

Health and Wellbeing Board

5TH December 2016

National Diabetes Prevention Programme

1. Purpose

- 1.1 The report is to inform the Health and Wealth Board that wave 2 of the NHS National Diabetes Prevention Programme (NHS DPP) will be rolled out in Walsall in 2017-18.
- 1.2 The (NHS DPP) is a government initiative. The programme provides an evidenced based behavioural intervention to people at high risk of developing diabetes. As well as reducing the risk of diabetes, it is expected the programme will deliver wider benefits of weight loss, increased physical activity and reduce long-term complications and disability.

2. Recommendations

- 2.1 That the Board notes the National Diabetes Prevention Programme, its long term aims and timeline for implementation.

3. Report detail

- 3.1 NHS DPP is a new initiative led by NHS England, Diabetes UK and Public Health England. The programme commenced with a phased national roll out in spring 2016 with the capacity for up to 20,000 people who are at risk of developing diabetes to access an evidence based behavioural intervention programme to reduce their diabetes risk. This will roll out to the whole country by 2020 with an expected 100,000 referrals available each year after.
- 3.2 There are currently 2.8 million people in England (6% of the adult population) with diabetes. By 2030 this will have risen to more than 4 million people. Type 1 diabetes accounts for 10% and is not preventable; Type 2 diabetes accounts for 90% and the majority of cases can often be prevented or delayed.
- 3.3 The NHS DPP is underpinned by a strong evidence base. A recent systematic review concluded behavioural interventions in 'real world' settings are effective in reducing weight and reducing the incidence of diabetes. Overall, the incidence of diabetes was reduced by 26% over a period of 12-18 months post-intervention.
- 3.4 Diabetes poses a particularly major health problem in Walsall due to significantly higher than national average proportion of people with diabetes. Currently there are over 17,000 patients (aged 17 years and over) in Walsall

with diagnosed Diabetes (PRIMIS, October 2016). Walsall has the 3rd highest prevalence of diabetes in England.

- 3.5 In Walsall local prevalence estimates suggest there are 19,000 (14%) of adults aged 40-74 who are at risk of diabetes. The increase in incidence of Type 2 diabetes is being driven substantially by the progressive growth in overweight and obesity.
- 3.6 Walsall and Wolverhampton have been successful in national agreement to be part of the NHS DPP wave two roll out from April 2017 to March 2019.
- 3.7 NHS England will fund a behavioural intervention for patients who meet the criteria for referral. The referral pathway will be through GP practice registers and opportunistic case finding; NHS Health Checks; exploring direct recruitment. To be eligible participants will have a blood test result indicating non-diabetic hyperglycaemia (raised blood glucose level) within the last 12 months (HbA1c 42-47mmol/mol: fasting blood glucose 5.5-6.0 mmol/l).
- 3.8 The NHS DPP behavioural intervention is underpinned by three core goals: weight loss; achievement of dietary recommendations; achievement of physical activity recommendations. The intervention is made up of at least 13 sessions of between 1-2 hours for each service user, spread across a minimum of 9 months. Sessions will be delivered in a format and at times appropriate to a range of diverse groups in the community.
- 3.9 NHS England ran a national procurement to appoint four providers to a national framework: Walsall and Wolverhampton will be supported to run a local mini-competition to identify the most suitable provider for our areas.
- 3.10 Lessons learnt from wave one NHS DPP are:
 - joint commitment to delivery from primary care and public health is key
 - to achieve scale a range of referral and identification routes, with direct audit of practice registers and identification via the NHS Health Check and is key
 - providers work closely with primary care to minimise the burden of referral and data entry, including standardising coding and looking at e-referral options
- 3.11 The Department of Health has commissioned evaluation to understand effectiveness and implementation factors associated with success. Early results from wave one sites are not yet available. A Public Health England commissioned review of diabetes prevention programmes, when compared with usual care, reported on average 26% lower incidence of diabetes and average of 1.57 kg weight loss and more intensive interventions were more effective.

4. Implications for Joint Working arrangements:

- 4.1 Walsall CCG, Walsall LA, Wolverhampton CCG and Wolverhampton LA are working together jointing as an STP footprint. Wolverhampton CCG has been nominated as the lead organisation but all organisations will work together in partnership:

4.1.1 Funding implications

NHS England will make available non-recurring funding in 2017-18, yet to be confirmed, but in the range of £30-60k across the two boroughs. The funding is to support implementation of the programme.

4.1.2 Legal implications

The lead organisation will be responsible for delivering the programme under a signed Memorandum of Understanding with NHS England and other partners.

4.1.3 Other Resource implications

This will impact on the workload of existing CCG and LA staffing.

5. Health and Wellbeing Priorities:

5.1 This programme will support delivery of the Health and Wellbeing Board's priorities for diabetes prevention and reduce the incidence of disease in the population:

5.1.1 Promote emotional wellbeing and encourage people to be more self-reliant

5.1.2 Encourage ways to involve local people and communities in efforts to improve health

5.1.3 Help people to find out how to improve their own health

5.1.4 Reduce the life expectancy gap by improving the health of the poorest people, and men in particular

5.2 Under the Marmot objectives consideration will be given to two key priorities:

5.2.1 Create and develop healthy and sustainable communities

5.2.2 Strengthen the role and impact of ill-health prevention

5.3 Safeguarding implications: none at this time.

6. Background papers

Further information can be accessed via

<https://www.england.nhs.uk/ourwork/qual-clin-lead/diabetes-prevention/wave-2/>

Author

Carol Marston – Walsall CCG Primary Care Commissioning Manager

☎ 01922 618399

✉ carol.marston@walsall.nhs.uk