

Evaluation of HALE Community Connectors Social Prescribing Service 2017

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Executive Summary

Hale has been delivering the Community Connectors Social Prescribing Service in Bradford since March 2017. This report provides the findings of an independent evaluation of the early stages of service by Sheffield Hallam University. The key messages are as follows.

1. The reach of Community Connectors

The Community Connectors Service has achieved considerable reach into the community during its first 9 months, with 703 local people referred for support by their GP. The service was accessed by more women than men, but service users were relatively evenly distributed according to age and key Black Asian and Minority Ethnic (BAME) groups, including the local Pakistani community.

People tended to be referred to Community Connectors to address social issues such as anxiety and low mood and social isolation. However, a significant proportion of service users were also in poor health, with more than three-quarters reporting at least one long term health condition and almost a third reporting more than three long term conditions.

2. The impact of Community Connectors on health, well-being and wider outcomes

The evaluation measured Community Connectors service users' distance travelled against a number of outcome measures in the three months following referral to the service. The initial signs are positive:

- **Health:** the overall self-reported health of many service users improved following their referral. Improvements were most pronounced for anxiety and depression, followed by usual activities and pain and discomfort. This pattern was replicated for those service users who reported severe or extreme problems for each measure.
- **Mental well-being:** the mental well-being of almost three-quarters of service users improved following their referral.
- **Trust:** the overall level of trust service users had in people in their community improved following their referral.
- **Social connectedness:** the social connectedness and social relationships of many service users improved after they were referred to social prescribing. There were increases in the proportion of service users content with their friendships and relationships, saying they have enough people they feel comfortable asking for help at any time, and saying their relationships are as satisfying as they would want them to be.
- **Self-care:** service users' reported improvements in various aspects of their ability to self-care after being referred to social prescribing, including a reduction their reliance on their GP and pharmacists for treating 'common' minor ailments.

In addition to positive outcomes, service users' experience of Community Connectors was almost universally positive. Almost 100 per cent of service users were satisfied with the

support received, felt support was tailored to their needs, and would recommend Community Connectors to family and friends.

3. Implications for primary and secondary care

It is too early to assess the impact of Community Connectors on demand for primary or second care with any certainty. However, the initial signs are positive, with service users recording up to nine per cent fewer Accident and Emergency and up to seven per cent fewer GP attendances after referral to the service. Importantly, Hale and the CCG have developed protocols for logging and tracking social prescribing referrals on GP data systems, which means that service users' primary and secondary care use can be monitored over the longer term.

1. Introduction

Since March 2017 HALE has been working in partnership with Bradford and City District CCGs and GPs across Bradford to deliver the **Community Connectors Social Prescribing Service**.

The service starts with a referral from a GP of patients who could benefit from additional socially focussed support, including people who are isolated, feeling low or lacking in confidence. This is followed by a home visit from a Community Connector during which they find out what people are interested in, identify what services and activities are available locally that fit those interests, and then help people access them. If a patient is lacking in confidence the Connector will go along with them to a service or activity until they are confident enough to go on their own.

The service was commissioned to:

- Improve the health, well-being and social connectedness of local people
- Reduce unplanned and unnecessary demand on primary and secondary health services

This short report provides the findings of an independent evaluation by researchers at Sheffield Hallam University with expertise in social prescribing. It covers the first 9 months of the service (March-November 2017) and aims to answer some key questions about the Community Connectors Social Prescribing Service to support future commissioning by the CCG and its partners.

The evaluation has drawn on two main data sources:

- A questionnaire completed with Community Connector services at two points in time: at the first appointment with a Community Connector and then after approximately three months.
- Data from each GP practice who had made referrals the Community Connector service.

Case studies collected by Hale have also been used to provide additional context around key findings.

2. Key Findings

Who has benefitted from the service?

Between March-November 2017 HALE's Community Connectors supported 703 service users, the majority of whom had been referred by their GP. Figure 1 shows that 46 per cent of service users had between one and two meetings with a Community Connector and 54 per cent had three or more (up to a maximum of six).

Figure 1: Number of meetings with Community Connectors

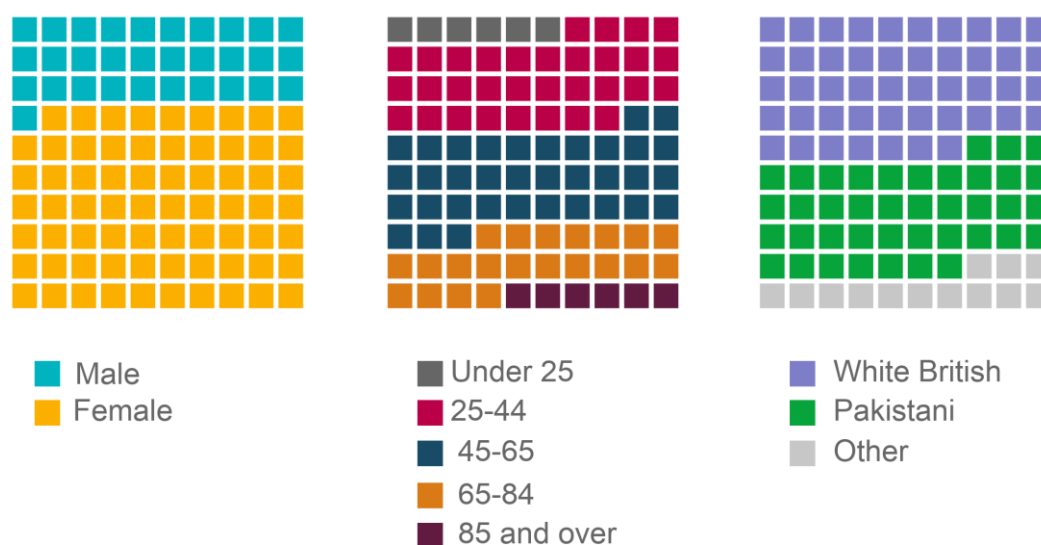


Base: 198

An overview of these service users' demographic characteristics and the presenting issues for which they were referred to social prescribing is provided below.

Demographic characteristics

Figure 2: Demographic characteristics of Community Connectors service users



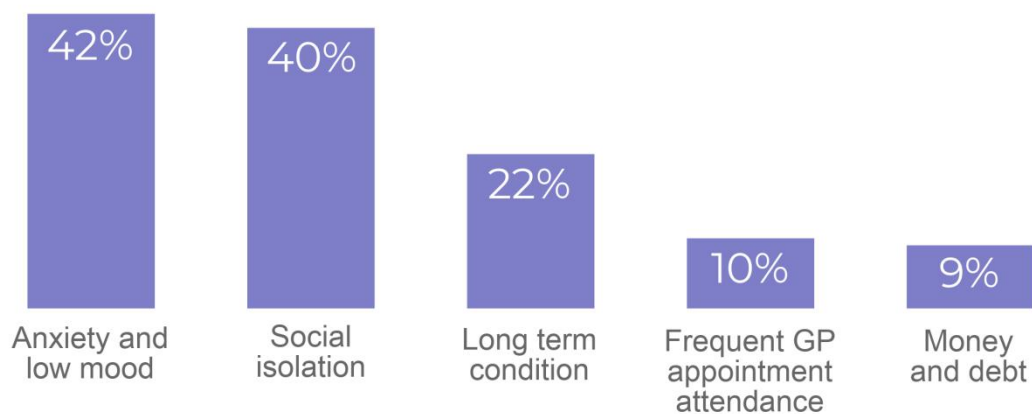
Base: 488, 488, 366

Figure 2 demonstrates that Community Connectors service users were more likely to be female than male, were distributed relatively evenly across the adult age ranges, and were predominantly of either White British or Pakistani ethnic origin.

- **Gender:** 69 per cent were female and only 31 per cent were male
- **Age:** six per cent were aged under 25, 32 per cent were aged 25-44, 35 per cent were aged 45-65, 20 per cent were aged 65-84, and six per cent were age 85 and over
- **Ethnicity:** 47 per cent were White British, 40 per cent were Pakistani, and 13 per cent were of another ethnic origin.

Presenting issues

Figure 3: Presenting issues of Community Connectors service users



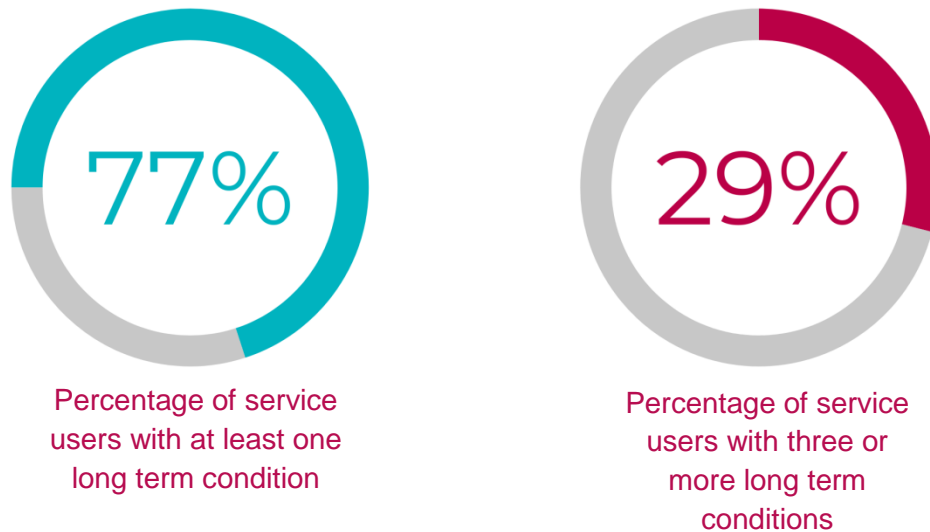
Base: 318. Note that percentages sum to more than 100 as multiple responses were possible.

Figure 3 shows that a significant proportion of service users had been referred to Community Connectors for social reasons: 42 per cent were referred for anxiety and low mood and 40 per cent were referred due to social isolation. By contrast only 22 per cent were referred due to a long term health condition and 10 per cent were referred as frequent attendees at their GP practice.

What do we know about the health of service users?

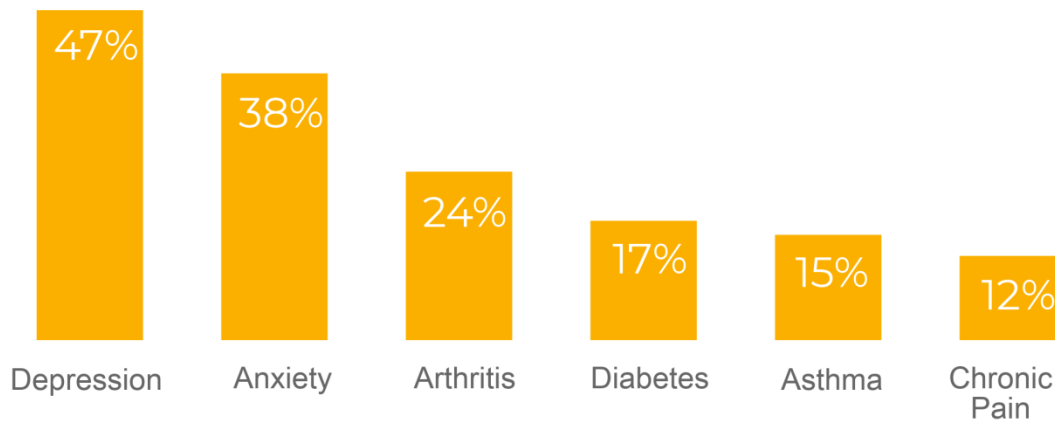
Although most service users had not been referred to Community Connectors because of a health condition a significant proportion were nevertheless in poor health.

Figure 4: Community Connector service users with long term health conditions



Base: 310

Figure 5: Most common long term conditions amongst Community Connector service users



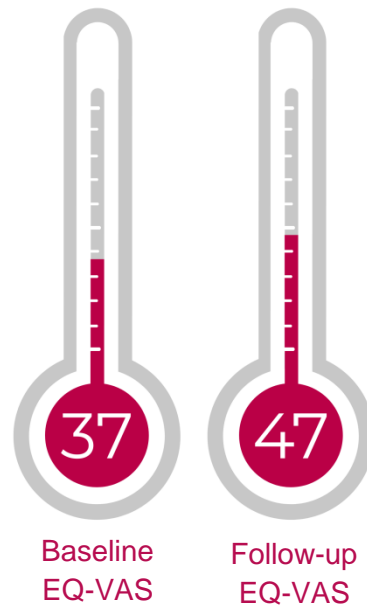
Base: 310. Note that percentages sum to more than 100 as multiple conditions could be reported.

Figure 4 demonstrates that 77 per cent of service users reported having a long term health condition, including 29 per cent who had three or more conditions. Figure 5 shows that the most common health condition was depression and/or anxiety followed by arthritis, diabetes, asthma and chronic pain.

Does receiving support improve people's health?

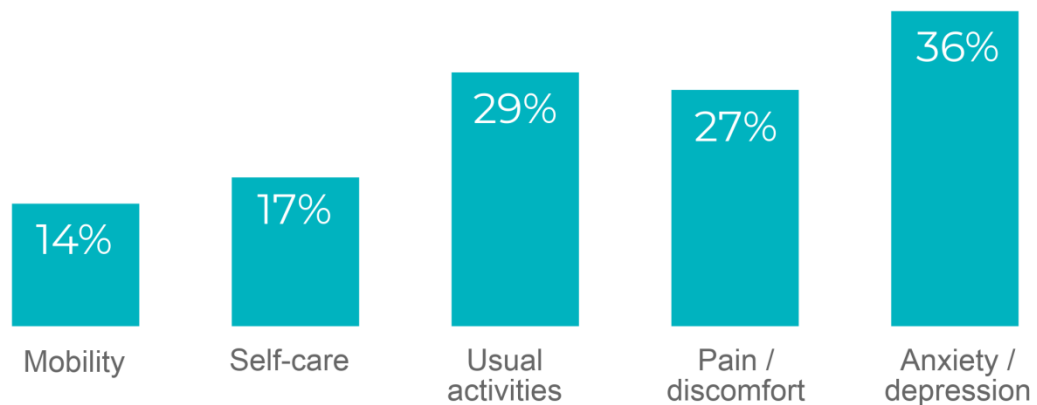
The evaluation has identified improvements in overall health of Community Connectors service users according to EQ-VAS scale and notable improvements on all five EQ-5D measures following support from a community connector.

Figure 6: Average (mean) baseline and follow-up scores on the EQ-VAS scale (overall health) amongst Community Connectors service users



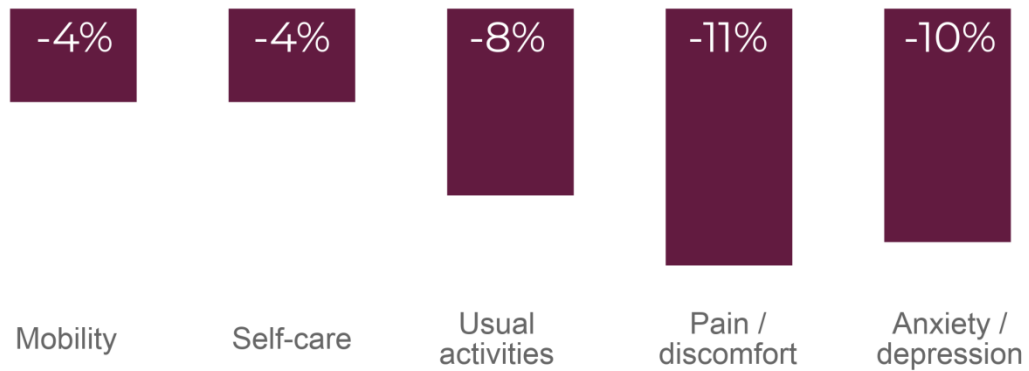
Base: 136

Figure 7: Percentage of Community Connectors service users reporting an improvement for each EQ-5D measure (Health Related Quality of Life)



Base: 140

Figure 8: Change in percentage of Community Connectors service users reporting severe or extreme problems for each EQ-5D measure



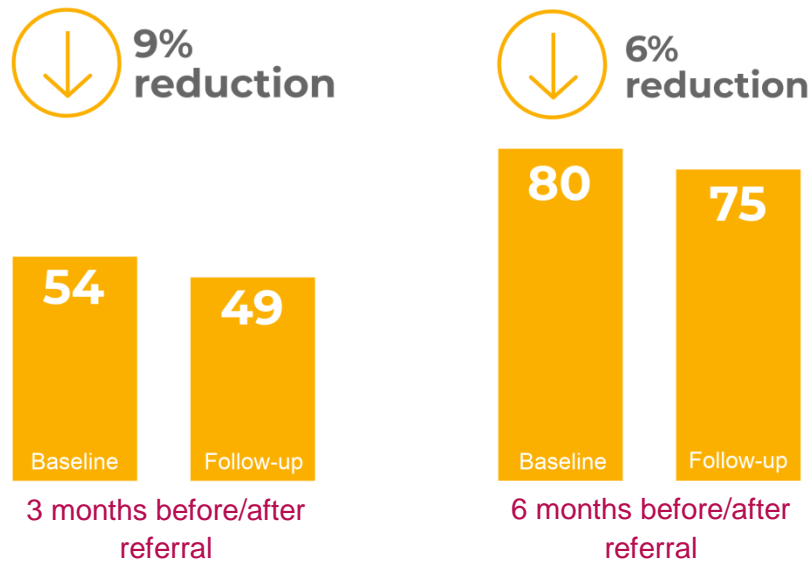
Base: 43, 26, 42, 51, 48

In terms of overall health, figure 6 shows that the services users' average score on the EQ-VAS scale (0-100) improved from 37 to 47 following referral to a Community Connector. In terms of specific elements of health related quality of life (HRQL), figure 7 demonstrates that improvements were most pronounced for anxiety and depression (36 per cent of service users improved), followed by usual activities (29 per cent improved) and pain and discomfort (27 per cent improved). By contrast improvements in self-care (17 per cent) and mobility (14 per cent) were less marked. This pattern was more-or-less replicated for those service users who reported severe or extreme problems for each measure (figure 8): the largest reduction was in the number of service users with severe or extreme pain and discomfort (11 per cent) followed by anxiety and depression (10 per cent) and usual activities (8 per cent).

Do health improvements lead to reduced demand for primary and secondary care?

The short timescale in which the evaluation has been undertaken makes it very difficult to answer this question with a high degree of certainty. However, it has been possible to focus on Accident and Emergency attendances GP engagements for a small group of patients¹ in the 3-6 months prior to and following their referral to Community Connectors.

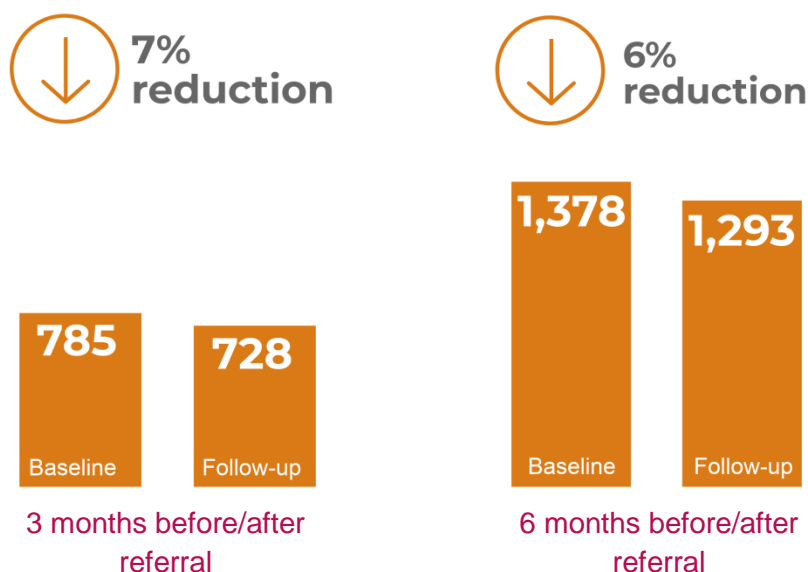
Figure 9a: Change in number of Accident and Emergency Community Connector service users after three and six months



Base: 103, 54

¹ Data for 6 months before/after referral was analysed for service users referred to Community Connectors in March and April 2017. Data for 3 months before/after referral was analysed for service users referred to Community Connectors between March and June 2017.

Figure 9b: Change in number of GP engagements by Community Connector service users after three and six months



Base: 179

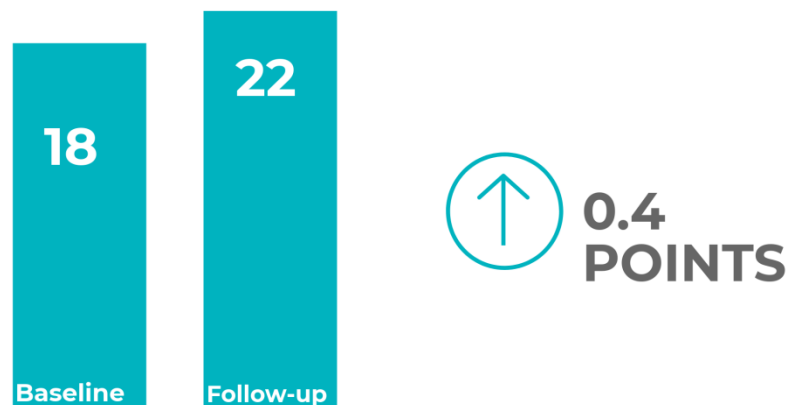
Figures 9a and 9b present analysis of GP data provided by Embed to show that, after three months there was a 6 per cent reduction in Accident and Emergency attendances by Community Connector service users, and that after six months the reduction was 9 per cent. It also demonstrates that after three months there was a 7 per cent reduction in GP engagements, and that after six months the reduction was 6 per cent. Although this is a positive sign that referral to Community Connectors could be contributing to reductions in demand for Accident and Emergency and GP services, the data on which this analysis is based is quite messy and complex due to inconsistencies and variation in how events are recorded, and these trends will need to be measured over a longer period to provide more robust evidence of long term change.

Does receiving support affect a wider range of outcomes?

Mental well-being

The evaluation has identified overall improvements in Community Connectors mental well-being according to the Short Warwick Edinburgh Mental Well-being Scale (SWEMWBS).

Figure 10: Change in Community Connectors service users' mental well-being (mean SWEMWBS score)



Base: 206

Figure 11: Proportion of Community Connectors service users whose mental well-being improved (SWEMWBS)



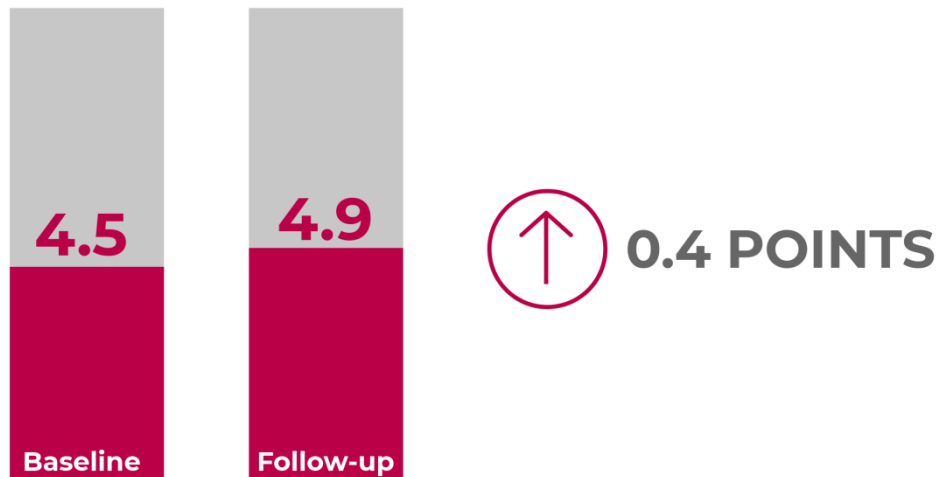
Base: 206

Figure 10 demonstrates that there was a four point improvement in service users' average SWEMWBS score from 18 to 22, whilst figure 11 shows that almost three-quarters of service user's scores improved.

Trust

Community Connectors service users' trust in people in their community was measured on a scale of 0-10 (0 = no trust; 10 = complete trust). Figure 12 shows that there was an improvement in their average (mean) score from 4.5 at baseline to 4.9 at follow-up.

Figure 12: Change in Community Connectors service users' trust in people in their community (mean score)



Connectedness and relationships

Community Connectors service users' reported improvements in both their social connectedness and social relationships after being referred to social prescribing. As figure 13 shows, there was a 14 percentage point increase in the proportion of service users content with their friendships and relationships, a 14 percentage point increase in the proportion saying they have enough people they feel comfortable asking for help at any time, and a 19 percentage point increase in the proportion saying their relationships are as satisfying as they would want them to be.

Figure 13: Change in Community Connectors service users' connectedness and relationships (percentage point change)



Base: 204, 204, 203

Self-care

Community Connectors service users' reported improvements in various aspects of their ability to self-care after being referred to social prescribing. As Figure 14 demonstrates, in terms of their reliance on their GP, there was an 11 percentage point reduction in the proportion of service users who reported visiting their GP for 'common' minor ailments 'all of the time' or 'often' and a 'common' minor ailments, but little change (one percentage point reduction) in how often they self-treat with home remedy/over the counter medicine before calling GP. In terms their engagement with their pharmacist, there was a six percentage point reduction in the proportion of service users who reported visiting their pharmacist for 'common' minor ailments 'all of the time' or 'often' and a 'common' minor ailments, and a six percentage point improvement in the proportion who reported that, if they do not understand your medication, the would you ask the pharmacist for more information 'all of the time' or 'often'.

Figure 14: Change in Community Connectors service users' ability to self-care (percentage point change)



Base: 200, 195

What did people think of the support they received?

Community Connectors service users were almost universally positive about the social prescribing support they received. As figure 15 shows, almost 100 per cent of service users said they were satisfied with the support received, would recommend Community Connectors to their family and friends, and felt the support was tailored to their needs. However, and perhaps not surprisingly given these positive experiences, more than half of service users (56 per cent) would like more meetings with their Community Connector.

Figure 15: Service users' experience of Community Connectors support



- 99 per cent were satisfied with the support received
- 99 per cent would recommend Community Connectors to family and friends
- 97 per cent said the support was tailored to their needs

Base: 197

3. Conclusion

This report provides the findings of an independent evaluation of the Community Connectors Social Prescribing service in Bradford by Sheffield Hallam University. The key findings are as follows.

1. The reach of Community Connectors

The Community Connectors Service has achieved considerable reach into the community during its first 9 months, with 703 local people referred for support by their GP. The service was accessed by more women than men, but service users were relatively evenly distributed according to age and key Black Asian and Minority Ethnic (BAME) groups, including the local Pakistani community.

People tended to be referred to Community Connectors to address social issues such as anxiety and low mood and social isolation. However, a significant proportion of service users were also in poor health, with more than three-quarters reporting at least one long term health condition and almost a third reporting more than three long term conditions.

2. The impact of Community Connectors on health, well-being and wider outcomes

The initial signs about the impact of Community Connectors on health, well-being and a broader set of outcomes are positive:

- **Health:** the overall self-reported health of many service users improved following their referral. Improvements were most pronounced for anxiety and depression, followed by usual activities and pain and discomfort. This pattern was replicated for those service users who reported severe or extreme problems for each measure.
- **Mental well-being:** the mental well-being of almost three-quarters of service users improved following their referral.
- **Trust:** the overall level of trust service users had in people in their community improved following their referral.
- **Social connectedness:** the social connectedness and social relationships of many service users improved after they were referred to social prescribing. There were increases in the proportion of service users content with their friendships and relationships, saying they have enough people they feel comfortable asking for help at any time, and saying their relationships are as satisfying as they would want them to be.
- **Self-care:** service users' reported improvements in various aspects of their ability to self-care after being referred to social prescribing, including a reduction their reliance on their GP and pharmacists for treating 'common' minor ailments.

In addition to positive outcomes, service users' experience of Community Connectors was almost universally positive. Almost 100 per cent of service users were satisfied with the support received, felt support was tailored to their needs, and would recommend Community Connectors to family and friends.

3. Implications for primary and secondary care

It is too early to assess the impact of Community Connectors on demand for primary or second care with any certainty. However, the initial signs are positive, with service users recording fewer Accident and Emergency and GP attendances three and six months after referral to the service. Importantly, Hale and the CCG have developed protocols for logging and tracking social prescribing referrals on GP data systems, which means that service users' primary and secondary care use can be monitored over the longer term.