

Implementing the Health and Social Care Delivery Plan in the East Region– Follow up meeting; 12th December 2017

Proposal to establish an East of Scotland Diabetes Prevention Partnership

Context

Scottish Borders Council and NHS Borders Chief Executives, invited Council Chief Executives, NHS Chief Executives and the IJB Chief Officers across the East of Scotland Region to a meeting on 6th November to consider collaboration on a major preventive approach to address Type 2 Diabetes (T2D). This builds on recent dialogue with these partners across the region on harnessing our collective leadership and brain power to address the challenges outlined in the emergent East Region Delivery Plan.

Purpose

This paper presents a proposition for an East Region collaboration on a major preventive approach to T2D. Colleagues are asked to affirm their “in principle” support to work collaboratively on this priority area; are asked to consider the establishment of an East of Scotland Diabetes Prevention Partnership; and to acknowledge that this work will require strong and robust programme management which will require to be adequately resourced.

Background

There has been significant local increase in T2D in the last 10 years in the East of Scotland; more than one in seven people over 65 now have T2D. Addressing the growing rate of diabetes is a local, regional and national ambition.

The challenges faced include:

- aging population
- community isolation
- strong association between deprivation and unhealthy lifestyle
- high levels of physical inactivity
- poor diet
- rising rates of overweight and obesity from an early years
- a need to make healthy choices easier (access to affordable healthy food, knowledge of what physical activity opportunities exist) particularly in our geographically remote or isolated communities

- a need to support people with making the first steps in a healthier diet and increased physical activity, particularly those who are time poor or don't see healthy lifestyle as 'their thing'
- a need for intensive support for individuals at greatest risk

A greater focus on creating conditions that prevent illness rather than treating conditions once they occur is needed. This will increase wellbeing, reduce inequality and improve sustainability of our health and social care system.

Approaches for population-based T2D prevention can be divided into three broad components.

The first component is the structures within government to support obesity prevention and physical exercise policies and interventions. These are structural aspects such as leadership, "health-in-all-policies", dedicated funding for health improvement, workforce capacity, and networks and partnerships that need to be in place in order to support and enhance the effectiveness of the more direct policy initiatives and community-based interventions.

The Government's recently published Programme for Scotland recognises the need to support those with or at risk of T2D to maintain a healthy weight as well as the need to modify our environment in terms of limiting the marketing of foods which disproportionately contribute to ill health and obesity. The new Scottish Government Consultation Document, 'A Healthier Future – Action and Ambitions on Diet, Activity and Healthy Weight' concludes that:

- a broad range of interventions is needed because the factors contributing to overweight and obesity are complex.
- consumer education and personal responsibility are important, together with physical activity, but they will not be sufficient to produce the change we want to see across Scotland as a whole and they will not be sufficient for people who are already overweight and obese.
- interventions that rely less on individual choice and more on changes to the wider environment are essential in making healthier choices easier when we eat at home, eat out or eat on the go.

The Scottish Government 'Active Scotland Outcomes Framework' also sets out the Scottish Government's vision for an active nation through changing lifestyles supported by an environment supportive of physical activity e.g. daily walking, playing in a park, going to a gym, training with a team etc.

The second component is population-wide policies and initiatives. These are direct policy actions that help to create environments that support healthy diets and physical activity. The types of policy instruments typically used as part of this component of a comprehensive obesity prevention and physical exercise strategy are laws and regulations, taxes and subsidies, and social marketing campaigns that affect the population as a whole (or large population groups). Policies influencing food environments that are likely to be effective interventions include restrictions on the marketing of unhealthy foods and non-alcoholic beverages, nutrition labelling, and food taxes and subsidies. Policies influencing physical activity environments that

have been demonstrated as effective include environmental interventions targeting the built environment, policies that reduce barriers to physical activity, transport policies, policies to increase space for recreational activity, and school-based physical activity policies.

The third component is community-based interventions. These are multi-component interventions and programmes, typically applied across multiple settings, tailored to the local environment and implemented locally. Best practice principles for designing and implementing community-based interventions include strong community engagement at all stages of the process, careful planning of interventions to incorporate local information, and integration of the programme into other initiatives in the community. Community-based interventions have been demonstrated to be successful when applied in multiple settings, including early childcare settings, schools and other community settings. Importantly, single-component interventions may still form an important part of a step-based approach to T2D prevention – for example as the first step in implementing a multi-component, multi-setting intervention programme.

In summary, there is a broad range of population-level actions that partners in the East of Scotland can take to prevent T2D. A comprehensive strategy will incorporate aspects of each of the key components. Strategic investment is required to implement effective and culturally appropriate population-based prevention programmes and initiatives, and to ensure that they include vulnerable groups, such as persons with disabilities. It is essential that such interventions occur across the whole population, in a variety of settings, and through multiple strategies.

At an East of Scotland level to be effective we must:

- have prevention activities with appropriate reach and capacity to serve the at risk population
- have robust awareness and coordination of all available prevention resources to which at risk individuals may be signposted or referred (e.g. clear referral and signposting pathways communicated to stakeholders)
- ensure that prevention activities are appropriately targeted (e.g. our most deprived communities and at risk groups)
- address disproportionate system investment towards treatment, rather than primary prevention.
- ensure staff have time to provide detailed prevention advice.
- focus our efforts on the whole life course

The Proposal

A new East of Scotland Regional Diabetes Prevention Partnership will be a strategic multiagency group established to facilitate change management to tackle the growing epidemic of T2D. This is an opportunity to be ambitious and to lead for Scotland in tackling this national health challenge. This is not a replacement or duplication of work already underway or planned in local councils, boards, IJBs – the majority of delivery will continue to be done there – it is however an opportunity to provide collective leadership and capitalise on strategic opportunities.

Our aims would be:

- To reduce the numbers of people developing T2D, through commitment to a person-centred approach
- To ensure that the East of Scotland is a place where eating a healthy diet and being as active as possible is achievable for everyone
- To empower people and reduce barriers to making healthy choices and adopting healthy behaviours.

The Benefits of an East of Scotland Diabetes Prevention Partnership

In the East of Scotland there is scope to work collaboratively to share learning around T2D prevention and close health inequities. The region could build upon international models which use physical activity and dietary interventions to reduce the incidence of diabetes in those found to be at elevated risk. Furthermore, working as a region, we can work collaboratively to maximise our impact across a number of setting e.g.

- Families
- Early Years
- Youth Work
- Health Care
- Workplace
- Healthy Food Environments
- Healthy Activity Environments

Examples of what we could do working together include:

- High visibility regional campaigns to promote access to healthy living in deprived communities using well known regional public figures from public life, entertainment or sport.
- Working across local authorities to implement more effective retail standards in relation to food and beverages e.g. school, leisure, culture and workplace canteens.
- Working with Sport Scotland and regional Sport and Leisure trusts to offer intensive physical activity and exercise packages particularly for those at high risk of T2D e.g. agreeing common programmes and objectives for activity offers.
- Using specialist expertise to jointly develop pathways for support with lifestyle change with a particular focus on vulnerable groups e.g. sharing tools and workforce development resources.
- Promoting a greater range of physical activity options in schools learning from good practice in each local authority.
- Having a regional approach to supporting employers achieve 'Healthy Working Lives'.

- Sharing best practice and setting regional objectives in promoting physical activity across the life course.
- Agreeing a regional approach to 'Health-in-All-Policies' supported by pooling our regional expertise in this area.
- Working collaboratively to leverage in additional resources e.g. City Deal, to support policies influencing physical activity environments that have been demonstrated as effective include environmental interventions targeting the built environment, policies that reduce barriers to physical activity, transport policies, policies to increase space for recreational activity, and school-based physical activity policies.
- Working collaboratively with appropriate research partners to develop and evaluate innovative new approaches to community engagement around nutrition and physical exercise.
- Providing a strong collective voice to influence Scottish and UK government policies that impact on the health and well-being of our populations.

All these efforts require strong collaboration between service providers, the wider workforce, local government, health and other stakeholders at an East of Scotland level and the fullest possible use of skills and experience is required to generate the momentum needed to sustain a preventative programme of action.

Achieving our Vision will require support from, and co-production with, the following East of Scotland partners:

- NHS Boards
- Local Authorities
- Leisure and Culture Trusts
- Integration Joint Boards / Health and Social Care Integration Partnerships
- NHS Health Scotland
- Sport Scotland
- Youth representation
- Older People's Forums
- Diabetes UK
- Diabetes MCNs representative
- Academic input e.g. universities and relevant public health organisations

The proposed Diabetes Prevention Partnership will have a number of themed workstreams:

- Intensive Prevention - this workstream will clarify and establish pathways for identification of individuals at elevated risk of T2D and referral on to appropriate risk mitigation interventions primarily based around physical activity, nutrition advice and peer support.
- General Population Health and Health Inequalities - this workstream will examine ways to support physical activity and healthy nutrition amongst the general population and will use evidence to target according to need. This workstream's interest will range across the life course and consider the needs

of minority groups. It will consider the use of established sites as well as seeking to make innovative use of our environment and new interventions.

- **Communications and Campaigning** - this workstream will ensure that communications between stakeholders and other groups are maintained and have an important role in communicating key health messages to the community. Furthermore it will insure that stakeholders are kept informed about what initiatives and programmes already exist and how they may be accessed. It will also lead on any community focussed campaigning and awareness-raising.
- **Community Stakeholders**- this workstream will ensure that any initiatives created are co-produced by and acceptable to the local community. It will facilitate the gathering of information through activities such as focus group discussions but also create and maintain strong links with the community and other stakeholders as appropriate.
- **Maximising resources**– this workstream will support the work of the partnership as a whole by identifying synergies across partners and writing bids to attract external funding.

Measuring success

A set of indicators against which we will measure our success will be established. There is a time lag between intervention and health outcomes so many of the initial indicators will be focussed on process.

Indicators:

- Engagement levels with social marketing campaigns
- levels of participation and satisfaction with individual interventions – community group access, acceptability, appropriateness
- success of individual interventions (efficacy, cost-effectiveness)
- realist evaluation of the approach taken with community partners
- achievement of programme of activities
- number of individuals screened and identified at high risk of T2D
- number of individuals referred to targeted individual support for lifestyle change
- achieving sustainable services that can continue post funding period
- increased levels of physical activity (particularly in older age groups)
- increased consumption of fruit and vegetables

Outcomes:

- increased self report of wellbeing
- increased self report of activity
- increased healthy eating
- increased awareness of protective benefits of healthy diet and physical activity
- standardisation of evaluation tools

- reduced prevalence and inequity of obesity
- reduced incidence and inequity of T2D
- reduced T2D admissions and referrals

Support for the Partnership

This will require strong and robust programme management and leadership - appropriately resourced. The Partnership will look to the East Region Health and Social care Delivery Plan for resource and further detail will be worked up. This will ensure the different components of the Partnership workplan remain interlinked and that set goals and objectives are achieved.

Summary

T2D is a major cause of ill health across the East of Scotland region. This proposal outlines the development of a regional approach to prevent T2D by mobilising the full resources of all regional partners within the statutory and non statutory sectors. An East of Scotland Diabetes Prevention Partnership will help achieve these goals and provide the necessary leadership and coordination to really make a difference in improving the health of our populations. The proposed Partnership will take forward East of Scotland initiatives where economy of scale and pooling of resources will achieve outcomes that local organisations find it difficult to achieve on their own.