

MIDLANDS ENGINE

TACKLING SOARING DIABETES RATES IS AN URGENT ISSUE FOR PERSONAL HEALTH AND THE MIDLANDS ECONOMY

Written, funded and distributed by Novo Nordisk in collaboration with Midlands Engine and Midlands Health Alliance, the *Diabetes Blueprint* is an innovative report that explores persisting health inequalities, and in particular the high rates of diabetes across the Midlands where one in thirteen adults has received a diagnosis, the highest of any region in England.

We spoke to former Midlands MP, Tom Watson, about his personal experience of type 2 diabetes - and the urgent need in our region and country to improve diabetes cause and control, for both individual and economic wellbeing:

A type 2 diabetes diagnosis is deeply personal. For most, it marks a life-changing moment which brings with it immeasurable disruption, fear and uncertainty. But every type 2 diagnosis also brings with it taxpayer and productivity issues, presenting a huge drain on economic productivity and NHS funding.

Improving diabetes control could lead to around £1.795 billion productivity gains across the UK, with the Midlands Engine Observatory estimating that this could represent £269.25 million savings in the Midlands. This is an opportunity we can't afford not to capitalise on, but it is only possible if we get the right care to people and make them well again.

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Roughly 90% of those with diabetes in the UK have type 2. Current figures show that's 4.4 million people, all at a higher risk of suffering a heart attack, sight loss, a lower limb amputation or a stroke, due to a preventable but incurable disease.



Type 2 tends to start gradually, usually later in life, and it can be years before its identified and addressed. At the time of diagnosis, it can be easy to feel solely responsible for the outcome - your doctor will discuss diet, the amount of sugar you're eating, the levels of exercise you regularly engage in and so on. And it is true that the aforementioned lifestyle choices do impact your likelihood of developing diabetes and wider health risks.

However, it is also true that pre-determined social factors play a huge role in the health of our communities and therefore the resilience of our economy. These are things outside an individual's control that multiply their risk and shine a brutal light on the deeply entrenched health inequalities we face across the UK.

For example, people of African-Caribbean, Black African or South Asian descent are two to four times more likely to develop type 2 diabetes than others. The equality of our society and the environment where individuals live, again pre-determined and beyond the control of the individual, also impact on the risk of developing type 2 diabetes. Poorer people, who have less control over lifestyle choices such as the foods they can afford to buy are more likely to be overweight or obese - research shows that obesity is the single greatest risk factor associated with the development of type 2 diabetes, and accounts for 80-85% of someone's risk of developing the condition. The system is therefore stacked against them.

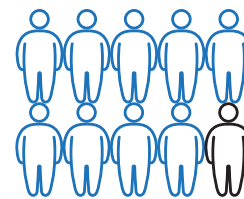
Where I'm from in the Midlands, and where I served as an MP for 18 years, we've become used to these social and economic factors affecting our region's health. We have above average diabetes rates, lower than average life expectancy, and suffered increased mortality rates throughout the pandemic. It is a shocking truth that the quality of your life, your predisposal to developing health complications such as diabetes, and the length of your life are all defined by where you live, your income and your family history.

Successive governments have attempted, and failed, to address this issue through national schemes and national targets. Efforts to more clearly display sugar content on food packaging and to educate the population on the impact of their diet on their health are all welcome, but we must see an innovative and bespoke approach to tackling the diabetes epidemic which accounts for the specific regional and community risk factors we're already aware of.

A report published by Diabetic Medicine in 2021 projected that the NHS's annual spending on diabetes will increase from **£9.8bn** to **£16.9bn** over the next 25 years, a rise that means **the NHS would be spending 17% of its entire budget on the condition.**

Shocking as this forecast is, it only details the direct cost of treating the disease. In reality, the UK economy is already plagued and weighed down by the effects of diabetes. Absenteeism, prolonged sickness leave, productivity drops, and general sluggishness are all direct results of both suffering with type 2 diabetes, and the lifestyle choices which

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can put someone at greater risk of developing the condition. I know from my own diagnosis that once

I began to cut high sugar foods from my diet, it was infinitely easier to concentrate, to do a full day's work without nodding off in meetings (on the whole and dependent on who with), and to feel in general more alert.

So if poorer communities are more likely to develop diabetes, and as a result their local economies and personal finances are negatively impacted, how do we break the cycle?

Education and collaboration sit at the centre of this debate. The one size fits all approach of telling every man and woman in the UK that they have a specific number of calories, grams of sugar and pieces of fruit they should eat each day has failed. We need community based, local approaches to understanding the individual requirements of at-risk communities and subtle methods of working in collaboration to land these messages.

This of course requires investment and at a time when the Government's purse is understandably stitched tight. But as with the debate on the climate and the wider levelling up agenda, now is the time to be investing in solutions to the problems we face which in turn act as a barrier to prosperity and growth.

A productivity gain of **£1.795bn** across the UK and **£269.25m** in the Midlands alone could be transformational. It would unleash the untapped potential of communities whose health needs are a constant blocker to their productivity, and it would increase living standards and life expectancies for some of our most vulnerable communities.

If we allow this issue to persist unchecked we will be paying for our lack of action for generations to come.

This article was written by Tom Watson and has been published by the Midlands Engine.