WESTERN SYDNEY DIABETES PLAN 2018
Western Sydney Diabetes (WSD) undertakes planning exercises to develop its Work Plan each year. These outline the scheme and deliverables across the work areas, and report the progress and achievements within the following key work areas:

- Primary Prevention
- Secondary Prevention and Management

In 2017, WSD developed an Annual Plan and reported the progress at Year-In-Review 2017. Western Sydney Local Health District (WSLHD), Western Sydney PHN (WSPHN), PricewaterhouseCoopers (PwC) and NSW Department of Premier and Cabinet (DPC) were formally recognised and became lead partners, driving WSD and joining the Executive Management Team (EMT).

The 2018 Work Plan will focus on building an alliance with 100 partners across government, business and the community to implement the strategy, and help secure sufficient investment to bring WSD to scale.

This work will be supported by the enablers through work in research, monitoring and evaluation, and mobilising public support.

Prof Glen Maberly
Director, Western Sydney Diabetes

**CONTEXT**

**In 2017**
- We developed an Annual Plan and reported progress against it
- We refined our strategy and defined the investments needed to bring WSD to scale
- We selected Blacktown CBD to focus effort and demonstrate impact in one locality
- We formally recognised WSPHN, WSLHD, Diabetes NSW & ACT, PwC and NSW DPC as the lead partners driving WSD, and they joined our Executive Management Team (EMT)

**In 2018**
- We will continue to advocate for enhanced investments
- We will explore expanding WSD to ‘Greater Western Sydney’ or other areas if desirable
- We are developing a plan based on existing resources (with minimal expansion needed)
- The plan is based upon our goal and framework for action described in ‘Taking the heat out of our diabetes hotspot’ (2017)

**GENERAL OVERVIEW**

- We will continue to focus our efforts in Blacktown CBD to demonstrate impact in one locality
- We plan to extend the ‘place-based’ focus for our activities, to enable and maximise the synergies among Primary Prevention and Secondary Prevention and Management, and further demonstrate the benefits of our strategy
- Blacktown CBD, Mt Druitt, Rouse Hill, Toongabbie and Parramatta have been selected for the ‘place-based’ focus
- The ‘place-based’ focus will include working closely with the Council, Schools, General Practices (GPs) and Community-based Partners around specific interventions, public mobilisation and ‘sentinel site’ surveillance
- We will continue to grow our partnerships and become more of an action oriented ‘hub’ for information exchange, as well as an incubator for new collaborative initiatives
- We will develop our ‘data for decision making’ framework around benchmarking progress, the evaluation of interventions, data linkage, translational research and the development of a diabetes cohort to follow
- We will move into mobilising public support, building diabetes awareness and engagement through the implementation of a Communication Action Plan (developed in 2017), increased diabetes and pre-diabetes detection with lifestyle interventions, and the deployment of the ‘WSD App’ for patient self management, built upon formative research into health and cultural literacy.
OUR GOAL

Our goal is to increase the proportion of a healthy population, slow the progression towards being at risk of diabetes, and reduce the size of the risk population.

OUR FRAMEWORK

The framework for action is broad, moving from primary prevention through secondary prevention and management to improving the health of end-stage diabetes patients. This includes programs aimed at approximately half the people in western Sydney who are most at risk, or are currently suffering from diabetes. This is also underpinned by monitoring and advocacy. Respectively these two efforts allow us to track the problem, and evaluate the impact of our initiative - to create a broader awareness in western Sydney of the diabetes epidemic and the path towards a healthier region.

FRAMEWORK FOR ACTION

AN ALLIANCE OF 70 PARTNERS • ALL TIERS AND SECTORS OF GOVT • PRIVATE SECTOR • NGO • UNI & EDU

PRIMARY PREVENTION

SECONDARY PREVENTION AND MANAGEMENT

MONITORING • SURVEILLANCE • EVALUATION • ECONOMIC IMPACT • RESEARCH • PUBLICATION

ADVOCACY • MEDIA • SOCIAL MEDIA • PUBLIC AWARENESS • MOBILISATION • GRASS ROOTS SUPPORT
PRIMARY PREVENTION

Work in this area will continue to focus on a ‘whole of community approach’. The Diabetes Prevention Alliance and its members will be key in advancing this work, with an additional emphasis on growing links and contact within the local community. Collaboration between our partners will be facilitated through the identification and distribution of opportunities for both individual organisations and various partnerships. The formation of networks and the ongoing exchange of ideas amongst our partners will be facilitated through the introduction of new networking channels. Following the initial success of the Blacktown Focus, this same concept will be trialled in additional localities with interventions being introduced that specifically target the individual character of each area. Events for partners and the community will continue to grow in importance during 2018.

- Establish a ‘WSD Prevention Hub’ focused on improving food, physical activity, healthy built environments and Government leading the way:
  - Grow the Alliance to over 120 ‘active’ member organisations with engaged leaders
  - Share information among new and existing partners (digital platform plus ‘speed dating sessions’)
  - Foster over 12 new innovative collaborations among partners
  - Help mobilise resources among partners to support over $500K worth of proposals for projects
  - Engage with WSD Consumer Council to give community presentations
- Host ‘place-based’ diabetes prevention and management events:
  - This will start with 3 sessions with Blacktown Council targeting people identified as at-risk through the Diabetes Detection & Management Strategy (DDMS) and GPs, and expanding this initiative if successful
  - Bring local Community Groups and Prevention Alliance Groups together
- Support Interventions
  - Increase GP HbA1C testing for diabetes and pre-diabetes with lifestyle options
  - Promote the Premier’s initiative with Councils ($100 Kids rebate for sporting activities)
  - Support the WSLHD Staff Health & Wellbeing program (with Population Health)
  - Stephanie Alexander Kitchen Gardens in 3 local schools
  - GP Walking groups in 5 practices.

SECONDARY PREVENTION AND MANAGEMENT

In 2018, we continue to refine our work in Secondary Prevention and Management. This year, with our ‘place-based’ focus, we aim to apply the various interventions within these targeted areas. We intend to explore ways of enhancing and redesigning the hospital diabetes clinics to optimise efficiency, patient and staff experience as well as revenue.

Building capacity to better manage diabetes has always been one of our vital interventions. This year we aim to plan ways to extend this to staff in the Integrated and Community Health of WSLHD, and integrating this with other chronic disease management.

We also aim this year to progress the build of the WSD Self-Management Application.

- Redesign Diabetes Clinics – T2D Complex Management, Discharge, Urgent Review & High Risk Foot Service:
  - Professor Mark McLean and Luke Elias have agreed to be Executive Sponsors, with Dr Rajini taking the lead. We will arrange for Nursing & OPD Clerical to join the redesign team
  - Use redesign and co-design supported by Emma Clarke
  - Include a Friday Diabesity Clinic (in conjunction with the Metabolic & Weight Loss Program)
  - Improve multi-disciplinary management to enhance the patient experience and strengthen links with the community, enhancing provider satisfaction and maximising efficiency and revenue
  - Other ongoing interventions:
    - GP Support line
    - Use of technology for more efficient care – Ongoing use of Continuous Glucose Monitoring (CGM), Health2Sync
- WSD App:
  - Adapt software to include a GP interface (engage Paul Campbell)
  - Build the educational library in GoShare Healthcare with University of Sydney
  - Build algorithms for smart interface
  - Develop with 2-5 GP practices over 2 years
- Build capacity to better manage diabetes in I&CH (Sharon McClelland from 2018):
  - Map opportunity
  - On-line and face to face with case conferencing approach
  - Consider ways to integrate with other chronic diseases education.
• Continue to build capacity in hospital
  - Repeat cardiology audit to evaluate impact
  - Engage the respiratory team in a similar process
  - Work with ACI Leading Better Value Care program to better manage diabetes in hospital

• Enhance Case Conferencing
  - Aim to reach 300 GPs, targeting new practices at each place-based focus
  - Develop an Active Learning Module (40 CAT CPD points) for GPs at case conferences
  - Westmead expansion (0.5FTE Staff Specialist)

• Practice Nurse education
  - Train 50 Practice Nurses sponsored by WentWest for online Best Practice in Diabetes Care Course (BPDC). The BPDC course is a National Association of Diabetes Centres (NADC) course of 30 hours duration
  - ‘Basic Diabetes Education for Practice Nurses’ face to face sessions offered twice in different localities
  - One ‘Advanced Diabetes Education for Practice Nurses’ day also offered

• Other ongoing interventions and research
  - Community Pharmacy engagement with place-based focus
  - Open C-Eye-C Blacktown Screening location to GPs and Optometrists
  - Evaluate Outpatient eye screening
  - Update HealthPathways
  - Continue to evaluate use of CGM in T2D management.

MOBILISING THE PUBLIC

WSD developed a Communications Action Plan to mainly focus on mobilising the key audiences in western Sydney. A planning group will be convened around this strategy to design and tailor messages and campaigns to engage the diverse western Sydney population and influence behavioural changes at grass roots level.

The Communication Action Plan will focus on:

• Community engagement
• Linking health to sport
• Strengthening program Partner activations
• Targeting ‘Pods of People’ in western Sydney
• Driving local, regional, state and national media activation
• Amplifying the voice for champions of the program
• Creating a social and digital hub for community engagement.

MEETINGS AND EVENTS

• The Executive Management Team (EMT) includes five organisations; WSLHD, WSPHN, DNSW, PwC and NSW DPC. They meet quarterly to review management decisions and agree on resources input. 2018 meeting dates and times are:
  - 14th February 8.30-9.30am
  - 2nd May 2.00-3.00pm
  - 1st August 1.30-2.30pm
  - 7th November 2.00-3.00pm

• The WSD Leaders Alliance meets every six months to review progress on collaboration and commitments from Partners:
  - 28th March 1.00-4.00pm
  - 24th October 2.00-4.00pm

• Diabetes forums (4-6):
  - Better teeth, better health 22nd February
  - Diabetes detection and management of pre-diabetes –during National Diabetes Week July 2018
  - Other topics: pre-diabetes, obesity (with metabolic unit), dementia, renal, respiratory, pharmacy, and a GP diabetes management update

• Community events:
  - 3 ‘placed-based’ diabetes sessions with Blacktown Council (July-September)

• Working groups:
  - Project based
  - Food and physical activity
DATA FOR DECISION MAKING

In 2018 WSD data for decision making will centre around five main focus areas:

- **Regular reporting on activity data**, ensuring that all activity is appropriately captured and disseminated to link in with ABF goals for the directorate
- **Benchmarking key indicators of diabetes risk across the LHD**, in particular HbA1c and BMI. This will continue work begun in 2017, in particular our ambitious collaboration with Douglass Hanly Moir regarding pathology data
- **Place-based intervention/sentinel sites**: WSD will begin the process of setting up epidemiological sentinel sites to line up with our place-based interventions. This will allow triangulation of the long-term impact of diabetes programs in WSLHD
- **Data linkage with the PHN**, attempting to link as much data locally and continue our work with the PHN, whilst a broader data sharing agreement is finalised between the two organisations
- **Following on from our 2017 work**, with a focus on getting 4-6 published papers in 2018, as well as applying for grant funding for our research.

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**Western Sydney Diabetes Plan 2018**

Our 2018 roadmap for Data for Decision Making is as shown in the following diagram: