Agenda item 8(a)(ii)

Health and Wellbeing Board

7 December 2015

Diabetes Task and Finish Group

1. Purpose

This report is to update the Health and Wellbeing Board on the progress of the Group.

2. Recommendations

2.1 That the Diabetes Task and Finish Group incorporate the Health and Wellbeing Board representatives to form one Diabetes Task and Finish Group to provide a joined up approach for improvement of the health outcomes for Walsall residents.

2.2 That new Terms of Reference be developed to reflect the short term joint working approach.

2.3 That the representatives from Health and Well-being Board, acting as diabetes champions, will update the Diabetes Task and Finish Group on local intelligence at each meeting.

3. Report detail

3.1 The Health and Wellbeing Board identified two priority areas for 2015/16, these were; Diabetes and Infant Mortality. The Board instructed that two Task and Finish groups be established. The purpose being to bring together key members of the Health and Wellbeing Board, commissioners, providers and other stakeholders to consider these health and wellbeing issues. The new joint Diabetes Task and Finish group is supported by the NHS Walsall Clinical Commissioning Group (CCG) and Accountable Officer Salma Ali for a twelve month period.

3.2 The original Diabetes Task and Finish group was established by NHS Walsall Clinical Commissioning Group (CCG) to undertake specific tasks as designated by the Primary Care and Community Programme Board within agreed timescales in order to ensure strategic responsibility designated to the group are appropriately discharged.

3.3 The Diabetes Task and Finish group is responsible for performing the below tasks:

Description of Task	Output	Deadline for Completion
Implementation of Diabetes Hypo Alert Community Model jointly with WMAS and supported by Diabetes UK	*Regional Community Model and evidence of associated reduction in emergency attendances*	*March 2016*
Regional working group to finalise patient assessment and information leaflet	*Hypo Alert Patient Assessment Leaflet*	March 2016
Review of Patient Educational Programmes, adopt and commission the preferred options related to the offer of a suite of educational programmes.	*Roll out of XPOD educational programme for patients identified as at risk* *Local Educational Programme for Type 2 Diabetes* *Local Educational Programme for Non English Speaking*	*Sept 2015* *June 2015* *June 2015*
Promotion of early diagnosis and 8 care steps (National Diabetes Audit) through the Primary Care Participation Local Incentive Scheme aims to optimise the following; • *Increase the number of diabetic patients foot health check 76% YTD by 15%* • *Increase the % of patients who have an ACR check as part of their annual review* • *Increase the % of patients who have an annual cholesterol assessment reducing the threshold to < 5mmols*	*Optimising patient care through embedded best practice*	*March 2016*
Develop Primary Care Educational Programme to increase primary care awareness of diabetes management and increase number of diabetes level 3 LCS providers	*Primary Care Educational Programme* *Increase the number of patients being managed in primary care who are being initiated insulin*	*March 2016*

3.4 Two Health and Wellbeing Board representatives have been identified; Councillor Mohammed Arif and Councillor Allah Ditta. They were invited to the Diabetes Task and Finish Group 22nd October 2015 to meet the group members. Councillor Mohammed Arif gave his apologies, but will be available to attend the December meeting. Councillor Allah Ditta attended the meeting and contributed to the agenda commenting on how he could support the XPOD Patient Educational programme to be delivered in the Palfrey area.

3.5 The next meeting of the group will take place Thursday 17th December where the group will discuss how they can work together going forward to be able to update

the Health & Wellbeing, Primary Care and Community Programme Boards on the specific tasks the group have agreed to act upon.

3.6 As part of the Primary Care Educational Programme two training events have been organised one took place 25th November 2015 and the other is planned for the end of February 2016. The purpose of these events is to provide up-to-date information on Level 2 Diabetes for General Practitioners (GPs) and Practice Nurses from across Walsall. The November event was well attended with 28 participants from 24 Walsall GP surgeries. The training was led by Dr Andrew Askey Clinical Lead for Diabetes and covered; national diabetes audit and Eight Care processes, diabetic eye screening, structured education and new interactive prescribing guidelines. The February event also aims to cover up-to-date information on foot care guidance and new drugs available for diabetics.

3.7 The Diabetes Community Nurse Team, with support from the Diabetes Task and Finish group and funded by NHS Walsall CCG, has produced the 'Diabetes & Me' Walsall information pack (attached with this report) for distribution to diabetic patients. The pack provides information and advice to help patients manage their condition and reduce the associated risks. In conjunction with this pack NHS Walsall CCG has commissioned an APP for android phones that also offers support for patients. Including information, guidance and tracking of the patient's annual reviews and test results. The Community Nurse Team are developing a promotion process to highlight the value of this resource. It is also hoped to develop this APP for use on Smartphones in the future.

3.8 Dr Sukhpal Gill and NHS Walsall CCG have supported the production of a diabetes programme on the Asian Health Channel Akaal. This is a two part documentary providing information on the condition. The broadcast can be accessed via You Tube and can be used for patient educational purposes: www.youtube.com/playlist?list=PLu79PPeBaA0BB1_1Z8mXtG5-cI60f29Jg

4. Implications for Joint Working arrangements:

4.1 Financial implications: possible risk that opportunities for working in the community, that will need to be funded, are halted due to appropriate funding arrangements to be developed.

4.2 Legal implications: none at this time.

4.3 Other Resource implications: officer support will be provided by NHS Walsall Clinical Commissioning Group (CCG)

5. Health and Wellbeing Priorities:

5.1 To identify and take account of best practice and evidence, including the current Joint Strategic Needs Assessment/Joint Health and Wellbeing Strategy, relevant to the designated tasks.

5.2 As part of Diabetes Patient / Resident Education development consideration will be given to the Joint Strategic Needs Assessment/Joint Health and Wellbeing Strategy priorities:

- Promote emotional wellbeing and encourage people to be more self-reliant
- Ensure staff of local service providers have knowledge and skills to improve the health of their service users
- Encourage ways to involve local people and communities in efforts to improve health
- Help people to find out how to improve their own health
- Ensure employees are trained to give appropriate healthy lifestyles advice and know about available local support, thereby helping people improve their health
- Reduce the life expectancy gap by improving the health of the poorest people, and men in particular
- Reduce emergency admissions to hospital for over 75s and reduce the use of long-term residential care

5.3 Under the Marmot objectives consideration will be given to two key priorities:

- Create and develop healthy and sustainable communities
- Strengthen the role and impact of ill-health prevention

5.4 Safeguarding implications: none at this time

6. Background papers

6.1 'Diabetes & Me' Walsall Information Pack attached with this report

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