Appendix 3

Obesity and Type 2 Diabetes in Midlothian

Wed 4th October 2017

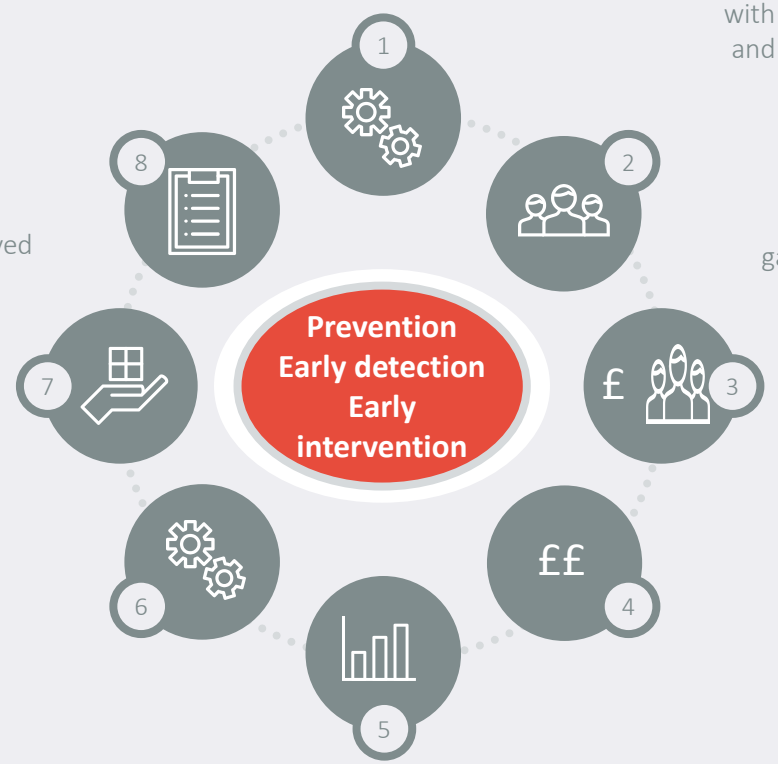
The following key areas for development/consideration were raised:

1. **IT'S MORE THAN 'HEALTH'**
We require buy-in and ownership across the Community Planning Partnership (CPP)

2. **ENGAGE COMMUNITIES**
We need to engage people with lived experience, community groups, others in planning and review

3. **COSTS TO INDIVIDUALS AND COMMUNITIES** - living in poor health, unable to work, reduced school attendance & engagement, etc).

4. **COST TO PUBLIC SECTOR**
Drug and other treatments, condition monitoring and support, complications (retinopathy, vascular issues, etc), aids and adaptations to living spaces, care



5. **DATA**
Help us better understand our populations with pre-diabetes, with type 2 diabetes and people who are at risk, e.g. obese. Measure impact of interventions.

6. **SERVICES**
Strengthen services we have. Improve links & pathways. Identify gaps & opportunities (services. peer support (formal & informal), vol sector (a current gap)

7. **EDUCATION/UNDERSTANDING**
For whole community, at risk groups, people with pre-diabetes, people with type 2 diabetes (inc gestational diabetes) .

8. **TESTS OF CHANGE/ACTIONS**
As a CPP. As a H&SCP. What can we do locally? What should be pan-Lothian/across areas?

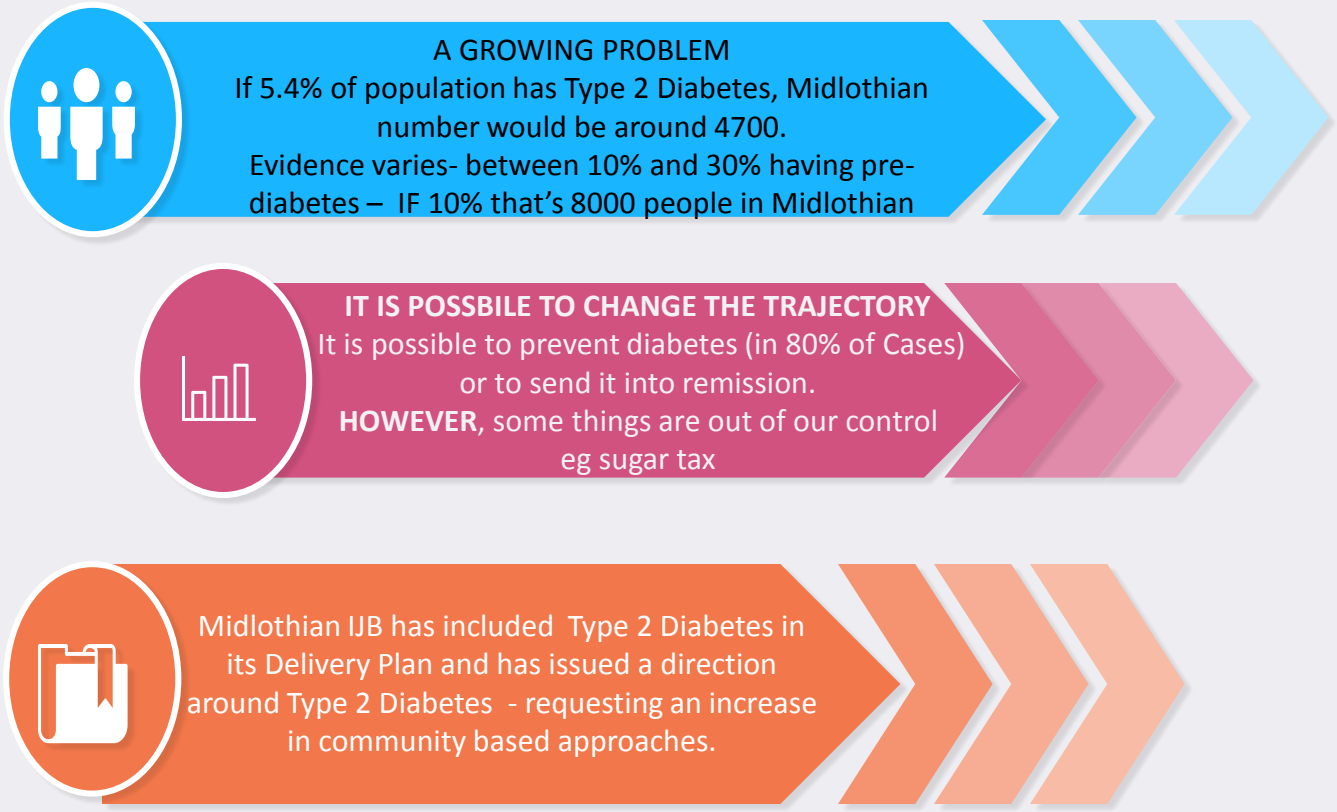
In Attendance: Sheena Wight, Alison Milne, Dervilla Brey, Bill Ramsey , Allister Short, Tom Welsh, Mairi Simpson, Sandra Bagnall, Fiona Huffer, Ian Morrison, Nicola Zammitt

Apologies: Alison Diamond, Hamish Reid

Aspirations around this area of work from attendees: strategic approach across the Community Planning Partnership, whole system/holistic approach, prevention and early intervention focus, recognise strong links to deprivation/complex lives, self-management approach, think early about data, pharmacist involvement/interventions, costs to people, communities and services, complex issue, acknowledge work underway.

Our Rationale

Also see Sandra's document



ACTIONS/IDEAS

1 CPP OWNERSHIP

Discuss at IJB. Prepare draft strategy/strategy direction paper to take to CPP. Demonstrate responsibility/opportunities across the partnership. Highlight current opportunities, such as the forthcoming Physical Activity Strategy. Once we have CPP Board agreement work with relevant groups and services to develop a plan/strategy.

[Tom and Mairi have offered to prepare an initial a plan for approval at the Strategic Planning Group -18th December.]

2 ENGAGE COMMUNITIES

We need to engage people with lived experience of obesity issues and/or diabetes. Families and individuals. Make better use of national organisations that could help e.g. Diabetes Scotland. Are there informal peer support groups in Mid? Could there be? Virtual groups. Bid for work around voluntary organisation involvement is being submitted

3 &4 COSTS

Costs to individuals, to families, to communities and to services. Do we need a better understanding of this? Can we illustrate this?

There is the potential to make significant savings if we make an impact with this work.

5 DATA

Can we build vignettes using local data to help people across the CPP understand the profiles of people and families affected and wider context of their lives? Include people who acquire gestational diabetes, Type 2 diabetes, who are obese, etc. What other data should we be considering to help (i) improve our understanding of the local picture and (ii) assist us implement tests of change? Link to other work – eg Collaborative Leadership in Penicuik Programme ('housebound')

ACTIONS/IDEAS

6 **SERVICES**

Are the services we do have joined up? Do people know about them? Can we consider some in tests of change?

7 EDUCATION/ UNDERSTANDING

UNIVERSAL EDUCATION/SUPPORT RE HEALTHY WEIGHT AND ACTIVITY
- schools communities workplaces via services etc

DESMOND CHIT PRE0DIABETES PROGRAMME METABOLIC CLINIC GESTATIONAL DIABETES MY DIABETES MY WAY

ADVICE TO PEOPLE FROM PRIMARY CARE AND SECONDARY CARE
- who attends/accesses (SIMD, age, working or not), outcomes, waiting time, cost, who delivers, could others deliver, opportunities to enhance

8 **ADDITIONAL ACTIONS INC TESTS OF CHANGE**

- ENGAGE THE CPP AND AGREE STRATEGIC APPROACH– paper to CPP and IJB. Outline potential areas of involvement by schools, parks, workplaces, welfare rights, health, etc.
- PRE-DIABETES – can we 'strike while the iron's hot'. Involve CHIT programme. Involve wider services, e.g. leisure.
- WEIGHT MANAGEMENT PATHWAY – re-launch. Include interagency training around core messages (physical activity, healthy eating, measure and talk about weight/BMI)
- GESTATIONAL DIABETES – identified group. Small numbers but could work across areas.
- POLY-PHARMACY REVIEW – related to diabetes medication
- OTHER ACTIONS – listed in sections above.