**Healthwatch Priority Project Decision Checklist**

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| Proposer: Alexia Farmer  |  | Date proposed: 23.03.24 |  |
| Decision to be made on which Health and Social Care services should HW agree as priority projects.  |
| Summary of decision to be made ***A decision is required on whether*** **Exploring Integrated Health, Care (and support) Partnership intentions - are they working for Sandwell residents?** ***should be a priority project for HWS this year because of the following evidence/ intelligence received:*** ***– are services are communicating well, joined up and providing holistic outcomes*** |
| 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)? 3/4Information to support score: * Integrated Health & Care partnership working is still developing and evolving. Little information available to demonstrate it is working.
* HWS team observations from E&V Harvest View
* HWS Team cases aware of that may reflect similar insight as above categories
* Feedback from some VCS orgs saying long delays in allocation of social workers for vulnerable cases
* Diabetes project findings & recommendations – improvements in prevention agenda require integrated partnership working. Also some case stories poor health outcomes hospital care and diabetes clinic – more working together with primary care and social & community services could have prevented.

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| 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)  3/4Information to support scoreThe project proposal is that case studies are generated with Sandwell residents who have received secondary care (hospital stay or specialist services) and social services and/or community support. |
| 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) 3/4Reason for score:It would be possible to focus some of the project working with VCS orgs supporting underserved minoritised groups/communities. It is likely cases could be found that could help provide insight on barriers/challenges in patient/service user experience and highlight health inequality aspects. Such cases could be useful for learning and development of services. Real Case example: South Asian mid aged female caring for son with serious health conditions. Mother recently had heart attack also has diabetes – very little information or support to manage her own health and wellbeing. Son discharged from hospital post operation. Mother very anxious about caring for son and not feeling informed, supported or equipped.  |
| 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) 2/4Reason for score: If key stakeholders and relevant committees/meeting forums are involved at early stages of development of the project approach and commit to supporting it including using case studies as an opportunity to review services then the project should be perceived as positive and helping influence services.  |
| Does the issue align with local strategies and needs assessments? (1 being little alignment, and 4 being significant alignment) 3/4Reason for score: * **Sandwell Health and Wellbeing Board Strategy** [**https://www.healthysandwell.co.uk/wp-content/uploads/2023/01/Sandwell-Health-and-Wellbeing-Strategy-2022-5.pdf**](https://www.healthysandwell.co.uk/wp-content/uploads/2023/01/Sandwell-Health-and-Wellbeing-Strategy-2022-5.pdf)
* Sandwell Joint Strategic Needs Assessment – Healthy Living & Aging Well

 <https://www.sandwelltrends.info/jsna-2/>BC ICP Integrated Care StrategyThe ICP has produced an integrated care strategy on how to meet the health and wellbeing needs of the population in the Black Country. The strategy which is available to download below, builds on and complements the work of the Health and Wellbeing Boards in each area, but looks at the additionality that can be brought through system level working.The Partnership will hold partners (including the ICB) to account for playing their part in delivering the strategy.<https://blackcountryics.org.uk/application/files/8216/7544/0961/Black_Country_ICP_Initial_Integrated_Care_Strategy_2023-25_V5.5.pdf>[**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) 2/4There are coms and engagement groups within all sectors that will seek out the patient experience. HWS aim to look at how services are being Joined up within health, care and VSC to support the patient through their journey.  |
| Total score: 16/24Vote of HAB members taken: Yes Majority reached: Yes |
| Decision of the HAB: Agreed May 2024 |
| Reasons why the decision was made: Patient experiences necessary to feedback to SHCP and ICB/P. Little evidence available at this present time. |
| Date decision ratified:  |