



TYPE 2 DIABETES PREVENTION: A COLLABORATIVE APPROACH

INVERCLYDE EVENT REPORT: OCTOBER 2023

CONTENTS

Background	3
The Event	4
Speakers	5
▪ Who and some key points made	
Workshops	7
▪ Questions posed and some key points that emerged	
▪ Pledges	
Thank you	11
Next steps	12
Appendices	13
▪ 1. Agenda	
▪ 2. Organisations represented	
▪ 3. Speaker slides	
▪ 4. Human Learning Systems	
▪ 5. Participant pledges	
▪ 6. Event feedback	
Keep in touch	18

BACKGROUND

It is estimated that 1.1 million people in Scotland are at risk of developing type 2 diabetes, a serious condition that can lead to complications including amputation, stroke, heart attack and sight loss.

The risk factors for type 2 diabetes are multiple and complex. They include age, family history and ethnicity, as well as living with overweight or obesity. Social deprivation is also a significant issue. Factors such as low income, insecure work, poor housing, lack of access to healthy food, as well as poorer access to healthcare, have been shown to be strongly linked to an increased risk of developing several health conditions including type 2 diabetes. Data shows that people living in poverty are over twice as likely to develop type 2 diabetes, and over two and half times more likely to experience serious complications.

Diabetes Scotland recognises that type 2 diabetes cannot be prevented using current health systems, programmes, or medical models of care alone. It is a complex issue requiring a holistic approach and an understanding of the social determinants of health.

Looking to play a part in pioneering solutions to this challenge, Diabetes Scotland has been collaborating with Healthcare Improvement Scotland on adopting what is called a Human Learning Systems approach to systems change. At the heart of this school of thought is the principle that public service exists to support human flourishing, and that thinking in systems - understanding things as connected and interdependent - leads to better outcomes for all.

Diabetes Scotland also recognises that if we are to improve type 2 diabetes prevention work in Scotland, we must ensure discussion around diabetes care includes community organisations and people living with diabetes.



So, at the beginning of 2023, Diabetes Scotland started reaching out to organisations and individuals working in Inverclyde to build an understanding of work already underway locally to support people living in the area, not just those living with or at risk of diabetes but also to support physical and mental wellbeing as well as initiatives that support those living in poverty.

Why Inverclyde? Early investigation suggested community-based organisations in Inverclyde have a deep understanding of the needs of the people they support, and that they have built trust and strong relationships locally. In addition, according to the latest SIMD (Scottish Index of Multiple Deprivation) (2020) data, Inverclyde has the largest local share of deprived areas in Scotland, with Greenock town centre currently recorded as the most deprived area in the country.

The aim of early conversations Diabetes Scotland held with stakeholders in Inverclyde was severalfold: to build understanding of what local organisations and groups are doing locally in Inverclyde, to serve what needs, and to explore interest in working with Diabetes Scotland and others to consider and co-design new ways of working, and learn what might work to prevent those at high risk of developing type 2 diabetes.

THE EVENT



The event at the Beacon Arts Centre in Greenock on 25 October linked experts and influencers from the local community with health system leaders and NHS Greater Glasgow and Clyde health practitioners. Delegates were invited to come with an open mind and willingness to share and exchange good practice and ideas that could seed the start of new ways of working to create sustained change in the health and wellbeing of the residents of Inverclyde.

Speakers from the Scottish Government set the scene. **Professor Brian Kennon, Consultant Physician and National Lead for Diabetes in Scotland** and **Laurie Eyles, Professional Adviser Framework for the Prevention, Early Detection and Early Intervention of Type 2 Diabetes** spoke about the importance of type 2 diabetes prevention.

Karen Haldane, Executive Officer at Your Voice, Inverclyde Community Care Forum spoke about the range of work the organisation does to support and connect local people and services and emphasised the importance of listening to local people to understand need and identify gaps in services and highlight issues of concern to inform service change and development.

Diana Hekerem, Associate Director of Transformational Redesign, Health Improvement Scotland provided an overview of Human Learning Systems, and **NHS Forth Valley Type 2 Diabetes Early Intervention Team Lead Jenny Hynes** and **Specialist Dietitian Tracy Cantly** spoke about their practical application of using a Human Learning System approach for type 2 prevention.

KEY SPEAKER POINTS



Professor Brian Kennon applauded the coming together of such a diverse range of stakeholders to shape discussion and thinking and welcomed ambition to do things differently, rallying those in the room with John F Kennedy’s famous words: ‘If not us, who? If not now, when?’. **Laurie Eyles** recognised the value of local insight and innovation and invited participants to continue to share their work with the Scottish Government.

Karen Haldane emphasised the importance of ‘helping people to help themselves through creating the right environment through trust and relationships’ and making sure that ‘good conversations’ lie at the heart of efforts to drive change. Karen insisted that ‘there is always scope to effect change’ and ‘one voice brings thought, many voices bring change’.



Diana Hekerem posed the need for a shift of emphasis whereby leaders focus not on managing current health systems to ‘go faster’ but instead ask people what matters to them and put in place support that is more holistic, enabling individuals to meet challenges intrinsically linked to health and wellbeing and thrive. Diana observed that ‘every relationship is a learning’ and challenged ‘health and wellbeing influencers’ to think outside existing systems to ‘do the right thing’.



Jenny Hynes and Tracy Cantley’s work focuses on understanding social economic factors that are stopping some people in the small community of Denny, Falkirk from accessing healthcare locally and putting in place practical measures to remove barriers. Jenny encouraged practitioners to ‘step away from asking what we can ‘do’ for people and instead ask what is important to them’, inviting those in health and social care to ‘give people space to help themselves’ whilst being there to facilitate support where it is needed”.



WORKSHOPS



A significant amount of time at the event was devoted to giving people the opportunity to network, share information and lay groundwork for possible new thinking and ideas.

Workshop activity invited people to think about:-

Their motivations for attending the event:

- Why did you choose to come along today?
- What do you hope to get from and give to this group today?

Ideas for joining dots and doing things differently:

- How could we better support type 2 diabetes prevention?
- Who could we collaborate with and what do we need to do this?
- What has been or is stopping us from doing this?

WORKSHOP THEMES

A range of themes emerged. Here is a summary, together with observations and suggestions made by participants.

Existing activity

- Lots of activity also going on, with increased connectivity we should be able to pull together exciting pathways

Funding

- Funding and resource have come up in every conversation about barriers
- Short-term funding cycles

Early education

- Wind back to education of young people
- Nutrition and impact of unhealthy food needs to be embedded in education system, not just taught but embedded
- Set an example for young people; Why don't young people want school lunches and prefer to go to the chip van?
- Stop giving chip vans licences outside schools
- Stop using sweets as rewards in schools
- Proper home economics teaching, soup rather than crumble

Flexibility and whole family approach

- Community Link Worker shared that when someone's referred to her, she doesn't just work with the individual but also with whole family
- Can be quite flexible, already thinking of new things to introduce into interaction

Connecting third sector and NHS

- Allow NHS to reach people in communities who are often labelled 'hard to reach'
- Diabetes Scotland is currently working with NHS Greater Glasgow and Clyde type 2 diabetes and weight management team to train local community diabetes champions promoting healthy lifestyles in local communities. Is there an opportunity to do something in Inverclyde?

Whose role is it to lead on this ambition to do things differently?

- Broad mix of people in the room – representatives from Inverclyde Health and Social Care Partnership, NHS, third sector, community organisations and groups
- All talking about how great it would be to collaborate
- Who leads on that?
- Want it to be open to explore new things
- Health Improvement has a key role – about prevention and early intervention, and mitigating inequality
- How can we support health improvement teams to showcase their value – lots of fixed term/short-term funded posts

Power of third sector to achieve change

- Never underestimate the lack of power of health care professionals to change health care models
- But don't underestimate power of third sector to support the drive for change
- Unified voice = better chance of traction
- Everyone's asking for things within the NHS, but when third sector says things to health boards, it's hard to ignore

Wider than diabetes

- There isn't one intervention we're looking at, lots of small change
- Diabetes prevention is one thing you can pin lots on as a marker of a local population's health
- Diabetes as secondary focus (links back to flags that someone isn't thriving that Diana Hekerem spoke about)
- Just talking about diabetes won't get you very far
- Focus on health inequality, deprivation

Tangible outcomes/ outputs

- Often struggle with output of workshops
- Morton in the Community keen for outreach – Brian Kennon has a bus for outreach purposes that could be linked in
- Wellbeing check could align to Morton's mental health priorities as well as diabetes
- LiveActive trying to attract people, could refer people from bus to them

Support needs to keep up with assessment

- Important that something is available for people who want help, not ending at point of outreach
- Pushback is that we know what unmet need is, if we start a testing drive then how will we manage demand?
- Make sure support pathways are in place before we start further activity in Inverclyde

Peer support

- Teenagers accessing type 1 diabetes services
- Based in community campus at Port Glasgow, why not create peer support forum? Not just for older people

Digital services

- Digital services are one of ways to get to people
- Not for everyone
- Getting people local help to be digitally enabled
- Third sector links workers central to this
- Local hubs offer classes on IT support
- Inverclyde Council Community Learning and Development is doing work specifically on diabetes digital support in libraries (Health Improvement facilitated this)

PLEDGE MAKING



Des McCart, Senior Programme Manager, People-Led Care at Health Improvement Scotland

asked people to once again think about what is preventing them from making change and what is possible for them to commit to in terms of helping to bring about change.

Des invited people to then write down two pledges – the first from an individual perspective and the second from an organisational perspective – as to how participants were going to help progress type 2 diabetes prevention in Inverclyde. Pledges were sealed in envelopes to be taken away and used for a reflective exercise in the future.

In Appendix 5 read some of the pledges made, together with words to describe how delegates felt about diabetes in Inverclyde at the end of the session, compared to how they felt at the start.



THANK YOU



Diabetes Scotland extends sincere thanks to everyone who attended the event and to those who could not attend but who have expressed interest in this work that aims to break new ground in type 2 diabetes prevention in Inverclyde.

The open minds with which people came to the event was apparent, as was the willingness to share and exchange good practice and ideas. We look forward to building on the skills, experience and insight of fellow collaborators and observations and suggestions made so far, and the collective will expressed to connect and interconnect and pioneer through what emerges.

NEXT STEPS



Diabetes Scotland will:

Compile and circulate this event report to all participants and those who were unable to attend but were keen to learn more about this work.

Continue to work closely with individuals and organisations in Inverclyde who have expressed an interest in support and insight from Diabetes Scotland, health system and community contributors.

Arrange a follow-up virtual gathering to reflect on pledges made at the event and discuss how we can work in collaboration to support one another to work on their pledges.

Aim to have another face-to-face gathering in June or July 2024 where we can discuss what we have learned, what we have achieved and what we would like to continue to take forward.

Continue to act as stewards in the type 2 diabetes prevention learning space, bringing people together to share, gather insights and form a network for those working on driving innovation.

This could include co-producing a report to take to Inverclyde Health and Social Care Partnership / Inverclyde Integration Joint Board to support change on how we approach type 2 diabetes prevention in Inverclyde.

APPENDICES

Appendix 1 Agenda

Time	Session Plan	Facilitator
10:00	Welcome	Jude Kennon, Diabetes Scotland
10:10	Setting the scene: Type 2 prevention and why it matters	Brian Kennon and Laurie Eyles, Scottish Government
10:30	What's happening in Inverclyde: feedback from Your Voice	Karen Haldane, Your Voice, Inverclyde Community Care Forum
10:45	Workshop 1: What's happening in Inverclyde	Alison Grant, Diabetes Scotland
11:15	Comfort break	
11:30	Human Learning Systems: Theory	Diana Hekerem, Health Improvement Scotland
11:50	Human Learning Systems: In practice	Jenny Hynes and Tracy Cantley, NHS Forth Valley
12:20	Workshop 2: Reflecting on opportunities and ideas	Emma Nieminen, Diabetes Scotland
13:00	Lunch and networking	
13:45	Workshop 3: Making a pledge for change	Des McCart, Health Improvement Scotland
14:15	Plenary: next steps and thank you	Jude Kennon, Diabetes Scotland

Appendix 2

Organisations represented:

- CVS Inverclyde
- Diabetes Scotland
- Inverclyde Community Treatment and Care (CTAC) Service
- Inverclyde Council
- Inverclyde Council Community Learning and Development
- Inverclyde Leisure
- Inverclyde Health and Social Care Partnership
- Health Improvement Scotland
- Morton in the Community
- NHS Greater Glasgow and Clyde
- NHS Forth Valley
- Port Glasgow Medical Centre
- Scottish Government
- The Inverclyde Bothy (a Cycling UK Project)
- Your Voice, Inverclyde Community Care Forum

Appendix 3

Speaker Slides

- [Type 2 Diabetes Prevention: A Collaborative Approach Inverclyde Event Slides](#)

Appendix 4

Human Learning Systems

- [A practical guide for the curious | Centre For Public Impact \(CPI\)](#)
- [Human Learning Systems - Human Learning Systems \(ihub.scot\)](#)

Appendix 6

Event feedback

Diabetes Scotland thanks everyone who took the time to provide feedback on the event. All points made are extremely helpful and will inform future planning and activity.

“Setting scene rammed home the local problems. Highlighting third sector support groups was helpful.”

“The talks were very inspiring and made me think more about what I can do in my role to support patients. It made me think about how my service can fit into the bigger picture and made me feel motivated to continue with some of the work we have already done around managing diabetes.”

“Very thought provoking, great for networking. I learnt so much about what other people in other roles are doing and how we could even connect or link in with other services.”

“Most of diabetes prevention occurs in primary care - many practice nurses look after patients with pre-diabetes day in and day out, but they had no voice at this meeting. It would have been helpful to acknowledge the work already happening in primary care.”

“Workshops were well paced and lead to useful discussions and created a very enthusiastic atmosphere to drive

“Helped to clarify where we are at and where we really need to be, personal motivation re-activated.”

“All good informative sessions which were helpful to inform the workshops.”

“Make sure sessions are in person again. I genuinely think physically being in a room with people made the whole thing a lot more productive. I feel more confident contributing and speaking to people in person for these types of things.”

“I would have liked more detail on Human Learning Systems.”

KEEP IN TOUCH

For further information about this work or to get involved, please contact:

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