

Integrated Care and Wellbeing Scrutiny Panel

10 November 2016

Commenced: 6.00pm

Terminated: 7.25pm

Present: Councillors Peet (Chair), Carley (Deputy Chair), Affleck, Bailey, Bowden, Buglass, Cooper, Fowler, Kinsey, Middleton, Patrick, T Smith, Sweeton, R Welsh, Wills.

Apologies for absence: Councillors P Fitzpatrick, Ryan, Whitehead, Wild.

The Chair opened the meeting and received apologies.

18. MINUTES

The minutes of the meeting of the Integrated Care and Wellbeing Scrutiny Panel held on 15 September 2016 were approved as a correct record.

19. DIABETES IN TAMESIDE

The Panel welcomed Dr Thomas Jones, GP Clinical Lead for Long Term Conditions; Alison Lewin, Deputy Director of Transformation (Tameside and Glossop Single Commission); and Gideon Smith, Public Health Consultant, to receive a presentation and update on the prevalence of diabetes in Tameside and the services that are in place to reduce and prevent it.

The Panel heard that diabetes is the fastest growing health threat in the UK, with over three million people living with it in England alone. The prevalence of Type 2 diabetes has risen from under 5% in 1990 to almost 7.5% by 2000. This rate of increase has been strongly correlated to a continued rise in mean body weight.

Mr Smith added to this by stating that the incidence of diabetes in the UK is nearly three times higher than that of all cancers combined, and that five million people in England are at high risk of developing Type 2 diabetes in addition to those already diagnosed. It was highlighted to the Panel that if current trends persist, one in three people will be obese by 2034 and one in ten will develop Type 2 diabetes.

The Panel was informed that the total cost of diabetes in the UK, for both direct and indirect care, currently stands at £23.7 billion, which equates to 19% of the total annual NHS budget. This figure is projected to rise to £39.8 billion by 2035/36 based on the predicted increase in diabetes.

In 2015/16, a total of 14,595 people aged 17 and over in Tameside and Glossop were diagnosed with diabetes, which is an increase of 4% (552 individuals) from the previous year and 7.5% of the population in this age group. Ms Lewin stated to members that this proportion is comparatively high compared to local authorities across the country.

The Panel heard that there are currently 41 GP Surgeries (approximately 134 GPs and 91 Practice Nurses) across the Tameside and Glossop area. In addition to Primary Care, the Tameside and Glossop Integrated Care Foundation Trust Diabetes Team sees and supports people with diabetes. Although this service sees a smaller proportion of the diabetes population, it often supports those with more aggressive or severe conditions.

Ms Lewin added to this by making the Panel aware of the range of non-medical health and lifestyle improvement providers including Be Well and Active Tameside, which help to

encourage people to make healthier choices in their lives to improve their physical and mental wellbeing. Dr Jones told members that improving the overall health of the general public through healthier eating and more regular exercise is the key to reducing the impacts of diabetes and preventing future cases.

The Panel heard that GPs aim to refer all newly diagnosed patients with diabetes to a structured education programme within 9 months of being entered on to the diabetes register. The aim of these schemes is to improve patients' awareness of diabetes and what steps they can take to reduce the impacts that it has on them. On top of this, GPs also contact diabetes patients once a year to offer them a free annual foot examination.

Ms Lewin informed members that a National Diabetes Audit is commissioned to measure the effectiveness of diabetes healthcare against the National Institute for Health and Care Excellence (NICE) guidelines. No data was collected for the audit in Tameside in 2013/14 or 2014/15, however, there has been a significantly greater emphasis placed on its importance this year, with over 80% participation from Primary and Secondary Care providers to date.

Tameside and Glossop Clinical Commissioning Group (CCG) published its Improvement and Assessment Framework in March 2016, which focuses on six clinical priorities as markers of success to ensure that it is in line with national planning guidance. Diabetes has been included as one of these, reiterating its importance within strategic healthcare planning going forward.

Ms Lewin added to this by informing members that the Strategic Clinical Network of NHS England has set out its plans for work with local commissioners and local service leads in 2016/17, which include:

- Increasing participation in the National Diabetes Audit to develop a greater understanding of local health and the potential demand on health services.
- Identifying and managing people eligible for the National Diabetes Prevention Programme.
- Improving patient data/information collection to ensure that it meets the minimum criteria outlined for Greater Manchester.
- Improving attendance rates at local structured education programmes and reviewing the local outcomes to inform future plans and strategies.
- Exploring models to improve the management of diabetic foot and peripheral arterial disease in the community.

Diabetes care is also included within the Care Together integration agenda, which will put a greater focus on preventing diabetes through healthier lifestyles, and reducing its severity by educating people to self-care, improving attendance at education programmes, and ensuring patients are attending appointments.

Ms Lewin advised members that the integration agenda will also be helping to introduce five Integrated Neighbourhoods (Ashton, Denton, Glossop, Hyde, Stalybridge) that will provide more localised access to GPs, District Nursing, Adult Social Care, Third Sector services, Community Pharmacies and other self-care services. These locality teams will work with specialist diabetes resources to ensure that the right specialist input, training and education is being delivered at the most appropriate time.

The Panel asked if there are any extensive education/training courses provided to people with diabetes to improve their knowledge and ability to self-care.

Ms Lewin made members aware of the DAFNE (Dose Adjustment for Normal Eating) Course for people with Type 1 diabetes, and DESMOND (Diabetes Education and Self-Management for Ongoing and Newly Diagnosed) Course for people with Type 2 diabetes. The courses are a week-long and provide diabetes patients with improved knowledge and awareness of the condition and how to better manage its impacts.

The Panel asked how healthcare providers can ensure that all people diagnosed with diabetes can access the information from the DAFNE and DESMOND courses, despite the long waiting lists and high costs associated with running the sessions.

Ms Lewin advised the Panel that in order to meet the growing demand for these courses, Practice Nurses are attending the sessions to allow them to relay the information to a wider number of diabetes patients that they see.

The Panel asked what the main factors are that are driving the upward trend in Type 2 diabetes.

Dr Jones answered this question by advising the Panel that diabetes is strongly, but not exclusively, linked to weight gain. A rise in the number of people living unhealthier lifestyles due to more sedentary jobs, exercising less and eating foods that are higher in refined sugar are the key drivers to increased levels of diabetes.

The Panel asked if diabetes service providers are working with mental health providers to ensure a holistic, well-rounded approach to supporting patients.

Mr Smith advised the Panel that sometimes people with serious and/or long-term conditions like diabetes can feel low or depressed, and can develop barriers preventing them from wanting to look after themselves. Healthcare providers in Tameside and Glossop are working with mental health services to ensure that a robust support service is provided to those suffering with mental health difficulties alongside other conditions.

The Panel asked for additional information relating to the annual spending on diabetes services in Tameside and Glossop.

Ms Lewin informed the Panel that this information would be compiled and shared with the Panel following the meeting.

RESOLVED:

(1) That Mr Jones, Ms Lewin and Mr Smith be thanked for attending the meeting.

(2) That responses to information requests be circulated to the Panel.

20. UPDATE ON CURRENT REVIEW

The Chair updated panel members on the progress of the review of Carers in Tameside, advising that the working group had met with Tameside Carers Action Group to gain a better understanding of how it supports current and ex-carers. The Panel heard that the working group is due to have its final meeting of the review on Monday 14 November.

RESOLVED: That the final report be circulated to the Panel once finalised.

21. NEW REVIEW TOPIC

The Panel agreed to select Admission Avoidance as the next review topic from the Annual Work Programme for 2016/17.

22. ESTABLISHMENT OF WORKING GROUP

The Chair invited the Panel members to express an interest in joining the new working group for the review of Admission Avoidance.

RESOLVED:

(1) That Councillors Peet (Chair), Cartey (Deputy Chair), Affleck, Bailey, Cooper, Kinsey, Sweeton and Whitehead will be joining the new working group.

(2) That the details of future working group meetings be circulated to the members by email and as an electronic calendar invitation.

23. DATE OF NEXT MEETING

The Chair informed Panel members that the next meeting of the Integrated Care and Wellbeing Scrutiny Panel will take place on Thursday 12 January 2017.

24. URGENT ITEMS

The Chair reported that there were no urgent items for consideration at this meeting.

CHAIR