HEALTH AND WELLBEING BOARD

05 NOVEMBER 2013

Title: Diabetes Scrutiny: Update on Delivering the Recommendations	
Report of the Corporate Director of Adult & Community Services	
Open Report	For Decision
Wards Affected: NONE	Key Decision: NO
Report Author:	Contact Details:
Dr Sue Levi, Consultant in Public Health Medicine	Tel: 020 8227 5343
	Email: sue.levi@lbbd.gov.uk

Sponsor:

Anne Bristow, Corporate Director of Adult & Community Services

Summary:

Between July 2012 and March 2013 the Health and Adult Services Select Committee carried out themed investigations into the management of diabetes locally in response to user dissatisfaction with aspects of the service and a perception of high levels of complications and ill health associated with the disease.

The full review can be found at:

 $\frac{http://modgov/documents/s68507/FINAL\%20DRAFT\%20Diabetes\%20Scrutiny\%20Repor}{t\%2005\%2004\%2013.pdf}$

Appendix A is the Diabetes Action Plan Progress Report – from Health & Adult Services Select Committee (November 2013). This Action Plan translated the aspirations of the Select Committee Scrutiny Review into potentially deliverable actions. This is now the update of progress so far.

Recommendation(s)

The Health and Wellbeing Board is recommended to

- 1) Agree that the Action Plan is progressing.
- 2) Discuss if any agencies represented can accelerate any areas.
- 3) Allow the ongoing monitoring of the Diabetes Action Plan to be performed by either the Integrated Care sub-group or the Public Health Programmes sub-group.
- 4) Agree that there will be a year end summary in February 2014 that will be delivered to the HASSC.

1 Introduction

- 1.1 Between July 2012 and March 2013 the Health and Adult Services Select Committee carried out themed investigations into the management of diabetes locally in response to user dissatisfaction with aspects of the service and a perception of high levels of complications and ill health associated with the disease.
- 1.2 The Health and Adult Services Select Committee produced ten recommendations for actions. These recommendations were converted into an action plan which became current in May 2013.
- 1.3 The key recommendations are around:
 - Examining the needs of people living with diabetes;
 - Improving the early diagnosis of diabetes;
 - Improving patient understanding, knowledge and compliance;
 - Improving the frequency and quality of annual (diabetic) health checks;
 - Diabetes pathway analysis, redesign and improvement;
- 1.4 Six months have now elapsed since the initial action plan was agreed at the Health and Wellbeing Board. This document shows how the work is progressing.

2 Progress and Problems

- 2.1 All agencies have engaged with the process and progress is being made. There have been some notable achievements:
- 2.2 A diabetes patient booklet has been produced and distributed to practices and community services to share with all diabetic patients/carers this was achieved by cooperation between Public Health and the Clinical Commissioning Group.
- 2.3 Over one hundred people with no symptoms have had diabetes detected via the NHS Health Check programme.
- 2.4 The CCG has secured funding to provide diabetes training for GPs, practice nurses and healthcare assistants.
- 2.5 The CCG has defined a route to influence primary care improvement via a cluster model.
- 2.6 The Quality & Outcomes Framework contract with primary care has been altered so that the nine standard monitoring tests in diabetes should be performed each 12 months and the threshold for the highest level of performance has been elevated. This should markedly improve performance.
- 2.7 The three borough CCGs Redbridge, Havering and Barking and Dagenham have started collaborative work around diabetes and are planning to work on pathway redesign/improvement.

3 **Summary**

- 3.1 There has been some good early collaborative to improve diabetes care.
- 3.2 Some useful, high profile improvements have occurred.
- 3.3 This remains an early stage and, with some of the entrenched diabetes problems, long term work and planning will be required.

4 Mandatory Implications

4.1 Health & Wellbeing Strategy

This document compliments the Health & Wellbeing strategy especially around integration of care and the disease prevention agenda.

4.3 Integration

To deliver the Diabetes Scrutiny Review Action Plan, a high level of collaboration will be required. Informants tell of disjointed services. Effective delivery of this Action Plan should promote integration within and across services.

4.4 Financial Implications

At the point of writing this report, the financial implications of the Diabetes Action Plan are not quantified. However any financial implications will have to be contained within council core funding or the ring fenced Public Health grant.

(Dawn Calvert, Group Manager Finance, LBBD (written in April 2013).

4.5 Legal Implications

There are no specific legal implications that arise from this report.

(Implications completed by: Shahnaz Patel, Senior Lawyer, Legal Services, LBBD (completed in April 2013).

5 Appendix A

Diabetes Action Plan – November 2013.