

## HEALTH AND WELLBEING BOARD

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### NATIONAL DIABETES PREVENTION PROGRAMME

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#### Summary

Medway is a demonstrator site for the National Diabetes Prevention Programme and has been commissioned by NHS England to support 300 clients in 2016/17 at high risk of developing type 2 diabetes, within its 12 week Healthy Way programme.

The programme is currently ahead of target and is producing positive outcomes in terms of reducing type 2 diabetes risk (through a reduction in the blood marker HbA1c) and reducing body weight.

The Board is asked to note the progress of the programme and continue to support the project board in delivering the programme objectives, particularly in terms of supporting prevention (in this case, the identification of people with pre-diabetes and thus at risk of developing diabetes) through both commissioning processes and provider care pathways.

#### 1. Budget and Policy Framework

- 1.1 Medway CCG and Medway Council were awarded National Diabetes Prevention Programme (NDDP) demonstrator site status in August 2015, by NHS England.
- 1.2 Preventing Type 2 Diabetes supports two of Medway Health and Wellbeing Board's strategic priorities:
  - Prevent early death and increase years of healthy life
  - Improve physical and mental health and wellbeing

## 2. Background

- 2.1 Type 2 diabetes is serious and can lead to devastating complications such as heart disease, stroke, kidney disease, blindness or amputation. Compared to the general population, people with diabetes; have twice the risk of developing a range of cardiovascular diseases, have reduced life expectancy (an average of 6 years for someone diagnosed with Type 2 diabetes in their 50s) and are 30 times more likely to have an amputation compared with the general population. In the UK, there are 11.5 million people at increased risk of developing Type 2 diabetes due to their waist circumference or being overweight.
- 2.2 The approximate cost to the NHS to treat to diabetes is 10% of the overall NHS budget (£10bn).
- 2.3 The following factors increase the risk of someone developing Type 2 diabetes:
- Overweight or have a high Body Mass Index (BMI)
  - Large waist (more than 80cm/31.5 inches in women, 94 cm / 37 inches in men or 90cm/35 inches in South Asian men)
  - African-Caribbean, Black African, Chinese or South Asian background and over the age of 25
  - Another ethnic background and over the age of 40
  - Parent, brother or sister with diabetes
  - History of high blood pressure, a heart attack or a stroke
  - History of polycystic ovaries, gestational diabetes or have given birth to a baby over 10 pounds / 4.5kg
  - Suffer from schizophrenia, bipolar illness or depression, or you are taking anti-psychotic medication
- 2.4 Obesity is believed to account for 80-85% of the risk of developing Type 2 diabetes. Improving the modifiable risk factors (overweight, waist circumference and blood pressure), through eating better and moving more can have a big impact on reducing an individual risk.
- 2.5 The NDPP aims to identify people at high risk from diabetes and offer them an evidence based intensive behavioural change intervention to support them to lose weight, eat a healthy diet and be more physically active.
- 2.6 Medway was chosen as a demonstrator site, due to its comprehensive range of weight management services, strong links between CCG and Local Authority, audit+ tool in place in GP surgeries and ongoing strategic work to tackle obesity. In year 2 of the programme (2016/17) Medway was tasked with supporting 300 high risk type 2 diabetic clients to reduce their diabetes risk, measured through a reduction in the blood marker Hba1c. Other outcomes were also recorded to measure the effect of the programme on an individual's weight, body shape, physical activity level and wellbeing. NHS England provided £105,000 of funding to deliver the intervention.

- 2.7 The Memorandum of Understanding stipulates the following responsibilities for the local authority and CCG:

#### Medway CCG

- Facilitate access to local practices to:
  - Embed new referral process beyond funding of case funding specialist
  - Provide updates to primary care professionals on programme progress and engagement needed
  - Facilitate training to primary care professionals
  - Provide clinical input and consultancy to case finding specialist
  - Attend steering group meetings

#### Medway Council

- Deliver 12 week DPP intervention and follow up clients
- Recruit 300 high risk clients to attend programme
- Liaise with national team
- Produce reports and share learning with national team, CCG, partners and referrers
- Chair steering group meetings
- Recruit staff to deliver intervention
- Market intervention

### **3. Medway NDPP Intervention**

- 3.1 Medway modified its existing tier 2 weight management programme (Let's Talk Weight), so that it was in line with the evidence review and best practice guidance for diabetes prevention. This meant including specific diabetes prevention and stress management content, to make the group based programme 12 weeks, with 6, 12 and 18 month follow up sessions. In April 2017 we are planning a re-branding of the programme, to better reflect the mixture of diabetes prevention and weight loss.



- 3.2 Facilitators are identified, trained and supported to deliver the programme in a range of community venues, with sessions delivered at times that suit participants. A quality assurance framework has been developed to ensure all facilitators are delivering a service that meets the required standards. As of March 2017 we have 20 active facilitators delivering the 12 week programme

and currently 14 groups running in a variety of community settings across Medway.

- 3.3 The content of the intervention includes education on healthy eating, food labelling, the eatwell guide, physical activity opportunities, goal setting and how to be aware of own triggers and barriers. The facilitator and peer support allows individuals to work to and set their own lifestyle and weight loss goals. The target of the programme is for 75% of clients to complete the 12 weeks and 75% of these to achieve a 5% weight loss.

#### **4. Medway NDPP Client Recruitment**

- 4.1 Three main recruitment methods are in place to recruit the necessary 300 clients. The first is the existing healthy weight referral pathway. The Public Health Directorate receives around 100 referrals a month for overweight clients with a weight loss goal, this will include some people who are at high risk of diabetes and so are eligible for the NDPP. The second method is a case finding specialist, employed by Medway Public Health team working across Medway GP surgeries using the Audit+ tool to identify individuals who are at high risk, with a HbA1c level of 42-47mmol/mol, placing them at high risk of developing type 2 diabetes. Each GP surgery is funded to write to clients to invite them to participate in the programme. If no response is received a case finding specialist phones the client to explain and offer the service. The third recruitment method is a visible marketing campaign encouraging people to log on to the [www.medwaydiabetes.co.uk](http://www.medwaydiabetes.co.uk) website and take the online risk score. High risk individuals will then be signposted to the programme.

- 4.2 The marketing campaign has had several spikes in activity and a push through social media is expected in the spring when the rebranding of materials and the website have been completed.

- 4.3 High risk clients will attend the support groups alongside medium and low risk individuals, as the programme content is relevant to all. However, it is the high risk numbers that we have been primarily tasked with supporting by the national team.

#### **5. Programme outcomes (1 April 2016 – 31 January 2017)**

- 5.1 Programme volume and adherence

- 483 high risk clients have booked onto the programme
- The programme adherence rate is 67% so far (a large number of clients are still active on the programme)

*(1,269 adults have booked to attend the Healthy Way programme since April 2016, with 483 representing the number of high risk of type 2 diabetes clients, as only these clients count towards the 300 DPP target set by NHS England)*

- 5.2 Demographics of attendees

- 43% male
- 9% non white British

18-35 year olds	2%
35-50 year olds	12%
50-65 year olds	35%
65 years+	51%

### 5.3 Patient outcomes:

- 66% of completers reduced their diabetes risk/reduced their HbA1c level at the end of the 12 week programme
- 79% of people returning for a 6 month had maintained their reduced risk, compared to their starting level
- Average weight loss of 3% of initial body weight at 12 weeks
- 56% clients completing the programme improved their mental wellbeing score

## 6. Future of NDPP

6.1 Four national providers have been sourced to deliver the programme nationally, but Medway has retained its demonstrator status for 2017/18 and been awarded funds to support 400 high risk of type 2 diabetes clients. This is an increase compared to the current years, to reflect our projected over achievement in 2016/17.

6.2 Medway Council will continue to evolve and improve its local programme. A full year's evaluation will allow the team to identify any inequality in attendance or outcomes for particular groups. For instance, how to ensure that men are proportionately represented in the programme as early indications are that they are slightly under-represented.

## 7. Risk management

Risk	Description	Action to avoid or mitigate risk
Increasing incidence of diabetes with adverse impact on health outcomes and consequent costs to NHS and local authority	Failure to implement National Diabetes Prevention Programme at scale and effectively	Implement National Diabetes Prevention Programme as a demonstrator site

## 8. Financial and legal implications

8.1 £105,000 of funding was awarded in 2016/17 by NHS England to support 300 high risk clients.

8.2 There are no legal implications arising from the report.

## **9. Recommendations**

- 9.1 It is requested that the Health and Wellbeing Board notes the progress in delivering the NDPP locally and continues to support the project board, in delivering the programme objectives, particularly in terms of supporting prevention (in this case, the identification of people with pre-diabetes and thus at risk of developing diabetes) through both commissioning processes and provider care pathways.

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### **Appendices**

None

### **Background papers**

[NHS 5 Year Forward View](#)

[A systematic review and meta-analysis assessing the effectiveness of pragmatic lifestyle interventions for the prevention of type 2 diabetes mellitus in routine practice](#)

[Sugar Reduction – The evidence for action](#)

[NHS Diabetes Prevention Programme \(NHS DPP\) Non-diabetic hyperglycaemia](#)