

BMHP5013 PUBLIC HEALTH POLICY

ASSESSMENT 1 – GROUP PRESENTATION

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Introduction

In this report our focus will be on diabetes. We will be looking deep into the chosen topic and will be evaluated by looking into:

-The relevant policy and their impact of the social policies on users of health and social care on diabetes patient.

- we will identify the incidence of the contribution of the geographical distribution of the rate, trend and different vulnerable groups in the area, cause, spread and control of public health issue on diabetes.

-we will also explore the roles of different agencies on public health and the help they can render to the wellbeing of diabetes patient.



DIABETES

Diabetes is a persistent, metabolic sickness characterized by multiplied levels of blood glucose (or blood sugar), which leads over the years to severe harm to the heart, blood vessels, eyes, kidneys and nerves. The most common is type 2 diabetes, typically in adults, which takes place when the body will become proof against insulin or doesn't make enough insulin. Diabetes is a trendy term for heterogenous disturbance of metabolism for which the principal finding is continual hyperglycaemia. The reason is both impaired insulin secretion or impaired insulin movement or each, (Wolfgang, 2014). Diabetes can be classified into two that are:

Type 1 diabetes

type1 diabetes, the frame does no longer make insulin. The immune device assaults and destroys the cells within the pancreas that make insulin. Type 1 diabetes is usually recognised in kids and young adults, although it can seem at any age. People with type 1 diabetes need to take insulin every day to stay alive. Diabetes UK(2019)

Type 2 diabetes

type 2 diabetes, the body does now not make or use insulin well. Type 2 diabetes can increase at any age, even for the duration of childhood. However, this type of diabetes occurs most often in middle-aged and older human beings. Type 2 is the maximum common type of diabetes, (Holman, 2015).

Diabetes-Is a primary public health hassle global. Current worldwide estimates imply that this situation impacts 415 million human beings and is set to amplify to 642 million via the 12 months 2040.1 A further 193 million human beings with diabetes continue to be undiagnosed due to the often moderate or asymptomatic nature of this circumstance specially in type 2 .

Public fitness efforts encompass educating the public approximately more healthy choices, selling physical pastime and fitness, stopping ailment outbreaks and the unfold of infectious sicknesses, making sure secure food

and water in communities, making ready for emergency, preventing injury, treating water and so forth, (Jawad, 2017)

UK Social Policies and Diabetes Patients

Calorie reduction programme

Sugar reduction programme

Diabetes Prevention Week

Action for Diabetes



4.7 million
people in the UK
have diabetes.

**UK Diabetes
Incidence**



36,000
under 16 year olds
in the UK with
diabetes



National policy and lifestyle interventions

Obesity and Type 2 diabetes prevention strategies at the national level

overweight obese and the risk of acquiring Type 2 diabetes is widely documented for addressing obesity as a strategy of avoiding future instances of Type 2 diabetes is critical.

The following national policies are based on obesogenic environment action:

Calorie-reduction Programme

The calorie reduction initiative challenges the food sector to reduce calories by 20% by 2024 in product categories that contribute substantially to children's calorie intakes (under the age of 18) and where considerable reformulation and/or portion size reduction are possible.

Even though the programme concentrates on foods eaten by children under the age of 18, it is assisting all members of the family in decreasing their calorie intake,

notably via PHE is One You and Change4Life programmes. Adults are encouraged to follow a simple rule of thumb: 400-600-600 calories at breakfast, lunch, and dinner, with healthy snacks in between, according to the One You campaign.

Program to reduce sugar consumption

PHE is leading a huge, organised sugar discount marketing campaign to reduce sugar from the goods that youngsters consume the most. By 2020, all sectors of the food and beverage enterprise can be driven to reduce total sugar by means of as a minimum 20% throughout lots of goods that contribute to children's sugar consumption, with a 5% discount in 12 months one.

A levy on the soft drink industry

A gentle beverages enterprise fee was stated inside the government's formative years obesity method, which become passed into law in April 2018. According to the National Diet and Nutrition Survey, sugary tender beverages account for 26% of general sugar consumption among 11 to 18-yr-olds in England. Sugar intake raises the risk of ingesting too many energy, in keeping with the Scientific Advisory Committee on Nutrition (SACN). In England, the levy's proceeds will be used to fund programmes aimed at reducing weight problems and inspiring school-elderly children to interact in physical workout and devour a healthful weight loss program.

PHE Public Relations Campaigns

PHE offers a variety of national marketing programmes that may be utilised locally to encourage people to adopt healthier lifestyles. The PHE Campaign Resource Centre has information that may be downloaded.

Week of Diabetes Prevention

In April 2018, NHS England, Public Health England, and Diabetes UK launched the inaugural Diabetes Prevention Week. The week-long programme educated people about Type 2 diabetes, its consequences, high-risk populations, and how to avoid it.

The PHE Campaign Resource Centre has produced a Diabetes Prevention Week toolkit accessible for free to GP practises and other local organisations. From posters and pamphlets to briefing materials, films, and social media strategies, everything you need to hold your own local diabetes prevention events and publicise your local NHS DPP service is included.

Nearly 5,000 toolkits were requested from practises around the nation, making the week a success. We want to make Diabetes Prevention Week an annual event, with

the next one taking place in April 2019.

UK Diabetes affects more than one in every 16 persons in the United Kingdom (diagnosed or undiagnosed). Diabetes affects 3.9 million individuals in the United Kingdom.

DIAGNOSED

Every day, over 700 individuals are diagnosed with diabetes. Every two minutes, it is the equivalent of one person. three. The number of diabetics in the United Kingdom has more than quadrupled since 1996, from 1.4 million to 3.3 million⁴. In the United Kingdom, 3.3 million individuals have been diagnosed with diabetes. Diabetes is expected to affect five million individuals in the United Kingdom by 2025.

THE FIRST AND SECOND TYPES

It is estimated that 10% of patients with diabetes have Type 1 diabetes in both adults and children.

- Type 2 diabetes affects 90% of patients with diabetes. Diabetes has been diagnosed in somewhat more males than women. According to surveys, males account for 56% of all people with diabetes in the UK, while women account for 44% diabetes prevalence by age group in England and Wales, as well as Scotland.

CHILDREN

In the United Kingdom, around 31,500 children and young people under the age of 19 have diabetes. Because not all children over the age of 15 are handled in paediatric care, this figure is likely to be underestimated. Between the ages of 15 and 19, there are as many youngsters with diabetes in Scotland as there are under the age of 14. It is expected that roughly 42,000 young individuals under the age of 19¹² if this were the case in all four countries. Approximately 95.1 percent have Type 1 diabetes, 1.9% have Type 2 diabetes, and 2.73 percent have MODY, CF-related diabetes, or their diagnosis is unknown. Although females are twice as likely to develop Type 2 diabetes as boys, 52 percent of boys and 48 percent of girls seem to have diabetes.

ETHNICITY

Persons of South Asian ancestry had more than six times the risk of type 2 diabetes as people of African and African-Caribbean ancestry

Role of UK Diabetes Agencies



Diabetes Service Framework



National Institute for Health and Care Excellence (NICE)

National Health Service

Diabetes UK

Carbohydrates and Calories

The National Diabetes Core Audit has goals and objectives

The NDA serves to enhance the quality of diabetes treatment by allowing NHS agencies and organisations to:

- review local practise against NICE recommendations (National Institute for Health and Care Excellence).
- compare their services and results to those provided by comparable organisations and services
- Identify any gaps or shortcomings that need to be addressed.
- determine and disseminate best practises
- give a national picture of diabetes care and outcomes in England and Wales.

Local services may assess their performance, discover areas where they are excelling, and enhance the quality of treatment and care they deliver by participating in the audit.

In conjunction with the Royal College of General Practitioners (RCGP), a Quality Improvement Toolkit has been created to assist practises in using their diabetes data to enhance services.

Quality Improvement Collaboratives (QIC) are managed by Diabetes UK and establish local goals to enhance diabetes treatment. Specialist services collaborate with other providers to build skills, exchange learning, and enhance clinical practise using audit data.

NHS

Multiple behavioural treatment that target way of life alternatives that positioned people at high hazard of acquiring Type 2 diabetes are a part of the countrywide response to diabetes prevention. The Healthier You: NHS Diabetes Prevention Programme could be the topic of this episode of Health Matters (NHS DPP).

Action for Diabetes

'Action for Diabetes' is a reference document for CCGs and the broader stakeholder community to understand what NHS England is doing to improve outcomes for individuals with diabetes and those at risk of developing the disease. It focuses on adults in response to a research by the National Audit Office and a later report by the Public Accounts Committee that both focused only on adult services.

It provides a 'one-stop shop' for anybody interested in what NHS England is doing now and over the next several years in this crucial area, bringing all the strands of activity together in one location.

The paper outlines the steps we are doing and will take in our capacity as a direct service commissioner to:

- Encourage the prevention of Type 2 diabetes and the early detection of all types of diabetes.
- Encourage improved diabetes control in primary care.
- Provide commissioners with tools and resources to help them enhance quality.
- Ensure reliable and transparent outcome data, as well as matched levers and incentives, to make it easier to offer integrated care across provider institutions.
- Provide patients with information to help them make informed decisions about their own health and treatment and encourage the development of IT solutions that

enable clinicians and persons with diabetes to share information.

- Keep an eye on the NHS's future to see how it can continue to improve outcomes for individuals who have or are at risk of diabetes.

The National Institute for Health and Care Excellence (NICE) is a non-profit organisation dedicated to improving health and care

Diabetes treatment for persons suffering from severe mental illness (SMI) People with severe and long-term mental illness are at danger of dying 15 to 20 years sooner than the general population, according to the Five-Year Forward View for Mental Health taskforce study. Physical ailments account for two-thirds of these fatalities. The National Diabetes Audit has been looking at the care of persons with SMI and diabetic since 2016/17 and comparing it to the care obtained by the whole diabetes community.

Diabetes treatment for teenagers and adults According to data from the National Diabetes Audit, the implementation of NICE-recommended care procedures varies greatly depending on age. In 2016/17, more over half of patients in their early 70s with type 1 or type 2 diabetes got all eight care procedures. Only around a quarter of 20-year-olds got the same level of care.

Diabetes Services Framework

Standards, rationales, important interventions, and an examination of the implications for service planning are all included in the National Service Framework for Diabetes: Standards. It illustrates The NHS Plan's and The Expert Patient's approaches to patient-centered services. On page 5, you will find a list of the requirements. The Diabetes NSF website has detailed information on the interventions, as well as service models and performance measures on which we are collecting feedback.

Professor Mike Pringle, then-Chair of Council of the Royal College of General Practitioners, and Peter Houghton, Director of the Department of Health's Eastern Region, co-chaired an External Reference Group that helped create the NSF. To produce a collection of evidence-based ideas, there was widespread participation via several Topic Area Working Groups and the External Reference Group. The National Service Framework for Diabetes: Delivery Strategy, the second element of the NSF, will be released in summer 2002 and will go into effect in April 2003. It will take into consideration the feedback gathered on service models and performance indicators, and it will outline the steps that local health and social care systems should follow, as well as milestones, performance monitoring mechanisms, and underlying

programmes to assist local delivery.

GEOGRAPHICAL DISTRIBUTION & TRENDS OF DIABETES IN UK

Approximately 463 million adults (20-79 years) have been dwelling with diabetes; by 2045 this can rise to 700 million

The worldwide occurrence of diabetes extended from 211.2 million in 1990 to 476.0 million in 2020, with a 129.9% growth.

Diabetes caused 4.2 million deaths

In 2010 there were predicted 3.1 million (7.4%) human beings aged sixteen years and older with diabetes in England.

Comparisons between the 2008/2009 Quality and Outcomes Framework information and estimates for 2009 advocate that that 27.1% of the total number of human beings with diabetes aren't covered on trendy practice diabetes registers.

The general quantity of adults with diabetes is projected to upward push to 4.6 million or 9.5% by way of 2030. Approximately half of this growth is on account of the converting age and ethnic organization structure of the populace and half of is because of the rising occurrence of weight problems. Cho, (2018)

CAUSES & RISK FACTORS OF DIABETES

Family history Being overweight.

Having high blood pressure.

Having low HDL cholesterol

Being physically inactive.

Being age 45 or older.

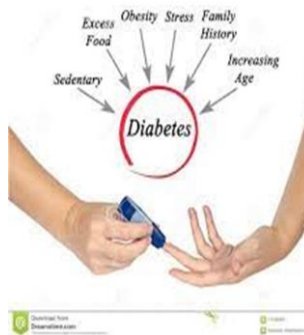
Having gestational diabetes

Exposure to illnesses

Being a smoker

history of heart disease or stroke

Presence of autoantibodies. Kymberly(2010)



vulnerable groups

- Poor Financial/ Socioeconomic status
- Poor maternal nutrition
- Poor access to health care
- Being uneducated and unemployed people
- Being over 25 years of age

control

- Healthy eating .
- Take Notes.
- Quit Smoking.
- Cut Back on Alcohol.
- Exercise.
- Eat a Well-Balanced Diet.
- Reduce Stress

Roles of Agencies and Impact on Diabetes (world Health Organization)



WHO is a united business enterprise that connects nations, companions, and those to promote health, keep the world safe, and shield the prone so that everybody, anywhere can achieve the best degree of fitness. It became based in 1948. The number of humans with diabetes rose from 108 million in 1980 to 422 million in 2014. Prevalence has been rising more unexpectedly in low- and centre-earnings countries than in high-income international locations. (WHO 2021)

Implementations and effective measures.

- To provide guidelines for the prevention of noncommunicable diseases including diabetes
- Develops standards and norms for diabetes care
- Raise awareness about the global diabetes epidemic by commemorating World Diabetes Day (November 14)
- Conducts diabetes and risk factor surveillance.

The World Health Organization (WHO) is a united international locations specialized frame tasked with acting because the worlds directing and coordinating authority on human health troubles. It oversees putting the worldwide fitness studies agenda, establishing norms and requirements, articulating proof-based totally coverage alternative, offering technical assistance to international locations, and tracking and assessing fitness traits. Type 2 diabetes has emerge as much greater not unusual in nations of all profits ranges during the last 3 decades. Access to cheap diabetes remedy, which includes insulin, is crucial for person with the sicknesses survival. By 2025, a worldwide agreement has been reached to halt the upward push in diabetes and weight problems.

The WHO international diabetes document presents an outline of the diabetes burden, to be had diabetes prevention and control interventions, as well as suggestions for governments, humans, civil society, and the industrial zone. The world Health Organisation (WHO) brought the Global Diabetes Compact in April 2021, a international challenge geared toward long-time period upgrades in diabetes prevention and care, with a special awareness on low- and middle-income nations. The compact brings collectively country wide

governments, private sector entities, UN businesses, academic establishments, nongovernmental establishments, and philanthropic foundations, as well as human beings dwelling with diabetes and global donors, to work toward a commonplace aim of lowering diabetes threat and ensuring every body that is recognized with diabetes have, comprehensive, equitable, low-priced and incredible care and treatment. The World Health Assembly exceeded a decision in May 2021 aimed toward enhancing diabetes prevention and manipulate. It requires movement in regions which includes increasing insulin get right of entry to, promoting regulatory convergence and harmonisation for insulin and different diabetes drugs and fitness merchandise, and figuring out the feasibility and ability usefulness of making an internet-based totally tool to talk records approximately marketplace transparency for diabetic drugs and fitness products.

NHS England

Health and Social Care Act 2012, it's far responsible for overseeing the price range, making plans, shipping, and everyday operations of the commissioning facet of the National Health Service in England. It hires preferred practitioners, dentists, optometrists, and some speciality services directly from the NHS. In England , 2.7 million humans had been recognised with diabetes, a parent this is growing at a rate of approximately 5% according to yr. Type 1 diabetes impacts approximately 10% of those who have been recognized with diabetes, (NHS, 2014).

- Diabetes is a major motive of untimely mortality with over 22,000 deaths a year
- Double the threat of cardiovascular sickness
 - Most not unusual motive for stop stage kidney and blindness
 - Up to a one hundred humans a week have limb amputated
- 42.5 million items have been prescribed to deal with diabetes in 2012/13 and £764 million spent on pills treatment.

The quality of NHS services for persons with or at risk of diabetes has increased in recent years, and as a result, health and care outcomes have improved as well. According to the latest Global Burden of Disease study 2010, the united kingdom had the lowest rates of diabetes-related early death among the 19 wealthy countries studied.

NHS England

The government measures the quality of care in 5 regions:

- Preventing human beings from loss of life early
- Enhanced fine of life for people with lengthy-time period conditions
- Helping humans recover following episodes of ill health or following damage
- Ensuring that people have a high-quality level of care
- Treating and caring for humans in a safe surroundings and defending them from harm,,
(NHS, 2014)



To see the sicknesses complications averted or postponed through ensuring that human beings with kind 1 diabetes meet their remedy desires, while individuals with type 2 diabetes are identified early and handled efficiently. If poor health due to diabetes isn't always picked up early and dealt with, it could result in headaches which includes strokes, blindness, heart diseases, kidney failure and amputation. The intention is to peer all of us with an extended-time period disorder have a unmarried holistic, individualised care plan installed and agreed upon in collaboration with their professional crew all through the care-making plans system in the destiny. Diabetes patients are more likely to be admitted to the clinic and live longer than men and women without the sickness. We would love to look fewer emergency hospitalisations and readmissions in diabetic people inside the future, additionally people with diabetes in hospitals to be empowered to well control their diabetes, with get right of entry to to professional care as needed, and to transition easily lower back into the community. To see individualised, included care developed in collaboration with people living with diabetes and brought via a skilled group of workers in each professional and non-expert settings. We need patient and caregivers take part in care choices, receive suitable and established training to assist self-management, and have extra manage and management of their

very own health, care, and remedy. When treating a patient if wrong or inappropriate use can result in patient harm, all affected person should experience the safe treatment they deserve. We need to see all diabetics who use insulin as a remedy get the help they want to utilise it properly, both in and out of the hospital, and all diabetic pregnant girls get the help they need to preserve their infants safe.

conclusion

In these report we choose diabetes has our public health issue and investigate on the roles of different policies and the impact on the users of health and social care and we also identify the geographical distribution of diabetes we investigate the causes ,risk how it spread and how it should be control by looking into different organisation locally, internationally and nationally to help prevent the people. Diabetes imposes a massive burden on society within the shape of higher clinical costs, misplaced productiveness, premature mortality, and intangible expenses in the form of reduced satisfactory of existence. Ensuring that people have a superb experience of care and to treating and caring for humans in a secure environment and defending them from harm.

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