**Healthwatch Priority Project Decision Checklist**

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| Proposer: Alexia Farmer |  | Date proposed: 28/3/2024 |  |
| Decision to be made on proposed continuation of work on Diabetes priority project from 2023/24. | | | |
| Summary of decision to be made  ***A decision is required on whether***  **To continue a focus of work resources on continuing development of relationships, embedding insight and partnership contribution to service improvements relating to diabetes services in sandwell, including a focus on ethnic community needs.**  ***should be a priority project for HWS this year because of the following evidence/ intelligence received:***  Positive recognition of the published Diabetes Report and direct engagement from local and Black Country ICB services to supporting development of service improvements including involvement and engagement of Sandwell residents. | | | |
| How much evidence is available about the issue? (1 being limited evidence from limited sources, 4 being well researched with a range of evidence from a range of robust sources)?  4 /4  Information to support score:   * Diabetes project findings & recommendations – improvements in prevention agenda require integrated partnership working – focus to increase awareness or diabetes risks, exposure, visibility and accessibility of information to help support managing diabetes in various formats to suit needs (including other languages/cultural diets). Also development of support services in community and enabling/empowering community groups including through diabetes champion development programme.   Reason for score:  Diabetes report recommendations call for integrated health, care, support partnership development to include Diabetes UK resources/services & HWS to ensure resident voice/involvement – quality oversight.  HWS Projects & Partnerships Lead very knowledgeable and well connected to help enable development of improved services – a respected person for reference.  Working together to find solutions already happening with SMBC PH/Healthy Sandwell & invite to join BC ICB consideration of commissioning Diabetes Community Champion programme. | | | |
| Is the issue going to impact on lots of people? (1 being relatively little, 4 being community wide and likely to affect large numbers of people)  3 /4  Reason for score:  (Estimated approx. 20% of most deprived communities) 10.1% ( & ONS projected to increase) adult population of Sandwell registered on GP patient records and diabetic. Further %age pre-diabetic , obesity including in children an issue in Sandwell. Ethnic communities at higher risk of developing diabetes and existing health inequalities re preventative services re diabetes and information and education to help manage condition. High risk of increasing health inequalities especially with newly arrived communities. | | | |
| What is the impact on people in community groups who experience health inequalities and who feel their voice is seldom heard? (1 being relatively little, 4 likely to affect large numbers of those seldom heard)  3/4  Reason for score:  Insufficient suitable information provided or visibly available relating to diabetes risks, including in other languages and formats and culturally relevant re images, information e.g. culturally appropriate foods/festivals etc. Diabetes UK have free resources and continue to develop them but this is not widely known, recognised, promoted or distributed. It requires SMBC & VCS relationship development and working to improve the position. | | | |
| Does the issue help HWS to have a positive influence on health and social care services? (1 being unlikely to, 4 being highly likely to)  4 /4  Reason for score:  The Diabetes Report & Information resources have been positively recognised by Diabetes UK, SMBC PH/Healthy Sandwell & BC ICB and have been widely promoted as resources. Primary Care Sector & SCHP yet to fully connect and recognise. Relationship development through meetings and promotion of the report proposed to help develop a working relationship with PCN’s especially PPG/diabetes awareness & potential for future working together on survey engagement of patients through Accurx data system (as per Your Health Partnership on Diabetes project 800 questionnaire responses from patients ) | | | |
| Does the issue align with local strategies and needs assessments? (1 being little alignment, and 4 being significant alignment)  3 /4  Reason for score:  Sandwell Joint Strategic Needs Assessment – Healthy Living & Aging Well  <https://www.sandwelltrends.info/jsna-2/>  Obesity a target focus  Co-morbidities to diabetes – stroke, cardiovascular, hypertension  Ethnic community health inequalities  [**Black Country Initial Integrated Care Strategy 2023-2025**](https://blackcountryics.org.uk/download_file/1367/214) | | | |
| Is the issue already being dealt with effectively by someone else? (1 being dealt with satisfactorily by someone else, 4 not being dealt with at all)  2.5/4  Recognition of diabetes report finding, some in isolation initiatives developing – Oversight needed to help ensure strategic development of service improvements and health inequality groups targeted. Not yet at a stage of partnership commitment – HWS part of process of helping shape development, including helping connect and link services, particularly at VCS and community level. Eventually HWS role should become ensuring resident/patient involvement/voice and general oversight that recommendations have been delivered upon. | | | |
| Total score: 19.5 /24  Vote of HAB members taken: Yes Majority reached: Yes | | | |
| Decision of the HAB:  Agreed May 2024 | | | |
| Reasons why the decision was made:  Substantial evidence through the Diabetes in Sandwell Report | | | |
| Date decision ratified: | | | |