

# Cabinet's Response to Scrutiny Recommendations

# Appendix B

Recommendation	Cabinet Decision (Accepted/ Rejected/ Deferred)	Cabinet Response <i>(detailing proposed action if accepted, rationale for rejection, and why and when issue will be reconsidered if deferred)</i>  CCG Clinical Commissioning Group TRFT The Rotherham Foundation Trust DPH Director of Public Health	Officer Responsible	Action by (Date)
<b>Education and Prevention</b>				
4.1 Ensure the remit of the Health and Wellbeing Board focuses on the <b>promotion</b> of healthy lifestyles such as good diet, physical activity and the prevention of obesity, through the development of the partnership Health and Wellbeing Strategy	Accepted	These represent core duties of the Health and Wellbeing Board	HWBB	Strategy in Place
4.2 NHS Rotherham diabetes lead to ensures links are made with the community weight management services such as Reshape and the Carnegie Clubs to ensure those at risk due to being overweight or obese are made aware of the risks and sign-posted to early support where this may be appropriate	Accepted	Discussion about the increased risk of diabetes (and other long term conditions) that is associated with lifestyle is part of the referral process for weight management; however, where appropriate, there is reinforcement of this advice. The primary focus of these services is to help people to modify their lifestyle and allocating additional time to discuss the risks of their lifestyle would dilute the care provided.	Dr Hoysal	Complete
4.3 RMBC to investigate the possibility of putting diabetic awareness on PSHE curriculum.	Accepted	Diet and exercise form key components of the PSHE curriculum. It is unlikely that we will be able to make significant changes to this across the Borough.	Healthy Schools Co-ordinator	September 2012
4.4 Ensure GPs continue to raise awareness and inform patients of the risk factors and early symptoms, through the GP consortium and Health and Wellbeing Board once established	Accepted	Patients who attend the GP that are overweight or obese are already able to receive support from the Health Trainer Service. NHS Health checks include brief advice to support lifestyle change	DPH	NHS Healthchecks include advice on lifestyle

<b>Early Diagnosis</b>					
4.5	Investigate ways of encouraging people to seek advice through the range of sources available, such as GP practices, pharmacies and NHS Direct, though the council and NHSR websites and the use of posters/leaflets available through Diabetes UK	Accepted	Advice on Diabetes forms part of the service offered by Public Health to GP practices in QTV. Suggest that this also includes the promotion of NHS health checks.	DPH	PH website in development. QTV program agreed by April 2013
4.6	Consider ways of utilising the NHSR Diabetes testing machine as widely as possible with high risk groups and communities, such as BME and older people – and investigate the possibility of training other staff (RMBC/NHSR) and volunteers to use the machine due to a lack of staff resource currently available to deliver this.	Accepted	<p>We only have one machine and while it has been used in limited settings it is available for use within the borough. It is acknowledged that this opportunistic screening could be expanded.</p> <p>NHS Healthcheck will deliver this aim for more widespread testing. Monitoring of uptake for NHS Healthchecks will form part of the program particularly in the South Asian Community. Work with the Rotherham mosques has been undertaken to raise awareness of healthchecks.</p>	DPH	Ongoing
4.7	NHSR and the Health and Wellbeing Board (once established) to Investigate ways of maximising the take-up of the NHS Health Checks Programme which can identify those at risk, as well as early symptoms	Accepted	The National Target is to screen 90% of the eligible population aged 40-75 years by 2012. A review of the current programme is underway.	DPH	Ongoing Rotherham has one of the highest uptakes of Healthchecks in Yorkshire and the Humber.
<b>Spreading Good Practice</b>					
4.8	<p>Support recommendations included in the redesign of diabetes services which was undertaken by NHSR and ensure that this is implemented by holding the GP consortium and relevant providers to account through the Health and Wellbeing Board once established</p> <p>Ensure the Health and Wellbeing Board looks at performance in relation to service and patient</p>	Accepted	<p>RFT to report back to the HWBB about progress in September.</p> <p>TRFT – the integrated specialist diabetes service was launched in June 2011 and all members of the team (Consultant, Specialist nurse, podiatrist, dietician) can now be accessed via the one referral route. The team is also working more closely with A and E and the inpatient wards in the Hospital to provide holistic care to diabetic patients who may be admitted to Hospital.</p>	HWBB	September 2012

<p>improvements, resulting from the redesign of services, and refers relevant issues to Health Scrutiny where they feel it is necessary</p> <p>4.9 NHSR to look at ways of encouraging newly diagnosed patients to go for structured education (delivered through GP practices) and ensuring GPs are promoting this service and reassuring those who may perceive barriers to attending (such as lack of time and feelings of anxiety)</p>	<p>Accepted</p>	<p>TRFT are working with both patients and GPs to promote all forms of structured education and the benefits to be gained by individual patients in terms of the management of their condition through education.</p>	<p>TRFT</p>	<p>All new patients offered this.</p>
<p><b>Better Self-management</b></p> <p>4.10 Ensure NHSR are engaged with the Rotherham branch of Diabetes UK and other patient groups, such as LINKs (and HealthWatch once established) to raise awareness as well as understand patient experience of their condition and the services provided for them</p>	<p>Accepted</p>	<p>NHSR and TRFT are actively engaging the Rotherham branch of Diabetes UK and their Chair is a member of the local diabetes clinical group/improvement team.</p>	<p>CCG and TRFT</p>	<p>From April 2013</p>