



Diabetes Community Network

Final Report

1. Executive Summary

- 1.1. This report details the work done and outcomes achieved from a project delivered by Huddersfield Mission to develop a Diabetes Community Network in the Tolson area.
- 1.2. Two support groups (Almondbury and Mission) were established following a period of consultation and co-design. The groups were slow to build in numbers attending, but the Almondbury group has continue to grow and now has a good regular attendance. Whilst the numbers attending have been modest the impact for those individuals has been significant as shown by the qualitative comments received and individual case studies.
- 1.3. For individuals attending the groups the outcomes have been feeling better about their conditions because they know others in a similar situation. The gentle exercise was also seen as very positive. Information about diabetes was seen as useful but not enough on its own to draw people to a new group.
- 1.4. The impact of this project was increased by the connection to other community projects:- Mondays at the Museum, Community Champions, Yoga, Cook and Eat. This led to a cross fertilisation between the projects and moved us towards a model of a one stop shop for community health and wellbeing. As one participant said Mondays at the Museum has become for me – “Come for one thing and then stay and try lots of other things to”. This “Come and” approach is not only worthy of observation but an approach that should be used and developed in the future.

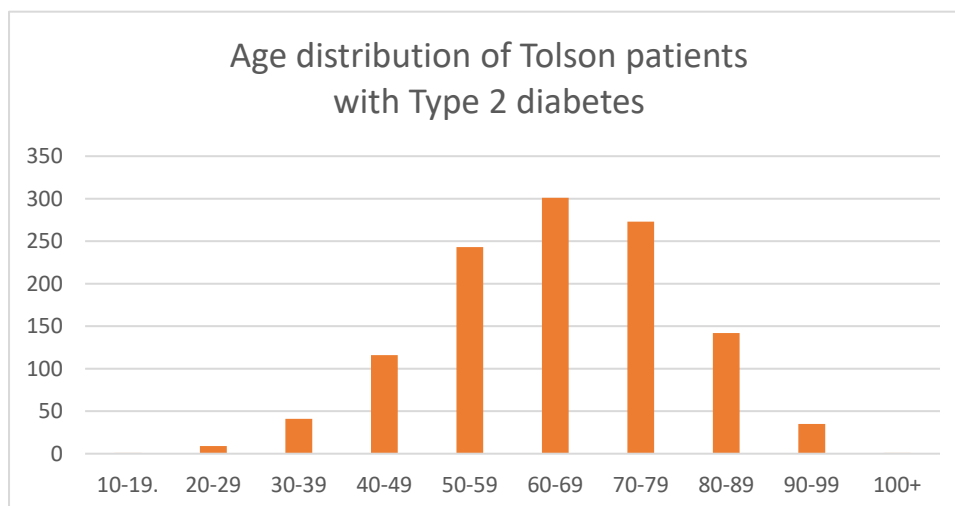
2. Introduction

- 2.1. Huddersfield Mission’s Community & Health team partnered with the Tolson PCN to deliver a package of community interventions to support local people with Type 2 Diabetes and those who are pre-diabetic.
- 2.2. Diabetes is a health priority for the Tolson area and there is a gap in community-led support.
- 2.3. The aims of the project were:
 - To facilitate community support in Tolson; helping local people to live well with Type 2 Diabetes (including pre-diabetes).
 - Improve access to diabetes support for populations who face disadvantage and language barriers
- 2.4. The Delivery plan was designed using an asset-based community development approach
 - Stage 1: Community consultation and engagement
 - Stage 2: Co-production and facilitation
 - Stage 3: Delivery
 - Stage 4: Sustainability and evaluation

3. Community Consultation and Engagement

3.1. Tolson PCN Data

Data from the Tolson PCN showed that in the area covered by Tolson PCN there are 1172 Patients with Type 2 diabetes. The diversity of patients is illustrated by the fact that 31 different languages are spoken by this cohort.



3.2. Working with Healthwatch we reviewed existing data relating to diabetes.

Healthwatch data come from two main sources: individuals who proactively share a comment about their experience of the health service, and comments from individuals engaged by Healthwatch staff during research visit to an individual health service. This data is of narrative form so not possible to produce quantitative data. However, the key themes are:

3.2.1. Positive comments about the diabetes service they are receiving – almost exclusively relating to medical services rather than community based interventions.

“Diabetic clinic brilliantly organised brilliant and detailed care.”

3.2.2. Negative comments about the service provided for diabetes support.

“Diabetic clinic didn't answer phone”

“Given pills and no information, no appointment with a diabetic specialist nurse and no follow up, one nurse told me to google it”

3.2.3. Comments offering suggestions for improving the service

“I would like help with balanced diet designed to minimise risk of diabetes.”

“more support for diabetic patients”

“emergency diabetes advice line”

3.3. Community Consultation

We held a number of events to obtain more information about the current experience of people with diabetes. We ran two consultation events and also ran a 6-week Health café for people with diabetes.

31 people attended the two consultations events. Each event included healthy food, some gentle exercise, information from Diabetes UK leaflet and the attendance of staff from the Whitehouse Surgery, West Yorkshire Diabetes Eye Checks, Kirklees Wellness and Everybody Active.

Feedback was very positive for the feel and pace of the session. People asked to be kept

informed if we were to repeat the sessions and most felt a monthly session would be useful.

We talked informally to attendees about their diabetes. Most were dealing with at least one other long-term condition, including anxiety. Additionally, we asked people to complete a questionnaire – Appendix 1 shows the some of the responses received.

3.4. Consultation with other organisation

As part of our initial consultation we also met with local Social Prescribing link workers, Honeyzz, Diabetes UK and a Sheffield based Diabetes group. The primary focus of these meetings was to ensure that in our stage 2 planning we were aware exiting community-based provision.

4. Stage 2: Co-production and Facilitation – Meet, Eat and Move well

Stage 3: Delivery

4.1. From the outset we expected that any community interventions would be based around three broad areas: Health Information, Activity and Social Network. Our consultation suggested two key issues that a co-produced activity need to ensure:

Firstly, health information on its own, was not a strong enough draw to attract people to attend on a regular basis. Some gentle activity and a social network were considered stronger reasons to attend.

Secondly, while there was an interest in meeting regularly, there was little capacity or interest expressed by community members in running a community-based intervention. – this reflects what the third sector is experiencing in other thematic areas post Covid. Any community intervention would need to be coordinated by paid staff, at least initially.

4.2. The **Community Activities** that we planned and delivered were:

- **Two monthly support groups** – one based at the Mission and one based in Almondbury. These have met monthly with a mix of gentle activity, some health information, and the chance to develop a social network. The Almondbury diabetes event is aimed mainly at the local community so most attendees walk to the event; the Mission is centrally placed in the town centre and is easily accessible. The Mission group is aimed at people that use the Mission and this groups are likely to have significant health issues.
- **Diabetes awareness at other events** – During the project we have taken opportunity to raise awareness of diabetes at various events run by the Mission or others organisations.
- **Mondays at the Museum** – although not funded by this project there has been a significant overlap with this project. Mondays at the Museum is a project that has brought together a wide range of different organisation each Monday delivering activities all at the same location. This has attracted approximately 150 people each week and feedback from attendees has highlighted the value of having this multi activity approach. It means that people don't have to attend a "specific named" group that can be off putting for some people and also it makes it easier see and try other activities.
- We have also organised a wider range of **other health activities** which we have been able to specifically advertise to the attendees of the Monthly groups. This has included health check-ups, podiatry clinics, yoga sessions.

5. Stage 4: Evaluation

5.1. Monthly support groups

In the initial stages of the project, attendance was quite low, averaging 5-6 people per group. Different ways of advertising the events were trialled, such as social media, posters in the local community and gradually, during the course of the project, attendance has increased to 19 at one of the sessions in Almondbury and 10 people at the Mission. A total of 38 different people attended the monthly sessions. It has been noted that the sessions at the Mission have been less well attended, mainly due to the fact that formal sessions are less successful at the Mission as customers have a hierarchy of needs and health issues can take low priority; what works better at the Mission is information given on an ad hoc basis. The session at Almondbury has become a support group which also offers socialising opportunities.

The postcodes where the diabetes awareness events have taken place are HD1 for the Mission and HD5 for St Michael's and St Helen's church in Almondbury. In spite of lots of advertising through social media and posters in the Almondbury area, we do not seem to have reached many of the population that the sessions were intended for i.e. those suffering from health inequalities. The age group at the sessions have tended to be over 55, white British, the majority being female. A Syrian lady with very little English, did attend some of the sessions, a small number of black British Caribbean people have attended, one British Chinese person and several British South Asians.

We used a questionnaire to gain feedback from the people attending the sessions. 13 people were willing to complete the survey, so statistical data was limited. The response received showed that some attendees found out about the event from the church notices that went out in the Almondbury area, others found out on social media or from attending the Mondays at the Museum. One person found out from a friend who had attended a previous meeting.

The questionnaire revealed that people liked the friendly atmosphere of the group, the healthy eating tips, that people have a chance to express their views and support each other, some said it was motivational and others said that they enjoyed the exercises and they are ones that you can do at home.

Some people said that they would like the sessions to run more often than once a month.

Some quotes from the sessions are, 'I feel well supported and that there are other people in the same situation as me', 'I love the exercises, they have helped me to feel fitter', 'I enjoy the social contact, it has given me a new interest and motivation', 'I find it hard to keep up to the healthy

5.2. Mondays at the Museum

To promote the monthly session but also to raise general awareness we attended Mondays at the Museum. Over four different sessions this resulted in 115 individual conversations about diabetes. This then helped to increase the number in the second half of the delivery phase of the Almondbury Group. Mondays at the Museum has been a significant development in that it provided a way for us to speak to large numbers of people about diabetes or other health issues.

5.3. What worked well

The healthy food choices and recipe ideas are very well received as is the exercise session. The informal, non-clinical approach also works well and the group are encouraged to offer their own suggestions of what they would like to cover in the next session.

Initially we found it more difficult to promote the monthly sessions. After trying lots of different approaches we found that a mixed approach of traditional advertising, social media and importantly community connections worked well. This was evidenced by the increase seen after the four awareness raising sessions run at Monday at the Museum.

5.4. What could have worked better

The monthly sessions have appealed to a fixed group of people who are mainly older and are already managing their health needs quite well. We have not had a big mix of people from different ethnic groups and more could be done to reach people with health inequalities, perhaps by linking more closely with the PCN and the GP's referring patients to us. The social prescriber, Kulvinder Sokhal has referred some people to the events.

6. Linking with Community Champions

During this project the Community Champions network has grown considerably, and our Community and Health Officer has become a trained Community Champion. Our existing work including the diabetes work has meant that our community champions has been in an excellent position to be part of this project.

Community Champions are trained local people that engage local people in health-related conversations, with the aim of helping people to make informed choices. Community Champions are trained in the general approach and then more specifically for each campaign. During the summer the community champion's theme was Diabetes. Our Community Champion was able, because of the links that we already had, to have a large number of significant conversations. This illustrates that investment in community intervention often has longer term returns.

The Mission Community Champion, as part of the diabetes campaign spoke to 61 individuals: In 74% these interactions the conversation improved awareness of diabetes and risk factors for the individual. In 46% of the conversations the Community Champion was able to signpost the individual to one of the local diabetes support groups.

Additionally, as part of the Diabetes Community Champions program an additional 90 people were reached through awareness raising conversation with community groups.

7. Looking forward

- 7.1. The Almondbury Group has slowly grown in numbers and there is clear interest in continuing this group. We are currently applying for additional funds to allow this group to continue.
- 7.2. The support group at the Mission was more challenging, which reflects the more chaotic nature of the attendees. However, we have seen that there is a need for health activities at the Mission but focusing them on one condition is unhelpful. We are looking to continue a range of health and wellbeing activities that are open to all, but then supplement this with regular information days and the use of our Community Champion.
- 7.3. We are also in discussion with another funder about a long-term health and wellbeing program to be based at the Mission.

7.4. There is considerable value in community interventions to support health needs, however individuals are often hesitant to attend something that is specifically about one health issue. An approach where more generic health activities are available supported by health information on a rolling basis is more fruitful. It enables people to try an activity or group more easily. Additionally, where a range of activities is available, such Monday at the Museum, there is clear cross fertilisation between activities and health information.

Appendix 1 – Community Consultation – questions and feedback received

1. What would living well with diabetes look like?

- Managing health and having the knowledge and confidence to manage through the lifespan with access to financial, social and medical resources needed
- Healthy
- Feeling in control
- Making informed choices
- Less stressful. Not having to think about meds and what to eat.

2. What would you like to know more about diabetes?

- Early signs of diabetes

3. What's your diabetes top tip?

- Monitor glucose levels
- Portion control
- Ensure to attend diabetic and non-diabetic appointments
- Look after your feet

4. How does diabetes affect your day to day life?

- Depends on what you eat?
- Feel tired
- Feel dizzy
- depends on your mood - if you're feeling down then comfort eat
- kidney problems
- high blood pressure & Cholesterol
- neuropathy in feet
- blurred vision
- constantly going toilet
- lethargic
- takes time for cuts to heal

5. What motivates you to eat well or move more?

- Staying healthy as I get older
- Being alive
- How much I can eat