

# Portsmouth Wellbeing Service

Progress towards Diabetes Prevention work

Wessex Health Education CPD event

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# Diabetes Prevention work

- National and local context
- Current pathway
- Prevention work progress
- Challenges and what's next

# Life expectancy and health inequalities

4 main risk factors  
– Tobacco,  
Alcohol, Poor diet  
and lack of  
Physical Activity

4 main causes of  
avoidable early  
deaths – Cancer,  
Cardiovascular  
disease,  
Respiratory  
disease, Liver  
disease

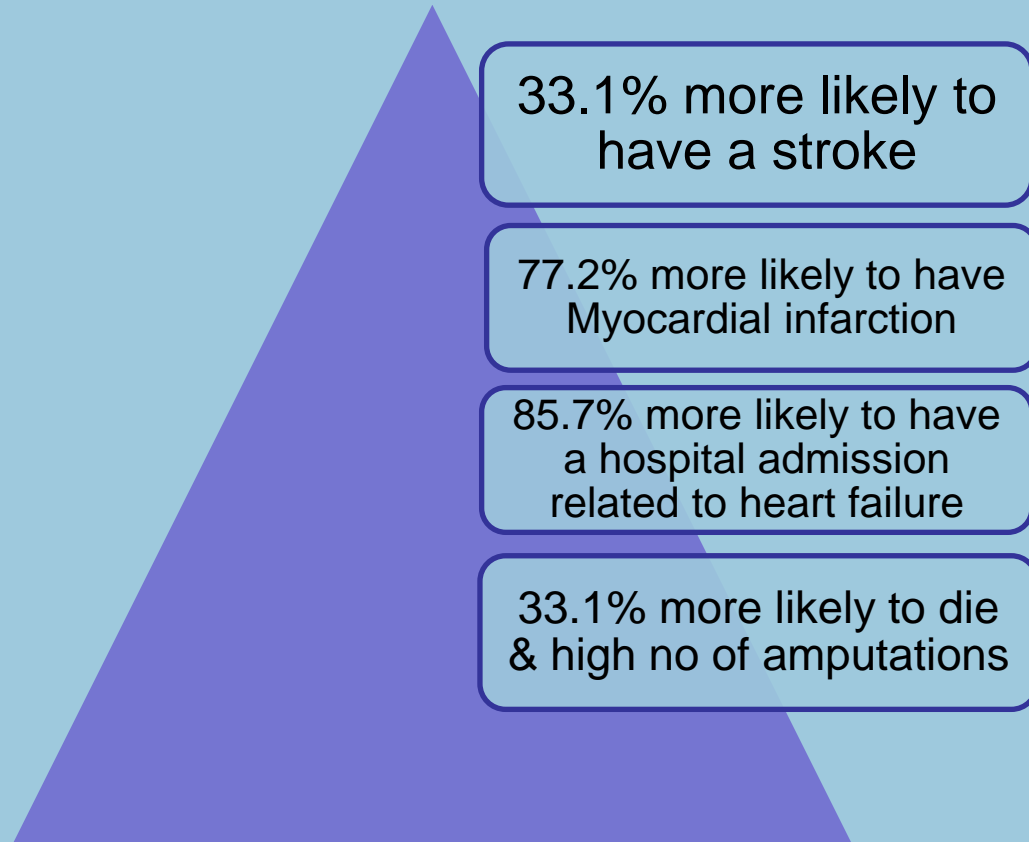
Contribution to  
reduction in life  
expectancy and  
health inequalities  
– 64%

# Why prevent Type 2 Diabetes?

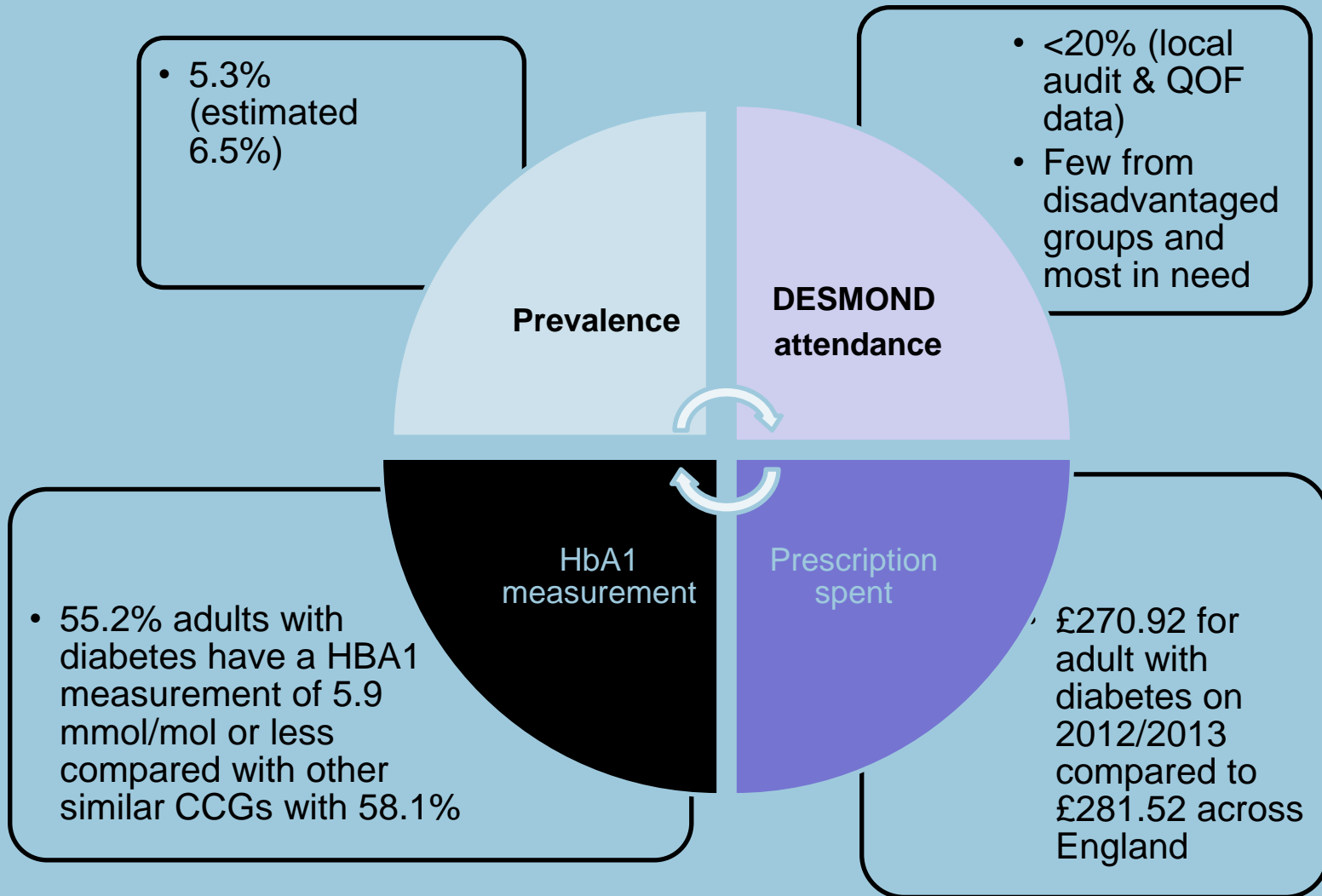
- Approx 62% adults now overweight and obese, type 2 diabetes (T2DM) and associated co-morbidities more likely
- Cost of diabetes to NHS £10bn each year and most of its is preventable complications
- Large RCTs and systematic reviews show modest changes in diet and physical activity can reduce incidence of T2DM by more than 50% of incidence of pre-diabetes.

# Why Diabetes prevention work?

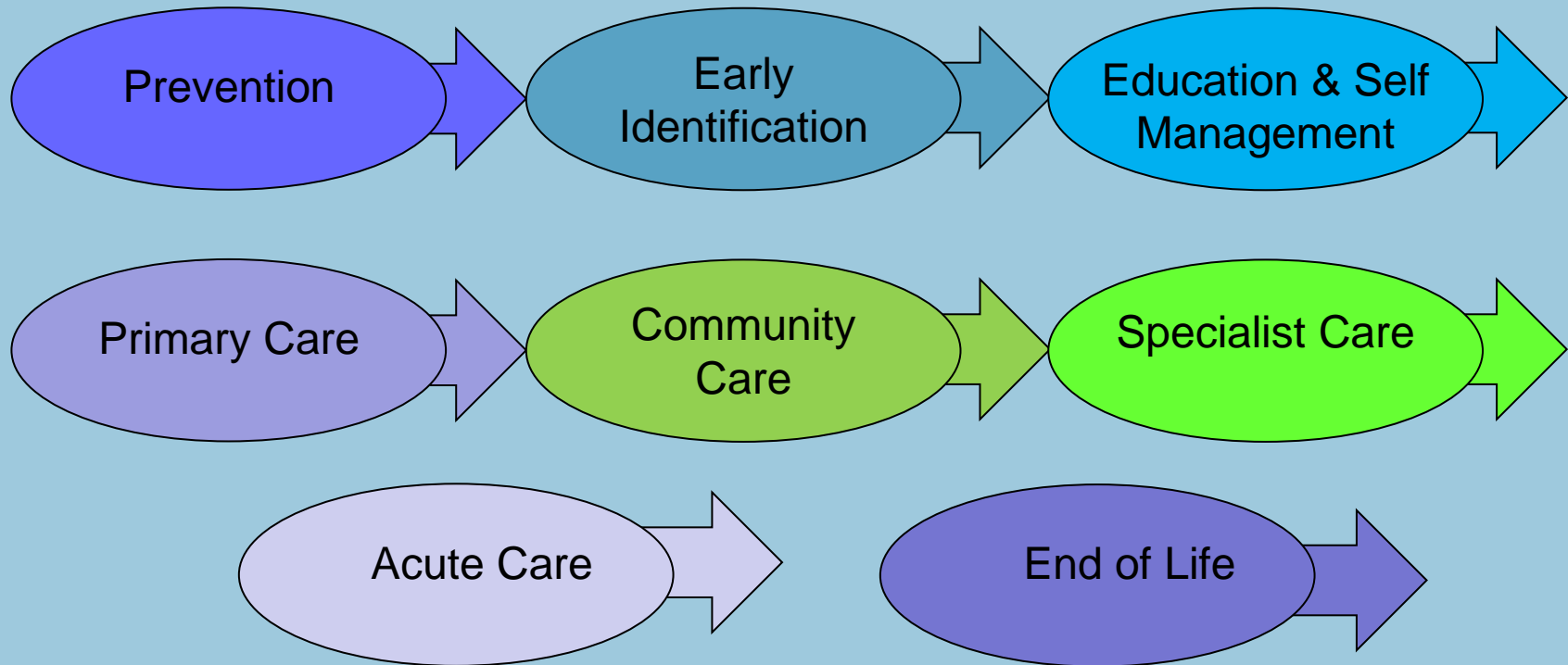
Compared with other Portsmouth residents, for people with diabetes



# Local context



# Long Term conditions pathways



# Diabetes Pathways

## Support when diagnosed

- Education – DESMOND – newly diagnosed and refresher DESMOND
- Basal-bolus Insulin conversion group (QA)
- Carbohydrate awareness groups (QA)
- Conferences
- Primary Care – GPs support medication management, diet advice, care plans
- Referral to QA if Super 6 (Antenatal diabetes, Diabetic foot care, Severe renal disease, Inpatient diabetes, Insulin pumps, Adolescents/uncontrolled T1DM – Type 1 diabetes)
- Hypoglycaemia Hotline
- Erectile dysfunction
- Pre-pregnancy diabetes etc etc



# Risk identification

- However Prevention pathways currently less defined and developed
  - Health Checks – As part of risk assessment, blood glucose test; either as fasting plasma glucose or HbA1c for all identified as high risk indicated by either:
    - BP > 140/90 mmHg where the SBP or DBP exceeds 140mmHg or 90mmHg respectively; OR
    - BM1>30 or 27.5 if individuals from Indian, Pakistani, Bangladeshi, other Asian and Chinese ethnicity categories.
  - Limitations: 40 – 74 age range; 20% invited; poor data
  - Hampshire collaboration to develop cohort?
  - Looked at ACG and awaiting local lifestyles surveys

# Interventions for individuals at high risk of Type 2 Diabetes

- Portsmouth Wellbeing service - launched on 1<sup>st</sup> Oct 2015 – early days; pre-diabetes work not explicit but foundation blocks
- Adults 18 and above
- Advice and support on alcohol, smoking, healthy diet and physical activities; client centred holistic approach. Wellbeing cross cutting theme.
- NICE guidance 38 Preventing type 2 diabetes: risk identification and interventions for individuals at high risk
- Assets based approach – looking at increasing self confidence, resilience – individuals and communities
- Volunteers and apprentices
- Target most deprived neighbourhoods and communities

# Interventions for people at high risk of Type 2 diabetes

<b>Recommendation 11 Raising awareness of imp of PA &amp; 12 Providing tailored advice on PA</b>	<b>Yes</b>	<b>No</b>
Benefits of Physical activity	X	
Tailor made plan to meet recommended minimum and fit in their daily lives	X	
Identify sedentary, moderate and vigorous physical activity	x	
Refer to exercise referral scheme if structured needed	x	
Provide opportunities in local opportunities for physical activity – camera group, allotment, Fit4change	x	

NICE guidance 38

# Interventions for people at high risk of Type 2 Diabetes

<b>Recommendation 13 Weight management advice &amp; 14 Dietary advice</b>	<b>Yes</b>	<b>No</b>
Advise and encourage weight loss gradually by reducing their calorie intake	X	
Evidence-based behaviour-change techniques	X	
Motivate and support overweight and obese people to lose weight and can maintain healthy BMI	X	
Encourage people to check their weight and BMI periodically	X	
Encourage increase high fibre food fruits and vegetables	X	
Choose foods that are lower in fat and saturated fat	X	

# Interventions for individuals at high risk

Recommendation 10 Evaluation of Interventions	Yes	No
Evaluate health outcomes 3, 6, 12 month	X (depending on client's needs)	
Changes in amount of moderate to vigorous Physical activity	x	
Dietary Intake	x	
Changes in weight, waist circumference or BM1	x	
Changes in fasting plasma glucose or HBA 1c levels		x

# Prevention – further work needed

- Rapid Participatory Appraisals findings and engagement to shape this prevention plan
- Looking at self help and peer support models (desktop lit & mapping current provisions)
- Building relationships with Diabetes team Diabetes UK
- pharmacies, GP practices, voluntary sector
- Needs a Pre-diabetes strategy and action plan that joins up the pathways
- Reviews type of education for clients – not one size fits all? Vulnerable groups: Learning disabilities, Severe Mental health problems Physical and sensory disabilities, mobile communities, offenders homeless

# Prevention – further work

- Education to be supported by practical support and activities in communities e.g cookery skills, reading food labels
- Training for staff in Wellbeing Staff and volunteers on Diabetes
- Information Sharing agreements and protocols for early identification and joined up support
- Portsmouth Information and Advice strategy aims to have one stop information service on all assets
- Resources needed as Portsmouth is not a demonstrator site of National Diabetes Prevention programme

# Pre diabetes work in Portsmouth

- Early stage
- Can any of this be done on a county level?
- Any lessons we can learnt elsewhere?
- Any questions?

Thank you.

Mary Shek

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