

## **Committee: Healthier Communities and Older People Overview and Scrutiny Panel**

**Date: 16 March 2017**

Wards: all

### **Subject: Preventing Diabetes in the South Asian Community Task Group – Department Action Plan**

Lead officer: Dagmar Zeuner, Director for Public Health

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

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#### **Recommendations:**

- A. The Panel discuss and comment on the latest report and accompanying action plan on the task group review of 'Preventing Diabetes in the South Asian Community'.
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## **1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

- 1.1. To set out the Executive Response and Action Plan to demonstrate how the agreed recommendations of the Diabetes Task Group will be implemented.

## **2 DETAILS**

- 2.1. At their meeting on 6<sup>th</sup> September 2016, the Healthier Communities and Older People Overview and Scrutiny Panel considered the final report and recommendations resulting from the task group review of 'Preventing Diabetes in the South Asian Community'.

#### Progress on agreed recommendations:

- 2.2. A summary of the progress is included below. Full details are included in Appendix A:
- **Work on five out of six recommendations are on-going:**
    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.*

Plans are underway to launch the NHS Diabetes Prevention Programme in Merton from 1<sup>st</sup> April 2017 for 12 months. We

will ensure that the invitations for eligible patients to the programme prioritise residents from South Asian Communities and that the invitation letters sent to patients, as well as the information and publicity are all culturally appropriate and easily understandable by people for whom English is a second language.

2. *Public Health and MCCG to ensure that the new Lifestyle Service is culturally appropriate and effectively engages South Asian Communities.*

A new lifestyle service, which will operate under the One You Merton brand, has been procured. The service specification explicitly includes the active engagement and involvement of key target groups i.e. south Asian communities and includes digital tools that include the Google translate function for key languages e.g. Punjabi, Hindi, Gujarati, Urdu, Tamil and Polish.

The contract will be closely performance managed and will include KPI's for engagement of key groups, the reach of the service and a deep dive to explore all aspects of service delivery each 6 months.

3. *Public Health to review projects within the East Merton model and consider if they are culturally appropriate.*

The East Merton Model of Health and Wellbeing is under development, initially focussed on the redevelopment of the Wilson Hospital site. From early conceptualisation stages we are mindful of cultural appropriateness and inclusiveness.

In the summer of 2016, Health and Wellbeing Board members held "community conversations" with different groups of residents in East Merton to get a sense of what was important to them and how the community component of the Wilson development could reflect these needs and functions. The community conversations were held with:

- People from BAME groups
- Young People including young black men
- Older people
- People with disabilities
- People with mental ill health
- People with dementia

- People from different faith groups
- People and staff from community centres in East Merton
- Carers
- Leisure centre staff and attendees

Going forward the plan is to develop on-going platforms (a community reference group and a Community Design Project Board) to facilitate the translation of these community conversations into a tangible and feasible design for a community hub at the Wilson, with the development of the community site initiated and owned by the community. The Community Design Board Project Manager is already in post and has very strong links with the community.

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.*

Merton CCG is implementing a new model of care for diabetes which will include developing approaches to raising awareness of the risk of diabetes amongst specific sectors of the population, including in particular South Asian women.

It is expected that this work will be supported by insight from relevant communities. A Merton Integrated Diabetes Programme Board, which includes local GPs, community providers and Public Health, has recently been established. Patient representatives are actively being sought, including from South Asian groups. Involvement of these patients will inform understanding of how best to engage appropriately to raise awareness of risk factors, and to provide strategies to mitigate them.

5. *Public Health and MCCG to consider ways to ensure the equitable take-up of the NHS health check amongst the South Asian Community.*

A new NHS Health Checks provision is currently being procured. Both this new model and the existing one prioritise people of south Asian ethnicity in the invitation process. Furthermore the programme is provided in a culturally sensitive and appropriate way through participating GP practices, with reception staff and health care professionals delivering the health check

appropriately trained.

- **Commencement of work on the sixth recommendation is outstanding:**

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.*

While work on this recommendation has not explicitly commenced, and is linked with the pilot social prescribing project currently underway. The Social prescribing pilot expressly considers how existing voluntary sector organisations work together to support the non-medical needs of patients identified when they access primary care. This is a good foundation to explore services in the South Asian context specifically for diabetes care and raising awareness.

### **3 ALTERNATIVE OPTIONS**

- 3.1. None for the purposes of this report

### **4 CONSULTATION UNDERTAKEN OR PROPOSED**

- 4.1. Internal engagement is undertaken via the Merton Integrated Diabetes Programme Board, chaired by the Clinical Director of CLCH (Community Health Services). This Board includes local GPs, community and hospital providers, pharmacists, health commissioners and Public Health.
- 4.2. Patient and voluntary sector representation on the Merton Integrated Diabetes Programme Board is actively being sought.
- 4.3. Wider engagement with community stakeholders and partners will be undertaken in collaboration with NHS Merton CCG.

### **5 TIMETABLE**

- 5.1. The action plan for the task group review of 'Preventing Diabetes in the South Asian Community' (Appendix A) sets out the timescales for delivery.

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

- 6.1. The Council and NHS Merton CCG face considerable financial pressure in current and future years. The delivery of the Task

Group recommendations should be regarded with this context in mind even though we are able to deliver on all of them.

## **7 LEGAL AND STATUTORY IMPLICATIONS**

- 7.1. NHS Health Checks Programme is a mandatory public health service based on a national programme, even though the delivery model is locally determined.

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

- 8.1. None for the purposes of this report.

## **9 CRIME AND DISORDER IMPLICATIONS**

- 9.1. None for the purposes of this report.

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

- 10.1. None for the purposes of this report.

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

- Appendix A: Action Plan and progress to date on the agreed recommendations resulting from the Task Group review of 'Preventing Diabetes in the South Asian Community'.

## **12 BACKGROUND PAPERS**

Report of the Diabetes Task Group on 'Preventing Diabetes in the South Asian Community' (September 2016)

## Appendix A: Executive response to the recommendations of the Diabetes Task Group

Recommendations	Stake-holders	Action / Progress	Timeline	Status
<p><b>Recommendation 1</b> – 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.</p>	<p>PHM MCCG Primary Care NHS-E</p>	<p>NHS Diabetes Prevention Programme (NDPP) is being implemented across all 12 South London boroughs in a South London partnership. Merton CCG and LBM are signatories to an MOU committing to implement the programme in Merton.</p> <p>PHM is working with MCCG and Primary Care to develop and finalise the model for the identification of eligible persons at risk of diabetes to an evidence-based nine month behaviour change intervention provided by Reed Momenta and funded by NHS England.</p> <p>The local role is to develop the mechanisms to identify, invite and refer eligible residents to the NDPP programme. The target is 100 referrals per month over the next 12 months.</p> <p>The delivery mechanism in Merton will ensure equitable up-take from South Asian communities and that the services and processes are culturally sensitive.</p> <p>This will be done by:</p> <ul style="list-style-type: none"> <li>• Prioritising invitations to residents from South Asian Communities. The way this will take place is through the business rules developed which will prioritise the invitation of residents of S Asian ethnicity</li> <li>• Ensuring that the wording, imagery and design of the invitation letters, information leaflets, posters and communications are appropriate for people for who English is a second language</li> </ul>	<p>Start date April 2017</p>	<p>On-going</p>

Recommendations	Stakeholders	Action / Progress	Timeline	Status
		<p><u>Outcome measure</u> DNA (did not attend) rate in people of S Asian ethnicity invited for the programme compared with the DNA rate overall and with people from other ethnicities.</p> <p><u>Long-term outcome</u></p> <ul style="list-style-type: none"> <li>• Reduction in the incidence of diabetes from the S Asian community</li> <li>• When cases do occur, the detection is earlier</li> </ul>		
<p><b>Recommendation 2</b> – Public Health and MCCG to ensure that the new Lifestyle Service is culturally appropriate and effectively engages South Asian Communities.</p>	<p>PHM MCCG Primary Care Community Health Services Secondary Care</p>	<p>PHM has just completed the procurement of a new Lifestyle service, which will operate under the One You Merton banner. This is a re-designed service that has the following core components:</p> <ul style="list-style-type: none"> <li>• Outreach, engagement and community resilience. This component will be pro-active in its nature and will engage with residents across Merton and will prioritise east Merton and BAME groups including South Asian Communities. A universal digital gateway and support tools that will support self care and self management for physical activity, weight management and diet, stop smoking, alcohol and mental health and wellbeing. This digital gateway will use Google Translate, which allows clients to select a language and the website page translates into the chosen language (Punjabi, Hindi, Gujarati, Urdu, Tamil and Polish).</li> <li>• A tiered stop smoking service offering specialist support to target groups, plus brief support and the promotion of information that supports self care.</li> <li>• Training of front line staff and community health champions (including from the south</li> </ul>	<p>Start date April 2017</p>	<p>On-going</p>

Recommendations	Stake-holders	Action / Progress	Timeline	Status
		<p>Asian community) in promoting healthy lifestyles</p> <ul style="list-style-type: none"> <li>In addition the commissioning of the One You Merton service a social prescribing pilot is delivering in two practices in East Merton as part of the EMMOHWB.</li> </ul> <p><u>Long-term outcome</u></p> <ul style="list-style-type: none"> <li>Contributing to healthy lifestyles i.e. increased physical activity and healthier eating in people from S Asian communities</li> <li>Reduction in smoking rates in people from S Asian Communities</li> </ul>		
<p><b>Recommendation 3</b> – Public Health to review projects within the East Merton model and consider if they are culturally appropriate.</p>	<p>Health and Wellbeing Board Merton Partnership MCCG PHM E&amp;R Other LBM partners Voluntary Sector</p>	<p>The main emphasis currently of the East Merton Model of Health and Wellbeing is the Wilson site redevelopment into a holistic health and wellbeing offer that delivers key clinical services and is also a community hub, co-designed, co-owned and co-delivered by the voluntary sector.</p> <p>The work is still in early stages with the following key achievements:</p> <ul style="list-style-type: none"> <li>Community conversations undertaken through the Health and Wellbeing Board – report due to be finalised.</li> <li>One Public Estate (OPE) funding for mapping public estates and undertaking a feasibility study for the optimization of public land and property.</li> <li>Recruitment of a Community Design Project Manager.</li> <li>Framework governance structure and the establishment of a Wilson Programme Board.</li> </ul> <p>As the programme progresses from conceptualisation, to business case development</p>	<p>2020-21</p>	<p>On-going</p>



Recommendations	Stake-holders	Action / Progress	Timeline	Status
		<p>and fund raising, to development and then actual delivery – all stakeholders will undertake to ensure that the projects/ services/ provisions are culturally appropriate.</p> <p>We will ensure that:</p> <ul style="list-style-type: none"> <li>• Services on the site are contractually required to be culturally appropriate and the contracts are monitored to ensure this</li> <li>• All staff, particularly public facing staff have received diversity training</li> <li>• Clear complaints procedures in place to ensure any allegations of discrimination and racism are swiftly and appropriately dealt with</li> <li>• Mystery shopper type exercises and patient experience questionnaires are undertaken</li> <li>• An equity audit is performed after a year of the services running there, to assess equitable access and provision, and ascertain how equity can be improved.</li> </ul> <p><u>Outcome measures</u></p> <ul style="list-style-type: none"> <li>• Proportional access to services from all communities in East Merton, in line with the underlying demographics</li> <li>• Culturally appropriate signage and information/ posters/ publicity/ leaflets in multiple languages</li> <li>• % of front-line staff trained in diversity</li> <li>• Patient experience feedback</li> <li>• Number of complaints relating to discrimination and racism</li> </ul> <p><u>Long-term outcomes</u></p> <ul style="list-style-type: none"> <li>• Reduction in A&amp;E attendances and length of stay in all communities.</li> </ul>		

Recommendations	Stake-holders	Action / Progress	Timeline	Status
		<ul style="list-style-type: none"> <li>Improved health and wellbeing outcomes that are comparable across all communities and there are no systematic variations by different ethnicities among people attending the Wilson campus.</li> </ul>		
<p><b>Recommendation 4</b> – 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.</p>	<p>MCCG Primary Care Secondary and Tertiary Care</p>	<p>Merton CCG is in the process of implementing a new model of care for diabetes which will include developing approaches to raising awareness of the risk of diabetes amongst specific sectors of the population, including in particular South Asian women.</p> <p>It is expected that this work will be supported by insight from relevant communities. A Merton Integrated Diabetes Programme Board, which includes local GPs, community providers and Public Health, has recently been established. Patient representatives are actively being sought, including from South Asian groups. It is expected that direct involvement by these patient representatives will inform understanding amongst diabetes professionals as to how to engage appropriately with particular patients and patient groups to raise awareness of risk factors, and to provide strategies to mitigate them.</p> <p>The recently implemented specification for local maternity services includes the requirement that women at high risk of developing pregnancy complications, which will include South Asian women at risk of diabetes, have access to preconception advice and support.</p>	<p>March 2018</p>	<p>On-going</p>
<p><b>Recommendation 5</b> – Public Health and MCCG to consider ways to ensure the equitable take- up of the NHS health check amongst the South Asian Community.</p>	<p>PHM MCCG</p>	<p>A new NHS Health Checks programme is being procured. It aims to focus on specific priority groups and intercalate effectively with the newly</p>	<p>Sept 2017</p>	<p>On-going</p>

Recommendations	Stake-holders	Action / Progress	Timeline	Status
	Primary Care	<p>procured lifestyle service and the NDPP. The new service will commence from 1<sup>st</sup> September 2017 and till then the existing service will continue to provide NHS Health Checks.</p> <p>Both services (existing and new) ensure equitable up-take of people of South Asian ethnicity. A priority system has been developed to identify eligible patients to invite to the programme.</p> <p>Vulnerable groups are prioritised for invitations and constitute the following populations that are at increased risk of cardiovascular disease:</p> <ol style="list-style-type: none"> <li>1. South Asians, who have increased risks of heart disease compared to Europeans<sup>1</sup></li> <li>2. Males, who if other factors are equal, are at higher risk of cardiovascular disease compared to females<sup>2</sup>- thus trying to attract more men who would not normally engage with primary health care</li> <li>3. People with a family history of clinically proven cardiovascular disease (angina, myocardial infarction, transient ischaemic attack, or ischaemic stroke) in a first-degree relative (parent, sibling) before the age of 60 years. In such people the risk of a coronary event is approximately double.<sup>3</sup></li> <li>4. People with a history of smoking<sup>4</sup>.</li> <li>5. People residing in areas of higher deprivation by postcode. For given levels of other risk factors, populations which are more deprived</li> </ol>		

<sup>1</sup> <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1767706/>

<sup>2</sup> <http://www.sign.ac.uk/pdf/sign97.pdf>

<sup>3</sup> <http://www.sign.ac.uk/pdf/sign97.pdf>

<sup>4</sup> The British Regional Heart Study found that smoking, blood pressure and cholesterol accounted for 90% of attributable risk of CHD

Recommendations	Stake-holders	Action / Progress	Timeline	Status
		<p>have a higher CVD risk<sup>2</sup>.</p> <p>We will ensure that this prioritisation continues and also that the wording, imagery and design of the invitation letters, information leaflets, posters and communications are appropriate for people for who English is a second language.</p> <p><u>Outcome measure</u> DNA (did not attend) rate in people of S Asian ethnicity invited for the programme compared with the DNA rate overall and with people from other ethnicities.</p> <p><u>Long-term outcome</u></p> <ul style="list-style-type: none"> <li>• Reduction in the incidence of long term conditions from the S Asian community</li> <li>• When cases do occur, the detection is earlier</li> </ul>		
<p><b>Recommendation 6</b> – 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.</p>	<p>Health and Wellbeing Board MCCG Primary Care Community Health Services PHM Other LBM partners Voluntary Sector</p>	<p>Work has not yet started on this area and is linked with the social prescribing pilot currently underway in East Merton, initially through two GP Practices (Wideway and Tamworth).</p> <p>Learning gathered from other social prescribing programmes shows that they have been somewhat effective in:</p> <ul style="list-style-type: none"> <li>• reducing demand on primary and secondary healthcare, as well as social care</li> <li>• encouraging and enabling behaviour change of both health care staff and individuals towards an asset based model of self help/self care and promoting independence</li> <li>• building capacity of the community and voluntary sector</li> </ul> <p>Social prescribing is a means for strengthening</p>	<p>March 2018</p>	<p>Not started</p>

Recommendations	Stake-holders	Action / Progress	Timeline	Status
		<p>the links between general practice and community, voluntary and local authority services to improve health and wellbeing. It expands the options available in primary care consultation, creating a 'managed' way for primary care services to refer those patients with social, emotional and/or practical needs to a variety of local non-clinical services. These include leisure, social activities, education, welfare, housing and employment.</p> <p>General Practices will identify patients for social prescribing according to eligibility criteria (Frequent attenders in primary care/ Recent hospital admissions/ Socially isolated/ Have mild/moderate mental health issues/ Present with social needs including housing, employment, benefits) and refer them to a social prescribing coordinator who will assess the needs of the person and link them to community groups and voluntary sector organisations providing relevant services.</p> <p>The Social prescribing pilot expressly considers how existing voluntary sector organisations work together to support the non-medical needs of patients identified when they access primary care. This is a good foundation to explore services in the South Asian context specifically for diabetes care and raising awareness.</p> <p><u>Outcome Measures</u></p> <ul style="list-style-type: none"> <li>• Number and percentage of existing voluntary sector and community services in the social prescribing pilot providing services for S Asian Communities.</li> <li>• Number and percentage of S Asian patients referred by GP practices to the social</li> </ul>		

Recommendations	Stakeholders	Action / Progress	Timeline	Status
		<p>prescribing pilot</p> <ul style="list-style-type: none"> <li>• User experience</li> </ul> <p><u>Long-term outcome</u></p> <ul style="list-style-type: none"> <li>• Reduction in non-medical GP attendances among frequent attenders and other groups</li> <li>• Increased self management</li> <li>• Increased patient satisfaction</li> </ul>		

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