

# JSNA Data Refresh 2013/14 Diabetes

## Harrow

Diabetes is a common life-long health condition. There are 3 million people diagnosed with diabetes in the UK. Type 2 diabetes is a largely preventable disease strongly associated with obesity and is closely linked to cardiovascular disease.

The NHS Health Checks programme is offered to people aged 40-74. It aims to help lower your risk of developing diabetes, heart disease and stroke.

## Key messages

### Demographic

Diabetes rates increase with age and are associated with obesity. Although diabetes is common in all communities, people of South Asian and Caribbean origin have higher chances of developing diabetes and develop it at a younger age and at a lower level of obesity than the white population.

The aging population and expected increase in black and minority ethnic groups in the next 20 years is likely to lead to an increase in the number of people with diabetes.

### Diabetes Prevalence

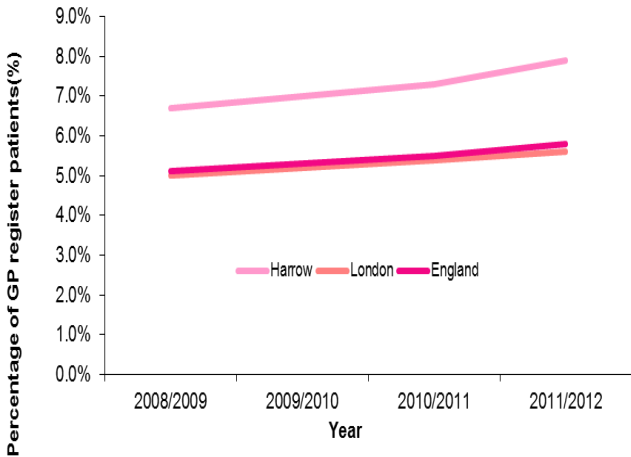
Harrow has one of the highest rates of diabetes in the country. The data shows that the prevalence of diabetes in Harrow is 7.9% which is much higher than London and England and the projected figures show that it is likely to increase. Obesity prevalence in Harrow is 8.7%, which although lower than London and England, is still an issue that needs to be addressed.

### Health Outcomes

People living with diabetes may have to deal with short- or long-term complications as a result of their condition. These complications can impact on a wide variety of parts of the body including eyes, heart, kidneys, nerves and feet. In Harrow people with diabetes were 51.5% more likely to have a heart attack and 10.5% more likely to have a stroke than people without diabetes. Diabetes is generally well managed in Harrow and the rates for all diabetes complications are amongst the lowest in England.

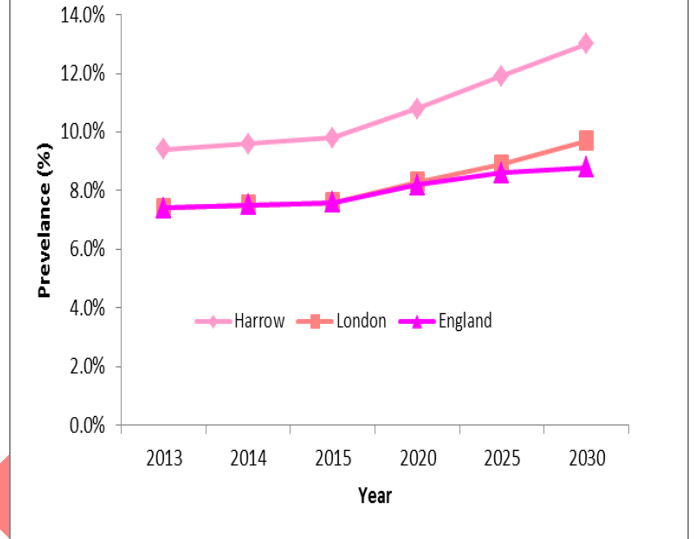
# Local Data

The Recorded Prevalence of Diabetes in Harrow 2008/09 - 2011/12



Source: Health & Social Care Information Centre (QOF)

Projected Diabetes Prevalence



Source: Yorkshire and Humber Health Intelligence

## Diabetes Prevalence

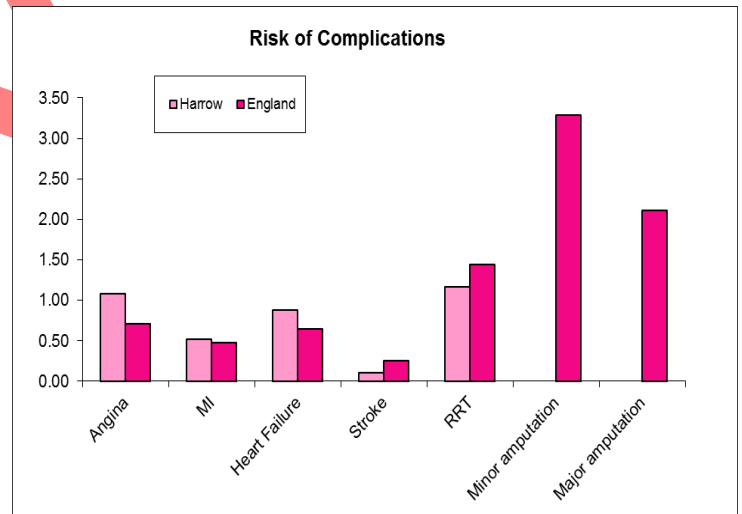
Over 14,000 (7.9% of the adult population) are registered as having diabetes in Harrow. It is estimated that there are a further 4,000 adults with undiagnosed diabetes bringing the estimated prevalence to 13%. The prevalence of both diagnosed and estimated diabetes in Harrow is higher than in neighbouring boroughs and dramatically higher than the London and England average.

Diabetes Mortality in Harrow



Source: NHS Information Centre

Risk of Complications



Source: Yorkshire and Humber Health Intelligence

## Deaths from Diabetes

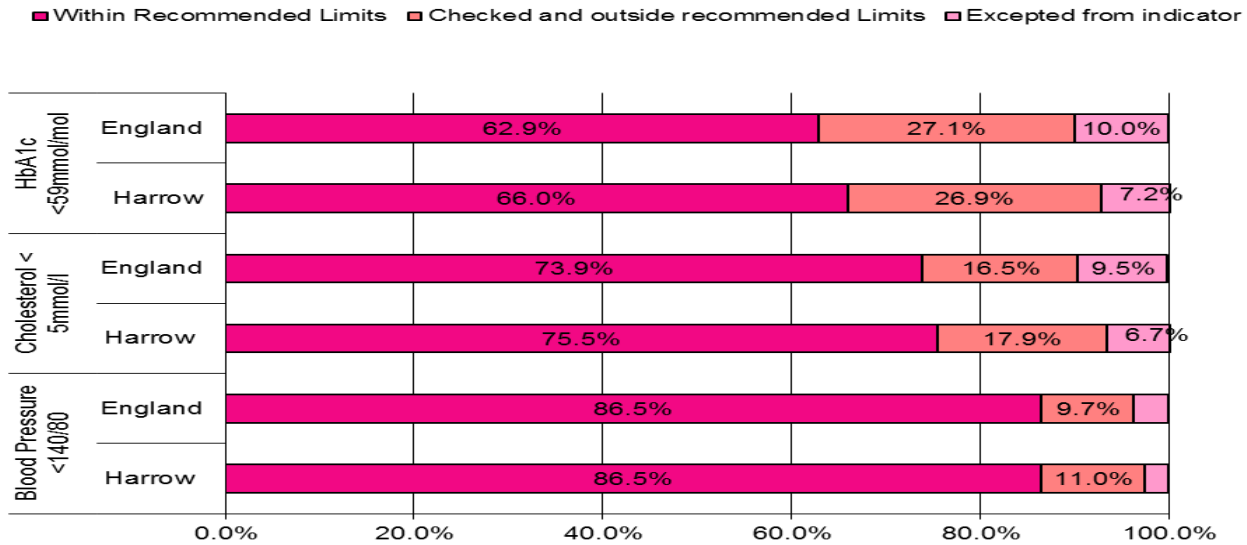
The diabetes mortality data for Harrow show a slight decrease in 2010 compared to 2009. On average diabetes mortality is lower than London and England, which implies that diabetes is well managed in Harrow.

### Management of Diabetes

Blood glucose control and blood pressure control are both better in diabetics in Harrow than the national and London rates. The rate of retinal screening is lower than the national and London rates.

The National Diabetes Audit collates data that identifies the additional risk of diabetic complications and mortality in people with diabetes. Those with diabetes in Harrow were 51.5% more likely to have a heart attack, 10.5% more likely to have a stroke, 87.6 % more likely to have a hospital admission related to heart failure and 52.8% more likely to die than the general population in the same area.

#### Care Processes and Treatment Targets



Source: Yorkshire and Humber Health Intelligence

### Obesity

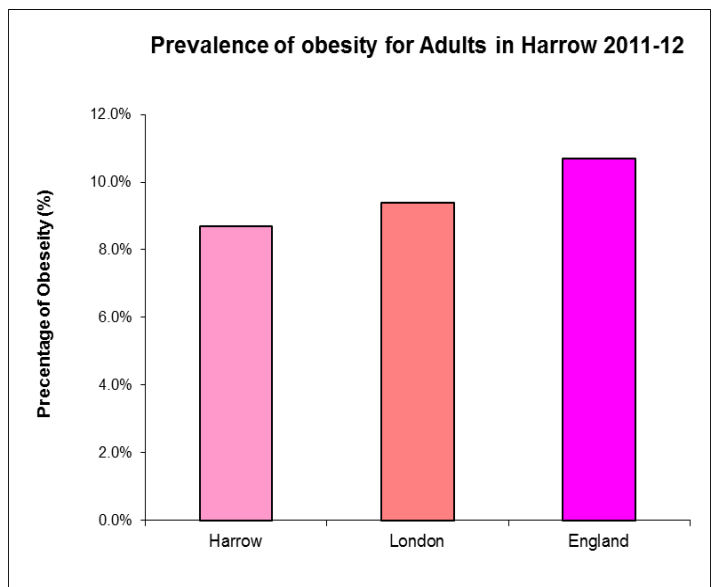
There is a known association with obesity and Type-2 diabetes. Obesity prevalence in Harrow is 8.7%. This is less than the London and England averages. As obesity is a risk factor for diabetes this is something that needs to be addressed. One aspect of obesity management is the level of physical activity. Rates of physical activity in Harrow are low in both children and adults.

The Recorded Prevalence of Obesity in Harrow 2008/2009-2011/2012



Source: Health & Social Care Information Centre (QOF)

Prevalence of obesity for Adults in Harrow 2011-12

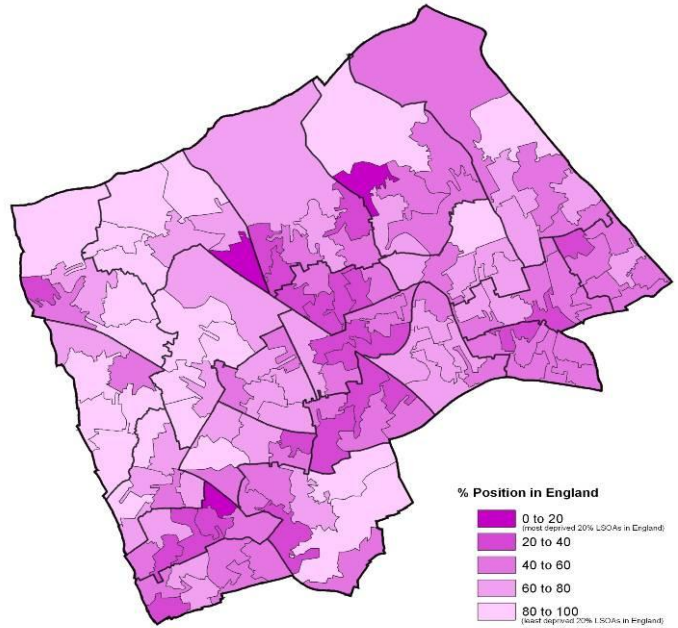


Source: Yorkshire and Humber Health Intelligence

### Population Age

Age is a significant influence in diabetes prevalence. Type 1 diabetes tends to be diagnosed in childhood but the prevalence of Type 2 diabetes increases steadily after the age of 40 years. Diabetes prevalence is also higher in areas experiencing deprivation. The map provided shows the percentage of areas deprived in Harrow at LSOA level. People living in the 20% most deprived neighbourhoods in England are 56% more likely to have diabetes than those living in the least deprived areas.

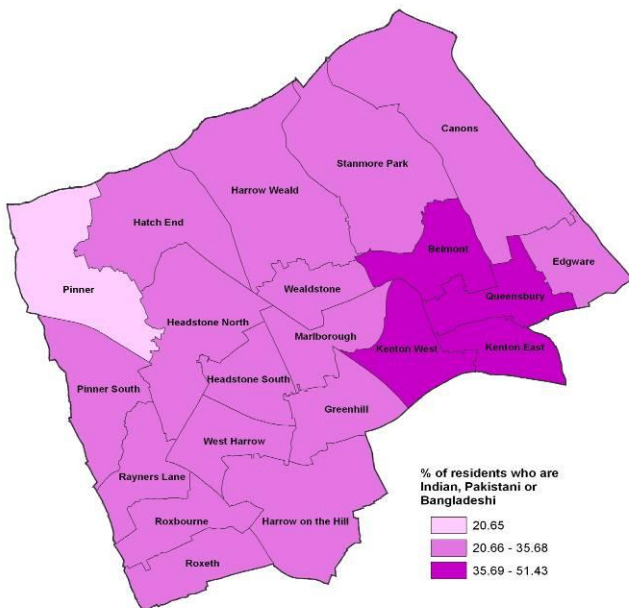
**Multiple Deprivation in Harrow**  
Source: 2010 Indices of Deprivation, CLG



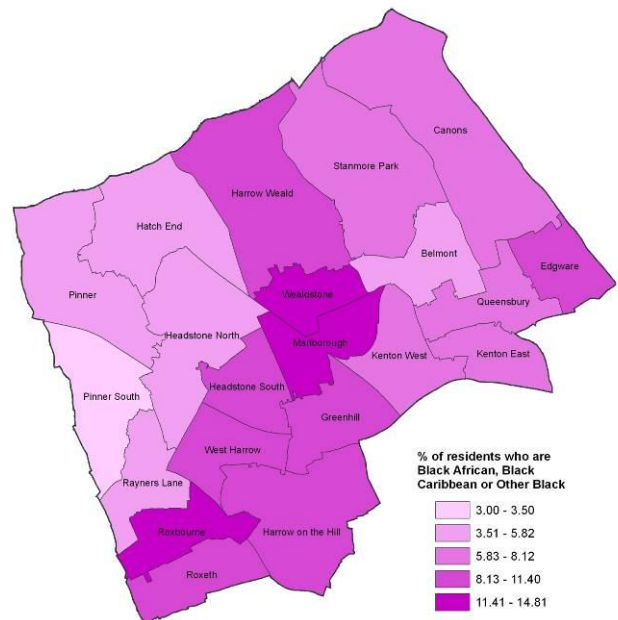
### Ethnicity

Ethnicity is also a key factor in diabetes prevalence, It is also known that people from Asian and black ethnic groups are more likely to develop diabetes and tend to develop the condition at younger ages than the general population. The maps provided give the prevalence of black and Asian ethnic minorities at ward level in Harrow, providing a guide to which areas to target for diabetes awareness in the borough of Harrow.

**Percentage of Residents in Harrow who are Indian, Pakistani or Bangladeshi**  
Source: 2011 Census, Table KS201EW, ONS, Crown Copyright



**Percentage of Residents in Harrow who are Black African, Black Caribbean or Other Black**  
Source: 2011 Census, Table KS201EW, ONS, Crown Copyright





# Understanding the Spine Chart

## The Spine chart

The spine chart is a way of demonstrating a lot of information on a single diagram.

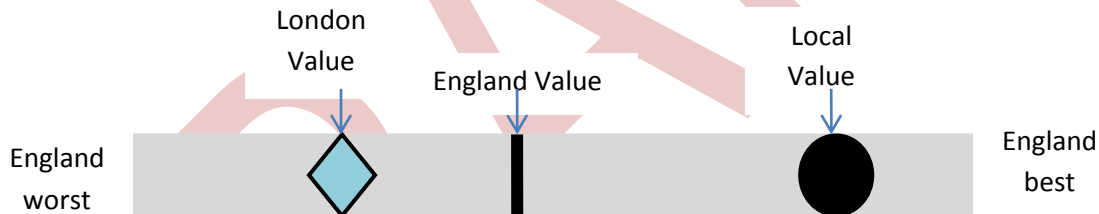
The indicators in the spine chart are generally one of three sorts:

- an indicator of higher or lower need
- an indicator of better or worse performance
- an indicator of better or worse outcomes

The “spine” is the line running down the centre. This is the England average for each indicator. The grey bar shows the range of values in local authorities across England.

Values to the **right** of the England average are better performance or outcomes or of lower need.

Values to the **left** of the England average are worse performance or outcomes or of more need.



## Direction of travel indicator

- ↑ Indicator has improved since last year i.e. Improvement in performance or decrease in need
- ↓ Indicator has worsened since last i.e. decrease in performance or increase in need
- ↔ No change since previous year

**Green** indicates that, according to the latest data, the area is either performing better or has lower need than England average

**Red** indicates that, according to the latest data, the area is performing at least 2% worse or has at least 2% greater need than the England average.

**Amber** indicates that, according to the latest data, the area is performing worse or has greater need but is within 2% of the England average.

# Spine Chart



Indicator	Direction of Travel	Local Value	Eng Avg	Eng Worst	England Range Worse Higher    OUTCOMES    Better Lower	Eng Best
1 Percentage of aged over 65 population	↔	14.1	16.5	25.2		6.1
2 Percentage of aged over 75 population	↔	3.4	3.9	3.9		1.5
3 Percentage of population with a limiting long term illness,	↔	14.0	16.9	24.4		10.2
4 Asian Ethnicity: Indian, Pakistani or Bangladish	↓	30.2	5.6	0.0		35.7
5 Black Ethnicity: Black African, Black Carribean or Other Black	↓	8.3	3.5	0.1		27.2
6 IMD	↓	15.4	21.7	0.5		87.8
7 Diabetes Prevalence 17+	↓	7.9	5.8	9.4		3.4
8 Obesity Prevalence 16+	↓	8.7	10.7	15.8		6.1
9 Obese children (age 4-5 years)	↓	10.0	9.3	14.8		4.3
10 Obese children (age 10-11 years)	↓	20.4	18.9	27.5		10.2
11 Participation in at least 3 hours of sport/PE	↔	49.3	55.1	40.9		79.5
12 Children's tooth decay (at age 12)	↔	0.5	0.7	1.5		0.2
13 The proportion of adults participating in recommended levels of physical activity	↑	8.8	11.1	5.7		18.2
14 Mortality from diabetes: Directly standardised rate, all ages, 3-year average	N/A	5.1	5.7	19.8		3.1
15 Mortality from diabetes Directly age-standardised rates <75 years	N/A	2.2	2.5	8.7		0.1
16 Mortality from diabetes: Directly standardised rate, 1-44 years, 3-year average	N/A	0.6	0.5	1.9		0.0
17 Blood pressure in patients with diabetes mellitus: 17+ years 150/90 or less	↑	88.7	89.9	92.7		86.3
18 Blood pressure in patients with diabetes mellitus: percent, 17+ years 140/80 or less	↑	68.9	70.7	78.8		64.3
19 Cholesterol levels in patients with diabetes mellitus is 5 mmol/l or less. 17+ years	↑	80.9	81.7	86.8		75.2
20 Controlled blood glucose levels (7.5 or less) in patients with diabetes mellitus	↑	71.0	69.9	70.6		60.1
21 Blood glucose levels 8 or less in patients with diabetes mellitus: 17+ years	↑	80.3	78.7	84.4		70.6
22 Blood glucose levels 9 or less in patients with diabetes mellitus: 17+ years	↑	89.2	88.6	92.2		82.1
23 Proportion of patients with diabetes mellitus who have a record of retinal screening 17+	↑	89.2	91.9	95.9		85.4
24 Proportion of of patient aged 18+ with chronic kidney disease in a GP registered population.	↔	3.1	4.3	9.0		1.6
25 Smoking Cessation advice to patients with any or any combination of: coronary heart disease, stroke or TIA, hypertension, diabetes, COPD, CKD & asthma	↑	92.6	92.9	90.5		96.5
26 Hospital procedures: lower limb amputations in diabetic patients: all ages	↑	6.9	11.6	21.8		0.00

# Spine Chart Data Sources

	Data description	Year	Source
1	Percentage of aged over 65 population	2011	ONS
2	Percentage of aged over 75 population	2011	ONS
3	Percentage of population with a limiting long term illness,	2011	ONS
4	Asian Ethnicity: Indian, Pakistani or Bangladesh	2011	Nomis
5	Black Ethnicity: Black African, Black Caribbean or Other Black	2011	Nomis
6	IMD	2011	Gov.uk
7	Diabetes Prevalence 17+	2011/12	HSCIC
8	Obesity Prevalence 16+	2011/12	HSCIC
9	Obese children (age 4-5 years)	2011/12	CHIMAT
10	Obese children (age 10-11 years)	2011/12	CHIMAT
11	Participation in at least 3 hours of sport/PE	2009/10	CHIMAT
12	Children's tooth decay (at age 12)	2008/09	CHIMAT
13	The proportion of adults participating in recommended levels of physical activity	2009/11	HSCIC
14	Mortality from diabetes: directly standardised rate, all ages, 3-year average	2008/10	HSCIC
15	Mortality from diabetes Directly age-standardised rates <75 years	2008/10	HSCIC
16	Mortality from diabetes: directly standardised rate, 1-44 years, 3-year average	2008/10	HSCIC
17	Blood pressure in patients with diabetes mellitus:17+ years 150/90 or less	2011/12	HSCIC
18	Blood pressure in patients with diabetes mellitus: 17+ years 140/80 or less	2011/12	HSCIC
19	Cholesterol levels in patients with diabetes mellitus is 5 mmol/l or less. 17+ years	2011/12	HSCIC
20	Controlled blood glucose levels (7.5 or less) in patients with diabetes mellitus	2011/12	HSCIC
21	Blood glucose levels 8 or less in patients with diabetes mellitus: 17+ years	2011/12	HSCIC
22	Blood glucose levels 9 or less in patients with diabetes mellitus: 17+ years	2011/12	HSCIC
23	Proportion of patients with diabetes mellitus who have a record of retinal screening in the previous 15 months.	2011/12	HSCIC
24	Proportion of patient aged 18+ with chronic kidney disease in a GP registered population.	2011/12	HSCIC
25	Smoking Cessation advice to patients with any or any combination of the following conditions (co-morbidity): coronary heart disease, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma	2011/12	HSCIC
26	Hospital procedures: lower limb amputations in diabetic patients: all ages	2011/12	HSCIC
27	Proportion of adults participating in recommended physical activity	2011/12	HSCIC