**Title:** Diabetes Scrutiny – Review of Action Plan

**Report of the Corporate Director of Adult & Community Services**

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<th>Open Report</th>
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<td><strong>Wards Affected:</strong> NONE</td>
<td><strong>Key Decision:</strong> NO</td>
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**Summary:**
Between July 2012 and March 2013 the Health and Adult Services Select Committee (HASSC) carried out an in-depth scrutiny review 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 final report was agreed by the HASSC at its meeting on 17 April 2013.

The full review can be found at:

The findings and recommendations were presented to the Health and Wellbeing Board on 04 June 2013. In response to the review the Board agreed an action plan to implement the recommendations, delegated the delivery of that action plan to the Public Health Programmes Board, and agreed the process by which progress will be reported to the Board and back to the Select Committee as part of the monitoring of recommendations.

This report and the action plan set out in Appendix A is the first monitoring update to the HASSC on the implementation of its recommendations which details progress after six months. Members should note that the Action Plan is being reviewed by the Health and Wellbeing Board at its meeting on 05 November 2013, and the information contained in this report is a substantially similar summary of progress. The comments from the Board will be verbally reported to the HASSC at their meeting.
Recommendation(s)
The Health and Adult Services Select Committee is recommended to
1) Scrutinise the Action Plan and comment on the progress of implementation
2) Schedule a further update on implementation of the recommendations in roughly six months time.

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 Albeit with a slow start, all agencies are now engaging with the process, and progress is being made.

2.2 There have been some notable achievements:
- 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.
- Over one hundred people with no symptoms have had diabetes detected via the NHS Health Check programme.
- The CCG has secured funding to provide diabetes training for GPs, practice nurses and healthcare assistants.
• The CCG has defined a route to influence primary care improvement via a cluster model.

• 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.

• The three borough CCGs – Redbridge, Havering and Barking and Dagenham – have started collaborative work around diabetes and are planning to work on pathway re-design/improvement.

2.3 One of the areas not to have progressed as much is around understanding the differing outcomes between Barking & Dagenham and South West Essex for what are substantially similar service models. This exploration has moved into considering the impact of primary care provision alongside the integrated service, and measures are being finalised which would help with the comparative evaluation.

2.4 However, this remains an early stage and, with some of the entrenched diabetes problems, long term work and planning will be required.

3 List of Appendices