

## NOTES

**Health OSC Steering Group  
Friday 14 March 2014– Scrutiny Chairs Room (B14a)  
2.00pm**

Present:

- County Councillor Steve Holgate
- County Councillor Margaret Brindle

Apologies:

- County Councillor Mohammed Iqbal
- County Councillor Fabian Craig-Wilson

### **Notes of last meeting**

The notes of the Steering Group meeting held on 21 February were agreed as correct.

### **Diabetes**

Dr Jay Chillala from Central Manchester University Hospitals and Julian Blackhouse from the Institute of Diabetes attended the meeting

Members were taken through a presentation (copy attached) on the issues and statistics surrounding diabetes and the main points were:

- Network manages a range of projects to look at all the different work going on across the country – see where joining up can be done etc - Still big challenge
- Possibly play a role in helping the diagnosis in care homes – study done to determine the %. – both nursing & care homes identify about 10%
- Inpatient stays – if have diabetes end up staying longer as a consequence even if that's not why they went in - Think Glucose campaign in hospitals
- Medication in hospitals – work being done on this to reduce the number of errors.
- Area of education for care/nursing homes to be done to cope with diabetes both diagnosis and treatment.
- Jay to send reference to Good Clinical Practice Guidelines for Care Home Residents with Diabetes.
- Lots of new medicines coming out but not always appropriate for elderly population due to potential kidney problems
- National Home Care Audit – snapshot of the inconsistencies – due to release the full report end of April, Julian to provide a link.
- Mixed response to specific checks carried out by GPs – regular eye checks but not feet checks.
- Need to find out whether the HWB have diabetes as a priority.
- Diabetes champion – within a care home setting-to receive training and pass on to other staff in their organisation
- Asked members to influence the ability to provide training – maybe ask CC Ali how he will progress this.

## Appendix B

- Agreed to send HW's contact details to them to take that relationship forward. (And LCA)
- Type 1 – happens in younger patients (16-18). Don't have insulin in their blood and therefore need injections
- Type 2 – have the hormone but it doesn't work very well
- New innovations in the treatment of particularly Type 1.
- Julian to send us the 7 point plan for care homes
- Jay to provide details of the facilitator of the older men's network – for Margaret.
- Corn syrup – is there increasing usage? Jay not aware but not looked at this area in depth.

### **F&WCCG- Health & Care Strategy (Draft)**

Dr Adam Janjua and Pippa Hulme attended Steering Group to discuss the draft Health & Care Strategy for the CCG and seek comments from members prior to it being published.

Adam took members through a presentation on the key issues within the strategy (copy attached) and the main points were:

- Lots of long term conditions and an elderly population – 28% more people over 70 by 2022 and double 85+ by 2030
- Although it's called a strategy it's more a vision as it doesn't go into detail – that will be in the 2 and 5 year plans
- Felt people would be less likely to engage when there's lots of detail but more likely to discuss the direction of travel/vision
- Will be a £6m gap in terms of cost and frequency of hospital based services.
- Info gathering sessions have happened in different venues at different times – hopefully enabled as many as possible to attend.
- Cap on acute care spend is agreed within the contract – big leap of faith to take money out of acute care to put into community based care.
- Plans aligned with providers to enable a more integrated approach to service movement.
- Trying to get acute trusts to use their staff differently – ie in the community.
- CCG already do care plans for the most vulnerable and those most likely to go to hospital if need medical help but unaware of alternative methods.
- Interventions of limited clinical value – tattoo removal, breast enlargement etc – these would be dealt with on an individual basis.
- CCG recognised that the plan does need to give regard to public health in terms of the long term.
- Wanting to work with local schools in terms of lifestyle choices that affect health. – Adam has a range of ideas.
- Try to replicate the stop smoking etc on the same way that driver awareness courses are run.
- Would also like to do something with supermarkets and alcohol – some unit information next to the beers/wine aisles
- End of life care is part of the 5 year plan – LCC has a bereavement service – not all GPs aware of this.
- Thinking about doing a directory of services for the CCG so patients can see what they can access.

**Dates of future meetings**

- 4 April – Janice Horrocks on behalf of SOHT re Care Closer to Home
- 2 May – Mark Hindle, Chief Exec, Calderstones
- 23 May – ELCCG re proposals for Health Access Centre in Hyndburn