

Blueprint objective **1. A nationally unified and regionally controlled health system that puts patients at the centre**

Case example **Western Sydney Diabetes**

What is the community need or problem being addressed? Western Sydney is referred to as a diabetes hotspot, with rates of diabetes more than double that of Sydney's eastern and northern suburbs (WSD 2017a).

As Western Sydney Local Health District Chief Executive Danny O'Connor says: "This rising tsunami of diabetes in Sydney's western suburbs threatens to overwhelm hospitals within 15 years" (WSD 2017b).

What is the approach being implemented? Western Sydney Diabetes (WSD) was established in 2013 to bring a multi-sector and multi-disciplinary approach to the prevention, screening and enhanced management of diabetes, engaging decision-makers and providing a united effort to commit resources.

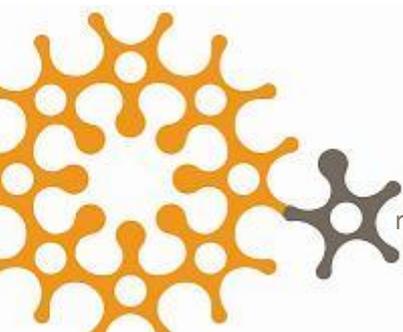
There are five pillars to the approach being implemented:

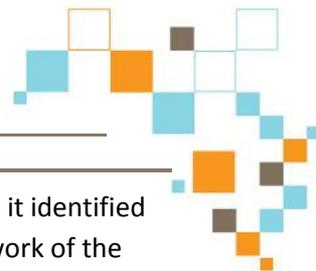
- Building an Alliance and testing the strategy
- Primary prevention
- Secondary prevention and management
- Data for decision making
- Mobilising public support

Interventions are agreed based on an appraisal of local and international evidence. Some target specific cohorts, others are based on an 'all of population' approach, while some are pre-existing interventions.

The surveillance and monitoring system leverages data and intelligence to continuously evaluate the problems and impacts, with high level benchmarks that focus on outcomes having been defined as:

- 'Reducing the average weight of adults in western Sydney by two kilograms
- Reducing the average HbA1c in patients who have diabetes to less than 7% (recognising that in some patients individualised HbA1c targets should be higher or lower than 7%)
- Reducing the prevalence of diabetes to below the NSW State average within five years' (WSD 2017a)





What have been the key enablers to the success of this approach?

The success of WSD remains with its partnership approach, with it identified that the achievements of WSD can be largely attributed to the work of the partners.

WSD now has five lead partner organisations: Western Sydney Local Health District, Western Sydney Primary Health Network, NSW Department of Premier and Cabinet, Diabetes NSW & ACT and PricewaterhouseCoopers (PwC) (WSD 2017b).

It has over 70 partner organisations from all levels of government, non-government organisations, universities and education institutions, the private sector, pharmaceutical industry, food companies, the health and fitness industry, pathology companies, IT industry, hospital specialists, general practices, allied health and pharmacy organisations (WSD 2017a and WSD 2017b).

Working through a partnership alliance is complex. Bringing together a network of partners requires a supportive mindset by executives in the lead organisations and considerable effort by the core team.

This Alliance is more than name-only. For organisations to meet and align their work with WSD, formalising the relationship of the five lead organisations was an important enabler.

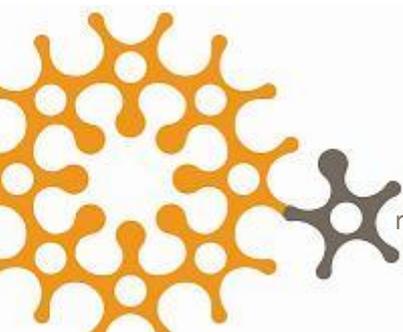
It was also recognised that it is important to work with each partner organisation to understand their organisation, identify synergies, collaborate on projects, and share the recognition and acknowledge the shared successes (WSD 2017b).

What have been some of the challenges to the success of this approach?

It has become increasingly clear that current efforts will not 'take the heat out of the diabetes hotspot'. Effort has been needed to articulate a more persuasive case for urgent investment in a larger scale effort.

There has been a need to cement the value of the Alliance by progressing some of the lower cost interventions and focusing efforts on a smaller geographic area. This has allowed the Alliance to harness the synergies of multiple interventions without overly stretching the small team and limited resources.

It has also resulted in business case documentation to support the case for further investments by partners (WSD 2017b).





What is needed to scale-up the successes?

The October 2017 Productivity Commission Inquiry Report *Shifting the Dial* states that current funding mechanisms, and the divide between state and Commonwealth is inhibiting adoption of integrated care solutions. It has been estimated that in the current system, 'it takes LHNs and PHNs twenty years to adopt an integrated approach to care' and so 'few regions will be able to replicate the effectiveness of leading innovators in integrated care, such as the Western Sydney Diabetes initiative' (PC 2017).

Leadership of the Alliance have identified that securing direct engagement with the NSW and Federal Government is needed (WSD 2017b).

More information

www.westernsydneydiabetes.com.au

References

Productivity Commission (PC), 2017, *Shifting the Dial: 5 year productivity review*, viewed 15 February 2018, <https://www.pc.gov.au/inquiries/completed/productivity-review/report/productivity-review.pdf>

Western Sydney Diabetes (WSD), 2017a, *Taking the heat out of our diabetes hotspot*, viewed 15 February 2018, https://www.westernsydneydiabetes.com.au/themes/default/basemedia/content/files/WSD_TakingHeat_DiabetesHotspot.pdf

WSD 2017b, *Western Sydney Diabetes Year-in-review 2017*, viewed 15 February 2018, <https://www.westernsydneydiabetes.com.au/themes/default/basemedia/content/files/WSD-Year-In-Review-2017.pdf>

