



Government of **Western Australia**  
Department of **Health**

# Western Australian Government Response to the Education and Health Standing Committee Report No. 6: *The Food Fix*

V0.5

Date: October 2019

## Contents

1.	Introduction	2
2.	Current Policy Environment	4
3.	Recommendation Summary	5
	3.1 Providing Health Protection for the Community	6
	3.2 Supporting Effective Management	8
	3.3 Investing in Data Collection to Inform and Drive High Value Health Care	10
	3.4 Workforce Capability and Capacity	11
4.	Next Steps	13
5.	Appendices	14
	Appendix 1: Summary of Recommendation responses	14
	Appendix 2: Definition of Recommendation Responses	18
	Appendix 3: Summary of Recommendations in Each Theme Category	19

# 1. Introduction

## Purpose

This report provides a summary of the Western Australian (WA) Government's response to the Education and Health Standing Committee Report No. 6: *The Food Fix* as led by the WA Department of Health.

## Context

The Education and Health Standing Committee (EHSC or 'the Committee') announced an inquiry into type 2 diabetes on 23 August 2018. The inquiry, which included 11 hearings, 15 briefings and 36 submissions, collectively resulting in information gathered from 53 different individuals, was concluded on 04 February 2019. The Committee heard from interested parties in WA, and visited the Commonwealth Scientific and Industrial Research Organisation (CSIRO) in Adelaide as well as the Leicester Diabetes Centre in the United Kingdom, which has been recognised as a Centre of Education and Excellence in Diabetes Care, to hear from expert witnesses on the prevention and management of type 2 diabetes. Collectively, these consultations formed the basis of the evidence that was gathered for *The Food Fix Report*.

The EHSC inquiry into type 2 diabetes considered whether dietary interventions to encourage weight loss would be a feasible approach for the management of type 2 diabetes, as well as investigating how best to encourage healthy eating habits to help prevent future cases of type 2 diabetes.

The EHSC's *Food Fix Report* on the role of diet in type 2 diabetes prevention and management was presented to the Legislative Assembly by Ms J.M Freeman, MLA on 11 April 2019. *The Food Fix Report* (hereafter the Report) outlined 39 findings and made 36 recommendations in relation to type 2 diabetes prevention and management.

The Report indicated that failure to consider type 2 diabetes as a priority within the health system will lead to higher future health costs as prevalence grows and complications requiring hospital treatment increase, and suggested that the State Government must properly consider the cost benefits of implementing a suite of prevention and management strategies surrounding food (hence "food fix") such as dietary interventions, bariatric surgery, group self-management programs and regulatory measures.

The Department of Health (DoH) has worked collaboratively with the following Departments in relation to certain Recommendations:

- Department of Primary Industry and Regional Development... Recommendation 6
- Department of Communities..... Recommendation 7
- Department of Planning, Lands and Heritage..... Recommendation 12
- Department of Local Government,  
Sport and Cultural Industries ..... Recommendations 15,16
- Department of Treasury..... Recommendation 31

Following advice from the Department of Premier and Cabinet, the Department of Health consulted with the Department of Planning, Lands and Heritage in relation to Recommendation 12 as they administer the *Planning and Development Act 2005*, as well as the Department of Local Government, Sport and Cultural Industries to seek their advice regarding Recommendations 15 and 16, taking into account the Objectives and Principles of the State and Local Government Partnership Agreement.

## **Background – The Spectrum of Type 2 Diabetes Prevention and Management**

Type 2 diabetes may be prevented with primary prevention approaches ranging from initiatives which help individuals and communities at a population level to increase control over the determinants of their health. These can include but are not limited to health education, social marketing approaches used to promote health, policy and structural changes such as taxation, legislation and regulation that call for health promoting environments and address food access and availability. At an individual level primary prevention includes provision of a range and variety of evidence based lifestyle interventions which empower and support the individuals at high risk of diabetes to reduce their risk and prevent progression from pre-diabetes to type 2 diabetes. These behavioural interventions focus on empowering the individual to problem solve and goal set to achieve changes to diet, physical activity and emotional health and wellbeing. Evidence suggests that behavioural interventions can reduce the risk of developing diabetes by nearly 60% over a three-year period.

Secondary prevention aims at early diagnosis of type 2 diabetes and halting the development of diabetes related complications through lifestyle changes, self-monitoring of blood glucose levels and medication. Similar to primary prevention above, the best practice in secondary prevention currently is person centred, team based care. All people with type 2 diabetes should have access to evidence based structured diabetes self-management education and support programs which aim to empower and support the individuals who have type 2 diabetes to manage their condition to prevent the progression of the condition and the development of complications. This support should be offered at diagnosis and at critical junctions such as life transitions and changes in therapy.

Tertiary prevention aims at halting the progress of damage already done. The cost of tertiary prevention is borne by tertiary and secondary hospitals in WA.

Diabetes is ranked in the top 10 leading causes of death in Australia and type 2 diabetes is estimated to cost 10% of Western Australia's health budget: amounting to one billion dollars per year. The significant cost to the health system is due to the complications of poorly managed diabetes which include cardiovascular disease, kidney failure and subsequent dialysis, blindness, nerve damage and limb amputation. Often, people are unaware that they have type 2 diabetes and do not seek help until complications start to develop, which may be years after the onset of the condition.

It is estimated that the direct annual health related expenditure for an individual with normal glucose tolerance and no disease state is \$1898 per person, however for those individuals with known diabetes the direct annual health related expenditure rises to \$4390 per person. Costs were substantially higher for people with both diabetes and vascular complications. It is estimated that behavioural interventions related to type 2 diabetes have an estimated lifetime healthcare cost saving of around \$1087 per person per year.

As the majority of both primary and secondary prevention focus on lifestyle and behaviour changes, particularly in relation to diet, the Report is timely. While health care professionals share a consensus that changing eating habits and other lifestyle measures should be used as the first step in managing type 2 diabetes, the Report highlights that they are divided on which dietary recommendations should be given. The Report succinctly outlines the confusion and inconsistency amongst health professionals as to which diet should be recommended to those at risk of type 2 diabetes or who have developed type 2 diabetes. The Report also calls into question the public health environment and food availability that might contribute to the development of type 2 diabetes, as well as current practice regarding the management pathway for type 2

diabetes, including availability of services and content and quality of self-management programs.

## 2. Current Policy Environment

Action is currently occurring at state and national levels to reduce the prevalence and impact of diabetes in all its forms. This work covers the entire spectrum of diabetes care from the well population through to those at-risk of and diagnosed with diabetes. The *Food Fix Report* can be aligned to sections of the *Australian National Diabetes Strategy 2016-2020* (hereafter, the Strategy) and the supporting implementation plan. All States and Territories have a requirement to report on their progress in implementing the recommendations from the Strategy.

Other strategic work that focuses on obesity and chronic conditions also has an impact on diabetes in WA. There are synergies in approaches to prevention and management of health behaviors and reduction of risk factors that are common to other chronic conditions. In addition, strategies such as the *Sustainable Health Review Final Report* recommend improvements to the health system and environment that will positively impact the health outcomes for people with diabetes.

It is important to note that the *Food Fix Report* recommendations only cover a single component of type 2 diabetes prevention and management i.e. food and diet related factors. Creating sustainable changes to the health outcomes of Western Australians will require a holistic approach to diabetes prevention and management that addresses other contributing factors, including medications and social determinants of health. As such, action related to the *Food Fix Report* should be viewed in line with the existing strategic work.

The relevant existing strategic documents in the context of type 2 diabetes are as follows:

- *Australian National Diabetes Strategy 2016-2020* and the supporting implementation plan
- *WA Diabetes Model of Care*
- *WA Framework for Action on Diabetes and Diabetes Service Standards 2014*
- *National Strategic Framework for Chronic Conditions*
- *WA Women's Health and Wellbeing Policy*
- *WA Men's Health and Wellbeing Policy*
- *WA Sustainable Health Review*
- *State Public Health Plan for WA 2019-2024*
- *WA Aboriginal Health and Wellbeing Framework 2015-2030*
- *WA Health Promotion Strategic Framework 2017-2021*
- WA Public Health Plans developed by Local Government Agencies

The Diabetes and Endocrine Health Network (DEHN) in the WA Department of Health aims to improve health outcomes for people with diabetes and endocrine conditions by enabling consumers, carers, health professionals, hospitals, health services and the WA Department of Health to engage and collaborate effectively to facilitate health policy and increased coordination of care across the State.

### 3. Recommendation Summary

In drafting and determining the whole of Government response and to the EHSC Recommendations in the *Food Fix Report*, the DoH has consulted and worked collaboratively with other Government Departments (as outlined in Section 1: Introduction) in relation to Recommendations 6, 7, 12, 15, 16 and 31. Consultation was also undertaken with the relevant Health Services and Divisions with the DoH as well as subject matter experts in type 2 diabetes.

The EHSC Recommendations extend across the spectrum of type 2 diabetes prevention and management. Analysis of the Recommendations lead to a process of theming in order to determine synergies, as a number of them intersect and overlap, to ensure the response to each Recommendation was considered in context of other like Recommendations. The themes were developed with consideration to alignment with National and State strategic diabetes agendas to ensure the responses build on and align to current and future work. The four overarching themes to which Recommendations have been categorised are:

1. Providing health protection for the community (Recommendations 6, 7, 9-13, 25-27)
2. Supporting effective management (Recommendations 2,3,5,8,22-24,32-35)
3. Investing in data collection to inform and drive high value health care (Recommendations 1,15-17,20,30,31,36)
4. Workforce capability and capacity (Recommendations 4,14,18,19,21,28,29)

In order to understand the context of the Recommendations within the current policy environment (as outlined in Section 2: Current Policy Environment), their alignment to the full list of existing strategic documents is presented in Table 1.

**Table 1. Strategic alignment of the *Food Fix Report* recommendations themes to existing State and National strategic work in diabetes, obesity, chronic conditions, and health system improvement**

Existing Strategic Documents	Food Fix Report Recommendation Themes*			
	1	2	3	4
<b>Diabetes focussed</b>				
<i>Australian National Diabetes Strategy 2016-2020 and the supporting implementation plan</i>	X	X	X	X
<i>WA Diabetes Model of Care</i>	X	X	X	X
<i>WA Framework for Action on Diabetes and Diabetes Service Standards 2014</i>	X	X	X	X
<b>Obesity and chronic condition related</b>				
<i>National Strategic Framework for Chronic Conditions</i>	X	X		
<i>WA Women's Health and Wellbeing Policy</i>	X	X		X
<i>WA Men's Health and Wellbeing Policy</i>	X	X		X
<b>Health system improvement related</b>				
<i>WA Sustainable Health Review</i>	X	X	X	X
<i>State Public Health Plan for WA 2019-2024</i>	X			X
<i>WA Aboriginal Health and Wellbeing Framework 2015-2030</i>	X	X		X
<i>WA Health Promotion Strategic Framework 2017-2021</i>	X			
<i>WA Public Health Plans developed by Local Government Agencies**</i>	X			

\* Themes: 1) Providing health protection for the community; 2) Supporting effective management, 3) Invest in data collection to inform and drive high value health care, 4) Workforce capability and capacity.

\*\* Definitive analysis for local Public Health Plans cannot be made as the alignment will change depending on the plans developed by individual Local Government Authorities. As such, alignment has been determined based on the purpose of Public Health Plans as detailed in the [Public Health Planning Guide for Local Government](#).

## Summary of Responses to EHSC Recommendations

An overview of the responses to the EHSC Recommendations has been provided in Table 2 for each themed group, outlining the general position of the DoH and where applicable other Government Departments. See Appendix 1 for a summary of all Recommendation responses. Appendix 2 provides the definitions of the Recommendation responses.

**Table 2. Summary of responses to the EHSC *The Food Fix Report* Recommendations**

Recommendation themes	Supported	Supported, noting dependencies	Requires further review	Not supported
Providing health protection for the community	3	5	1	1
Supporting effective management	-	3	6	2
Investing in data collection to inform and drive high value health care	1	-	7	-
Workforce capability and capacity	-	6	1	-
<b>Total</b>	<b>4</b>	<b>14</b>	<b>15</b>	<b>3</b>

## 3.1 Providing Health Protection for the Community

### Overview

Recommendations 6, 7, 9, 10, 11, 12, 13, 25, 26 and 27 relate to providing health protection for the community. These Recommendations cover health promotion and prevention of type 2 diabetes, targeting the continuum of the population from those who are well to those who have complex and unmanaged disease.

Recommendation 6 was directed to the Department of Primary Industry and Regional Development, Recommendation 7 was directed to the Department of Communities and Recommendation 12 was directed to the Department of Planning, Lands and Heritage. DoH has consulted these Departments and when asked, worked collaboratively in relation to the responses to these recommendations. An overview of the WA Government's responses to these Recommendations is described in Table 3.

**Table 3. Summary of Recommendation responses themed to 'Providing health protection for the community'**

Recommendation themes	Total	Supported	Supported, noting dependencies	Requires further review	Not supported
Providing health protection for the community	10	3	5	1	1

### Recommendation response summary

The WA Government supports Recommendations 7, 13 and 27.

Recommendations 9, 10, 11, 25, 26 are supported noting that there are a range of dependencies including inter-governmental collaboration, potential resource and funding implications that must be considered in the context of implementation. Recommendation 6 requires further review before a considered response can be given by the WA Government.

The WA Government did not support Recommendation 12 as it relates to the amendment of the *Planning and Development Act 2005* to enable health and wellbeing to be a relevant consideration in fast food restaurant planning applications. The inclusion of health and

wellbeing in the Act would be problematic in terms of planning assessment and decision making as it will result in planners being required to assess and make recommendations on matters that are within the professional expertise of environmental health officers and other professionals operating under different legislation. Planning is concerned with development and land use and how this is arranged or organised with specific considerations being dealt with under existing specialised processes (e.g. legislation relating to public health and environment). Bringing the very specific considerations that would be necessary to assess health and wellbeing into planning functions adds complexity and red tape and may reach beyond the scope/intent of planning powers with no tangible benefit.

### **Summary of work in progress**

At present WA Government Departments are undertaking or have undertaken the following work:

- Department of Primary Industry and Regional Development has funded, through the Royalties for Regions Fund, the EON Foundation to undertake community 'edible garden' initiatives within 24 Remote Aboriginal Communities across WA.
- The Department of Communities applies the principles of the *National Indigenous Housing Guide* and follows a rigorous consultation process to ensure accommodation is suitable and that the living aspirations of a community are met i.e. providing accommodation options for aged persons and singles who may otherwise not be eligible for standard community housing.
- The Department of Communities also developed *A Protocol to Ascertain the Wishes of Aboriginal Inhabitants*, prescribing the process for entering into a Housing Management Agreement (HMA) to manage housing it does not own on remote Aboriginal land. A HMA establishes a formal relationship between Communities and the owner of the land/community. Three different housing designs were developed for the *2008-18 National Partnership Agreement on Remote Indigenous Housing* capital works program.
- Risk to human health and safety is already a relevant planning consideration in clause 67(r) of the Deemed Provisions (Schedule 2 of the *LPS Regulations 2015*): the suitability of the land for the development taking into account the possible risk to human health or safety.
- The Department of Health is phasing out of alcohol promotions on Public Transport Authority assets (buses, train infrastructure). The feasibility of extending this restriction to junk food has been established.
- The Department of Health intends to adopt mandatory kilojoule menu labelling at fast food service restaurants as a requirement in the *WA Food Act 2008* (the Food Act), and *WA Food Regulations 2009*.
- The Department of Health completed a state-wide audit of compliance against the mandatory *Healthy Options WA: Food and Nutrition Policy for WA Health Services and Facilities*. Following on from the audit, the Department has commenced a review of the policy with results of the audit intended to feed into the strengthening of this mandatory policy.
- The Department of Health funds population level health promotion programs such as LiveLighter®, a comprehensive public education and awareness raising campaign, which encourages adults and their families to make healthier dietary choices and lead active lifestyles, in a variety of settings.



- The Department of Health is progressing stage 5 of implementation of the *Public Health Act 2016* which is anticipated to occur in 2021. There are only minimal administration and enforcement responsibilities for local government under the *Public Health Act 2016* until stage 5 has been completed. The Department continues to support local government with administration and enforcement of health legislation, and has already developed a range of online resources in anticipation of stage 5.

### 3.2 Supporting Effective Management

#### Overview

Recommendations 2, 3, 5, 8, 22-24 and 32-35 relate to supporting effective management in patients who have developed type 2 diabetes. The DoH referred Recommendation 23 to the Women’s and Newborn’s Health Service in order to understand the needs of women with gestational diabetes and seek an informed response to the Recommendation.

An overview of the WA Government’s responses to these Recommendations is outlined in Table 4.

**Table 4. Summary of Recommendation responses themed to ‘Supporting effective management’**

Recommendation themes	Total	Supported	Supported, noting dependencies	Requires further review	Not supported
Supporting effective management	11	-	3	6	2

#### Recommendation response summary

Recommendations 5, 32 and 35 are supported noting that there are a range of dependencies including work to be undertaken in areas that are not within the jurisdiction of the Department of Health as System Manager such as primary health care as well as other governance considerations regarding the division of responsibilities between the Department of Health and Health Service Providers as laid out in the *Health Services Act 2016*. Potential resource and funding implications must also be considered in the context of implementation feasibility.

The WA Government advises that Recommendations 8, 22, 23, 24, 33 and 34 require further review before a considered response can be given. Further work to validate the component parts and determine the feasibility, application, approach and implementation with key stakeholders is required. This will include prioritisation of relevant policy development and improved governance structures. The recommendations are broad in their scope and will have significant clinical, funding and resource implications.

The WA Government did not support Recommendations 2 and 3. The Department of Health is required to ensure new research investigating management of diabetes is evidence based. The *Australian Dietary Guidelines* are a guide to healthy eating for the entire population, providing a generic starting point for people with diabetes prior to an individualised approach using medical nutrition therapy, where other approaches are introduced. Population health based dietary messages for preventing diabetes may vary from the individual health messages provided by medical experts that are tailored specifically to treating individuals with type 2 diabetes. Additionally, regarding formally offering very low calorie and low carbohydrate diets as formal management options for type 2 diabetes: the Department of Health and the Health Service Providers provide standards and guidelines for the management of diabetes based on the information

contained in approved national standards, guidelines and best practice evidence to establish a model for the provision of a variety of evidence based services and programs for people with diabetes. As it stands, best practice guidelines do not support very low calorie or low carbohydrate diets in treating the condition.

### **Summary of work in progress**

At present WA Government Departments are undertaking or have undertaken the following work:

- The Department of Health, Health Service Providers, and Diabetes WA already provide consistent advice on diet based on the *Australian Dietary Guidelines*. Department of Health and Health Service Providers refer patients to Diabetes WA for diabetes related patient information to ensure appropriateness and consistency in information provision.
- The Department of Health and Health Service Providers use a range of guidelines (*NHMRC guidelines for Patient Education in Type 2 Diabetes, Australian National Diabetes Strategy 2016 – 2020*) to inform practice and create the local standards (*WA Diabetes Model of Care, Type 2 diabetes in Children and Adolescents Model of Care, and the WA Framework for Action on Diabetes and Diabetes Service Standards 2014*). In addition, Diabetes WA offers a collated list of relevant guidelines which WA Department of Health utilises.
- Health Service Providers employ accredited practising dietitians who are required under the Dietitians Association of Australia (DAA) professional code of conduct to practise evidence based medical nutrition therapy.
- Department of Health and Health Service Providers have a history of funding self-management programs such as Diabetes Education Self-Management for Ongoing and Newly Diagnosed diabetes (DESMOND), the Living with Diabetes Program, and the Coordinated Endocrine and Diabetes Service (CEDs).
- The Department of Health supported the adaptation and piloting of DESMOND with Aboriginal communities. A National Health and Medical Research Council grant project is currently underway to evaluate the cultural appropriateness of this adapted program; results are due in Q4 2019.
- The Department of Health currently funds healthy lifestyle programs that provide support to people with diabetes and Let's Prevent Diabetes Program which provides healthy living support for people at-risk of chronic conditions such as diabetes.
- The Department of Health continues to invest in a range of population level health promotion programs to address unhealthy diets and obesity (for example: the School Breakfast and Nutrition Education Program, Food Sensations®, and LiveLighter®).
- The Department of Health is currently undertaking the Bariatric Surgery Review to review the current state of publically funded bariatric surgery and to propose an appropriate model for future services delivery.

### 3.3 Investing in Data Collection to Inform and Drive High Value Health Care

#### Overview

It is difficult to capture the incidence (defined as the number of new cases of a disease/condition occurring over a defined period of time) of type 2 diabetes as many cases are recorded after the condition has started, remain undiagnosed, or do not require insulin treatment and are therefore not captured in the National (insulin-treated) Diabetes Register. Data relating to the prevalence of type 2 diabetes (defined as the proportion of the population affected by the disease at any given time) is usually captured by surveys.

Recommendations 1, 15-17, 20, 30, 31 and 36 relate to the collection of data or investigation of indicators to ensure that there is adequate and accurate data available on type 2 diabetes. The Recommendations in this themed category relate to improving data collection on type 2 diabetes with the view to better determine disease burden and the availability of an appropriate number of programs in order to support patients with prevention, education or management of the condition.

Recommendations 15 and 16 were directed to the Department of Local Government, Sport and Cultural Industries, while Recommendation 31 was directed to the Department of Treasury. DoH consulted these Departments and when asked, worked collaboratively in relation to the responses to these recommendations. An overview of the WA Government's responses to these Recommendations is described in Table 5.

**Table 5. Summary of Recommendation responses themed to 'Investing in data collection to inform and drive high value health care'**

Recommendation themes	Total	Supported	Supported, noting dependencies	Requires further review	Not supported
Investing in data collection to inform and drive high value health care	8	1	-	7	-

#### Recommendation response summary

The WA Government supports Recommendation 20, the DoH consistently ensures that the healthy lifestyle programs it funds are monitored and evaluated appropriately.

Recommendations 1, 15-17, 30, 31 and 36 require further review before a considered response can be given. These Recommendations require the coordination between State and Local Governments, investigation of and potential changes to funding, coordination through all levels of the health care sector from population based and primary health to tertiary care and cost benefit analyses. The complexities of the Recommendations in this category require appropriate consideration to ensure the response reflects an accurate representation of the feasibility of implementation (if any) for the WA environment.

#### Summary of work in progress

At present WA Government Departments are undertaking or have undertaken the following work:

- The Department of Health collects hospital data and data on the prevalence of self-reported diabetes using a population based survey called the Health and Wellbeing Surveillance System (HWSS).
- The Department of Health has reviewed the geographic variation in primary healthcare service utilisation and potentially preventable hospitalisations for diabetes in WA.

- The *State Public Health Plan* focuses on the importance of reducing the prevalence of chronic disease and the importance of physical activity and well-planned spaces to achieve this goal. Local government are already working towards planning for wellbeing within their communities through the provision of open spaces, recreational infrastructure, trails, recreational facilities, street scaping and other design principles to encourage greater physical activity.
- The Department of Health currently funds the Healthy Lifestyle Program that provides support to people with diabetes and Let's Prevent Diabetes program which provide healthy living support for people at-risk of chronic conditions such as diabetes. An external researcher has been engaged by the Department of Health to evaluate the Healthy Lifestyle Program to support the collection, analysis and production of relevant patient and service data in order to maintain the longitudinal database and research evaluation. The evaluation report is scheduled to be completed in Q4 2019.
- The Department of Health invests in a range of population level health promotion programs to address unhealthy diets and obesity (for example: the School Breakfast and Nutrition Education Program, Food Sensations®, and LiveLighter®).
- The Department of Health estimates costs associated with in-patient hospital admissions related to type 2 diabetes using average Diagnosis Related Group costs from the National Hospital Cost Data Collection.

### 3.4 Workforce Capability and Capacity

#### Overview

Recommendations 4, 14, 18, 19, 21, 28 and 29 relate to the capacity of the health work force and the skills and confidence of health professionals in diagnosing and providing advice regarding managing complications of type 2 diabetes as well as providing evidence based lifestyle self-management support for the ongoing management of type 2 diabetes.

The DoH referred Recommendation 21 to the WA Country Health Service in order to understand the needs of patients with (or at risk of) type 2 diabetes in remote regions and seek an informed response to the Recommendation.

**Table 6. Summary of Recommendation responses themed to 'Workforce capability and capacity'**

Recommendation themes	Total	Supported	Supported, noting dependencies	Requires further review	Not supported
Workforce capability and capacity	7	-	6	1	-

#### Recommendation response summary

The WA Government advises that Recommendations 14, 18, 19, 21, 28 and 29 are supported noting that there are a range of dependencies including collaboration between Government and non-government organisations, literature reviews to ensure evidence based advice is consulted as well as resource implications that must be considered.

Recommendation 4 requires further review before a considered response can be provided. The evidence on alternative dietary approaches for treating type 2 diabetes is an emerging field of inquiry and requires further review of the literature. This review is required prior to understanding if the recommended course of management should be altered as the Department of Health and Health Service Providers align to best practice management to ensure the safety of all patients.

## Summary of work in progress

At present WA Government Departments are undertaking or have undertaken the following work:

- The Department of Health has a partnership agreement with the WA Primary Health Alliance to develop HealthPathways WA. HealthPathways is managed by the WA Primary Health Alliance and provides General Practitioners (GPs) with an online manual to help them make assessment, management, and referral request decisions for over 550 conditions.
- The WA Country Health Service in partnership with WA Primary Health Alliance currently funds the Diabetes Telehealth Service to provide:
  - Credentialed diabetes education and endocrinology services for country people with type 2 and gestational diabetes where there are local service delivery gaps
  - Upskilling for health professionals to increase local capacity to support people with or at risk of developing diabetes.

A new service model is currently being explored with WA Primary Health Alliance to ensure future sustainability of Diabetes Telehealth Service and identify new technologies to support hard to reach consumers and communities. Work is also underway to include type 2 diabetes in chronic conditions care coordination service model that streamlines transition from WA Country Health Service hospitals back to primary care (local GP and other self-management support services) to support consumers to better self-manage their health at home and reduce subsequent unplanned hospitalisations.

- Section 45(3) of the *Public Health Act 2016* allows for a *Local Public Health Plan* to be prepared in conjunction with a plan for the future prepared under the *Local Government Act 1995*. The Department of Local Government, Sport and Cultural Industries is exploring opportunities to improve alignment of its *Local Government Integrated Planning and Reporting Framework* and local public health plans. This will assist local governments in the implementation of public health planning and delivery of community health outcomes.

## 4. Next Steps

Implementation of the Committee's Recommendations will require a Government-wide approach, with consultation and engagement across public, private and community services as well as local government agencies and non-government organisations.

Due to the volume of recommendations and the number that require further review, including those requiring further investigation of dependencies, a dedicated team is proposed to undertake in depth analysis and evaluation of the Recommendations and to work with other Government Departments listed in the Recommendations (Appendix1). An Advisory Committee will be established in order to coordinate the work across Government Departments and to provide expertise on the appropriate implementation of recommendations.

If the responses of DoH are endorsed, DoH will initiate a process of detailed planning to mobilise the governance and resources required to support the implementation of supported recommendations. A more detailed implementation plan and progress report will be made available in 2020.

Where responses of other Government Departments are endorsed, the DoH will communicate with those Departments to ensure that the endorsement is communicated and will ask for implementation plans and progress reports in order to align with existing strategic priorities and to further support Government Departments in improving outcomes for those at risk of, who are managing or who have acquired type 2 diabetes.

Where possible, the implementation of DoH assigned Recommendations will be progressed within current resources and funding of DoH. However, implementation of those recommendations requiring additional funding would be subject to business case development as part of the budget allocation process. Funding and budget implications of the implementation of endorsed Recommendations where responsibility lies with other Government Departments will be the responsibility of those Government Departments.

## 5. Appendices

### Appendix 1: Summary of Recommendation responses

No.	Recommendation	Lead Agency	Response
<b>Providing health protection for the community</b>			
6	The State Government task the Department of Primary Industry and Regional Development to work with other government agencies, such as the Department of Planning, Lands and Heritage, to identify and overcome obstacles to remote communities developing fresh food sources for personal and commercial purposes.	Department of Primary Industry and Regional Development (DPIRD)	Requires further review
7	The Department of Housing consult with Aboriginal people in remote communities to ensure that the housing provided is appropriate for their lifestyle.	Department of Communities	Supported
9	The State Government regulates to restrict unhealthy food marketing in settings solely within its control.	Department of Health	Supported, noting dependencies
10	The State Government implements kilojoule menu labelling to assist consumers to make healthier choices in fast food settings, in a manner that is meaningful for consumers.	Department of Health	Supported, noting dependencies
11	The State Government extends the Healthy Options WA policy to all government-funded settings.	Department of Health	Supported, noting dependencies
12	The State Government amends the Planning and Development Act 2005 to enable health and wellbeing to be a relevant consideration in fast food restaurant planning applications.	Department of Planning, Lands and Heritage	Not supported
13	The Department of Health investigates nudging strategies to shift the shopping habits of consumers to promote healthy food and drink choices, and promote that with WA food retailers.	Department of Health	Supported
25	The Department of Health liaise with the Department of Local Government, Sport and Cultural Industries regarding changes to the Local Government Act 1995, which would empower local governments to enable restrictions on unhealthy food and beverages in their facilities and on advertising materials.	Department of Health	Supported, noting dependencies
26	The State Government provide more support to the local government sector to assist in the development of wellbeing indicators and an outcomes measurement framework.	Department of Health	Supported, noting dependencies
27	The State Government assist the local government sector to implement the requirements of the Public Health Act 2016.	Department of Health	Supported

No.	Recommendation	Lead Agency	Response
<b>Supporting effective management</b>			
2	The Department of Health and Diabetes WA should consult with one another to ensure they are providing consistent advice in regard to the Australian Dietary Guidelines. Diabetes WA should align with the Department of Health position that the Australian Dietary Guidelines are not suitable for people with type 2 diabetes.	Department of Health	Not supported
3	The Department of Health ensure that guidelines for the management of type 2 diabetes reflect the success of dietary interventions – such as the very low calorie diet and the low carbohydrate diet – in treating the disease. These approaches should be formally offered as management options.	Department of Health	Not supported
5	Self-management education programs be offered to everyone with type 2 diabetes, in line with the Framework for Action on Diabetes and Diabetes Service Standards 2014. Programs should be evaluated at least every two years to ensure that they meet quality assurance criteria and are sustainable.	Department of Health	Supported, noting dependencies
8	The Department of Health should review the evidence from abroad that a lower carbohydrate diet is beneficial to women with gestational diabetes, and consider revising its healthy eating advice for gestational diabetes.	Department of Health	Requires further review
22	Type 2 diabetes management and prevention for Aboriginal communities should be community led and Aboriginal community health workers resourced to ensure the delivery of culturally appropriate care.	Department of Health	Requires further review
23	The Department of Health invest in programs aimed at reducing the prevalence of gestational diabetes and the number of women who develop type 2 diabetes as a result of having had gestational diabetes. Online programs should be investigated.	Women's and Newborn's Health Service	Requires further review
24	The Department of Health invest in ways to engage people from socioeconomically disadvantaged communities in type 2 diabetes prevention programs, focusing on diet.	Department of Health	Requires further review
32	The Department of Health implement prevention and management programs to reduce the incidence of type 2 diabetes complications, reducing the cost to the WA Health system.	Department of Health	Supported, noting dependencies



No.	Recommendation	Lead Agency	Response
33	The Department of Health investigate how the low carbohydrate program developed by the CSIRO can be made readily available to WA doctors as part of the treatment guidelines for people with pre-diabetes and type 2 diabetes.	Department of Health	Requires further review
34	The Department of Health monitor the UK National Health Service trial of subsidised meal replacement as part of type 2 diabetes prevention, and report back to the Parliament on how the State Government can facilitate a similar program, either through the Commonwealth or through local government public health plans.	Department of Health	Requires further review
35	A greater proportion of bariatric procedures be performed in the public health system so that those with the greatest metabolic need can be treated, affording equity of access to all.	Department of Health	Supported, noting dependencies
<b>Invest in data collection to inform and drive high value health care</b>			
1	The Department of Health should ensure that it collects accurate data showing the incidence of type 2 diabetes in all sectors of the West Australian population.	Department of Health	Requires further review
15	The State Government and/or local government authorities use the tools offered by Cities Changing Diabetes to help understand vulnerable populations, or consider joining the program.	Lead agency to be confirmed	Requires further review
16	The State Government consider funding WA Local Government to participate in the Cities Changing Diabetes program.	Lead agency to be confirmed	Requires further review
17	The Department of health create a key performance indicator (or indicators), to be included in its annual report, which provides some measure of progress towards managing type 2 diabetes and reducing its prevalence.	Department of Health	Requires further review
20	The Department of Health ensure that healthy lifestyle programs it funds are monitored and evaluated.	Department of Health	Supported
30	The Department of Health must collect data that can provide an accurate indication of the cost of type 2 diabetes to the public health system.	Department of Health	Requires further review
31	The Department of Treasury produce an economic model of the impact of type 2 diabetes on productivity and labour force participation in WA, with a view to savings that could be achieved through implementing prevention and management programs.	Department of Treasury	Requires further review

No.	Recommendation	Lead Agency	Response
36	The State Government treats type 2 diabetes as a health priority and properly considers the cost-benefits of implementing a suite of prevention and management strategies, which would include: delivery of dietary intervention programs to put type 2 diabetes into remission; publicly funded bariatric surgery for patients with type 2 diabetes who stand to benefit the most metabolically; group self-management programs; regulatory measures.	Department of Health	Requires further review
<b>Workforce capability and capacity</b>			
4	The Department of Health commence a campaign to ensure that healthcare professionals, and general practitioners in particular, are aware of the alternative (dietary) approaches for treating type 2 diabetes.	Department of Health	Requires further review
14	The Department of Health and the WA Primary Health Alliance should work with the medical profession to ensure that GPs' knowledge of nutrition is adequate and that they feel confident discussing weight issues with patients.	Department of Health	Supported, noting dependencies
18	The State Government lobby the Federal Government through the appropriate forum to increase the number of dietetic consultations offered under the Medicare Chronic Disease Management scheme.	Department of Health	Supported, noting dependencies
19	The Department of Health and the WA Primary Health Alliance increase measures to improve general practitioner awareness of nutrition and healthy lifestyle programs – many of which are State Government-funded.	Department of Health	Supported, noting dependencies
21	A focus on delivering primary care and allied health services to meet the needs of patients with (or at risk of) type 2 diabetes is required in remote regions, and should be a focus of any future funding agreements between the Commonwealth and State.	WA Country Health Service	Supported, noting dependencies
28	The Department of Health invest in the development of health and wellbeing officers that will be required to meet the workforce demands in the implementation of the public health plans.	Department of Health	Supported, noting dependencies
29	The Department of Health investigate how pharmacies can play a greater role in type 2 diabetes and pre-diabetes management, to assist people in the early stages of diagnosis.	Department of Health	Supported, noting dependencies

## Appendix 2: Definition of Recommendation Responses

Response	Response Definition
<b>Supported</b>	Recommendation is fully supported. Further investigation and work must be undertaken to determine how implementation will take place in the wider context of the current diabetes landscape. Implementation will be led within current resourcing and operational structures.
<b>Supported, noting external dependencies</b>	The general principles of the recommendation are supported. Further work is required to confirm dependencies and implementation (e.g. funding, resources, capacity, additional research etc.). May be subject to submissions as part of the 2020-21 budget and/or subsequent budget processes.
<b>Requires further review</b>	Additional investigation is required to confirm the accuracy and appropriateness of the recommendation for WA in light of the existing evidence base, national models and standards, existing services and projects currently underway, and system and service resourcing and capacity. Investigation might include: review of the evidence base; consultation with expert stakeholders, researchers, and consumers; review of alignment to existing services and current projects being undertaken by WA Health, our partners, or other government agencies; and review of requisite resourcing, funding and capacity.
<b>Not supported</b>	Recommendation is not supported.

### Appendix 3: Summary of Recommendations in Each Theme Category

Theme Category	Recommendations
Providing health protection for community	6, 7, 9, 10, 11, 12, 13, 25, 26, 27
Supporting effective management	2, 3, 5, 8, 22, 23, 24, 32, 33, 34, 35
Invest in data collection to inform and drive high value health care	1, 15, 16, 17, 20, 30, 31, 36
Workforce capability and capacity	4, 14, 18, 19, 21, 28, 29

**This document can be made available in alternative formats  
on request for a person with a disability.**

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the *Copyright Act 1968*, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.