



Report and recommendations arising from
the task group review of 'Preventing
Diabetes in the South Asian Community'

September 2016

Task Group Membership;

Councillor Brian Lewis Lavender, Chairman.
Councillor Suzanne Grocott
Councillor Abdul Latif
Councillor Sally Kenny
Councillor Marsie Skeete
Councillor Joan Henry
Councillor Brenda Fraser
Mr Saleem Sheikh

Who the task group met with;

- Commissioner and Service Improvement Manager for Planned Care, Merton Clinical Commissioning Group
- Senior Commissioning Manager
- Local GP's
- Assistant Director and Consultant in Public Health, Merton Public Health Team
- Diabetes UK, South West London Branch
- Merton Joint Consultative Committee for Ethnic Minorities
- Dr Ponnusamy Saravanan, South Asian Health Foundation
- Merton Asian Elderly, community organisation.
- Chief Executive, Merton Voluntary Sector Council

FOREWORD by the Chair, Councillor Brian Lewis-Lavender

When considering which subject to tackle for the Scrutiny Task last year, Diabetes came to the forefront as a growing problem facing the NHS. (Costing £36,000,000 per day¹)

More research showed that this condition in the South Asian Community was five times more prevalent than with white Europeans.

10% of diabetes sufferers have Type 1 Diabetes which is incurable, **but** 80% have Type 2 Diabetes which in most cases is preventable.

It was obvious to the group that prevention of Type 2 diabetes should be our focus.

The following report highlights the growing cost of diabetes and the other serious conditions that can develop as a result of this illness.

It was a difficult decision for the Task Group to select one ethnic community, but it was felt that a major improvement in the Prevention of Diabetes in this community was achievable.

I would like to thank the task group members our Scrutiny Officer, as well as the groups that we met for their valuable input to this report.

¹ Source: Diabetes UK.

Draft Recommendations

1. Public Health and Merton Clinical Commissioning Group (MCCG) to consider ways to ensure the equitable take-up of the National Diabetes Prevention Programme within the South Asian Community.
2. Public Health and MCCG to ensure that the new Lifestyle Service is culturally appropriate and effectively engages South Asian Communities.
3. Public Health to review projects within the East Merton model and consider if they are culturally appropriate.
4. Public Health and MCCG to find sensitive and appropriate ways to ensure South Asian expectant mothers are aware of the increased risk of Type 2 diabetes.
5. Public Health and MCCG to consider ways to ensure the equitable take-up of the NHS health check amongst the South Asian Community.
6. Merton Voluntary Sector Council (MVSC), MCCG and Public Health to review the services provided to the South Asian Community by the existing voluntary and community organisations (for example faith groups) and consider how these charities can work together, pool their resources, and provide consistent messages on diabetes care and raise awareness.

Introduction

1. Overview and scrutiny task groups provide an opportunity to develop an in-depth councillor led perspective on a local problem. Councillors can draw upon their knowledge of the area and the concerns of residents. They therefore bring a fresh insight and offer practical solutions to enhance services for local people.
2. This review will focus on preventing diabetes to improve the quality of life for residents and reduce the burden on NHS services. Diabetes mellitus is a common life-long health condition. It is caused when the amount of glucose in the blood is too high because the body cannot use it properly. This is because the pancreas doesn't produce any insulin, or not enough insulin, to help glucose enter the body's cells – or the insulin that is produced does not work properly (known as insulin resistance). If left untreated or poorly controlled, diabetes can lead to serious health problems, from limb amputations, blindness and kidney failure and a greater risk of cardiovascular disease, heart attack and stroke.
3. The task group has chosen to focus on Type 2 diabetes; where the body can still make insulin, but not enough, or the insulin it does produce does not work properly. Around 90% of adults with diabetes have Type 2. A number of factors can lead to people being at risk of developing Type 2 diabetes; this includes, family history, age and those within some ethnic groups. The risk is exacerbated by lifestyle factors such as obesity, poor diet and an inactive lifestyle. Therefore maintaining a healthy weight, regular exercise can, in some cases prevent the condition or can control the symptoms that can prevent further complications. Local authorities through their public health teams and working with health and voluntary sector partners can play a central role in helping to promote healthy lifestyles and greater awareness of the risks.
4. Support for people in the South Asian Community will be the focus of this review as they are up to six times more likely to be diagnosed with diabetes than people of white ethnicity. This group are also more likely to experience complications from the condition at a younger age.
5. This review was inspired by the Greater London Assembly report 'Blood Sugar Rush' Diabetes Time bomb in London². The report highlighted that more and more people are contracting Type 2 diabetes; largely due to rising obesity and the increase in ethnic diversity in London. This has led to an

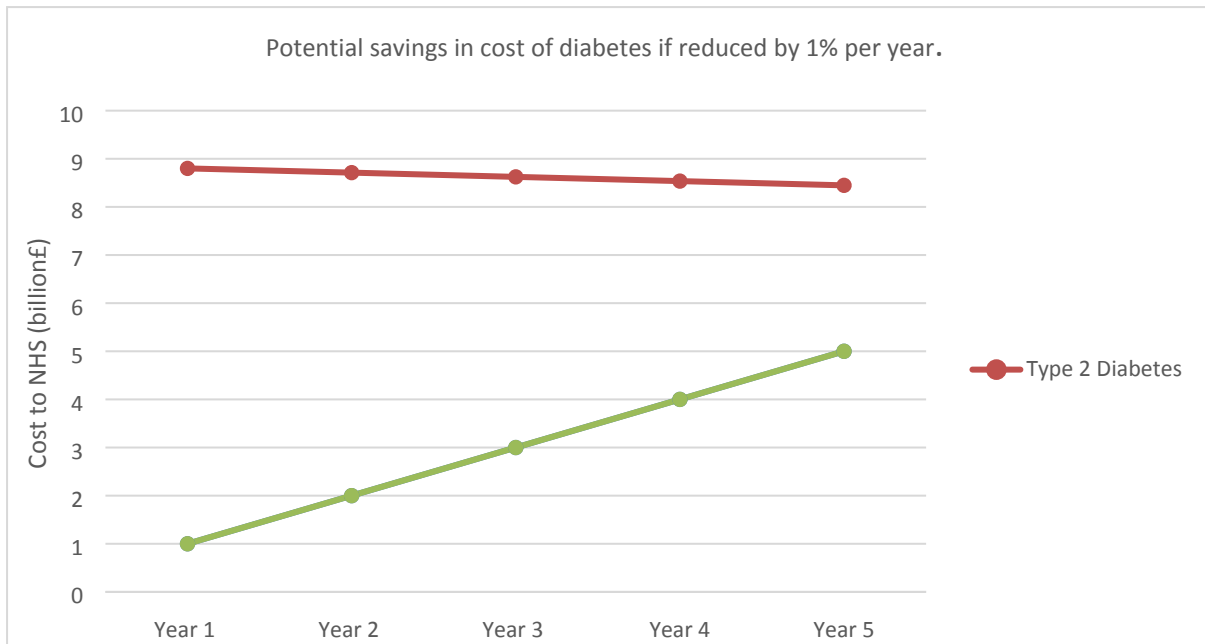
² Blood Sugar Rush' Diabetes Time bomb in London, Greater London Assembly report ,2014.

estimated 75% increase over the last decade. Diabetes is now the biggest single cause of amputation, stroke, blindness and end-stage kidney failure in the UK.

6. While prevalence of the condition in Merton may be lower than some other London Boroughs, the projected change in our demographics means that the diabetes time bomb is also a cause for concern locally.
7. Given this impending crisis; the task group members were very keen to adopt an approach which focusses on the prevention of diabetes to ensure that resources are not only addressing the symptoms but are targeted to stem the rise in the condition. On this basis preventive messages will need to be implemented at the beginning of the life course so that healthy habits are firmly embedded.
8. Prevention is also pertinent given the unsustainable cost of diabetes. The rise in diabetes is putting extreme pressure on the NHS services. Diabetes accounts for around 10 per cent of current national health spend, four-fifths going towards treating complications.³
9. It is estimated that if we do not increase preventative measures and change the way diabetes is treated, the cost will rise from £8.8 billion in 2010/11 to £39.8 billion by 2035/2036 which would account for 17.8% of the NHS budget⁴. This task group believes that a concerted effort across all local partners can reverse this trend and even a reduction of 1% in the current costs of diabetes can have a significant impact, as indicated in the graph below:

³ Blood Sugar Rush' Diabetes Time bomb in London, Greater London Assembly report ,2014.

⁴ Estimating the current and future costs of type 1 and type 2 diabetes in the UK, including direct health costs and indirect societal and productivity costs, Diabetic Magazine. 25 April 2012.



Source: Cost of Diabetes Report, Diabetes UK (2014)

Diabetes in the south Asian community

10. South Asians are a diverse group of people from Indian, Pakistani, Bangladesh and Sri Lankan origin, with differing religion, language and cultural practices. While this report will use the term South Asian people, it recognises that there are significant differences within these groups which will need to be taken into account when developing services.⁵
11. According to the 2011 UK census, people describing themselves as Asian or Asian British make up the second largest ethnic group in the UK, after the white population. In total, 4.9% of the total population identified themselves as originating from South Asian countries (India, 2.3%; Pakistan, 1.9%; Bangladesh, 0.7%), totalling approximately 3,080,000 people.⁶
12. At the local level a significant demographic change emerging from the Census in 2011 was the overall increase in the Black and Minority Ethnic (BAME) population in Merton. Merton's ethnic profile is forecast to change significantly by 2020. The proportion of Merton's BAME population is expected to increase from 37% in 2014 to 40% in 2020. Looking at the breakdown of the BAME population, the largest increases are in Asian Other (notably Sri Lankan), Black African and Black Other groups.
13. Background research has provided a wealth of information about the pre-disposition for South Asian community to being diagnosed with diabetes. This group with a healthy BMI have more fat around organs and in the belly area

⁵ Diabetes UK and South Asian Health Foundation recommendations on diabetes research priorities for British South Asians, 2009

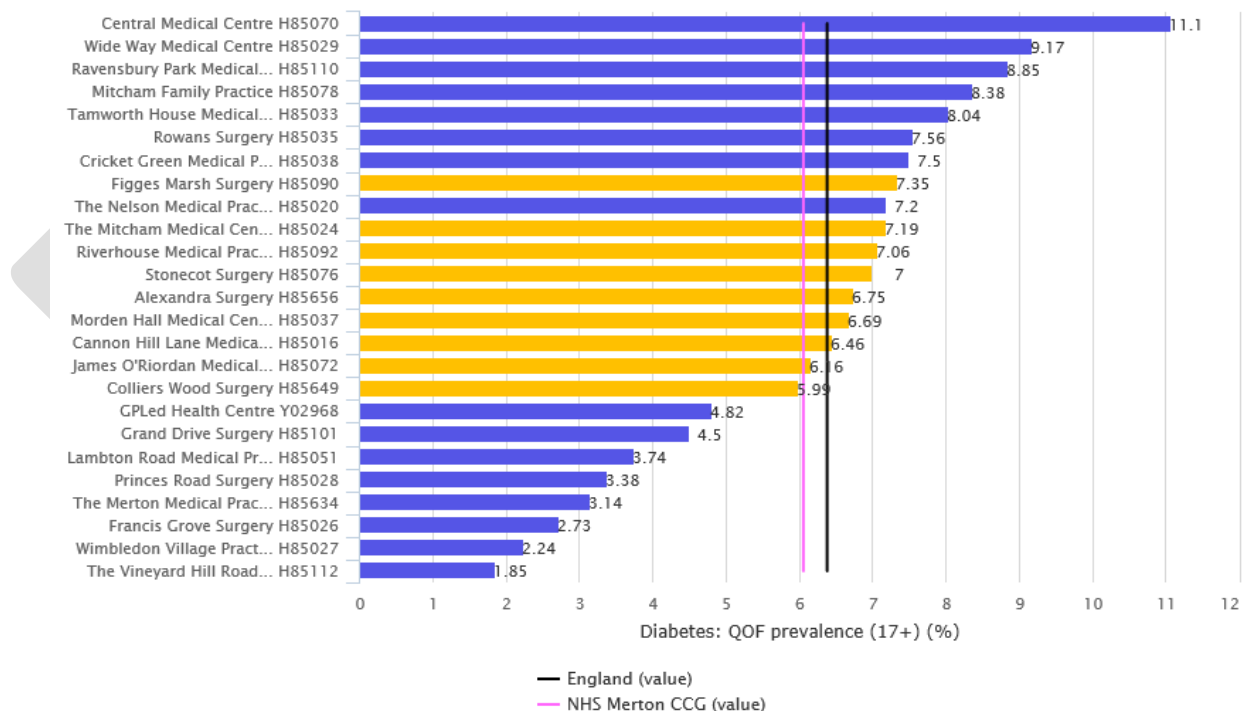
⁶ Type 2 diabetes in the UK South Asian population, An update from the South Asian Health Foundation, 2014

than Europeans with the same BMI, thereby increasing risk. South Asians, are more likely to have not only more abdominal fat, but also less muscle, which further increases insulin resistance. In addition, Asian women are at greater risk of suffering from diabetes during pregnancy, which can put their children at risk of Type 2 diabetes in later life⁷.

14. Researchers have found that Asians have the "thrifty" phenotype which means their bodies are designed to conserve energy and lay down food in the form of fat, (BBC article) Overall the evidence is consistent and robust: South Asians are at an increased risk of diabetes and cardiovascular disease but at a younger age, with a lower BMI and Smaller waist circumference compared to the white population⁸.

15. Diabetes in Merton

16. In Merton, based on GP registers (QOF, 2014-15), the recorded prevalence of diabetes (both types but only adults) is 6.0%. This equates to approximately 10,292 people and about 1 in 19 adults having diabetes. The level of recorded diabetes in GP practices across Merton ranges from 1.85% to over 11% prevalence.



⁷ Diabetes Digest in Focus, Care of Diabetes in People of South Asian Origin, Diabetes Digest Vol 9 No 2 2010.

Diabetes Digest in Focus, Care of Diabetes in People of South Asian Origin, Diabetes Digest Vol 9 No 2 2010.

⁸ Type 2 diabetes in the UK South Asian population, An update from the South Asian Health Foundation, 2014

A focus on prevention

17. For this task group, prevention of diabetes will mean support to enable people to live healthy lifestyles and to make healthier decisions. However, given that behaviour change can be a complex process, a range of measures need to be considered such as incentivising people and restricting some activity such as unhealthy take-away food shops near schools⁹.
18. Diabetes UK supports a whole systems approach to reducing obesity which is about developing an environment where it is easier to maintain a healthy weight, through access to parks and open spaces, clear food labeling and reducing the number of unhealthy food options on the high street¹⁰.
19. Task group members were pleased to understand that the concept of prevention is this reflected both within internal and national documents.
20. The Merton Annual Public Health report focusses on the importance of prevention as a driver to reduce the rise in health conditions which is placing an unsustainable burden on the NHS. The report defines prevention as “avoiding poor health outcomes before they occur, intervening early to diagnose disease or re-establishing as much independence as possible when disease or disability do occur – offers numerous opportunities to improve the quality of people’s lives and to make our health and social care system more affordable¹¹.”
21. In 2014, the NHS published a report entitled the ‘Five Year Forward View’ this highlighted the importance of prevention to mitigate the unsustainable rise in costs in some diseases including diabetes as well as the far reaching impacts of preventable illnesses. The report highlights the future of the NHS will mean more local specialist care centres providing integrated holistic care. There will be strengthened community services and out of hospital care. It recognises that in order to tackle these challenges a one-size-fits-all approach will not be effective.
22. A recent report by the New Local Government Network highlights the challenges that local government faces in implementing a preventative agenda. It argues that reviews into the future of the NHS dating back to the early 2000s has shown that in order to make the NHS sustainable, there needs to be a focus on early intervention and self management of care and

⁹ Changing Behaviours in Public Health. To Nudge or to Shove. Local Government Association, 2013

¹⁰Cost of Diabetes, Diabetes UK 2014

¹¹ The time for Prevention is Now, Keeping People Healthy Reduces Health Inequalities Merton Public Health Report, 2015

ensuring that people are involved in their own care. This will support health decisions and encourage responsibility within our communities¹².

23. However, the report argues for this to be achieved we need to move away from short term operational and political objectives and focus on long term planning. Health spending needs to move away from treatment and support prevention. This is exacerbated by the funding pressures particularly in public health budgets.
24. The task group learned that given that the majority of the NHS budget on diabetes is spent on treating the complications, there is still a vast amount of work to be done to prevent people getting the condition and ensuring that it is well managed to avoid amputations and associated health conditions.
25. The task group found encouraging evidence of a prevention project within the work of the East Merton model of health. It involved funding from Merton Clinical Commissioning Group to fund healthy lifestyles to prevent diabetes. The ethnic minority centre provides health information and advice to BAME communities, received £8,000 for its project Healthier Lives 4U will encourage healthy lifestyle options specifically in the black and ethnic minority communities.

Existing services for people with diabetes in Merton

Primary Care

26. Merton Clinical Commissioning Group (MCCG) told us that the majority of care for someone with diabetes will be provided by his or her GP. Tier 2 and 3 diabetes care is commissioned predominantly by the Clinical Commissioning Group and provided in community settings.

Community Care

27. Community based services provide care for patients with complex needs, this was given by Sutton and Merton Community Services (SMCS) until March 2016 and is now delivered by Central London Community Healthcare NHS Trust
28. This community team comprises:
29. Consultant Diabetologist Lead
30. Diabetes Nurse Specialists
31. Specialist Dieticians

¹² Get Well Soon, re-imagining place based health, New Local Government Network, 2015

32. Specialist Podiatrists

33. In addition to providing clinical advice and treatment, the community diabetes service also provides education for people with diabetes in accordance with NICE guidance, to help them to understand and, where possible, manage their own condition and retain their independence and quality of life.

34. In addition MCCG is delivering an Expert Patient Education programme for people with Long Term Conditions, including diabetes. The Expert Patient Programme is an education programme which recognises that many of the issues and problems encountered by people with a long term condition are the same, regardless of the condition. The programme is a series of courses run by local accredited trainers who themselves have one or more long term condition. These courses provide people with advice on how they can best manage the problems associated with living with a long term condition (including feelings of isolation and loneliness) and also how best to access health services.

Acute Care

35. People requiring more complex care, perhaps because they have other conditions or complications, or are pregnant, are referred to hospital diabetes services for treatment

Merton Clinical Commissioning Group work with GP Surgeries

36. MCCG is working with GPs to focus on decreasing the number of undiagnosed cases and improving structured education for management of the condition. A specific piece of work involves visiting every GP practice to ensure people are aware of symptoms of diabetes and those who are diagnosed are placed on a GP register.

37. The Outpatient Navigation System and DXS being implemented in GP settings in 2016/17 will also support the diabetes pathway.

Merton Public Health Team

38. Diabetes is generally more common in patients from areas of high socio-economic deprivation, which in Merton are concentrated predominantly in the East Merton area. An East Merton Model of Health and Wellbeing (EMMoHWP) is being established in this area. This is a whole system preventative approach focussing on the whole person as well as the community. It aims to build a movement of behaviour change, built around a new healthcare facility involving all stakeholders including residents, GP's and councillors. Projects will focus on reducing childhood obesity, increasing

physical activity. It will also introduce social prescribing which will enable primary care services to refer people to non-medical options such as further education, leisure and sports clubs or cultural groups.

39. Merton is fortunate to have a 'Live well' Programme in the East of the borough. This provides a range of initiatives to support people to maintain healthy weight, be physically active, smoking cessation and reduce alcohol consumption. The service has recently been re-designed due to budget savings.
40. The NHS health check is one of the ways that diabetes is diagnosed. This is a universal and systematic programme for everyone between the ages of 40-74, to assess risk of heart disease, stroke, kidney disease and diabetes, and to support people to reduce or manage that risk through individually tailored advice. The task group was pleased to be informed that the invitation to the NHS health check will prioritise people according to age and ethnicity with relevant adjustments made for BMI and hypertension. This means it will meet the needs of people from the South Asian Community who tend to contract the condition at a younger age and with a lower BMI.
41. Diabetes UK argues that the NHS health check is a very effective mechanism to prevent diabetes. Early diagnosis of pre-diabetes or non-diabetic hyperglycaemia can prevent the onset of full diabetes. This could produce a gross national saving of £40 million per year after four years. When taking into account the savings to the NHS due to averted strokes and other complications, it could be a gross saving of £132 million per year over ten years¹³.
42. Merton along with other South West London boroughs has gained early access into the NHS Diabetes Prevention Programme; this is a joint commitment from NHS England, Public Health England and Diabetes UK. Its main aim is to identify those at high risk of diabetes and refer them to an evidence based behavior change programme. Overall it is hoped that this will significantly reduce the four million people in England who are expected to have Type 2 diabetes by 2025.

Findings of the task group

43. Having met with a wide range of witnesses the task group have made the following observations and recommendations:

Current services

¹³ Cost of Diabetes, Diabetes UK, 2014

44. There has been recognition that more can be done to enhance diabetes services in Merton. Improvements are being made however it is clear that resources are limited and it is one of a number of significant local health challenges that is being addressed.
45. Witnesses from MCCG and public health highlighted that services are in place to address weight management and physical activity which is a preventative approach to diabetes. The diabetes prevention programme will be launched in the autumn of 2016, specifically targeting high risk individuals.
46. The Blood Sugar Rush report highlighted that Merton is one of the London Boroughs that is not meeting the nine quality measures set out in the NICE guidelines. MCCG told this task group that they do not commission GP services therefore it can be difficult to monitor service quality¹⁴. However they are currently working with GP's to improve levels of diagnosis in surgeries where the level of prevalence is particularly low.
47. The task group were pleased to be informed that take up of the NHS health check is above the national average in Merton. However research has shown that those from lower socio economic groups and some seldom heard groups are the least likely to respond to this programme. Therefore initiatives need to be put in place to increase take up especially amongst those who are least likely to engage.

Services targeted at the South Asian Community

48. The task group believes that there needs to be services that are specifically target the South Asian Community. Our evidence demonstrates that this group often does not access main stream services and may hold some fatalistic beliefs which impact negatively on willingness to attend appointments, engage in discussion with health care professionals and follow diet and lifestyle recommendations¹⁵.
49. The task group met with Dr Ponnusamy Saravanan from the South Asian Health Foundation. This organisation conducts research on health issues in the South Asian community and lobbies for improvement to services. Dr Saravanan highlighted that diabetes is increasing and all projections have been exceeded. Some statistics say 25-30% of males over 40 will be diagnosed with the condition. It should also be recognised that South Asian children are 13 times more likely to contract diabetes than their people of

¹⁴ This statement was correct when the evidence was given in June 2015. The commissioning responsibility for GP services has since changed.

¹⁵ Diabetes Digest in Focus, Care of Diabetes in People of South Asian Origin, Diabetes Digest Vol 9 No 2 2010.

white ethnicity ¹⁶.

50. Again research has highlighted the importance that culturally sensitive interventions can make. Given the prevalence of diabetes in the South Asian community, some people can have a fatalist approach and feel that given their genetic pre-disposition a diabetic diagnosis is inevitable and changes in lifestyle would be futile. This view point was shared when the task group met with the Joint Consultative Committee for Ethnic Minorities. Therefore health message need to challenge and address this particular mind-set. Furthermore religious leaders tend to view this fatalism as misplaced which suggests a potential role for religious leaders in behaviour change programmes ¹⁷.
51. Research on dietary habits demonstrates that many within the South Asian Community would benefit from specific health messages in accordance with their cultural practices. Meals typically tend to contain large portions of carbohydrates (i.e. bread or rice), fat (e.g. butter or ghee) or salt. To some extent these can be 'hidden calories'. In addition, there is a tendency to overcook vegetables, destroying essential vitamins, which to some degree undermines the benefits provided by the fact that meals are often cooked from scratch with fresh ingredients¹⁸.
52. It is important to target health messages at those who do the cooking as it may not be the person who has diabetes. Therefore Dr Saravanan has particularly suggested the task group should target women and expectant mothers who are most likely to be the gatekeepers of the family diet. The task group believes that this is an important consideration and also that a sensitive approach should be found to discuss these issues with expectant mothers without alarming them.
53. Another important dietary consideration is that of meal times which can influence weigh gain. For example, breakfasts tend to be small and the major meal eaten quite late at night, up to 11pm in many households. Furthermore, food, in particular the provision of luxurious or traditional foods, has an important social role in the South Asian community. As such, the consumption of these foods is often felt to be obligatory to avoid offending people and potential alienation from the community and healthy choices are often not available¹⁹.

¹⁶ Prevention of Diabetes in South Asians presentation to Merton Councillors, Dr P Saravanan, Associate Professor and Hon Consultant Physician University of Warwick and George Elliot Hospital, 2015

¹⁷ Diabetes UK and South Asian Health Foundation recommendations on diabetes research priorities for British South Asians, 2009

¹⁸ Type 2 Diabetes in South Asians: similarities and differences with white Caucasians and other populations, Annals of the New York Academy of Sciences, Gujral et al, 2013.

¹⁹ Diabetes Digest in Focus, Care of Diabetes in People of South Asian Origin, Diabetes Digest Vol 9 No 2 2010.

54. A large number of South Asians will fast, either on a regular basis (for example, many Hindu people may fast one day each week) or as part of a religious observance and Muslim people during Ramadan. In diabetes, fasting may lead to hypoglycaemia, hyperglycaemia and dehydration, and some people may be reluctant to take their medication during their fast ²⁰.
55. The task group found that there are initiatives around the country which are developed to specifically support people from the South Asian community in primary prevention and also managing the condition so it does not get worse.

Lambeth and **Southwark** set up a community champions training programme. People were trained so they could provide outreach work within their own communities, talking to seldom heard groups and increasing awareness. The Community Champions attended community centres, tenants meetings community fun days and events. They handed out information and spoke to people about local diabetes services.

Tower Hamlets runs an initiative called 'Good Moves' which is a culturally and linguistically appropriate programme designed for people with diabetes to learn more about physical activity, relaxation, and cooking healthy food. The aim is to create a healthy body and mind which can empower people and therefore support better management of the condition and prevent associated complications. The groups are culturally appropriate holding separate sessions for men and women. The sessions are interactive and encourage participants to learn from each other in making changes in their lifestyles and behaviour. Good Moves works with existing organisations such as community centres GP surgeries and faith groups

Events in faith settings were held in **Walsall** at a Bangladeshi Mosque and a Hindu Temple in **Southall**. Both were very well received and well attended. They provided information and advice on diabetes and there was opportunities for questions and discussion. The general learning from these events is there is a captive audience so an opportunity to speak to large numbers of people.

Camden - runs structured education programmes for the Bengali community with Type 2 Diabetes. The project enables Bengalis to self manage their condition more confidently and effectively. The project also explored the challenges which prevent Bengalis in Camden from accessing current services. The consultation exercise, observation of current services and focus group meetings show that while Bengalis in Camden are aware of the diet and lifestyle recommendations associated with managing Type 2 diabetes, they would like to engage in group sessions, held at local community centres, which focus on delivering basic information and practical advice on managing diabetes on a day-to-day basis. Access to affordable exercise classes is also a concern. They wanted advice on healthy eating, cooking and weight loss.

²⁰ Diabetes UK and South Asian Health Foundation recommendations on diabetes research priorities for British South Asians, 2009

56. The task group believes that there are a number of low cost interventions that can be developed which can have a high impact. The task group understand that there will be opportunities within the National Diabetes Prevention Programme and the Lifestyle Management Services to work with people within the South Asian Community and help them to access mainstream services.

57. While the task group commends the programmes with East Merton model of care it is important to ensure that they are accessible to all members of the community therefore the task group would like all services to be examined to ensure they are culturally appropriate.

Recommendations:

1. Public Health and Merton Clinical Commissioning Group (MCCG) to consider ways to ensure the equitable take-up of the National Diabetes Prevention Programme within the South Asian Community.
2. Public Health and MCCG to ensure that the new Lifestyle Service is culturally appropriate and effectively engages South Asian Communities.
3. Public Health to review projects within the East Merton model and consider if they are culturally appropriate.
4. Public Health and MCCG to find sensitive and appropriate ways to ensure South Asian expectant mothers are aware of the increased risk of Type 2 diabetes.
5. Public Health and MCCG to consider ways to ensure the equitable take- up of the NHS health check amongst the South Asian Community.

Information and advice to the community

58. The new models of health proposed by the NHS Five Year Forward View will mean that communities need to be empowered to manage their own health care. While handing out leaflets are shown to be one of the least effective methods of behaviour change, research by Camden Clinical Commissioning Group found that South Asian groups often place a high value on education and written material was found to be a useful way of sharing information within families. The task group met with David Edwards from Diabetes UK, who told Panel members he is a registered speaker for Diabetes UK. As a representative of Diabetes UK he can go to all schools in the borough and

faith groups to talk to people, giving out information helps both those who have been diagnosed and the carer. They also run a care line. Mr Edwards also said he regularly delivers talks in North London giving advice on fasting to those who have been diagnosed with diabetes. South London mosques tend not to ask for this service. Mr Edwards said he has received specific training on delivering health messages in mosques.

59. Mr Edward recommended and this task group agrees that Merton should run health days. There are avenues we could use to disseminate information; all these are cost effective ways of educating people. We need to provide information in the right places. Other London boroughs who have higher South Asian populations and dedicated budgets to tackle diabetes in these communities often adopt this approach

Support for the voluntary sector

60. The task group see the voluntary and community sector as playing an important role in supporting healthy lifestyles. We visited Asian Elderly a local voluntary group who run a plethora of programmes which has a positive impact on health and wellbeing. They run weekly yoga programmes; invite speakers to discuss issues such as managing health issues and healthy cooking. Many people who attend this group would not attend mainstream services, due to culinary preferences and language barriers. When we spoke to participants, it was clear that more work needs to be done to raise awareness and provide healthy lifestyle messages. It was also clear that services such as this are at the forefront of supporting the prevention agenda. We understand anecdotally that many local organisations are facing funding challenges and need the skills and support to find new revenue streams as well as attract and retain volunteers.

61. The MVSC local directory indicates that there are a significant number of local voluntary organisations who provide support to the south Asian community on diabetes related issues. This task group tried unsuccessfully to engage with this group. However it is organisations such as these who will provide essential services and work closely with the community to provide specialised services.

62. Given our concern about the voluntary sector, we met with the Chief Executive of Merton Voluntary Sector Council (MVSC), to gain a better understanding of the support available to the voluntary and community sector organisations in this time of austerity where many are facing funding crisis and being forced to close. The Chief Executive told us that they provide support to small organisations such as fund raising, governance and

- budgeting advice. Unfortunately many people seek support when they are at crisis point at which time limits the type of interventions that can be provided.
63. In the current climate we were told that it is important that local organisations work in partnership to provide services. There is a competitive and decreasing funding pool and funders want to avoid duplication and overlap.
64. However the task group became aware of wider issues about the need for a targeted approach on how we support groups in the community. We need an overview of the services that exist, an understanding of their specific aims and objectives and the areas that there may be gaps within the sector. We need public health team and Merton Clinical Commissioning Group working with MVSC to map and target our voluntary groups to ensure they are making the most of their resources and send able to signpost and refer people to relevant services when necessary.
65. We need to understand what services are available if they are under threat of closure and how they can work together to support the community.

Recommendations:

6. Merton Voluntary Sector Council (MVSC), MCCG and Public Health to review the services provided to the South Asian Community by the existing voluntary and community organisations (for example faith groups) and consider how these charities can work together, pool their resources, and provide consistent messages on diabetes care and raise awareness.

Councillors supporting local communities

66. In terms of innovation and ideas, some Merton councillors and volunteers have established social clubs for older people. These meet on a weekly basis and tackles loneliness and isolation amongst older people. This highlights that councillors can lead on developing new approaches to supporting communities. A case study from a councillor is set out in **appendix A**

Appendix A

Several social clubs for older people have been established in Merton. Below is an example from Councillor Gilli Lewis-Lavender about how one was set up for those who may choose to follow this example.

Why it was set up

Sadly, often couples lose partners or may have chosen not to marry at all. This can soon develop into all kinds of scenarios, loneliness being one of them. This can lead to depression and feelings of isolation. It is now recognised that this can be one of the underlying causes of dementia.

In addition these situations can be very real reasons why older people develop diabetes eg people living alone might not have healthy diets. They might not exercise regularly- thus put on weight and become physically inactive.

A few simple rules to set up one of these clubs (or even two) in the local area.

1. Establish that there is a need (I am sure there will be)
2. Leaflet your area asking people to express an interest and let them know the kind of activities you are planning to do.
3. Most important find a suitable hall with small kitchen. Negotiate an hourly rate. See if you could get some kind business person to sponsor this (This will be your biggest outlay)
4. Hopefully you will get some replies. So even if it is a small number (don't worry the numbers will snowball) Set up a date for your first meeting (get some teas, coffees and biscuits set up) People always chat better around a cup of tea- A charge £2.00 is appropriate to go towards the cost of the hire of the hall and the cost of provisions.
5. At this first meeting - tell the group what you intend to do, but do give them plenty of opportunity to say what they want from their club. I would be perfectly happy to come along to the first couple of meetings to get you going and to give advice/ contacts where needed
6. Encourage people to tell the group a little about themselves and what they want to get out of the club (but don't force them if they are mortified at the idea)
7. Most people want to meet once a week but that is not set in stone.
8. Here are a few ideas from some of the clubs indicating activities that have been enjoyed in the past.

Speakers

Quizzes

Trips out

9. Encourage club members to take an active role in the running of the club. You will be surprised to discover the wealth of expertise from within your group. You will also be able to find some home grown speakers from your own members who would be willing to talk about a previous job or an interesting hobby

10. Take steps to ensure your members are kept safe.

11. Many members tell me from several different groups that the clubs have changed their lives. Nothing is more joyous for me to visit one of the clubs and be in a room to hear men and women chatting happily and usually roaring with laughter.