

## **Committee: Health and Wellbeing Board**

**Date: 26 June 2018**

Wards: ALL

### **Subject: Tackling Diabetes.**

Lead officer: Dr Dagmar Zeuner, Director of Public Health & Dr Andrew Murray, Chair MCCG.

Lead member: Councillor Tobin Byers, Cabinet Member for Adult Social Care and Health.

Contact officer: Barry Causer, Public Health Head of Strategic Commissioning & Josh Potter, Director of Commissioning, MCCG.

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#### **Recommendations:**

##### **The Health and Wellbeing Board is asked to:**

- A. Discuss and endorse the findings of the Diabetes Truth programme.
- B. Consider the proposed approach to tackling diabetes, including the continued engagement of communities and the development of a Diabetes Strategic Framework.
- C. Consider and agree (in principle) to support the launch of the Merton Mile, as part of the promotion of healthy living and as a celebration of community assets in Merton.

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## **1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

- 1.1. The purpose of this report is to share the findings of the Diabetes Truth programme, for endorsement by the HWB, and to propose an iterative approach to tackling diabetes that continues to engage with clinicians, the community and local residents who are at risk of, living with or caring for someone with diabetes.

## **2 BACKGROUND**

- 2.1. Diabetes is an area where the traditional 'medical model' centred on specialist and hospital based care has been unable to curb the rise in diabetes cases, serious complications and spiralling costs, and despite evidence-based guidelines there remains considerable variation in hospital, primary and community services, and patient outcomes.
- 2.2. It is clear that just knowing the causes and risks of diabetes is not enough to change behaviour; healthy choices need to be easier choices through the right cues and support in the environment, workplaces and in our day to day lives.
- 2.3. In recognition of this, the Health and Wellbeing Board, in June 2017, agreed to adopt a whole system approach to tackling diabetes across the life course. Rather than a focusing on diabetes as a specific disease, the aim of the approach is to use it as an exemplar for a whole system preventative approach because it lends itself to clinical, non-clinical and prevention approaches.

### 3 DETAILS

- 3.1. Findings of the Diabetes Truth Programme.
- 3.2. The Diabetes Truth Programme took place between January and March 2018. It connected the HWB members with Expert Witnesses who have a lived experience of diabetes; bringing to life the challenges that residents face on a day to day basis and identify areas that the HWB can focus on.
- 3.3. The findings of the programme were very rich and cover three areas: specific lessons about improving diabetes prevention and care; generalizable lessons about other long-term conditions; and lessons for the board about ways of working with the community we serve.
- 3.4. The report (see appendix 1) sets out the Expert Witnesses' stories and details the key findings. Some of the key messages are summarised below
  - a) Type 1 diabetes is different to Type 2 – when focussing on 'diabetes' we need to be aware of, and do justice to, both types; making sure we connect the communities of each and to share learning as there is a lot of expertise and self-help available.
  - b) Type 1 and Type 2 Diabetes are not just physical illnesses – they require an explicit focus on emotional and mental health resilience and support.
  - c) We need to communicate and educate better about food. This is both culturally and socially important. Food's purpose is fuel but it is also a pleasure and there are confusing messages and uncertainty about what is good and bad, healthy and unhealthy.
  - d) Our food choices are influenced by factors in our environment such as advertising and availability of fast food, and there are also issues around understanding e.g. portion size and food labels.
  - e) There is plenty of information out there about diabetes but people do not always engage with it. People feel the plethora of advice can be confusing. We need to make better connection between those who produce the information, those that distribute it and those who need to use it.
  - f) Physical activity is good for us in many ways and brings people together, but it can be difficult to make the time. We need to promote our assets such as parks and open spaces and find ways to build activity into our everyday lives.
  - g) Peer to peer activity and community support has a huge role to play; we need to learn from those who have experience. This support can be face to face and/or online.
  - h) Pressures relating to lifestyle, working hours, lack of sleep mean that just knowing the causes and risks of diabetes is not enough to change behaviour. Instead healthier choices need to become easier choices through the right cues and support in our environment, workplaces and in our day to day lives.
- 3.5. The findings of the report, and the learning by the HWB about their leadership role in tackling 'complex' issues, will inform a number of key work streams and priorities of the HWB. These include the refresh of the Health and Wellbeing Strategy and The Local Health and Care Plan and three specific

priorities of the HWB; the next phase of the Wilson, the on-going work to tackle childhood obesity and the delivery of social prescribing at scale.

- 3.6. We have shared the Diabetes Truth Programme report with the Expert Witnesses and some have expressed an interest in continuing the conversation. This should be welcomed and will be actively pursued in the next stage of the approach to tackle diabetes.
- 3.7. Health and Wellbeing Board members are now asked to discuss and adopt the report, consider how they can amplify the findings of the programme and support the on-going engagement of the community and stakeholders through a series of feedback sessions and mini-conversations (see 3.9.2).

Approach to developing a Strategic Framework to tackle diabetes.

- 3.8. The Strategic Framework will cover four facets of a whole system approach to diabetes as set out below.

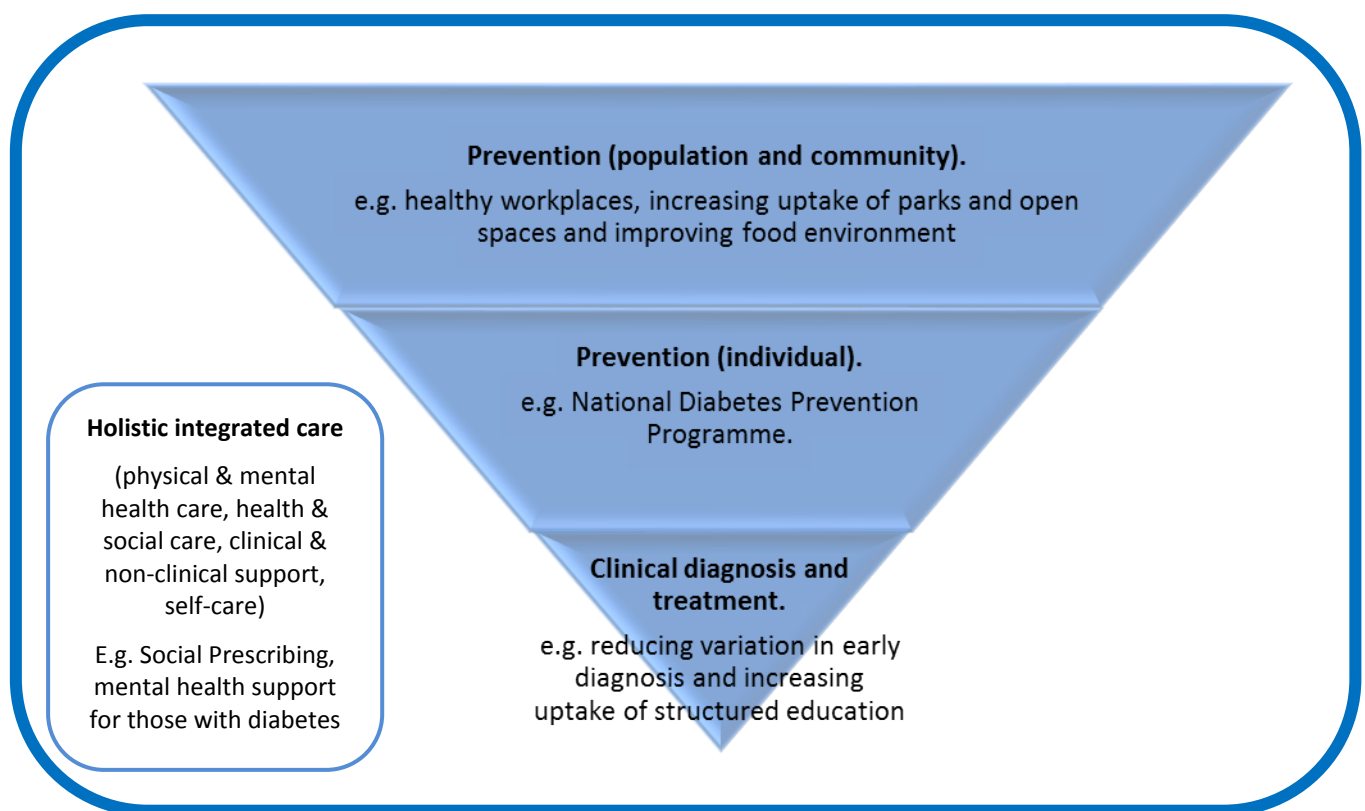


Figure 1 – key facets of tackling diabetes.

- 3.9. It is proposed that the framework will be developed over the next three months, using an iterative process and will be informed by-
  - 3.9.1 The findings of the Diabetes Truth Programme (see 3.1 and appendix one).
  - 3.9.2 A series of feedback sessions and mini-conversations that will seek to amplify and build upon the findings of the Diabetes Truth programme. These conversations, delivered alongside our Diabetes Truth Expert Witnesses, will be widely promoted to residents, communities and key stakeholders and link to the thematic workshops delivered as part of the refresh of the HWBS (Start Well, Live Well and Age Well...in a healthy place).
  - 3.9.3 Our Clinical Leadership, who discussed the Prevention Framework (see appendix 2) at their Clinical Reference Group (CRG) meeting in June 2017 and have initiated six monthly Diabetes Summits.

(i) The discussion at the CRG meeting on the Prevention Framework had a particular focus on the personal prevention offer. The group proposed ways that the diabetes prevention offer could be modernised, be better integrated with local healthy lifestyles services; including the mapping of prevention services and identified ways to increase the uptake of structured diabetes education programmes (DAFNE for Type 1 and Desmond for Type 2).

(ii) The first of the Diabetes Summits, held in March 2018, brought together Merton and Wandsworth Clinical Commissioning Groups (with colleagues in Public Health) to discuss and agree key themes and actions that we can work together on to tackle diabetes. The first summit identified a number of areas for potential joint work e.g. the alignment of IAPT and mental health services with diabetes services but also acknowledged that the boroughs are distinct areas and there will be programmes of work that it makes sense to continue to work separately on. The next summit is planned for September 2018.

- 3.10. There has also been a proposal for a joint Scrutiny review by the Sustainable Communities and Healthier Communities and Older People Overview and Scrutiny Panels on Diabetes prevention. Although details are still to be confirmed, the focus could be on how the Council's place based services, such as its leisure centres and parks, can be used to support residents to lead healthy lifestyles to either prevent or better manage diabetes.
- 3.11. We will not create additional governance structures for the development and implementation of the diabetes framework, but will instead use existing arrangements. It is therefore proposed that the day to day management of the Strategic Framework is led by the LDU Diabetes Steering Group, which reports to the CCG's Planned Care Operations Board. Oversight of the framework will be by the Merton Health and Care Together Board and then ultimately the HWB.

#### Promotion of healthy lifestyles

- 3.12. We are keen to support HWB members to take part in healthy activity in the community and at the same time promote and increase the use of community assets e.g. parks, open spaces, community libraries and leisure centres.
- 3.13. As part of this we propose to celebrate the launch of the "Merton Mile", which has been developed as a result of the tackling children's obesity work led by the HWB. This physically marks an accessible route, approximately a mile long, in Figge's Marsh park and will encourage children, families and adults to be more physically active. As well as the sign-posted route, the project will include signage that provides clear advice and tips on how to increase physical activity levels.
- 3.14. Expected to be completed late August, it is proposed that a launch event will be held, in partnership with the Merton Schools Sports Partnership, to raise the profile of the project and promote its use by the children, families and communities around Figge's Marsh.
- 3.15. We would welcome support from the HWB on the launch; which will extend invitations to the Expert Witnesses and previous HWBB members who were part of the Diabetes Truth programme.

Not to develop a strategic framework to tackle diabetes.

Not to work with HWB and communities to better understand diabetes.

## **5 CONSULTATION UNDERTAKEN OR PROPOSED**

TBC

## **6 TIMETABLE**

*Table 1: Proposed for development of Strategic Framework for WSA to Diabetes*

<b>Activity</b>	<b>Date</b>
Discussion of approach at HWB	26 June 2018
Mini Conversations.	July, August & September 2018
Diabetes Summit (meeting two)	September 2018
CCG Commissioning Intentions	End of September 2018
Draft Strategic Framework for Diabetes	October 2018
Implementation of a Whole System Approach	Iterative and ongoing

## **7 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS**

None

## **8 LEGAL AND STATUTORY IMPLICATIONS**

None

## **9 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS**

The Strategic Framework is specifically aimed at tackling health inequalities.

## **10 CRIME AND DISORDER IMPLICATIONS**

None

## **11 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**

None

## **12 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT**

12.1. APPENDIX 1: Diabetes Truth Programme report.

12.2. APPENDIX 2: The Prevention Framework.

## **13 BACKGROUND PAPERS**

13.1. HWB paper (28 November 2017) Diabetes Strategic Framework (Whole System Approach)

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