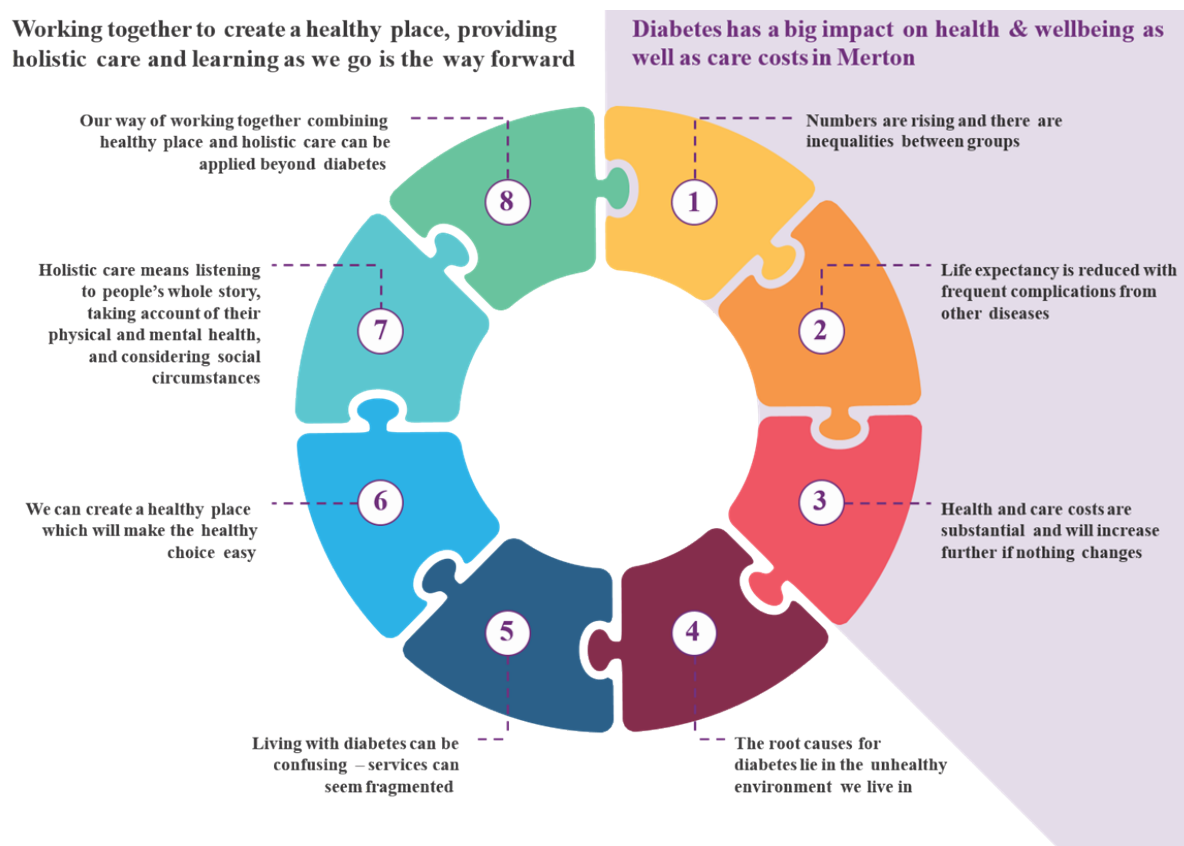
- 1.1. It is a statutory duty for the Director of Public Health to produce an independent Annual Public Health Report (APHR). The purpose of this paper is to share with the Healthier Communities Panel the APHR 2019 on Tackling Diabetes in Merton.
- 1.2. This report also sets out the recent work of the Health and Wellbeing Board on tackling diabetes, as a priority action and presents the new Tackling Diabetes Action Plan.

### **2. DETAILS**

#### **Annual Public Health Report 2019**

- 2.1 Under the Health and Social Care Act 2012, the Director of Public Health is required to produce an Annual Public Health Report on a topic of their choice. For 2019, this report focuses on diabetes, complementing the Tackling Diabetes Action Plan overseen by Merton Health and Wellbeing Board. Fig. 1 (below) sets out the key messages from the APHR.

**Fig 1. Learning from a whole system approach**  
**Key messages from the Annual Public Health Report 2019**



See Appendix 1 for a summary of the report and a link to the full report

### **Diabetes as a priority action for Merton Health and Wellbeing Board**

- 2.2 In 2017, the Health and Wellbeing Board agreed to build upon its previous work on promoting child healthy weight and focus as a partnership on tackling diabetes. This followed a presentation to the Board by local GPs highlighting the unabated epidemic and insufficiency of trying to tackle diabetes as a medical problem only.
- 2.3 In response the Board agreed to adopt a 'whole system approach' across the life course, using the focus on diabetes as an exemplar for developing holistic care (covering physical, mental and non-clinical personal support) hand in hand with creating a healthy place. Both involve a strong focus on understanding what most matters to local people and actively engaging all partners across Merton; whilst accepting and encouraging lessons learnt along the way.

- 2.4 The first phase of this approach was the Diabetes Truth Programme (see Appendix 2 for details). Running from January to March 2018, this Programme saw each, individual Health and Wellbeing Board member ‘buddy up’ with a Merton resident who had a lived experience of diabetes. Through a series of one to one conversations, members of the Health and Wellbeing Board were able to gain an insight into the life and challenges that people at risk of, living with or caring for someone with diabetes face on a daily basis. This helped Board members identify the most important areas to focus on., made clear what matters to residents and also reinforced a commitment of the Health and Wellbeing Board to work with residents and communities as an integral part of the solution.
- 2.5 Engagement continued in October 2018 through two mini-conversations attended by 37 residents, which delved deeper into the issues and challenges. This insight, alongside data analysis and a review of the evidence, aligned with partnership work led by Public Health and Merton Clinical Commissioning Group, has informed the development of the Tackling Diabetes Action Plan.
- 2.6 This Diabetes Truth programme links to the work of this Panel’s Task Group that had previously reported in 2016 on Preventing Diabetes in the South Asian Community. An update on the implementation of recommendations of that report was made to this Panel in 2018, where it agreed that the work of the Task Group would feed in to this broader strategic framework of the Tackling Diabetes Action Plan as part of the Health and Wellbeing Board’s Whole System Approach to Diabetes.
- 2.7 There are clear synergies between tackling diabetes and promoting child healthy weight. As childhood obesity is still high and remains a local priority, the Child Healthy Weight Action Plan, originally approved by the Health and Wellbeing Board in March 2017, has also been refreshed (see Background Documents for a link).

The 2018/19 Annual Public Health report supports both Plans, by providing context and describing opportunities for further learning.

### **Tackling Diabetes Action Plan**

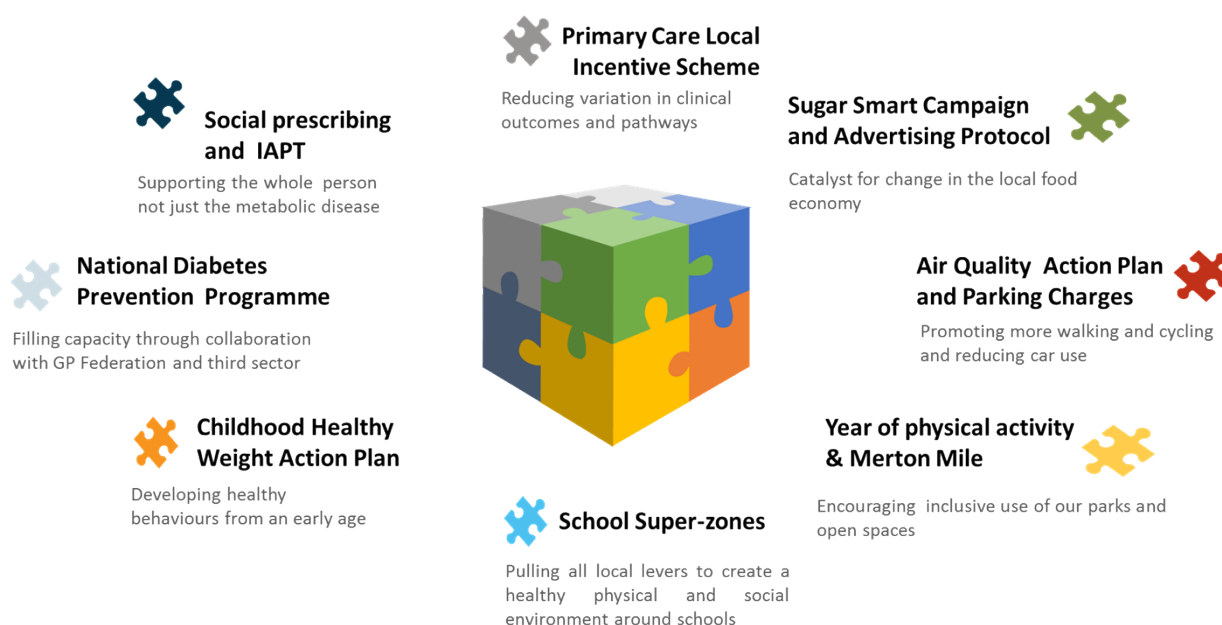
- 2.8 Approximately 6% (11,160) of the registered adult population within Merton Clinical Commissioning Group are currently diagnosed with diabetes; a further 2% (2,585) are estimated to be undiagnosed, and 11% (18,450) have non-diabetic hyperglycaemia (pre-diabetes).

If nothing changes, it is estimated that the total diabetes prevalence will rise by 5,000 to over 18,000 or 9% over the next 10 years. Diabetes currently consumes approximately 10% of the overall NHS budget, and this, too, is

projected to rise. The Annual Public Health Report provides additional facts and figures (see Appendix 1).

- 2.9 The Tackling Diabetes Action Plan sets out high-level actions, under three overarching themes: clinical oversight and service improvement; holistic individual care; and healthy place. It is not an exhaustive list of all activities and actions that contribute to tackling diabetes; it contains a small number of high value actions that, when delivered together, are expected to have the most impact in Merton. See Appendix 3 for a summary of the Plan.

Fig 2. Key actions from the Diabetes Action Plan



- 2.10 In terms of resources needed to tackle diabetes, a business case has recently been approved by Merton Clinical Commissioning Group to invest an additional £1.2 million over 3 years in holistic primary and community care including access to mental health services and non-medical support, e.g. social prescribing.
- 2.11 The Council, leading on creating a ‘Healthy Place’, will focus on the effective use of existing mechanisms. These include the Local Plan and new opportunities to work on cross-cutting issues to improve the food environment and encourage physical activity e.g. creating healthy neighbourhoods around schools, the Sugar Smart campaign, reviewing advertising protocols, the use of parking charges to improve air quality, promoting walking and cycling, and reducing sedentary behaviour.
- 2.12 Community engagement to raise awareness of how diabetes can best be managed and prevented is supporting implementation of the Action Plan. Following the recommendations of the Scrutiny Task Group on ‘Preventing

Diabetes in the South Asian Community, Healthwatch Merton has spoken with a number of BAME groups and created a survey which was promoted through their local community group network. The majority of people from the BAME community that Healthwatch surveyed obtained their diagnosis from their opticians. Healthwatch plan further work in autumn 2019 and spring 2020 to gain better understanding of how people from South Asian and BAME backgrounds are coping with diabetes and to help support co-production of services with the voluntary and community sector.

It is also planned to present the Tackling Diabetes Action Plan to the Joint Consultative Committee in September to encourage members to champion the work across their networks.

At the South West London Clinical Senate Conference earlier this year, Councillor Tobin Byers, as Chair of the Health and Wellbeing Board and Cabinet Member for Adult Social Care and Health, together with the Director of Public Health, shared the work of Merton Health and Wellbeing Board on diabetes with over 300 clinicians, which was well received.

2.13 The innovative approach taken in Merton has been presented at a number of forums, including the South West London Diabetes Steering Group and The Patient Engagement Group of MCCG, where it was positively received. Discussions are now underway on how this approach can be replicated more widely.

2.14 The Annual Public Health Report and the summary document are being shared widely with partners, stakeholders and the voluntary and community sectors. Copies were sent, along with letters of thanks, to each of the Diabetes Truth volunteers. Work is underway to develop a network of Diabetes Health Champions and the Diabetes Truth volunteers were asked if they would like to participate in this work; with some positive responses.

If members of this Panel have contacts who would like to receive summaries of the Annual Public Health Report or Diabetes Action Plan we will be happy to send copies.

### **3. NEXT STEPS**

A report to the Health and Wellbeing Board in October will recommend a continuing focus on tackling diabetes as a key priority for action. Progress on implementing the Tackling Diabetes Action plan will also be monitored by the Merton Health and Care Together Board and ultimately overseen by the Health and Wellbeing Board.

### **4. Alternative options**

N/A

### **5. Consultation undertaken or proposed**

Significant consultation has taken place and informed the Tackling Diabetes Action Plan as set out in this report, including the Diabetes Truth programme, subsequent mini-conversations, a presentation at the Merton Clinical Commissioning Group led Patient Engagement Group, work by Healthwatch

Merton to engage with BAME communities and discussions with key stakeholders including voluntary sector and community representatives.

**6. Timetable**

As set out in the report.

**7. Financial, resource and property implications**

None to the Council. Additional investment by Merton Clinical Commissioning Group will support the delivery of this work.

**9. Legal and statutory implications**

It is a statutory duty for the Director of Public Health to produce an Annual Public Health Report.

**10. Human rights, equalities and community cohesion implications**

The Tackling Diabetes Action Plan is specifically aimed at tackling health inequalities.

**11. Crime and Disorder implications**

None

**12. Risk management and health and safety implications**

None

**Appendices – the following documents are to be published with this report and form part of the report**

APPENDIX 1: Annual Public Health Report 2019 Tackling Diabetes in Merton: learning from a whole system approach

APPENDIX 2: Diabetes Truth Programme summary and link to full report.

APPENDIX 3: Tackling Diabetes Action Plan 2019 - 2014

**Background Documents**

**Merton Child Healthy Weight Action Plan 2019 - 2022**

[Health and Wellbeing Board 26 March 2019](#) see item 5 Appendix 3

## **Appendix 1**

### **Annual Report of the Director of Public Health 2019**

#### **Diabetes in Merton – Learning from a whole systems approach**

Summary on next page.

For the full report Tackling Diabetes in Merton – Learning from a Whole Systems Approach (*Item 5 Appendix 1*) see:

[\*\*Health and Wellbeing Board 26 March 2019\*\*](#)

# Highlights of the Annual Public Health Report 2019 – Tackling Diabetes in Merton

The report provides context for the Health and Wellbeing Board’s Diabetes Action Plan which is published alongside the Annual Public Health Report. It is a learning resource, to encourage the development of a whole system approach for all long-term health conditions.

Diabetes occurs when the amount of glucose (sugar) in the blood is too high because the body cannot use it properly. Type 1 diabetes tends to start at a younger age and diet and exercise are not contributory factors. Type 2 diabetes is strongly linked to obesity, poor diet and inactivity. People from South Asian, African and African-Caribbean origin are more at risk than average.

## Key Messages – summary

Working together to create a healthy place, providing holistic care and learning as we go is the way forward

Our way of working together combining healthy place and holistic care can be applied beyond diabetes

Holistic care means listening to people’s whole story, taking account of their physical and mental health, and considering social circumstances

We can create a healthy place which will make the healthy choice easy

Living with diabetes can be confusing – services can seem fragmented

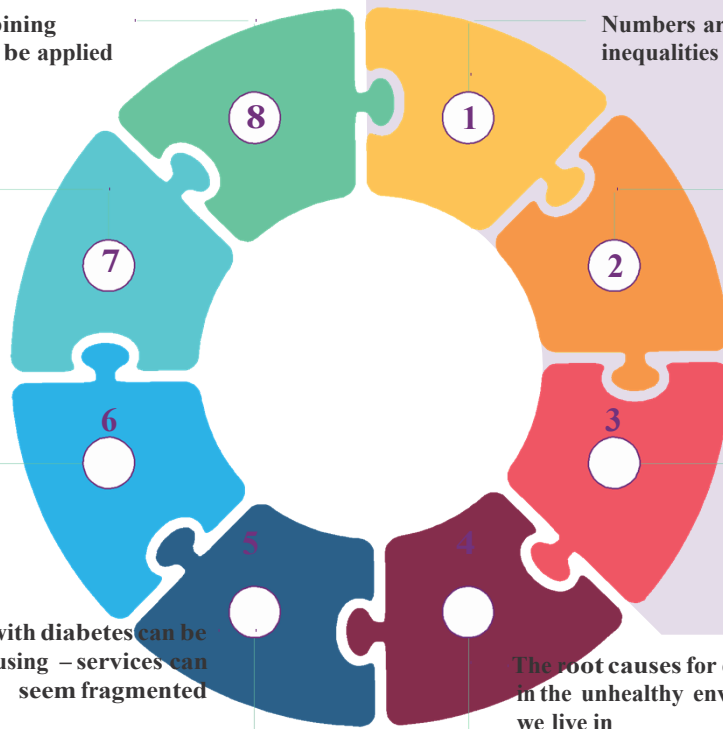
Diabetes has a big impact on health & wellbeing as well as care costs in Merton

Numbers are rising and there are inequalities between groups

Life expectancy is reduced with frequent complications from other diseases

Health and care costs are substantial and will increase further if nothing change

The root causes for diabetes lie in the unhealthy environment we live in



## Key Messages – more detail

### 1 Numbers are rising and there are inequalities between groups

- Diabetes in Merton has been increasing year on year and if nothing changes will continue to do so. Over 8 in 100 people in Merton over the age of 16 are currently predicted to have diabetes (diagnosed or undiagnosed) and this is expected to rise to over 9 in 100 by 2035.
- Rates of diabetes in Merton vary by locality. Several practices in East Merton record rates three times greater than most practices in the West.

### 2 Life expectancy is reduced with frequent complications from other diseases

- Life expectancy for both types of diabetes is reduced compared to people without diabetes. People diagnosed with Type 2 diabetes in their 50s on average lose 6 years of life compared to their peers.
- Diabetes increases the risk of serious diseases such as blindness, kidney failure, heart attack, stroke, and amputations.





### Health and care costs are substantial and will increase further if nothing changes

- Diabetes consumes approximately 10% of the overall NHS budget or about £10 billion per year. In Merton in 2016, the cost of Type 2 diabetes alone was £ 20.9 million. If nothing changes, costs in Merton will increase by about 2% per year meaning an extra £2.4 million per year in 5 years' time.
- Besides the NHS cost, diabetes also means extra social care costs for the Council. The current total for Merton has been estimated to be approximately £1.3m per year.



### The root causes for diabetes lie in the unhealthy environment we live in

The environment in Merton has features which make it easy for children and adults to become overweight. It is not that people are becoming greedier or lazier. It is easier to travel by car than to walk or cycle and to eat fast food rather than healthier choices.



### Living with diabetes can be confusing – services can seem fragmented

Early in 2018 each member of the Health and Wellbeing Board 'buddied up' with an 'Expert Witness' – an individual living with diabetes, at risk of diabetes or caring for someone with diabetes. The conversations which followed formed the basis of the "Diabetes Truth Programme". Some of its key findings were:

- There is plenty of information out there about diabetes but advice is often confusing. We need to make better connection between those who produce the information and those who need to use it.
- Type 1 diabetes is different to Type 2 – when focusing on diabetes we need to be aware of, and do justice to, both types.
- Type 1 and Type 2 diabetes are not just physical illnesses – they require services which focus on emotional and mental health too.



### We can create a healthy place which will make the healthy choice easy

Creating a 'healthy place' means shaping the physical, social, cultural and economic factors in the places we live, learn, work and play.

Some of the features of healthy places will be:

- Promoting good mental health and emotional wellbeing
- Making the healthy life style choice easy
- Protection from harm, providing safety

Healthy choices are easy choices when:

- Healthy food is available easily and is affordable
- Streets are pleasant and safe to walk and cycle with clean air
- Advertising of unhealthy food and drink is restricted



### Holistic care means listening to people's whole story, taking account of their physical and mental health and considering their social circumstances

Holistic care means consideration of the complete person, physically, psychologically, socially and spiritually in the management and prevention of disease. It is underpinned by

the concept that there is a link between our physical health and our more general 'well-being'.

Social prescribing is a key part of delivering holistic care. This allows GPs and other health care professionals to refer to non-medical support, for example to help relieve loneliness.

Other components of holistic care for diabetes in particular are:

- Improving Access to Psychological Therapies, meaning access to a therapist to help develop positive thinking and skills in problem solving.
- Structured Education, meaning a series of classes with other people with diabetes to learn about living as well as possible and reducing complications.
- National Diabetes Prevention Programme, designed for people whose blood test shows they are at high risk of developing Type 2 diabetes and which provides intensive support to achieve a healthy weight.



### Our way of working together combining healthy place and holistic care can be applied beyond diabetes

When the Merton Health and Wellbeing Board made tackling diabetes a priority, members started by listening to the voices of Expert Witnesses from across the borough. This made the Board members more informed and aware of their potential for leading change.

The learning which followed was wide ranging; including the challenges people face as part of daily life, eating well and staying active; how carers and families can support people with diabetes; and how people can best use services.

This whole system approach to diabetes puts the patient and their family or carer in the centre. This alignment of a healthy place with holistic care can be applied to other long-term conditions.

## Resources:

For the full report please go to:

[www.merton.gov.uk/health-social-care/publichealth](http://www.merton.gov.uk/health-social-care/publichealth)

### Diabetes Truth Programme

<https://democracy.merton.gov.uk/documents/s22963/Item%205%20Appendix%201.pdf>

### Diabetes UK

A useful resource for patient and families education.

[www.diabetes.org.uk](http://www.diabetes.org.uk)

**NHS diabetes app** – online Low Carb Program can help anyone with type 2 diabetes take better control of their condition. [www.nhs.uk/apps-library/low-carb-program](http://www.nhs.uk/apps-library/low-carb-program)

For a longer list of resources please see the full report.

**We welcome your feedback:**

[PHreport2019@merton.gov.uk](mailto:PHreport2019@merton.gov.uk)

## Appendix 2. Diabetes Truth Conversations Summary

### Summary – Diabetes truth programme

#### What did we do?

Each Health and Wellbeing Board member paired up with an expert witness, a 'buddy' who was living with, at risk of, or caring for someone with Type 1 or Type 2 diabetes. We had conversations together and then shared what we had found out at a workshop.

#### Why did we do this?

We chose the complex problem of diabetes as an exemplar; to find out the true day-to-day issues and choices that people living with diabetes face and to see how we as a Health and Wellbeing Board can work with our community to help identify solutions, rather than impose preconceived ideas.

#### What did we find out?

- Type 1 diabetes is really different to Type 2 and when focussing on 'diabetes' we need to be clear on this.
- Type 1 and Type 2 diabetes are not just physical illnesses; they also require a focus on emotional and mental health resilience and support.
- We need to communicate and educate better about food and recognise that our food choices are often influenced by factors in our environment such as advertising and availability of fast food.
- There is plenty of information out there about diabetes but people do not always engage with it. We need to work on this – making better connections between those who produce the information and those who need to use it.
- Physical activity is important to help prevent and manage Type 2 diabetes. It can bring people together, which can help with adherence but it can be difficult to make the time. We need to promote the assets we have such as parks and open spaces and include activity in our everyday lives.
- Peer and community support has a huge role to play; we need to learn from those who have experience, face to face and on line.
- Pressures relating to lifestyle, working hours and lack of sleep mean that just knowing the causes and risks of diabetes, is not enough to change behaviour. Instead healthier choices need to become easier choices through the right cues and support in our environment and everyday life.

#### What will we do next?

Whilst some of the findings of this report are specific to diabetes, by exploring our approaches to this complex challenge we have created a new way of working as a Health and Wellbeing Board which we can use when addressing other conditions and wider work. This includes:

- Merton Health and Wellbeing Strategy, which sets the overall ambition for health and wellbeing in Merton, is being refreshed this year. The learning from the Diabetes Truth conversations will help to inform this Strategy and to shape the way we and our partners engage with our community.



# Merton Health & Wellbeing Board's Tackling Diabetes Action Plan 2019 – 2024

## Summary Plan on a Page

For full report Tackling Diabetes Action Plan (*Item 5 Appendix 2*) see:

[Health and Wellbeing Board 26 March 2019](#)

### **Theme 1: Clinical oversight and service improvement**

**Lead organisation: Merton Clinical Commissioning Group (CCG)**

**Vision:** Merton delivers evidence based services, providers and commissioners actively seek out opportunities for service improvement and share learning and uses data to identify areas of best practice and variation.

**In order to deliver this vision, we will:**

**Action 1)** develop a 'diabetes dashboard' to monitor outcomes and use data to identify variation and empower practices to improve services;

**Action 2)** keep services and pathways under review & use patient views to identify and secure improvements in existing and future projects;

**Action 3)** provide access to training for staff to ensure that they are up to date with clinical guidelines, evidence based management and emerging approaches e.g. very low calories diets;

**Action 4)** approach commissioning of diabetes services in a manner that empowers and supports quality improvement across two levels; at a federation level and in individual practices;

**Action 5)** increase access to and uptake of evidence based and highly effective structured education programmes e.g. Desmond and DAFNE and deliver culturally specific programmes e.g. DoSA.

### **Theme 2: Holistic Individual Care**

**Lead organisation London Borough of Merton and Merton CCG**

**Vision:** Merton takes a holistic care approach to diabetes and delivers what matters to residents, uses local assets and takes a partnership approach to increasing the uptake of NDPP and the wider digital prevention offer.

**In order to deliver this vision, we will:**

**Action 6)** roll out social prescribing at scale and consider wider opportunities to connect residents to services;

**Action 7)** increase resilience of communities and residents by ensuring that diabetes services are linked to mental health services

**Action 8)** produce a Directory of Services e.g. Adult Education and cooking classes that support residents at risk of or living with diabetes,

**Action 9)** develop a network of 'connectors' to enable the community as a whole to take action to prevent diabetes:

**Action 10)** increase uptake of the NDPP and deliver wider prevention programmes;

**Action 11)** promote the wider Merton digital prevention offer;

**Action 12)** actively engage communities and residents living with diabetes (Type 1 and Type 2) in service design and improvement.

### **Theme 3: Healthy Place**

**Lead organisation: London Borough of Merton**

**Vision:** Merton as a place to live and work encourages people to be more active and make healthier choices.

**In order to deliver this vision, we will**

**Action 13)** work in key settings to ensure they support healthy lifestyles e.g. delivering Healthy Workplaces across Merton in (a) organisational members of the HWB and (b) external businesses,

**Action 14)** create a healthier food environment in Merton by working with partners and businesses,

**Action 15)** increase and promote opportunities to be physically active.



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