

# PEOPLE KEEPING WELL

— *in the community* —

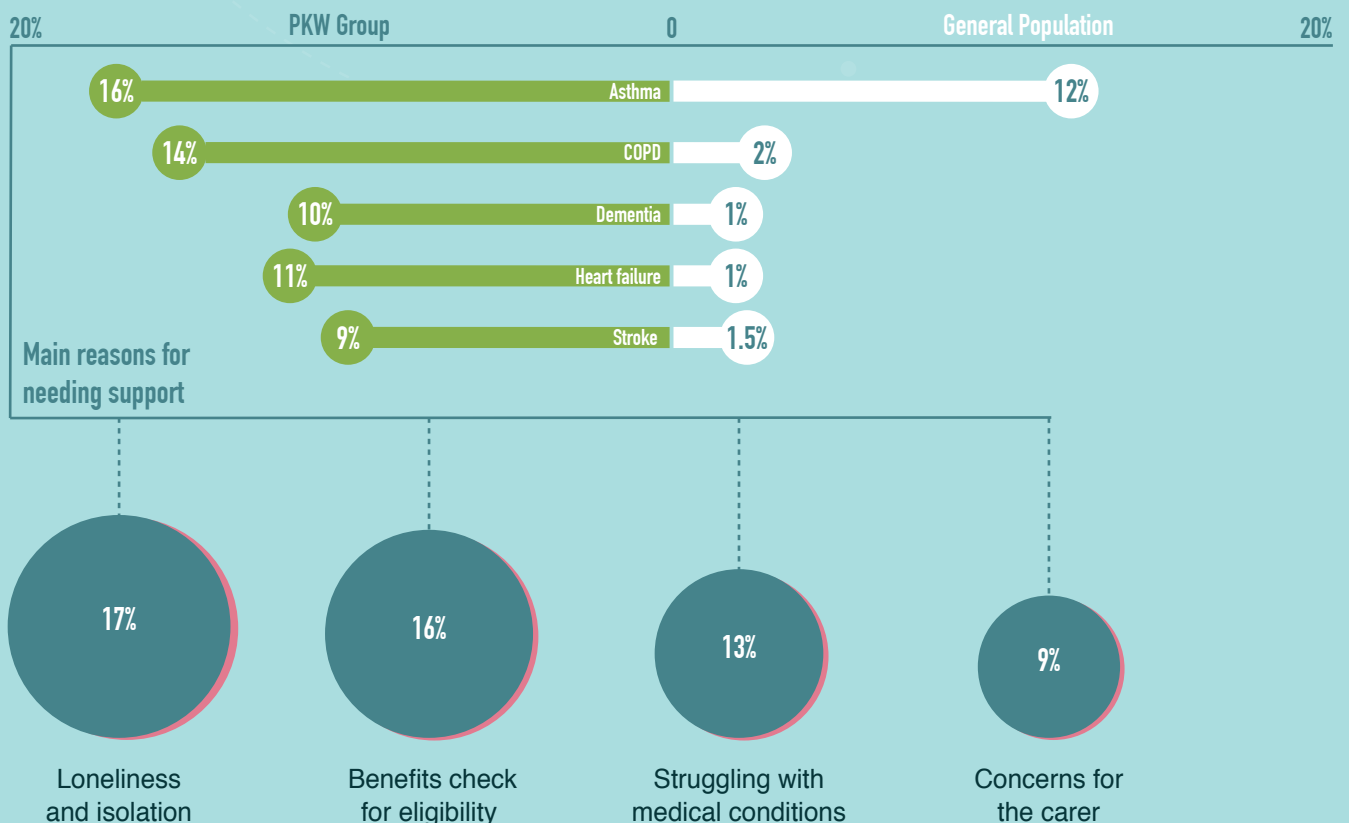


This evaluation looked at the effectiveness of one component of the People Keeping Well Programme:

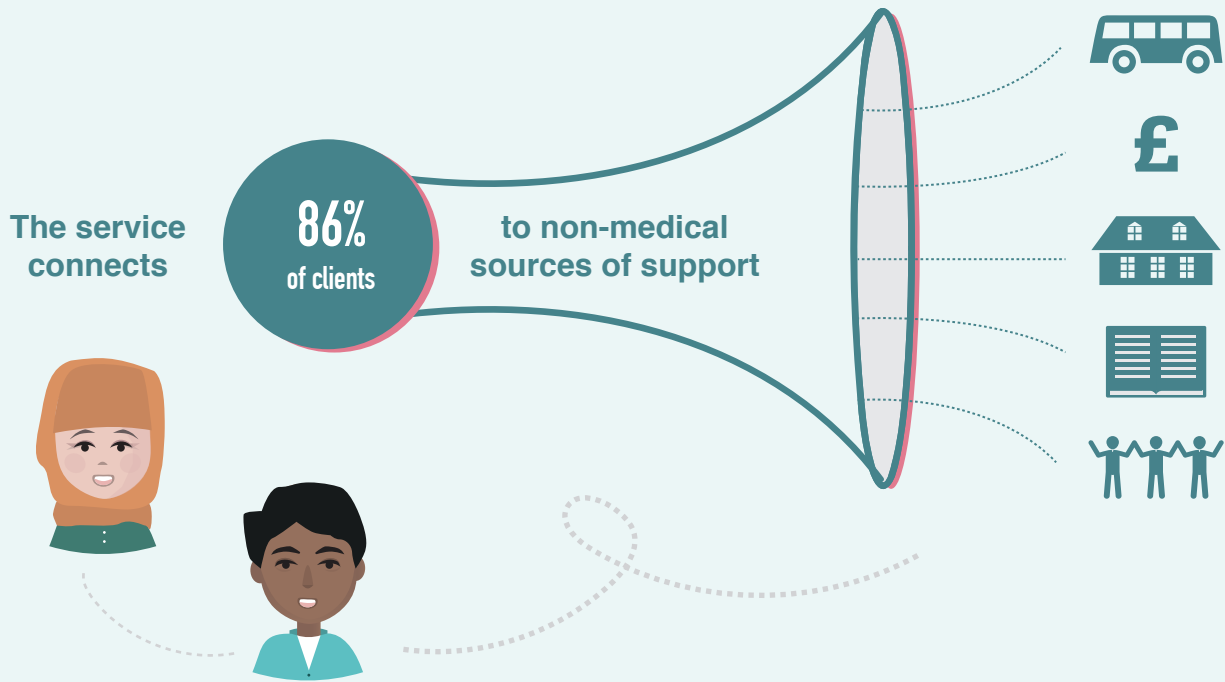
the brief intervention provided by **Community Support Workers** (CSWs) to identify people at risk, who had non-medical issues, and link them with a range of services in Sheffield.

## 1 Referral to the Community Support Workers effectively identifies people at high risk...

People in the PKW group had health conditions that are associated with unplanned hospital admission, when they aren't taken care of in primary and community care. These people have non-medical needs as well, and few places to turn to for support.



## 2 People with non-medical needs are referred away from the health sector...



The proportion of people referred back to medical care dropped over the past year, showing that the service can successfully shift demand...

FROM

12%

TO

7%

## 3 More people in Sheffield are realising the benefits of the service...

Referrals from family, friends, carers and self-referrals are increasing, as are referrals from VCF organisations, accounting for...

General practitioners report that they are seeing less patients with non-medical needs, which frees up their time to treat medical issues.

30%  
of referrals in  
Sheffield

## 4 People report less anxiety and increased wellbeing over the short term...



"Someone is finally listening - I wouldn't be here now without her."

"I'm feeling much less stressed and able to cope."



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The CSW service is shifting demand to the right source of support. Some people, however, are returning to the CSW for further support...

This may be because they had additional needs, but clients also told us there were problems connecting with the services they were referred to. Getting connected to services is **heavily dependent on health literacy** – the ability to use information to improve health.

14% returned more than once

CSWs helped people understand what the service could do and **decide whether it was the right one for them**. Clients weren't capable of sorting long waits or other issues with provides on their own. There were **physical and social barriers** to getting help.

There can be long waits for assessment, which can place people at higher risk.  
"It needs more continuity with people providing services."



Some clients experienced a lack of response from services.  
"I make suggestions about health and safety that are ignored."  
"They 'know best', they don't credit you with knowing about yourself."

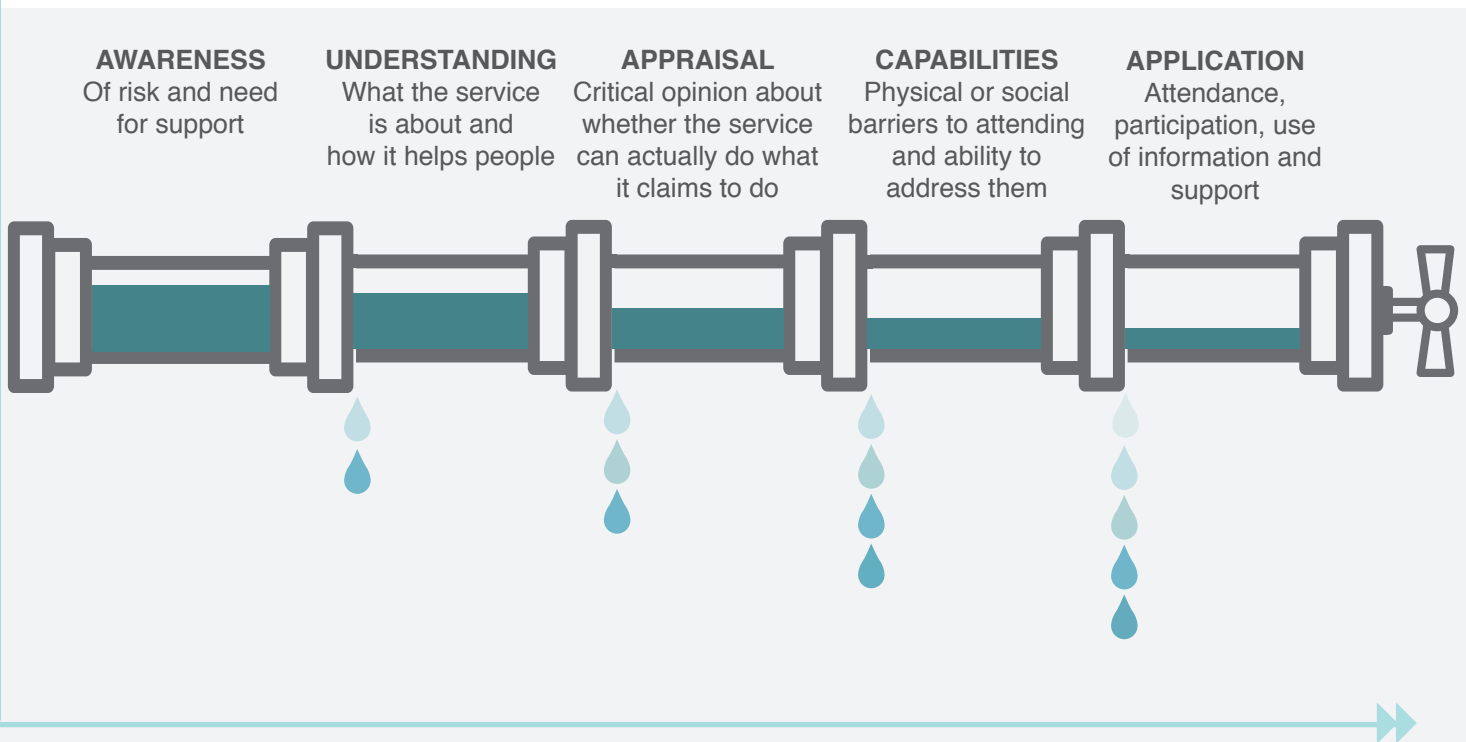


Different services had little understanding of physical barriers, such as lack of transport, inappropriate times of day, distance to travel.  
"There's a Memory Clinic much nearer to us, but for some reason we have to go to the one that's much harder to get to."



At each of these points, clients may become disillusioned and disengage.

Our referral system is like **a leaky pipeline** - we need to plug the gaps in order for the CSW service to be of maximum effectiveness because long waits and disengagement return clients to the high risk group.



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There is solid evidence that community based peer support can help clients to become capable of dealing with systems...

- CSWs provide good peer support. They can start to lay the groundwork, by linking people to other workers who are well placed to provide longer term support. Workers who are aware of local resources can support client needs to access services. This reduces referral rebound and reduces risk.
- Improved health literacy and peer support can shift demand for non-medical support to local services, reduce non-medical GP visits, lead to more timely and appropriate use of primary care, and eventually reduce avoidable use of secondary care.

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## Conclusions

The CSW service has achieved its original aim, which was **to raise awareness about risk, and promote referral to other sectors for support with non-medical issues.**

The referral system represents:

- **good practice**, because practitioners have trialled the system, they like it and feel it has made an impact; and
- **a promising approach** that is evidence based when the brief intervention is linked to longer term community-based peer support.

The CSW service, however, is only one part of the People Keeping Well Programme so impact needs to be considered as part of the wider system of shifting demand.

**The main message is that the success of the service depends on being able to connect people to longer term peer support.**

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Learn more here

This document is based on an evaluation report and evidence synthesis for Sheffield evaluations of community-based support (July 2017).

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This brief was edited and designed by Research Retold [www.researchretold.com](http://www.researchretold.com) (October 2017).

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