

<b>Subject:</b>	<b>Diabetes Service Provision in Brighton and Hove – Consultation Results</b>		
<b>Date of Meeting:</b>	<b>4 February 2014</b>		
<b>Report of:</b>	<b>Monitoring Officer</b>		
<b>Contact Officer:</b>	<b>Name:</b>	<b>Kath Vlcek</b>	<b>Tel: 29-0450</b>
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<b>Ward(s) affected:</b>	<b>All</b>		

**FOR GENERAL RELEASE**

**1. PURPOSE OF REPORT AND POLICY CONTEXT**

- 1.1 To update the HWOSC on the results and outcomes of the Diabetes stakeholder consultation held in autumn/ winter 2013.

**2. RECOMMENDATIONS:**

- 2.1 That the HWOSC notes the outcome of the consultation and comments on the proposals to address the feedback received.

**3. CONTEXT/ BACKGROUND INFORMATION**

- 3.1 Brighton and Hove CCG has identified improving the diabetes care pathway as a key strategic priority for 2013-2014. The increasing number of people diagnosed with diabetes each year is expected to continue. Public Health estimates suggest that one in two people who currently have diabetes, have not been diagnosed.
- 3.2 As a result of changes in risk factors (in particular overweight & obesity) and the population age structure, by 2030 there will be 17,842 people in the city with diabetes, compared with 9,936 people diagnosed with diabetes in 2011/12. This is a 56% increase.
- 3.3 The current pathway is fragmented, with services delivered by separate organisations (hospital, community, GP practices) with no over-arching care planning across the system. There is scope to deliver more holistic care for patients and to develop a more 'joined-up' pathway, between hospital, GP practices, community and mental health support.

The successful management of patients with diabetes requires a whole system approach, with support for self-care and care in the community as key elements that can have a major impact on outcomes across all care settings. Through delivering more integrated care, Brighton and Hove CCG anticipates that it will improve both the quality of care and also make better use of resources

- 3.4 In September 2013, the CCG Local Member Group approved the strategic proposal to develop an Integrated Diabetes Care model, which would deliver a seamless diabetes care pathway led by multidisciplinary teams delivering integrated, patient focussed care, delivering national evidence-based and cost-effective standards to deliver improved outcomes

#### **4. COMMUNITY ENGAGEMENT & CONSULTATION**

- 4.1 The CCG invited stakeholders, patients, service users and the public to participate in the diabetes services consultation through either attending a city-wide stakeholder event, or through completing a web-based/paper-based survey.

- 4.2 Brighton and Hove CCG held the diabetes stakeholder engagement event in November 2013, with 53 attendees including 11 service users. There were presentations and facilitated round-table discussions. The outcomes and themes were reported back to the Diabetes Clinical Referral Group.

- 4.3 Clinical surveys were carried out amongst GPs, practice nurses and clinical leads and user surveys carried out amongst patients and carers.

- 4.4 There were a number of consistent messages from the consultation response. Many areas of good practice were identified, as well as areas that should be improved in the future. Key requests in consultation responses were around the gaps in current service pathway, with insufficient access to some services and the need for the new service model to be an integrated multidisciplinary specialist service.

- 4.5 Delivering coordinated diabetes care requires the CCG to commission a model which delivers the following:-

- Care needs to be integrated - a 'one-stop shop' approach, including psychological support, dietetics and podiatry support services
- Equitable services for all patients
- To have a named care coordinator role for patients
- To ensure all patients receive NICE diabetes care processes and care-planning
- To ensure services are more holistic, and are wrapped around the patients' needs
- Support integration of care through good information sharing across the system
- Promote and support patient empowerment, through with access to education and information
- Improve knowledge and skill across primary care in diabetes management
- Deliver care in clinically appropriate care-setting, ensuring access to specialist advice and support as needed

- 4.6 The planned start date for the new service will be 1<sup>st</sup> April 2015. This would allow a full year to develop the service specification and to competitively procure the integrated service, subject to consideration by the Governing Body in March.

## 5. FINANCIAL & OTHER IMPLICATIONS:

### Financial Implications:

None to this cover report.

### Legal Implications:

None to this cover report.

### Equalities Implications:

There are significant health inequalities related to diabetes. It is more common in people living in the more socially deprived areas of the city. The level of diabetes is increasing because of increased levels of obesity, an aging population and a growing number of people of South Asian ethnicity.

The main fixed risk factors relate to age, gender and ethnic group: The rate of onset of Type 2 diabetes increases with age, diabetes is more common in men and in certain ethnic groups: it is up to six times more common people of South Asian ethnicity, and up to three times more common in those of African and African-Caribbean descent.<sup>2</sup>

There are public health interventions to address the risk factors of obesity, diet and exercise but these need to be better integrated into care pathways and there needs to be more public awareness for the risk factors of diabetes.

### Sustainability Implications:

A Sustainability and Social Needs Assessment is being carried out by the CCG.

## **SUPPORTING DOCUMENTATION**

### **Appendices:**

1. Diabetes service provision in Brighton and Hove – Consultation Results; CCG report.

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<sup>1</sup> Joint Strategic Needs Assessment for adults with diabetes in Brighton and Hove <http://www.bhlis.org/needsassessments> [Accessed on 26/08/2012].

<sup>2</sup> Department of Health. Who gets diabetes - Health Inequalities [http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/browsable/DH\\_4899972](http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/browsable/DH_4899972)