

**REPORT FOR: HEALTH & SOCIAL  
CARE SCRUTINY SUB-  
COMMITTEE**

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**Date of Meeting:** 15<sup>th</sup> December 2016

**Subject:** **INFORMATION REPORT –  
Diabetes update**

**Responsible Officer:** Javina Sehgal, Chief Operating Officer  
Harrow Clinical Commissioning Group

**Scrutiny Lead  
Member area:** Councillor Kairul Kareema Marikar,  
Policy Lead Member  
Councillor Mrs Vina Mithani,  
Performance Lead Member

**Exempt:** No

**Wards affected:** All wards

**Enclosures:** None

## **Section 1 – Summary and Recommendations**

### **FOR INFORMATION**

This report provides the Overview and Scrutiny Committee an update on the development of the Harrow Diabetes Strategy, the lead responsibility for which sits with the Clinical Commissioning Group.

## **Section 2 – Report**

Harrow has one of the highest rates of type 2 diabetes in the country, with current prevalence estimated to be around 10% with a rise in projection to 13% by 2020. These rates are largely driven by increasing levels of overweight/obesity, changing ethnic composition, and an ageing population. 605 of are overweight or obese, and approximately 50% are Asian or African-Caribbean ethnic background (associated with relatively high disease risk).

In Harrow, these ethnic groups, older people, and lower socio-economic status groups are all likely to experience disproportionately high rates of the disease. The data also reveals a huge variation in access to the right care and management for diabetes across different geographic locations and between the GP practices as well, which we would like to reduce.

Given the national burden of disease due to type 2 diabetes, and incidence trends, recent national strategy documents and the All Party Parliamentary Group report on diabetes, note that, in addition to early detection, offer of the NICE recommended 8/9 key care processes and the comprehensive management of disease through the treatment targets, there is a particular need for improving access to the structured education and the preventative action.

There is increasing recognition of diabetes prevention and early recognition. All 34 practices in Harrow are undertaking clinical audits in order to set up pre-diabetes registers and health checks are also helping with the registers.

Public health developed a rapid diabetes needs assessment, using best practice transformational work from other areas of similar demographics like Slough and other London boroughs. Aligned to this Harrow CCG in collaboration with stakeholders are developing a diabetes strategy that will evaluate the whole pathway from prevention to tertiary care.

To help with the understanding for commissioning requirements, Harrow CCG

facilitated a stakeholder workshop in collaboration with NHS Rightcare, public health, Diabetes UK and the patient groups to gain some formal feedback to current services and gaps within current services within the borough.

A clinical reference group is going to be established in December 2016 with the aim that it will develop, agree and deliver on the required outcomes of the strategy. It will also be required to ensure best practice and local reviews/evaluations are taken into consideration with any recommendations being made.

The CCG will also establish a sub-group that will evaluate 1) type 1 diabetes, 2) diabetes in children/pregnant women and 3) those that require specialist provision of CGM or Insulin pumps. The final actions will be agreed through the clinical reference group and the strategy updated with the latest NDA (National diabetes Audit) data and published both on the Harrow CCG and the Harrow council websites.

The CCG is committed to ensuring that its strategy and commissioning intentions are aligned to the public health plans on prevention and awareness, the local and NWL STP footprints plans, and will also reflect the core principles of the HWBB.

### **Section 3 – Further Information**

The final strategy will be completed by January 2017 in time for a detailed discussion at the March 2017 H&WBB meeting.

### **Section 4 – Financial Implications**

None at this stage.

The financial and procurement route/s for services to be considered has not been agreed as the strategy is still in development stage.

### **Section 5 - Equalities implications**

N/A

### **Section 6 – Council Priorities**

The Council's vision:

#### **Working Together to Make a Difference for Harrow**

Please identify how the report incorporates the administration's priorities.

- **Making a difference for the vulnerable**

Patients will be identified through proactive case finding at general practice , working with stakeholders to identify groups for targeted interventions.

- **Making a difference for communities**

The diabetes strategy aims to provide integrated services that are coordinated for the patient and their carers, including social prescribing, prevention and self-care.

- **Making a difference for families**

Families and carers will be better informed about diabetes through Patient Activation Measures (PAMs) and self-care working groups, to facilitate an increased quality of life.

### **Harrow Health and Wellbeing Strategy**

*'local priority of reducing unwarranted variation in the management of long term conditions'*

Clinical audits in general practice lead by Clinical experts, will provide training and development of the management of Diabetes in general practice. Training and education events have been on-going throughout the year with patients diagnosed with diabetes.

### **Harrow CCG Corporate Objectives**

***'Objective 1: Improve the health and wellbeing of the local residents of Harrow'***

The self-care and PAMs programmes will help patients to self-manage.

***'Objective 2: Engage patients and the public in decision-making'***

In collaboration with NHS Right Care, Harrow CCG have held a workshop (more to follow) with local residents to understand the commissioning needs based on service user feedback. Harrow patient participation group have also been involved in discussions around the strategy.

***'Objective 3: Manage resources effectively'***

Training for clinicians, training and education for patients to self-manage, and a review of the current pathways will enable resources to be managed more effectively through the development of integrative working arrangements

## **Statutory Officer Clearance**

Not required.

<b>Ward Councillors notified:</b> YES
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## **Section 7 - Contact Details and Background Papers**

**Contact:** Angela Ward (Harrow CCG), Email: [angela.ward1@nhs.net](mailto:angela.ward1@nhs.net)  
Tel: 020 8966 1163

**Background Papers:** None