East Region
Prevention and Reversal of Type 2 Diabetes Programme

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Outline

- Introduction
- Context and drivers for change
- The programme & approach
- Work to date
- Challenges
- Opportunities & benefits
Introduction

• Strategic direction, priorities, governance, collective accountability
• Build on the work to date
• Develop the programme
• Identify and secure resource
• Developing positive relationships
• Direct the programme
Context & drivers

• 25% of Scotland’s population in 10% of the land mass

• 14% live in areas with the highest multiple deprivation in Scotland and 27% in areas with the lowest – marked differences in deprivation across part of the region

• 20 year gap in best and worst life expectancy

• 12% rise in East Region population expected by 2039 = 1.5 million people (over 75 year-olds doubled to 202,000)
Context & drivers

#ourpart
IN YOUR HEALTHY FUTURE

Did you know...

- 59,745 people have Type 2 Diabetes (T2D) in the East Region of Scotland (4.2% of the total population in East)
- 3,929 new cases of Type 2 Diabetes (T2D) in 2016
- 40% increase in prevalence of all diabetes between 2007 – 2016

The consequences for some with diabetes are devastating:

- 392 were recorded as blind
- 365 had lower limbs amputated
- 356 had end-stage renal failure

All data taken from Scottish Diabetes Survey 2016 & admissions data from Corani et al (2011)

It’s also estimated that the cost of admissions to hospital for T2D was

£86,100,000
(based on just over 28,000 admissions to hospital in 2016)

Think about how we could use that money differently?

The good news is that T2D is preventable, and reversible, but only if we take a new approach. Partners across the East Region are committed to thinking and acting differently, but can only do this if individuals, families, communities and businesses play their part.

We’ll play #ourpart - will you?

Over the next few years, we will:

- Establish an in-depth understanding of what’s already happening to prevent T2D and what’s being done in the East region and roll it out more widely
- Work closely with businesses to influence what they sell and how they promote. And collaborate on policies for fast food premises
- Establish common weight management programmes and deliver pathways for people who need support
- Work with Scottish Government to influence policies
- Identify measures of success e.g. numbers, % changes, levels of participation etc.
- Appoint staff dedicated to this new approach across the region, to really focus on doing things differently
- Positively encourage and support 84,669 staff in East region to get and stay healthy
- Create targeted interventions for children and young people

Prevalence growing sharply

Costs around 10% of total health budget

Prevention and reversal (remission) achievable

Cost reductions possible counted in the tens of £millions

Strategy extends way beyond health and social care

Full commitment to regional programme across all 6 councils/IJBs and 3 Health Boards
Context & drivers

Public Health Priority:
• A Scotland where we eat well, have a healthy weight and are physically active.

Frameworks and policy context:
• Scotland’s Diet and Healthy Weight Plan
• Framework for the Prevention, Early Intervention and Early Detection of type 2 diabetes
• A More Active Scotland; Scotland’s Physical activity Plan
• And more…
Context & drivers

Principles:
• Reducing health inequalities
• Collective leadership and partnerships
• Co-production
• Person centred approaches
• Being sensitive to stigma and discrimination

Not an NHS issues:
• Empowering individuals
• Changing our environment
Context & drivers

Borders
- 1 Council
- 1 H&SCP
- 1 NHS Board
- 23 GP Practices

Fife
- 1 Council
- 1 H&SCP
- 1 NHS Board
- 55 GP Practices

Lothian
- 4 Councils
- 4 H&SCPs
- 1 NHS Board
- 124 GP Practices
Programme & approach

Programme Board:
- Programme Sponsor/Chair
- Local Authorities
- IJBs
- Public Health
- General Practice
- Dietetics
- Weight Management
- Academia
- Third sector
- Diabetes MCNs
- Scottish Government
- East Region
- Workstream Sponsors
Programme & approach

• East of Scotland Partnership is an early adopter for the Framework for the Prevention, Early Detection and Early Intervention of T2D

• Determine delivery of programmes under each level of the framework

• Use data and wider evidence to identify local health inequalities and action required to reduce them

• Report on delivery and share best practice

• Contribute to the national outcomes identified

• Executive management commitment to prevention and reversal of T2 Diabetes in the region

• Multi-agency approach
Programme & approach

• Priority focus on standardising weight management programmes and prevention pathways in the region

• £42m funding in Scotland over 5 years

• Agreement that funding allocated on regional basis in East Region (£440k in 2018/19, £754k in 2019/20)

• Regional workshop approach identified investment for:
  – Tier 2: prevention for those at high risk (Let’s Prevent Diabetes)
  – Tier 2: Adult weight management programme (Counterweight)
  – Tier 3: Adult weight loss programme (Counterweight Plus)
  – Tier 2/3: Gestational Diabetes – Group education and metabolic antenatal clinics

• But this is part of a wider ambition!
Programme & approach

- Tier 1
  - Employer Scope
  - Trailblazer?
  - Business Leadership

- Tier 2
  - Counterweight
  - Let’s Prevent

- Tier 3
  - Counterweight Plus
  - GDM

- Tier 4
  - CYP

- Alignment with the frameworks
- Alignment with the evidence requirements
Programme & approach

Workstream:
- Sponsor
- Clinical Lead/SME
- Public Health
- Primary Care
- Psychology
- Specialists e.g. secondary care, operational reps, third sector, academia
- Patient Rep or equivalent

Draft
---Proposed

WS Oversight

Implementation

Local/Regional

Fife Prevention Partnership Group
Borders Prevention Partnership Group
Public Health East Region Group
Work to date

Weight Management Workstream

Counterweight
To develop a common approach to weight management as part of the tier 2 pathway.

• A consistent pathway agreed for Fife, Lothian, Borders
• Increased capacity, SLAs in place, training underway
• New service about to launch late spring/early summer
• Anticipate additional capacity for approx. 1000 people
Work to date

Weight Management Workstream

Let’s Prevent Diabetes
To adopt a structured education programme which aims to increase healthy eating and physical activity and reduce weight.

- Co-design workshop – lots of ideas!
- Working group in place
- Next iteration of design underway
- Anticipate capacity for approx. 3000 people
Work to date

Weight Management Workstream

Gestational Diabetes
To make community-based education sessions available for all women diagnosed with GDM, with a subsequent programme for pregnant women with BMI>30 to minimise weight gain.

• Working group in place
• Pathway mapping is underway
• Developing local capacity
Work to date

Weight Management Workstream

**Counterweight Plus**
To adopt a tier 3 weight management pathway and approach for the reversal of T2D.

- Draft pathways, protocols and criteria
- Developing local capacity including psychology
- Training and materials in place
- New service to launch summer
Work to date

Weight Management Workstream

• Open up referral routes – give you, and others, somewhere to send people
• Hopefully help failure demand
• Minimise negative impact - focus on those we already know
• Monitor and learn – what works? What doesn’t?
Work to date

Children & Young People Workstream

Two elements: Minimum Standards, Prevention

Experts suggest that while education is important, a ‘whole systems’ approach is needed. Local Councils and IJBs are in a strong position to be able to lead and shape this agenda in collaboration with a wide range of local stakeholders.

There is also opportunity to link with the Child Poverty agenda.

- Workshops have been held to explore ‘as is’ and opportunities
- Working towards the anticipated ‘minimum standards’
- Mobilising a Board to lead this workstream
# Work to date

## Employer Workstream

To support our collective workforce (84,600 staff) to make healthier choices.

- Nudge
- Interventions

- A workshop is being arranged to explore this further to include – HR, Occupational Health, Public Health and Trade Union colleagues.
Work to date

Business/ Trailblazer

Working with businesses, partner organisations, and communities to change our local environment.

• Food Standards Scotland – MenuCal
• Community Planning Partnerships
• Identify and agree a local problem to tackle
• Undertake the whole systems approach process to create an action plan; learning and refining as you go
Work to date

Overall

- Stakeholder engagement and co-design
- Securing resource
- Developing the infrastructure
- Working with Scottish Government
- Sharing with Early Adopters
- Developing an overarching strategy and approach
Challenges

- Scale
- Practicalities
- Pace – too slow, too fast
- Geographies
- Different priorities/needs
- Different starting positions
- Access/quality of data
- Short term vs long term
- Demand – identification, services, monitoring/follow up
- Measuring success
- Funding
- Resource
- Adding value not duplication

- Pragmatic
- Start somewhere
- Build on the momentum and existing good practice
Opportunities & benefits

- Collective influence
- Collective learning
- Collective reach
- Build on existing innovations
- Sharing resources
- Attracting funding
- Improved outcomes
- New pathways
- Greater consistency for patients
- Prevention
- Reducing inequality…

A Scotland where we eat well, have a healthy weight and are physically active

Reducing the prevalence of T2D
Thank you!

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