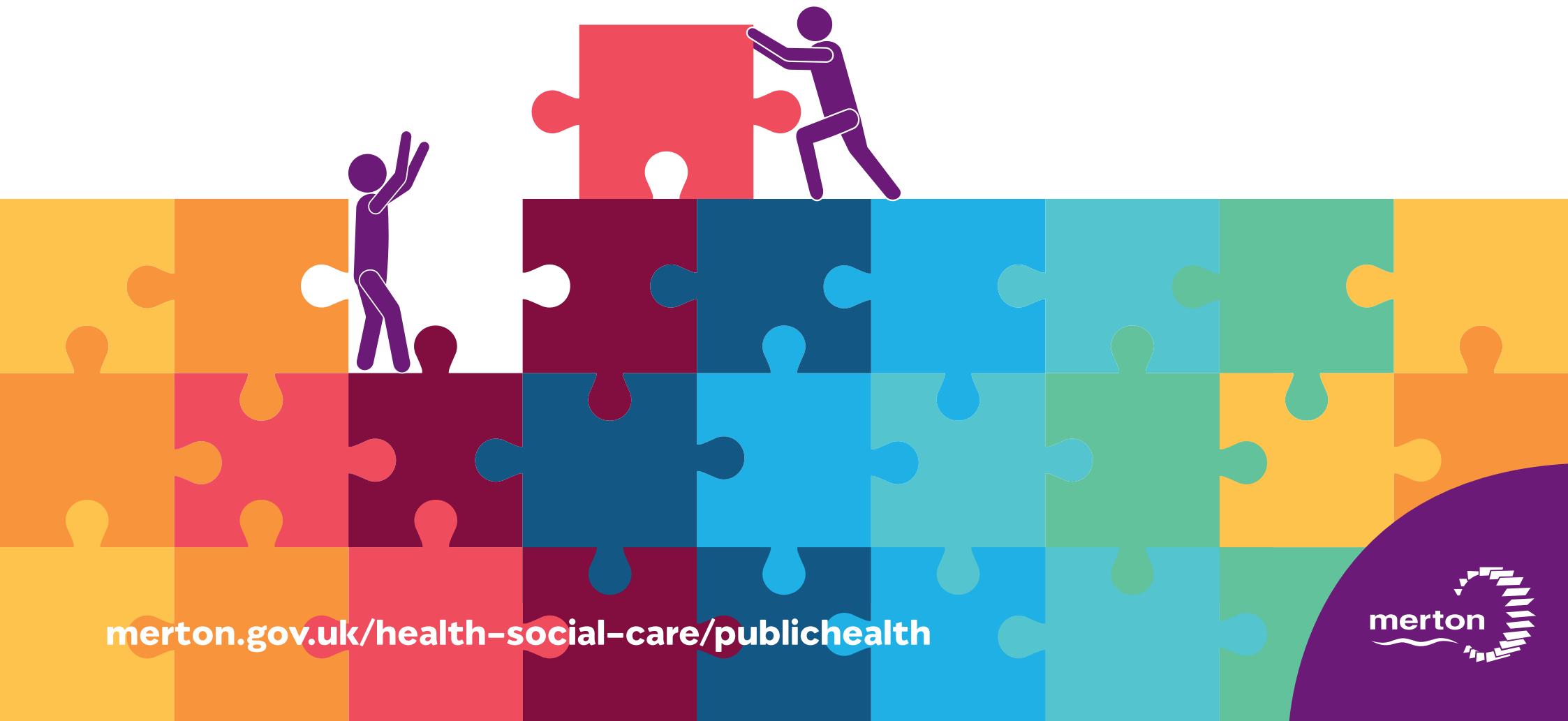


Tackling Diabetes in Merton:

Learning from a whole system approach

Annual Report of the Director of Public Health 2019



merton.gov.uk/health-social-care/publichealth



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About this report

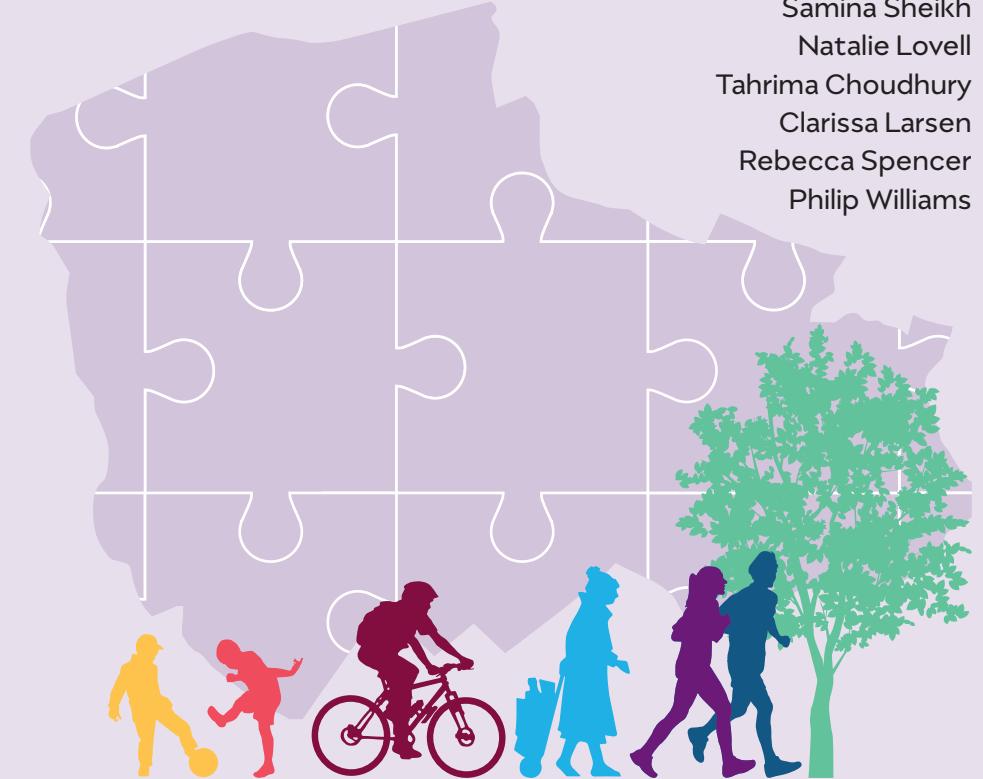
- This is an independent annual report on the health of the population of Merton, in fulfilment of the statutory duty of the Director of Public Health.
- This year's report is focussed on diabetes. Diabetes is a priority for Merton's Health and Wellbeing Board. Numbers affected are increasing year on year. Working together to make Merton a healthy place and providing holistic care will reduce the burden of disease and the future costs of care.
- The purpose of this report is firstly, to provide context for the Health and Wellbeing Board's Diabetes Action Plan which is published alongside the Annual Public Health Report (APHR); secondly to be a learning resource, to encourage further development of the whole systems approach which is necessary to tackle all long-term conditions, not just diabetes.
- The report aims to provide a reference for officers, partners and residents about diabetes and to explore how learning from elsewhere can be applied in Merton. Most of the report is focused on Type 2 diabetes, but the whole system approach will benefit people with Type 1 diabetes too.
- The report summarises the statistics about diabetes, the views of patients and carers, and case studies of particular approaches.
- It's not just for diabetes that the whole system of healthy place and holistic care will produce benefits. The same approach can be adopted for other long-term conditions, and the context set by new NHS Long Term Plan provides the opportunity to do this locally.
- Diabetes is just one of the public health issues in Merton. A summary of health and wellbeing indicators and the underlying determinants of health is included at the end of the report.

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Foreword



Dr Dagmar Zeuner

Director of Public Health

I am delighted to present my independent annual report on the health of the population of Merton, in fulfilment of my statutory duty as Director of Public Health.

This year's report is focussed on diabetes. Diabetes is a priority for Merton's Health and Wellbeing Board. The report summarises the statistics about diabetes, the views of patients and carers, and case studies of particular approaches.

Most diabetes is preventable and the purpose of this report is to provide a learning resource and to encourage further development of the whole systems approach which is necessary to tackle all long term conditions including diabetes.

I am grateful to my team and many colleagues from the council, Merton Clinical Commissioning Group and other organisations for their support and contributions. Their efforts are much appreciated – on top of everybody's busy daily work – and result in a more informed and collaborative output. We are keen to make our annual report as useful for partners as possible. Please email PHreport2019@merton.gov.uk with any feedback you might have.



Councillor Tobin Byers

Cabinet Member for Adult Social Care and Health

As the Cabinet Member responsible for Public Health I commend this annual report of our Director of Public Health.

Diabetes is a serious health condition and has a significant impact on the lives of those affected; the number of people affected by diabetes is rising and so is the cost, which will continue to increase if nothing changes. It is also largely preventable; the root causes lie in the unhealthy environment we live in which influence the lifestyle choices we make.

As a Health and Wellbeing Board, we received a plea from GPs to do more to tackle diabetes before people develop it; by the time clinicians see patients, all they can do is help people to manage the condition. That's why it's so important to understand the influences and causes of diabetes and recognise that it is only through a preventative approach that we will be able to tackle them in a sustainable way. Action needs to be taken now across the whole life course so that all Merton residents can start well, live well and age well.

The solutions are multiple and wide-ranging and the only way to face the challenge is to work in partnership for and with the residents of Merton. I hope the learning in this report shows the way forward.



Dr Andrew Murray

Chair of Merton Clinical Commissioning Group

As the chair of Merton CCC and a local GP, I see first hand the consequences of long term conditions like diabetes. I know that we need to work together

to tackle the root causes of diabetes as well as providing the right health and care services that consider the impact of the disease on the whole person and their lives.

Preventing diabetes by early detection of people at risk and ensuring Merton is a place where healthy choices are easy go hand in hand. Public health has a key role to bring learning from elsewhere and suggest how this can be developed in Merton as illustrated in this report.

I commend the publication of this annual public health report. It is a useful resource and provides a strong focus on the role we can all play in tackling this major public health challenge. I look forward to ongoing work with all partners to apply the whole system approach to other long-term conditions too.

Key Messages

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

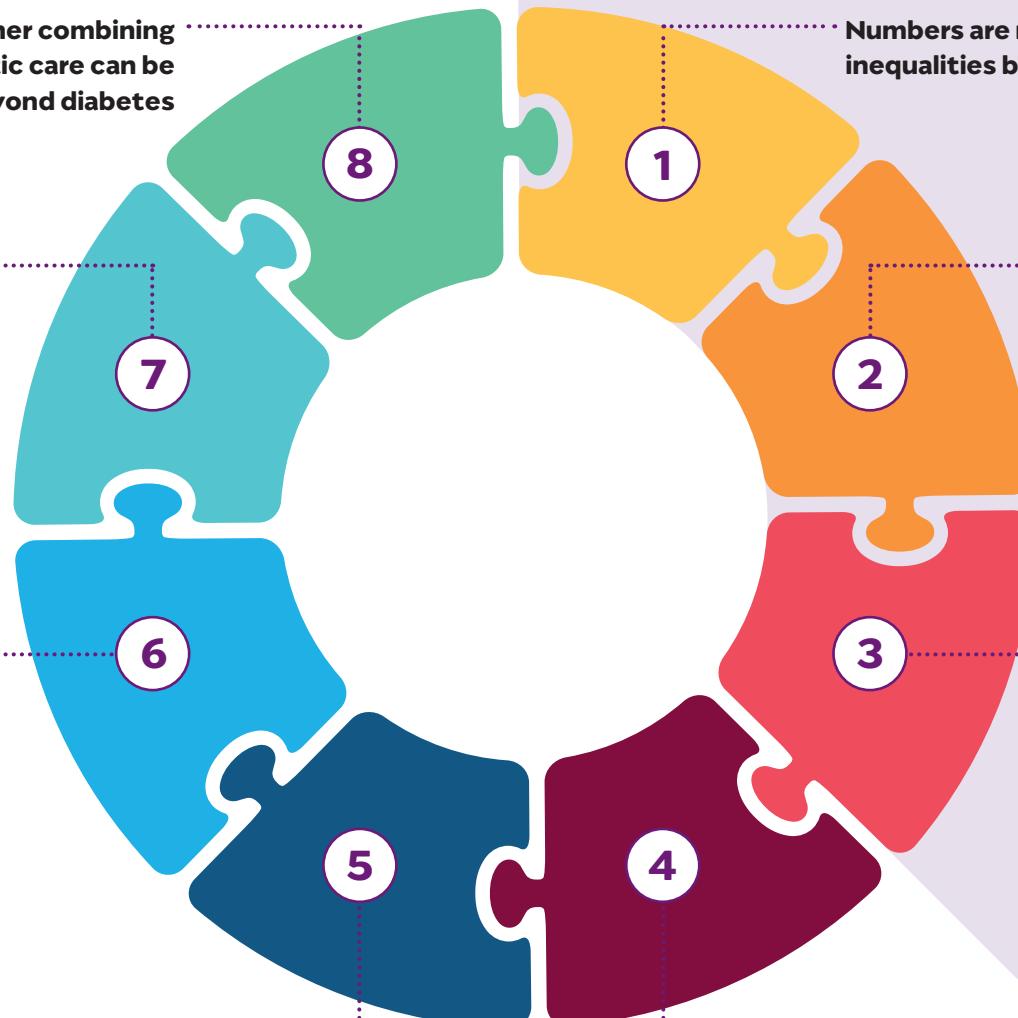
Diabetes has a big impact on health & wellbeing as well as care costs in Merton

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 changes

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



Diabetes – what is it?

- Diabetes is a serious health condition that occurs when the amount of glucose (sugar) in the blood is too high because the body cannot use it properly. Diet is a key factor. Foods high in sugar tend to be cheap and easy to prepare, and healthy foods the opposite.
- In Type 1 diabetes, the illness is usually quite sudden. There is no opportunity for prevention. In Type 2 diabetes, the abnormal sugar levels can be present for a long time before signs of the disease are obvious, and it is possible to prevent the full-blown disease through early intervention.
- In some cases Type 2 diabetes can be put into remission through dietary changes and weight loss.
- Good management of the high blood sugar levels in diabetes lowers the risk of major complications, for example:
 - Damage to vision (retinopathy)
 - Poor circulation (peripheral arterial disease (PAD))
 - Damage to kidney function (chronic kidney disease (CKD))
 - Cardiovascular diseases (CVD) such as coronary heart disease (CHD) and stroke
- Life expectancy for those with diabetes is on average 10 years shorter than for those without the disease. More detail is provided later in the report.
- The risk factors for Type 1 and Type 2 diabetes are quite different. Type 1 diabetes is slightly more common in some families than others, and diet and exercise are not contributory factors. In contrast, type 2 diabetes is strongly linked to obesity, poor diet and inactivity. People from South Asian and African and African-Caribbean origin are more prone than average, so there is a genetic component too.
- The diagnosis is confirmed by a blood test for glucose (sugar) or a form of haemoglobin with attached glucose known as HbA1c.
- The initial treatment for Type 1 diabetes is insulin injections and for Type 2, oral tablets. Some people with Type 2 diabetes also take insulin when tablets alone do not give good control of blood sugar levels. Sometimes Type 2 can be controlled by changes to diet alone and may even be reversed through such changes.





Key Message 1:

Numbers of people with diabetes in Merton 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.

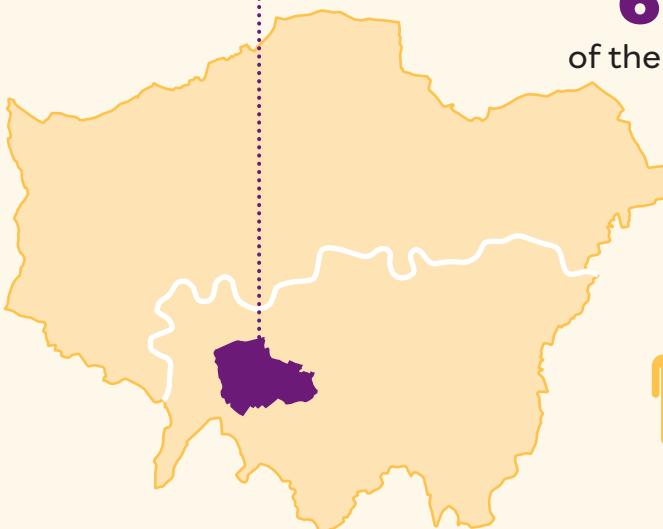
In 2017/18 there were

11,160 people aged 17 years or over who had been **diagnosed with diabetes**.

This is equal to

6.2%

of the population.



The estimated total prevalence of diabetes (undiagnosed and diagnosed) for people aged 16 years or older is **projected to rise** in the next 15 years

from
8.3%
in 2019
(14,205 people)

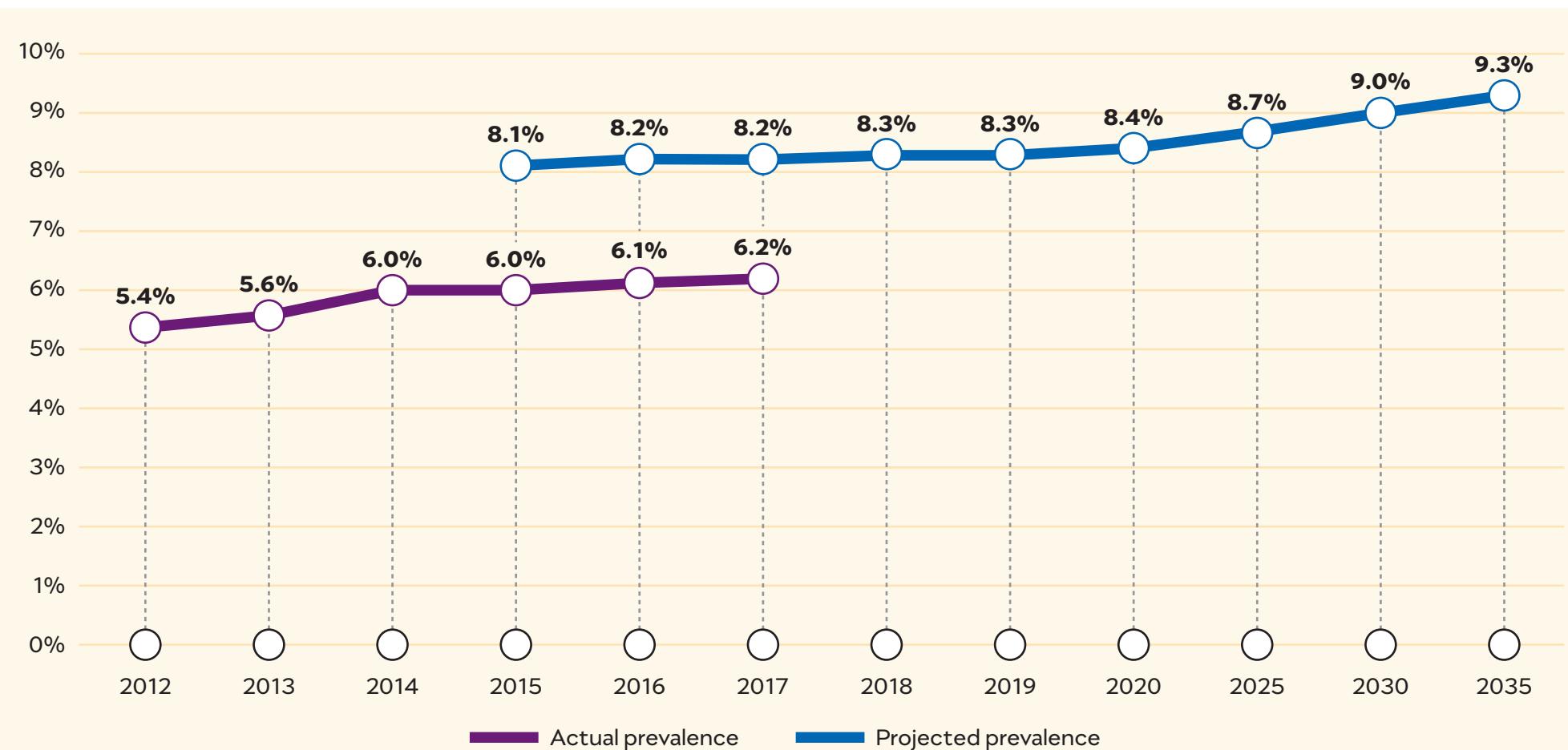
to
9.3%
in 2035
(18,360 people)

See Graph 1 on page 8.

Graph 1:

Actual and projected prevalence of people with diabetes in Merton

Source: Actual prevalence – Quality and Outcomes Framework, Projected prevalence – National Cardiovascular Intelligence Network



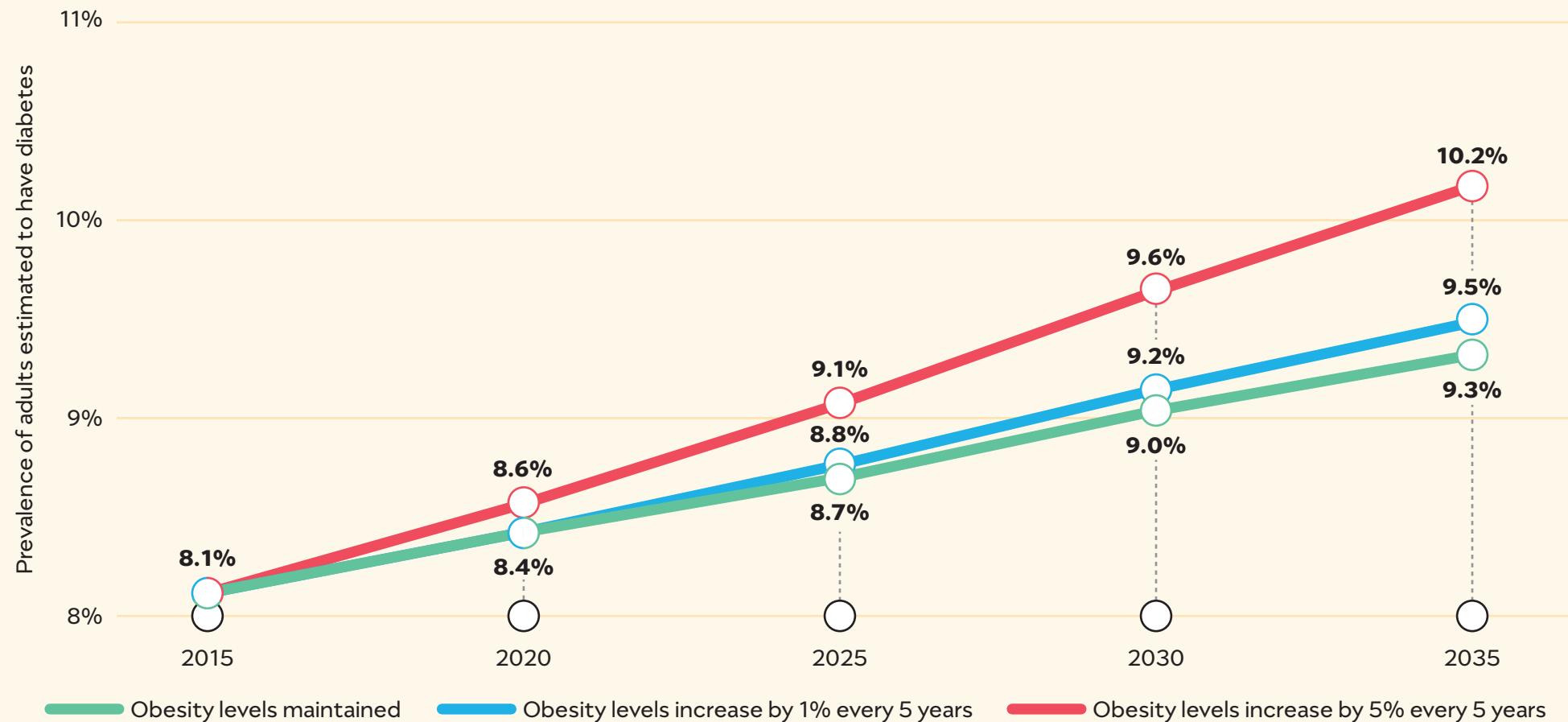
Note: 1. Actual prevalence data is recorded by financial year. It has been changed to calendar year to display the projected prevalence data which is based on calendar year. 2. Actual prevalence is based on number of people aged 17 years or older diagnosed with diabetes. 3. Projected prevalence is based on number of people aged 16 years or older who have diabetes both diagnosed and undiagnosed.

Graph 2:

Diabetes prevalence at different obesity levels in Merton, 2015–2035

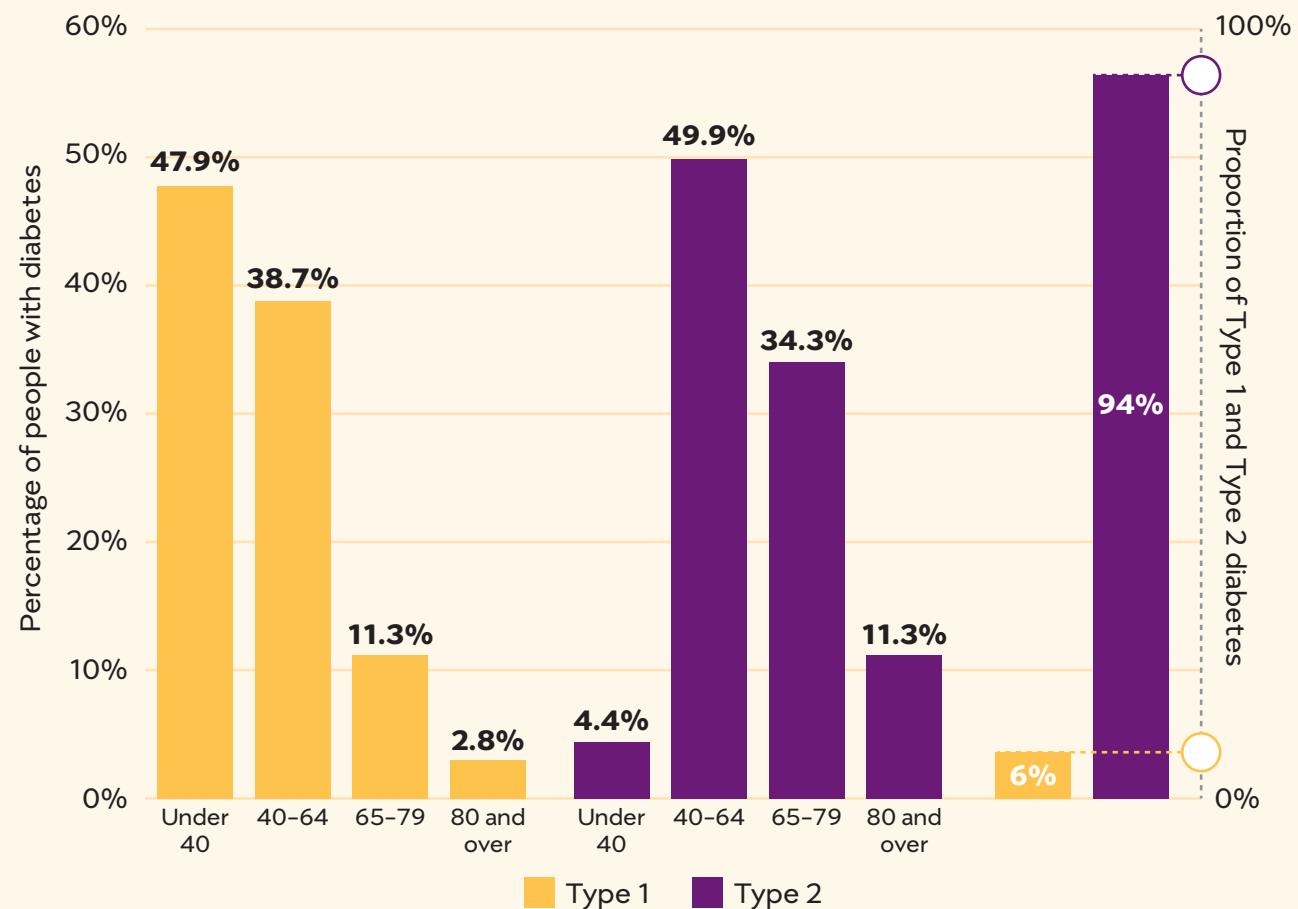
Source: National Cardiovascular Intelligence Network

The rate of increase in diabetes is linked to the forecast for obesity



Graph 3: Percentage of people with diabetes by age and type

Source: Quality and Outcomes Framework



Diabetes in Merton is more likely in some people than others.

Type 2 diabetes is **more than six times** more common in people of South Asian decent in the UK and up to **three times** more common among those of African and African-Caribbean origin and It also affects people from BAME backgrounds at a younger age. In 2017/18 **53%** of people with Type 2 diabetes (in the UK) were from a Black and Minority ethnic group, and **39%** from a White ethnic background.

The probability of both Type 1 and Type 2 diabetes also varies by age. In general children and young people are more likely to have Type 1 diabetes and older people Type 2.

Graph 4: Diabetes Prevalence by practices in Merton (17+), 2017/18

Source: Quality and Outcomes Framework

CP Practice	Prevalence (%)	Count
Central Medical Centre	13.1	351
Wide Way Medical Centre	9.7	867
Ravensbury Park Medical Centre	9.7	592
Tamworth House Medical Centre	8.8	678
Rowans Surgery	8.6	507
Riverhouse Medical Practice	8.5	260
Figges Marsh Surgery	8.2	326
Mitcham Family Practice	8.2	377
The Mitcham Medical Centre	8.2	498
Stonecot Surgery	7.8	233
Cricket Green Medical Practice	7.6	861
Alexandra Surgery	7.6	250
Morden Hall Medical Centre	7.3	403
Colliers Wood Surgery	7.1	389
Grand Drive Surgery	4.7	547
The Nelson Medical Practice	4.5	662
Lambton Road Medical Practice	3.6	217
Princes Road Surgery	3.3	617
The Merton Medical Practice	3.3	1034
The Vineyard Hill Road Surgery	2.8	96
Francis Grove Surgery	2.5	657
Wimbledon Village Practice	2.4	235

These are some of the reasons, but not the whole story, why the prevalence of diabetes in Merton varies in different localities. Information is available by CP practice. In 2017/18 the recorded prevalence varied from **2.4%** in Wimbledon Village practice to **13.1%** in Central Medical Centre. The overall gap between East and West within Merton is **3%**.

The gap between East and West is measured in accordance with the methods used in last year's DPH report.

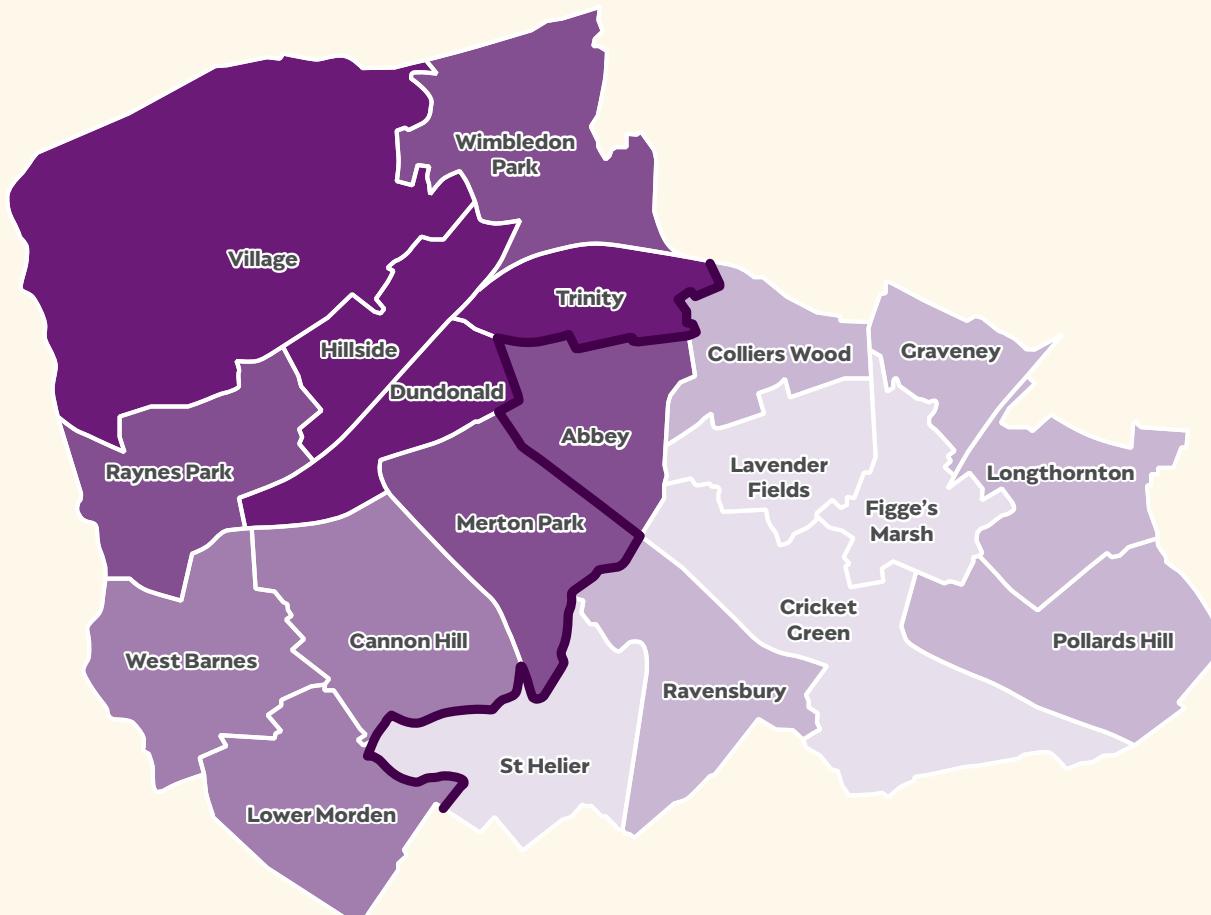
Prevalence is **8.5%** in the east and **5.5%** in the west based on CP practice data.

- East Merton
- West Merton

Graph 5:

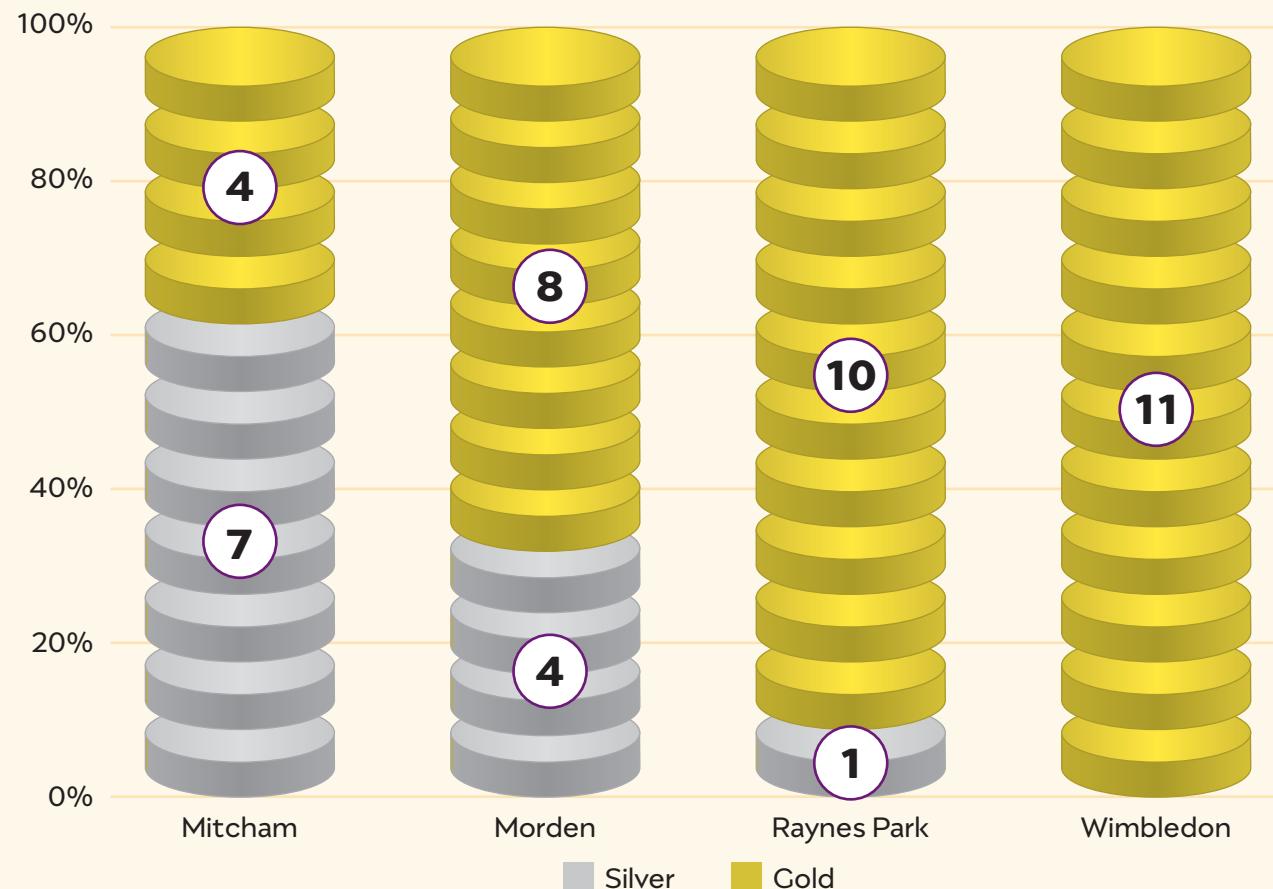
Modelled ward differences in adult population participating in exercise (jogging, walking, gym) for 2–4 hours a week

Levels of physical activity vary across the Borough in both adults (this page) and children (the next page)



Graph 6:

Merton School Sports Partnership Sports Mark Survey Awards 2017/18 by cluster

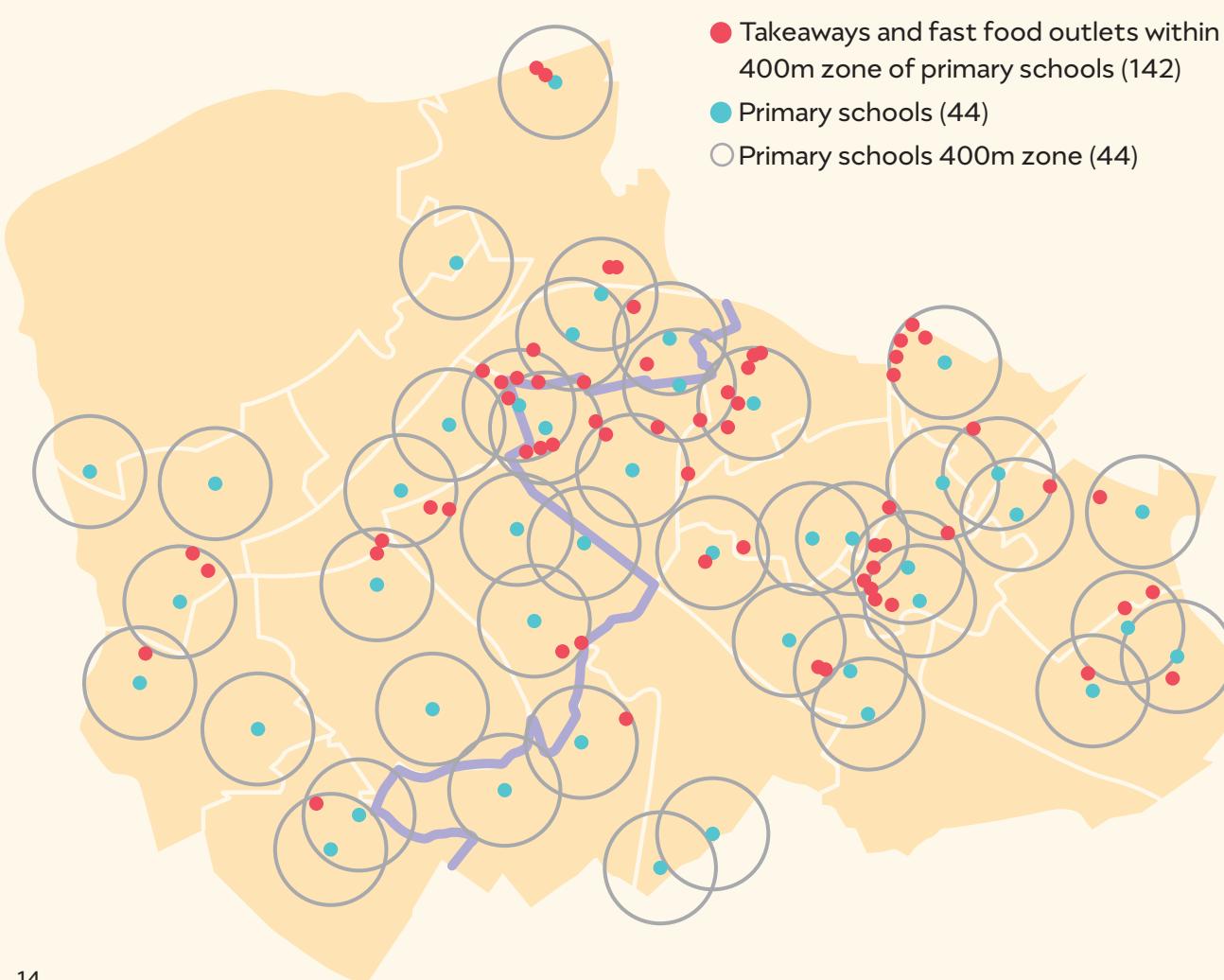


Merton School Sports Partnership (MSSP) send an annual questionnaire to Primary schools in order to establish participation levels of pupils in sports. Depending on results, schools are awarded either a Bronze, Silver or Gold Award in the Merton School Sport Mark. Points are awarded depending on the level of participation and award levels are shown in the table.

Schools in the West are more likely to get the Gold Award.

Graph 7:

Merton: Fast food outlets within 400m of primary schools



A healthy place is one where healthy choices are the easy choices.

When there are fast food outlets (FFO) close to a primary school, the opposite is true – the easy choice is an unhealthy one.

The map shows that more schools are affected in the East than the West. The East is also where the rates of childhood obesity are greater.

22 out of 27 schools (81%) in the East have 1 or more FFO within 400 metres.

17 out of 25 schools (68%) in the West have 1 or more.

For further information about influences on childhood obesity see last year's Director of Public Health report.



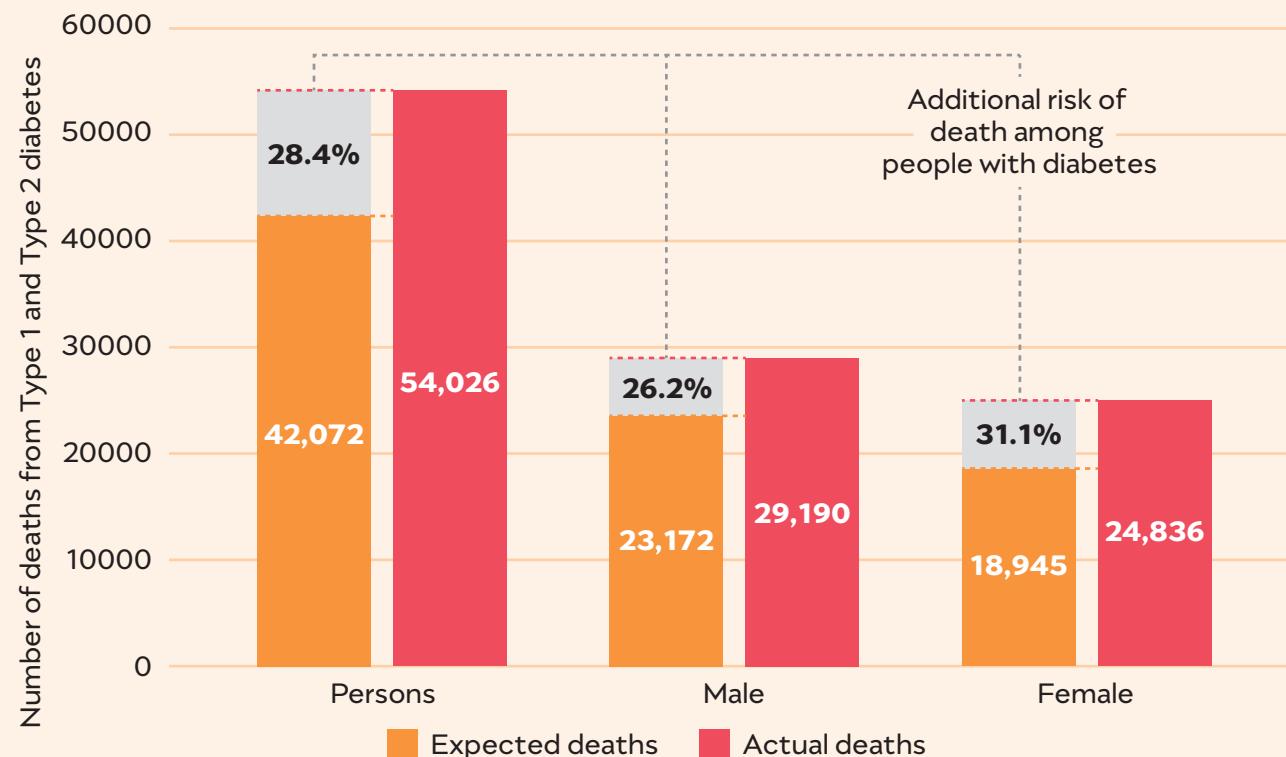
Key Message 2:

Life expectancy is reduced with frequent complications from other diseases

Graph 8:

Mortality in people with diabetes, 2013–14 audit, deaths in 2015 in England and Wales

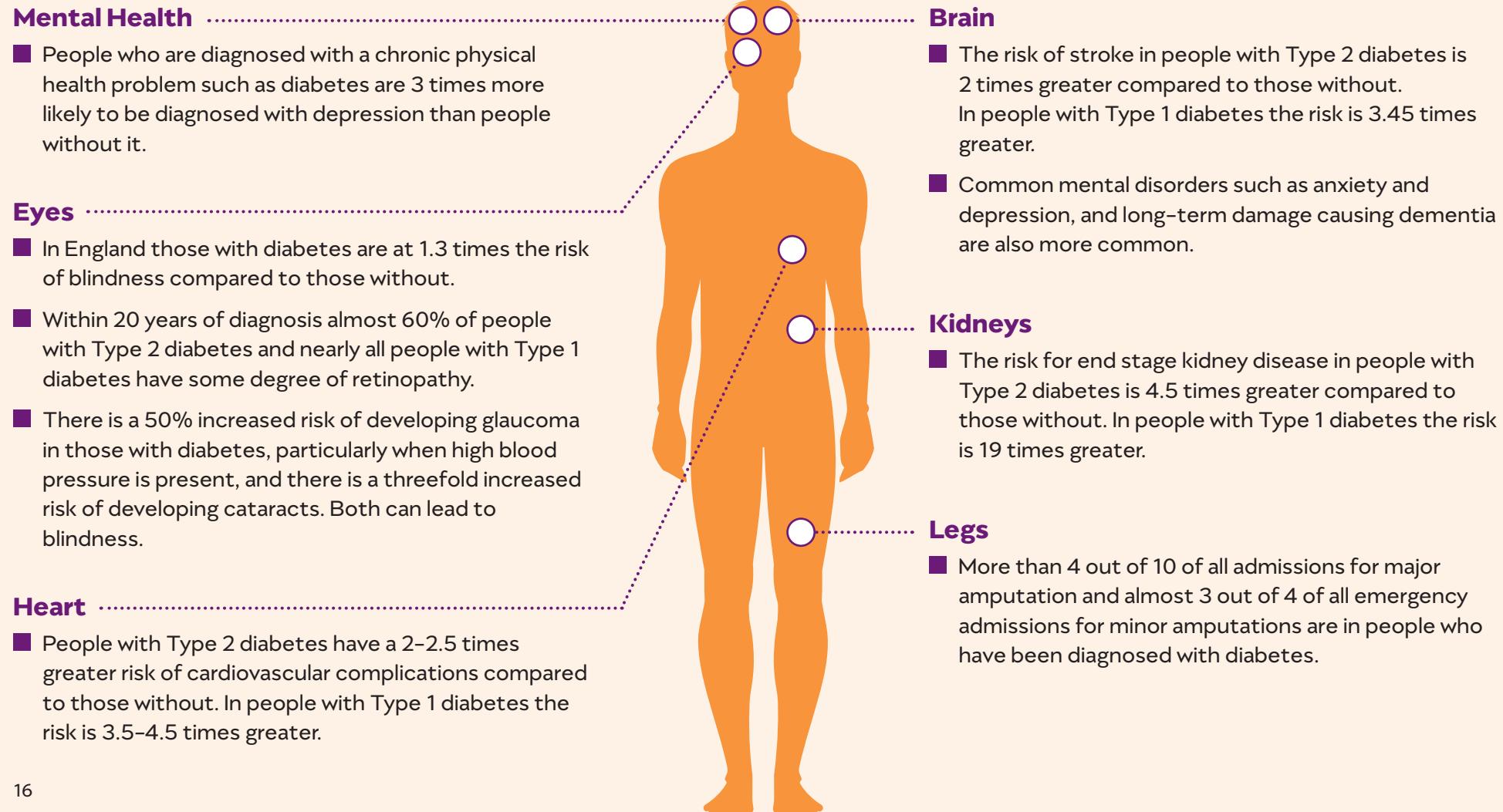
Source: National Diabetes Audit Report (2015–2016)



- Diabetes causes one death every 6 seconds globally, and is attributed to **8.4%** of all global mortality in 20–79 year olds. **48%** of these deaths occur in those under the age of 60. In England and Wales people with diabetes are **37.5%** more likely to die earlier than their peers. For Type 2 diabetes, the additional risk of mortality is **28.4%** greater than expected and for Type 1 it is **127.8%** greater.
- Life expectancy for both types of diabetes is reduced on average compared to people without diabetes. In Type 2 diabetes the average reduction in life expectancy for someone diagnosed in their 50s is about **6 years**.
- The limited amount of information on the excess risk of death from diabetes in Merton showed this could be up to **35%**, with a most likely value of **12%**.

Figure 1:

Diabetes increases the risks of serious disease throughout the body





Key Message 3:

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

Graph 9:

Number of people with diabetes in Merton and total cost in 2016



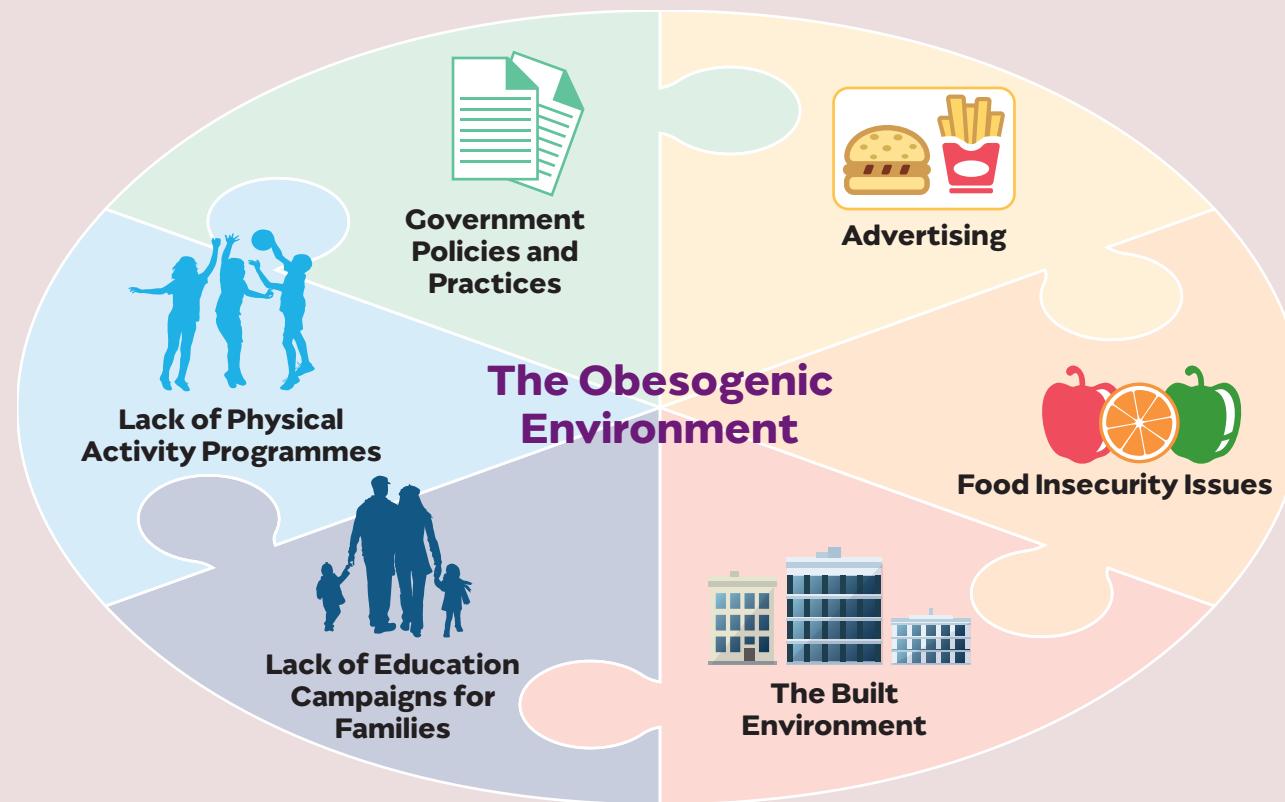
For England as a whole, diabetes is estimated to cost **10%** of the total NHS budget or about **£10 billion**.

- In Merton, in 2016 costs were estimated as shown opposite.
- If nothing changes, costs in Merton in real terms will increase by about **2%** per year meaning an extra **£2.4m** per year in 5 years' time.
- Besides the NHS cost, diabetes also means extra social care costs for the council. Information is more scarce than for health care. The total social care cost for Merton is estimated to be approximately **£1.3 million** per year. Just for strokes in people with diabetes the social care costs in Merton is estimated to be **£500k** per year.



Key Message 4:

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



- The environment in Merton has unhealthy features which make it easy for children and adults to become overweight. It isn't that people are getting greedier or lazier. Some of these features are shown in the chart.
- Graph 10 on the next page shows that overweight or obese children are more likely to be overweight as adults.
- Overweight or obese adults are **50%** more likely to develop Type 2 diabetes.
- Think Family recognises the importance of taking a whole family approach rather than thinking of an individual (child or adult) in isolation. Without this approach, we often miss the bigger picture around that individual's life.

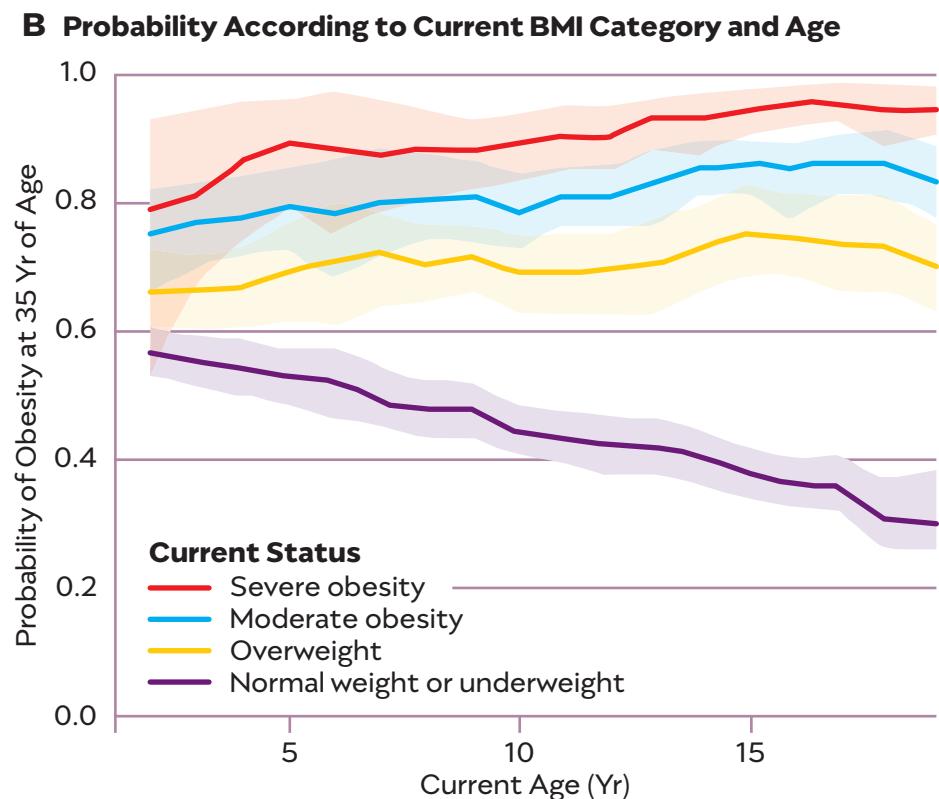
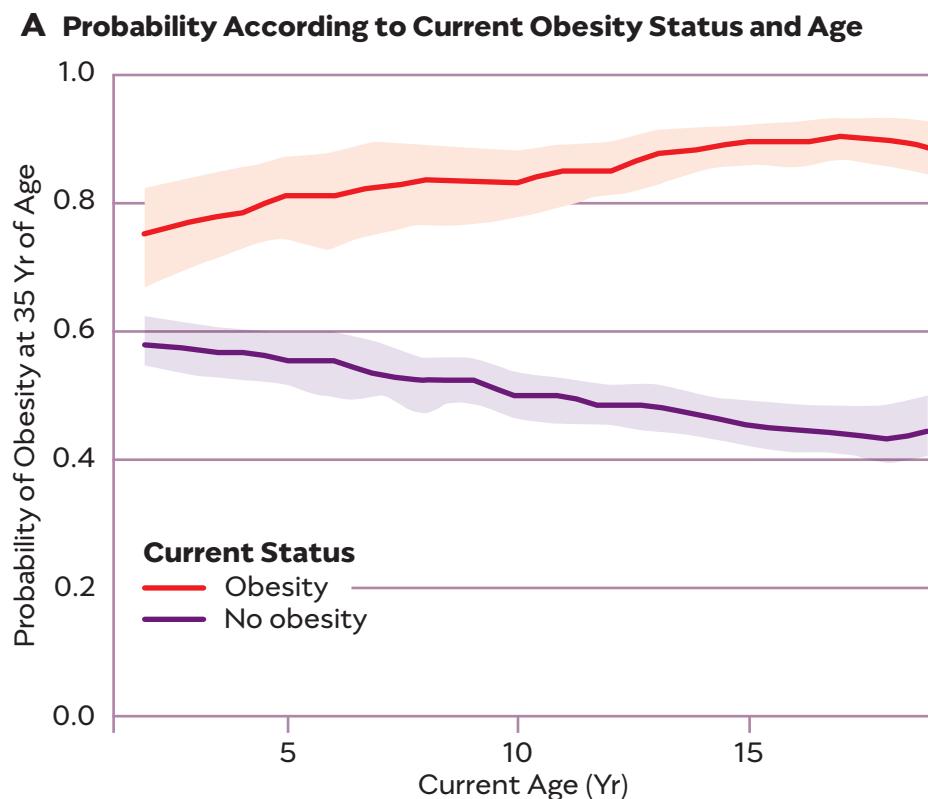


Merton Annual Public Health Report 2016/17 (Tackling Childhood Obesity Together) provides further details on childhood obesity in Merton:

https://www2.merton.gov.uk/annual_public_health_report_2016.17.pdf

Graph 10:

Predicted probability of obesity at the age of 35 years, according to current age, obesity status and BMI category.



Shaded areas indicate 95% uncertainty intervals.

Source: Zachary J. Ward, Simulation of Growth Trajectories of Childhood Obesity into Adulthood, N Engl J Med 2017



Key Message 5: **Living with diabetes can be confusing – services can seem fragmented**

The Diabetes Truth Programme

In 2017 children and families from East Merton took part in the Great Weight Debate Merton. The Chair of Merton Health and Wellbeing Board was involved in this work and later that year the Health and Wellbeing Board agreed to make diabetes a key priority.

Early in 2018 each member of the Merton Health and Wellbeing Board ‘buddied up’ with ‘expert witnesses’ – individuals living with diabetes, at risk of diabetes or caring for someone with diabetes. Together they had conversations to give real insight into the experience of people living with diabetes and the issues and choices they face. Through these conversations and coming together as a group some key messages emerged:

- There is plenty of information out there about diabetes but people do not always engage with it. The plethora of advice can be 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 focussing 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 an explicit focus on emotional and mental health resilience and support.
- We need to communicate and educate better about food. This is both culturally and socially important. Food’s purpose is fuel but it is also a pleasure and there are confusing messages and uncertainty about what is good and bad, healthy and unhealthy.
- Our food choices are influenced by factors in our environment such as advertising and availability of fast food.
- Physical activity is good for us in many ways and brings people together, but it can be difficult to make the time. We need to promote our assets such as parks and open spaces and find ways to build activity into our everyday lives.
- Peer to peer activity and community support has a huge role to play; we need to learn from those who have experience both face to face and online.
- 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 the easier choices.



Learning from The Diabetes Truth Programme



A graphic artist also summarised the findings in the above chart.

Some key conversations:

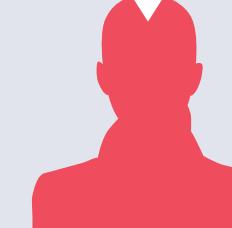
"There is a huge lack of understanding about diabetes"



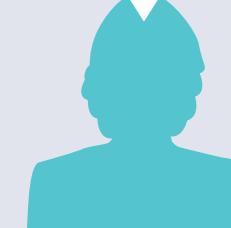
"Parents with a Type 1 child live with a huge responsibility"



"I had a sedentary job... I could have taken more exercise but I didn't at the time"



"The most important lesson I learnt is to manage the diabetes not let it manage you"



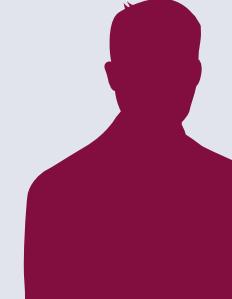
"Joining a diabetic group was very beneficial in terms of knowledge and support"



"A lot of the information out there was very confusing"



"I have a very sweet tooth – I try my best to control it"



"I am more aware of what I am eating; I know in theory what to avoid but do not find it easy"





Key Message 6:

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

'Healthy place' means the physical, social, cultural and economic factors that help us lead healthy lives by shaping 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
- Streets are pleasant and safe to walk and cycle
- Advertising of unhealthy food and drink is restricted

Learning from elsewhere	In 10 years time Merton might be...
Copenhagen , where 62% of people living in the city cycle to work everyday, and where the city is designed to make cycling the easiest way to get everywhere.	Healthy Schools: Traffic calming zones around schools mean many older children cycle to school and parents are supported to identify safe and easy walks to school for younger children.
Waltham Forest , where a scheme aimed to make the built environment more cycling and walking friendly led to an increase in these activities.	Healthy workplaces: Businesses and workplaces offer incentives for staff to actively commute to work and offer a work life balance that enables active travel. Activity at lunchtimes helps the whole community to be more active.
Amsterdam Healthy Weight Programme , where interventions included making streets safer for children to cycle, contributing to an overall reduction in childhood obesity among children from the most deprived areas.	Healthy streets: Streets (and places) are built or re-designed to make it attractive to walk, cycle and use public transport. Air quality is better, there are less cars on the roads and young and old can enjoy public space together.
TfL Healthy Streets framework, which sets out 10 indicators of what makes a street encourage active travel for people of all ages and abilities.	Healthy communities: Merton has a joined-up network of easy to use routes to and through our green spaces so that everyone feels able to walk and cycle safely. Community and voluntary sector organisations promote an active travel agenda and connect people to services. Communities can access affordable public transport.



Sugar and advertising

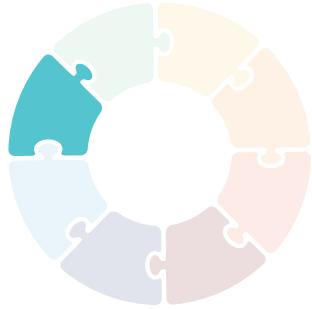
Learning so far	How could this be developed in Merton?
On average children in England, now consume more than double the recommended daily amount of sugar.	Replace the advertising of unhealthy food and drink with positive messaging on healthy food companies and active travel.
Children and their parents tend to underestimate the amount of sugar in well known food and drink brands.	Utilise the new tools made available through the increasing amount of digital advertising screens in Merton (for example having time-targeted advertising based on certain groups or demographics for physical advertising and targeted online advertising).
Some Local Authorities have re-shaped their food economy through a combination of planning control such as discouraging new fast food outlets and encouraging the development of healthy food businesses.	Further restrictions on food and drink with high fat, sodium or sugar content and to ensure that the choice of healthy alternatives are available at public events in the borough.
There is enthusiasm in Merton for change. London Borough of Merton signed the Local Government Declaration on Sugar Reduction and Healthier Food in December 2018.	All fast food businesses in the borough are signed up to a scheme to support them to make sustainable healthy changes to their food offer (i.e. "Healthy Catering Commitment" or similar schemes).
Restrictions on advertising unhealthy food are not controversial. The Mayor of London's restrictions on TfL advertising have gone live in March 2019 without significant media comment.	



Reshaping School Neighbourhoods

Learning so far	Merton's approach
<p>The London Health and Social Care Devolution Memorandum of Understanding was signed in November 2017 and included a commitment to explore the creation of health superzones around schools. https://www.london.gov.uk/sites/default/files/nhs_hlp_memorandum_of_understanding_report_november_2017.pdf</p>	<p>Merton signed up to be a School Superzone pilot site in July 2018. The aim of this pilot is to improve children's health and wellbeing by improving the urban environment around their school. The London Borough of Merton will be working with Merton Abbey Primary School and other key partners to develop the pilot throughout 2019.</p>
<p>A health superzone is an environment which promotes children's health and wellbeing by making the healthier choice the easier and preferred choice. It also aims to reduce health inequalities.</p>	<p>Examples of action being taken include:</p>
<p>Using Local Council levers, there is scope to explore what can be done about factors including air quality, food and drink sales, advertisement and active travel, in the 400m radius around schools.</p>	<ul style="list-style-type: none"><li data-bbox="1147 700 2068 811">■ A workshop with London Borough of Merton colleagues was held in October 2018 to brainstorm the levers the Council has to improve the urban environment around a school.
<p>13 boroughs have signed up to the School Superzone Pilot, led by Public Health England.</p>	<ul style="list-style-type: none"><li data-bbox="1147 827 2068 906">■ Meetings have taken place between the Council, Clarion Housing and Merton Abbey Primary School to develop the pilot strategy.
<p>This is an opportunity to influence and shape policy at local, national and regional level, and to enhance community engagement.</p>	<ul style="list-style-type: none"><li data-bbox="1147 922 2068 1113">■ 3 separate 'Walkabouts' will be taking place in March 2019 to engage with the pupils, parents and teachers on what matters to them in their urban environment. These will be followed by workshops with the Walkabout groups to identify shared values and ideas which will help shape the pilot action plan.<li data-bbox="1147 1129 1799 1351">■ The Superzone pilot will feature in other Council strategies, including the Health and Wellbeing Strategy and the Local Implementation Plan 3, and complements other programmes such as the Liveable Neighbourhoods Programme and Parking Policy work.





Key Message 7:

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

Social Prescribing

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. Other components for diabetes in particular are Improving Access to Psychological Therapies, Structured Education and the National Diabetes Prevention Programme. Further details of each of these are shown on the right and the next three pages.

Learning so far	How could this be developed in Merton?
Social prescribing allows GP and other health care professionals to improve health outcomes in non-medical ways, for example community gardening.	Experiment with social workers and other frontline staff becoming social prescribers.
In Merton a pilot scheme in 2 practices reduced the need for hospital admission and number of GP appointments, and released GP time for other patients. It is now expanded to include all GP practices.	Consider more investment in the voluntary and community sector to ensure enough capacity to receive referrals from the expansion of the social prescribing service in primary care.
Patients report greater control and self-confidence, reduced social isolation and a positive impact on health-related behaviours such as healthier eating and increased physical activity.	Work with HealthWatch and other organisations to ensure patient feedback informs and enhances the service.
A recent systematic review concluded that there is currently insufficient robust evidence of effectiveness or value for money. A trial for use in diabetes is currently underway.	Create a learning network for social prescribing as part of Merton Health and Care Together to keep under review "What works for Merton".

Improving Access to Psychological Therapies (IAPT)

Learning so far	How could this be developed in Merton?
IAPT was established by the NHS in 2008 as a systematic way to deliver evidence-based psychological therapies at scale for people with depression and anxiety disorders. In 2018 it was extended to allow more people with long term conditions (LTC) including diabetes to benefit.	The new Primary Care Mental Health Service can be linked to a wide range of organisations that come into contact with people with diabetes and accept referrals from them.
Depression is twice as common in people with diabetes. Depression is also associated with poorer control of diabetes and higher mortality.	Merton GPs can be systematic in asking about anxiety and depression in people with diabetes and can peer review their data as part of the Local Incentive Scheme.
One of the early implementer sites for IAPT-LTC showed specifically for diabetes 79% fewer GP contacts and 83% less hospital admissions.	An evaluation to check that similar results are achieved in Merton, building on work undertaken for the social prescribing pilot.
Merton's own Diabetes Truth programme backs up the findings from research. The Expert Witnesses were clear that mental health and emotional support matter.	A learning set for mental health and diabetes including Expert Witnesses, for example a regular meeting for education and sharing good practice.



Structured education for people with diabetes

Learning so far	How could this be developed in Merton?
<p>Structured education for people newly diagnosed with diabetes has proven cost effectiveness but uptake has been poor in the past and impact may reduce over time. A new service offers on-line booking with more choice of times and venues. For example, DoSA is an example of structured education programme for South Asians.</p>	<p>Peer review of the uptake rates in different practices and a systematic approach to offering refresher courses through the Local Incentive Scheme.</p> <p>Making education part of everyday contacts with patients and their families. We can extend it to other ethnic minority groups such as to Tamil residents.</p>
<p>Uptake is better when GPs are knowledgeable and enthusiastic.</p>	<p>GPs could be offered taster sessions and virtual tours on the choices being offered.</p>
<p>Reinforcement of education with text messages and apps can improve outcomes.</p>	<p>Sharing learning about new initiatives, such as the South London digital test bed (a new way of giving patient personalised and more intensive support).</p>
<p>It's not just people with diabetes who need education. Expert Witnesses in Merton say that many children and families at risk of diabetes would benefit too.</p>	<p>New pathways for promoting health and wellbeing in schools can include education about healthy eating and diabetes.</p>



National Diabetes Prevention Programme (NDPP)

Learning so far	How can this be developed in Merton
<p>The NDPP has enrolled over 78,000 people at high risk of diabetes since its launch in June 2016. In South London the Programme was launched in 2017.</p>	<p>Health champions in all organisations can raise the profile of Healthier You and encourage people to use the Diabetes UK Know Your Risk tool to see if they might be eligible.</p>
<p>The programme consists of an initial individual assessment followed by 11 group sessions about lifestyle changes. GPs are responsible for making referrals of those eligible. These are people at high risk of Type 2 diabetes, as determined by their HbA1c or blood sugar levels.</p>	<p>GP Networks can share information about what works to increase referrals, and the GP Federation can share best practice.</p>
<p>Uptake across South London has been variable. Boroughs have tried different ways to project manage the referral process, with those offering incentives for referrals performing particularly well.</p>	<p>The Health and Wellbeing Board can form a new group of Expert Witnesses, from people who have been on the programme and successfully reduced their risk of diabetes.</p>
<p>The National Diabetes Programme is effective. Early outcome data and provisional analyses suggest that over 50% of the individuals that started the intervention completed it. They lost an average of 3.3kg (3.7kg in those who were overweight or obese).</p>	<p>The Community Education Practice Network could establish a learning set including Expert Witnesses, to review the results of the local programme, comparing performance with other similar areas.</p>





Key Message 8:

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

Shared leadership by the Health and Wellbeing Board (HWBB) and Expert Witnesses

The learning so far

- When the Merton HWBB made tackling diabetes a priority, members started by listening to the voices of Expert Witnesses from right 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 root causes; barriers and influencers; support needed to prevent diabetes; how best to support those living with it; how people can support themselves.
- Two of the key messages which emerged were the importance of embedding healthy lifestyles in clinical pathways and creating a network of ‘connectors’ to link patients to wellbeing services and activities.
- Conversations with the expert witnesses have continued through a broader programme of mini conversations and will be taken forward with HWBB members at occasions such as the launch of the Diabetes Action Plan and new Merton Mile (a new walking and running trail at Figges Marsh).

Taking this further

- The Diabetes Truth Programme helped the HWBB learn more about their leadership role in tackling complex issues and has already informed a number of key work streams and priorities. The whole system approach to diabetes, with the patient in the centre, is an exemplar for learning that can be applied to other long-term conditions. This approach is also feeding into the current refresh of the Health and Wellbeing Strategy 2019–24 and the closely linked Merton Local Health and Care Plan.



Resources

Links to evidence, guidance, standards and digital resources are:

Intelligence and evidence:

National Cardiovascular Intelligence Network, Public Health England – for prevalence estimates of diabetes: Local authority and whole of England (2016).
www.gov.uk/government/publications/diabetes-prevalence-estimates-for-local-populations

Quality and Outcomes Framework (2017/18) – for more information on quality in each CP practice in Merton.
www.digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data/2017-18

National Diabetes Audit (NDA) – major national clinical audit, which measures the effectiveness of diabetes healthcare against NICE Clinical Guidelines and NICE Quality Standards, in England and Wales.
www.digital.nhs.uk/data-and-information/clinical-audits-and-registries/national-diabetes-audit

Great Weight Debate Merton 2017 Summary – local insight and engagement project exploring the views and attitudes of residents in east Merton on childhood obesity.
Email public.health@merton.gov.uk for a copy.

Food poverty

www.foodethicscouncil.org/society/food-poverty.html

For patients and families:

Diabetes Book & Learn – a website and easy to use online booking system which helps people with diabetes to identify and book a place on a course that meets their needs.
www.diabetesbooking.co.uk

Diabetes UK – a useful resource for patient and families education.
www.diabetes.org.uk

Know your Risk – a simple online tool to calculate risk of Type 2 diabetes.
www.riskscore.diabetes.org.uk/start

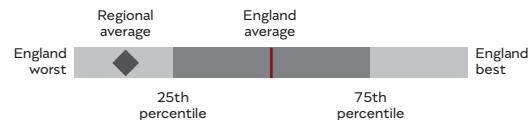
NHS diabetes app – online Low Carb Program can help anyone with type 2 diabetes take better control of their condition.
www.nhs.uk/apps-library/low-carb-program

Health summary for Merton

Source: Local Authority Health Profile 2018

The chart shows how the health of people in this area compares with the rest of England. This area's value for each indicator is shown as a circle. The England average is shown by the red line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator. However, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- Not compared



For full details on each indicator, see the definitions tab of the Health Profiles online tool:
www.healthprofiles.info

Indicator names	Period	Local count	Local value	Eng value	Eng worst	Eng best
1 Life expectancy at birth (Male)	2014 – 16	n/a	80.8	79.5	74.2	83.7
2 Life expectancy at birth (Female)	2014 – 16	n/a	84.2	83.1	79.4	86.8
3 Under 75 mortality rate: all causes	2014 – 16	1,182	292.5	333.8	545.7	215.2
4 Under 75 mortality rate: cardiovascular	2014 – 16	273	70.7	73.5	141.3	42.3
5 Under 75 mortality rate: cancer	2014 – 16	488	124.1	136.8	195.3	99.1
6 Suicide rate	2014 – 16	44	9.0	9.9	18.3	4.6
7 Killed and seriously injured on roads	2014 – 16	130	21.2	39.7	110.4	13.5
8 Hospital stays for self-harm	2016/17	194	97.6	185.3	578.9	50.6
9 Hip fractures in older people (aged 65+)	2016/17	146	557.5	575.0	854.2	364.7
10 Cancer diagnosed at early stage	2016	336	54.1	52.6	39.3	61.9
11 Diabetes diagnoses (aged 17+)	2017	n/a	74.5	77.1	54.3	96.3
12 Dementia diagnoses (aged 65+)	2017	1,119	66.6	67.9	45.1	90.8
13 Alcohol-specific hospital stays (under 18s)	2014/15 – 16/17	39	28.1	34.2	100.0	6.5
14 Alcohol-related harm hospital stays	2016/17	881	495.1	636.4	1,151.1	388.2
15 Smoking prevalence in adults (aged 18+)	2017	18,389	11.5	14.9	24.8	4.6
16 Physically active adults (aged 19+)	2016/17	n/a	68.3	66.0	53.3	78.8
17 Excess weight in adults (aged 18+)	2016/17	n/a	56.7	61.3	74.9	40.5
18 Under 18 conceptions	2016	49	16.5	18.8	36.7	3.3
19 Smoking status at time of delivery	2016/17	116	4.4	10.7	28.1	2.3
20 Breastfeeding initiation	2016/17	2,441	*65	74.5	37.9	96.7
21 Infant mortality rate	2014 – 16	29	2.9	3.9	7.9	0.0
22 Obese children (aged 10–11)	2016/17	409	21.2	20.0	29.2	8.8
23 Deprivation score (IMD 2015)	2015	n/a	14.9	21.8	42.0	5.0
24 Smoking prevalence: routine and manual occupations	2017	n/a	22.9	25.7	48.7	5.1
25 Children in low income families (under 16s)	2015	5,305	13.3	16.8	30.5	5.7
26 CCSEs achieved	2015/16	1,169	69.2	57.8	44.8	78.7
27 Employment rate (aged 16–64)	2016/17	108,600	77.8	74.4	59.8	88.5
28 Statutory homelessness	2016/17	52	0.6	0.8		
29 Violent crime (violence offences)	2016/17	3,334	16.3	20.0	42.2	5.7
30 Excess winter deaths	Aug 2013 – Jul 2016	144	12.1	17.9	30.3	6.3
31 New sexually transmitted infections	2017	1,582	1,123.9	793.8	3,215.3	266.6
32 New cases of tuberculosis	2014 – 16	144	23.5	10.9	69.0	0.0

merton.gov.uk/health-social-care/publichealth

