

TYPE 2 DIABETES PEER SUPPORT

Final Evaluation 2020-2023

The
Peer 
Partnership

Lived experience improving lives

The **Peer** Partnership **Type 2 Diabetes Peer Support Programme**

From November 2020 to June 2023, The **Peer** Partnership worked with Sirona Care and Health to provide one-to-one peer support to people newly diagnosed, or finding it difficult to manage with type 2 diabetes, and maintain lifestyle changes needed to improve their health.

This programme matched them with people further along in their diabetes journey who provide them with lived experience, exporation, motivation, and encouragement to overcome barriers and obstacles to implementing beneficial lifestyle changes.



18

Number of Mentors

84

Number of Referrals

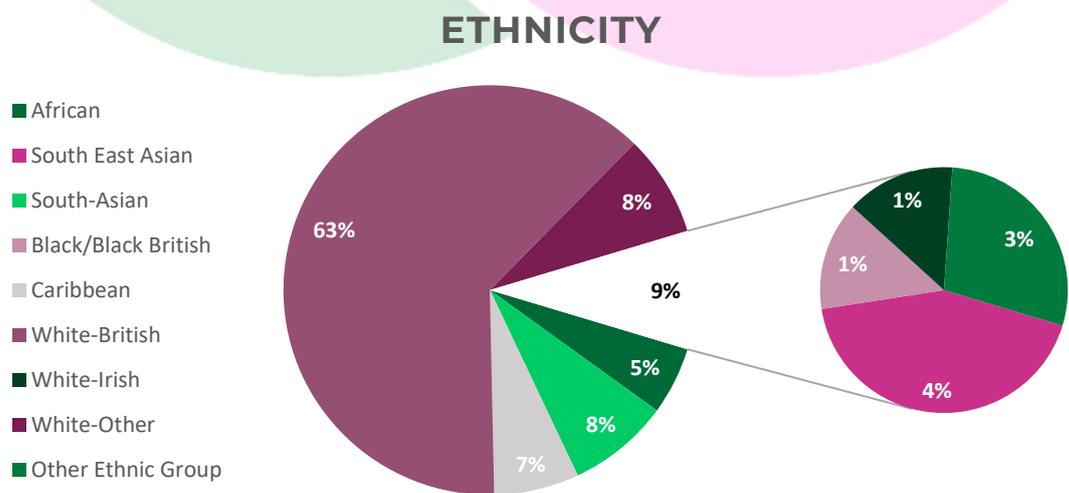
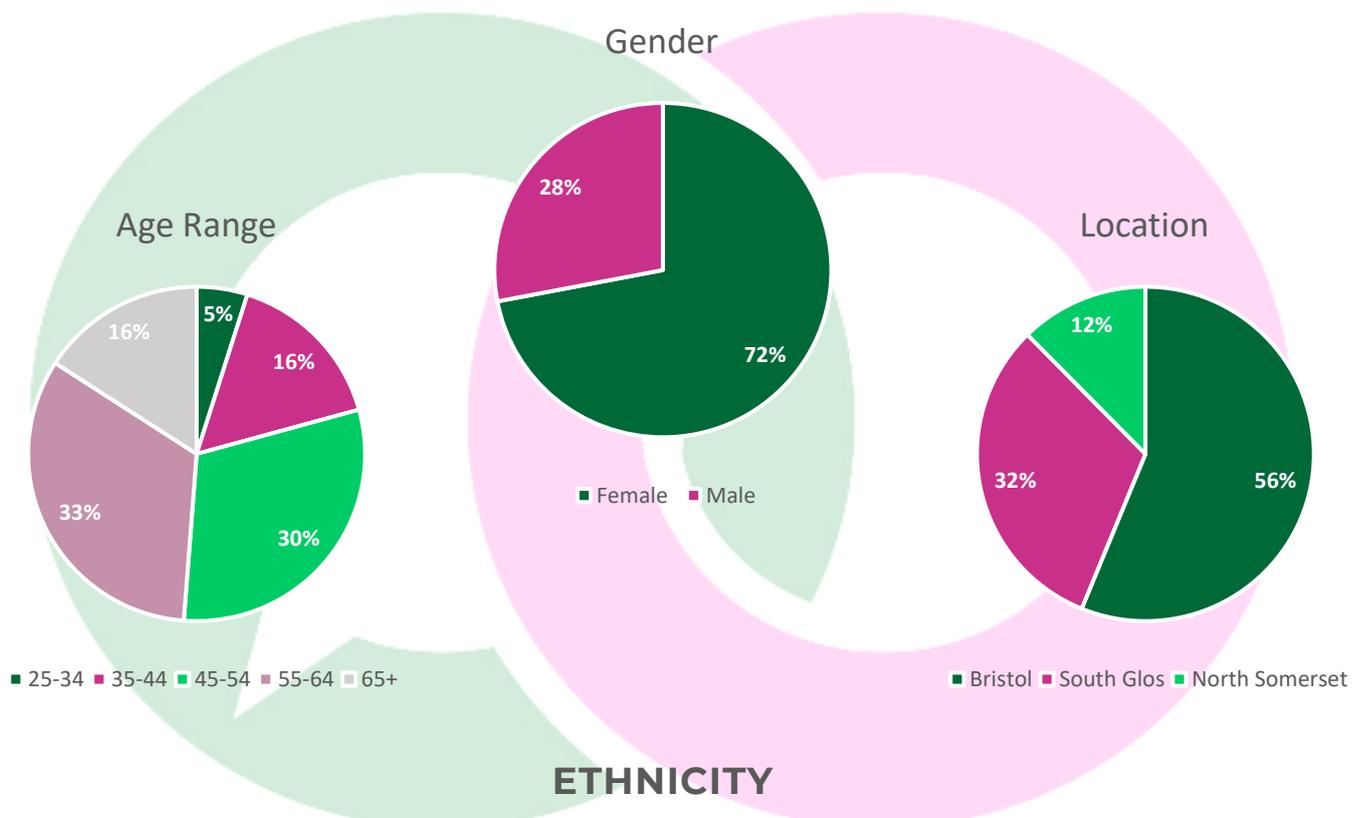
75

Number of completed interventions

Our Service Users

I really appreciated being able to talk to somebody about the up's and downs of having diabetes. Although I have been diabetic for a long time, we all tend to slip – especially over COVID

It kept me motivated and has helped me getting to my goal – in a healthy and sustainable way



Mentee Feedback

“The matching of the mentor was excellent, I felt comfortable enough to share my personal information with a mentor that I trusted, and I felt motivated to make some radical changes to my eating habits and exercise routine. I liked being presented with an action plan that was achievable with some input on my part. I looked forward to my weekly sessions in the knowledge that my feedback to challenges would be listened to, acknowledged, and addressed. My mentor was able to make me feel comfortable and always showed enthusiasm. I benefited from the knowledge that my mentor had been on a similar journey and was able to share their experience with me.”

“My situation changed radically from being in a dark place to one of being able to make significant changes to my personal mental health state and physical well-being. Without intentionally wanting to lose weight I actually have lost sufficient to notice that clothes are no longer a snug fit. “

“I am now more equipped to make decisions regarding health matters and my self-esteem is much better than it has been for some while.”

Mentee Case Study

Joe, 70 years old, was struggling to accept his diabetes diagnosis. He felt that the diagnosis had been a mistake, and his blood sugars were only high during testing due to him eating an unusually high amount of fruit in the week running up to his medical appointment.

He attended a Living Well with Type 2 Diabetes course and was advised of the peer mentoring program by the project coordinator. During the break the coordinator approached Joe directly to see if he was interested. Joe was unsure of what he would get from it but agreed to give it a try. Joe was assessed for service. He advised he was fine to manage his condition. He advised that he eats well, though drinks quite lot of alcohol, but does little exercise, and has other health issues which have stopped him doing things he used to enjoy, such as cycling. Joe was matched with Mark. Before going into the match meeting, Joe advised the coordinator that he didn't think he'd have enough to talk about with the mentor for an hour. Their match meeting lasted just under two hours, with them agreeing to meet again.

Their meetings took place weekly, with Joe and Mark meeting at the cycle path in Bristol, cycling for 20-30 minutes to a café, having an hour-long session, and then cycling home. Joe's final assessment advises he is feeling more confident in all areas of his health, has stopped drinking, and is now cycling to most places. His latest blood sugar tests show a significant reduction. Joe is very satisfied with the mentoring service and saw highly positive results from his PAMS assessment, which when completed saw a PAMs score of 100

Patient Activation Measures

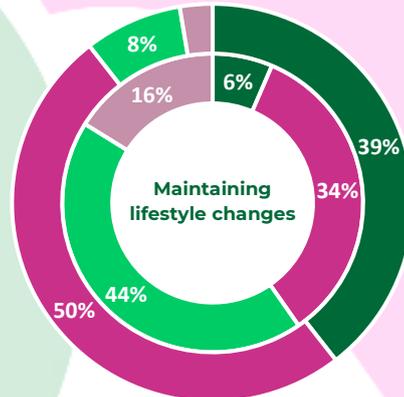
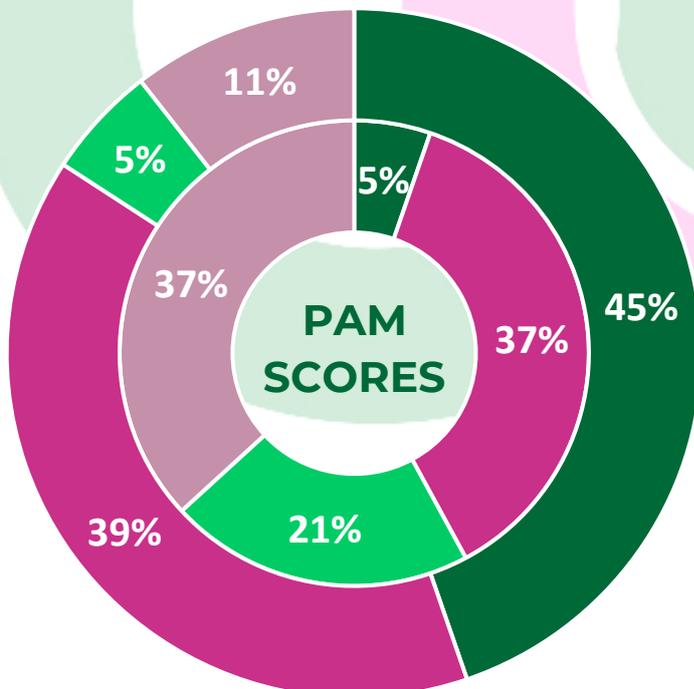
Patient Activation Measures (PAM) are designed to assess the level of engagement an individual has with their health condition. It measures from the lowest level of being disengaged and overwhelmed to the highest level of maintaining positive behaviours and going further.

Patients with low activation are less likely to know how to treat or manage their health condition, and 3 times as likely to have unmet needs than those who are highly activated.

Higher activation leads to improved attendance and adherence with medical care and better communication and trust between patients and health care professionals.

Key Outcomes:

- The proportion of people on PAMs levels 3 & 4 increased from 42% to 84%
- The proportion of people taking action, gaining control and maintaining behaviours increased from 40% to 89%
- 73% reduction of participants feeling disengaged, overwhelmed, or struggling with type 2 diabetes management

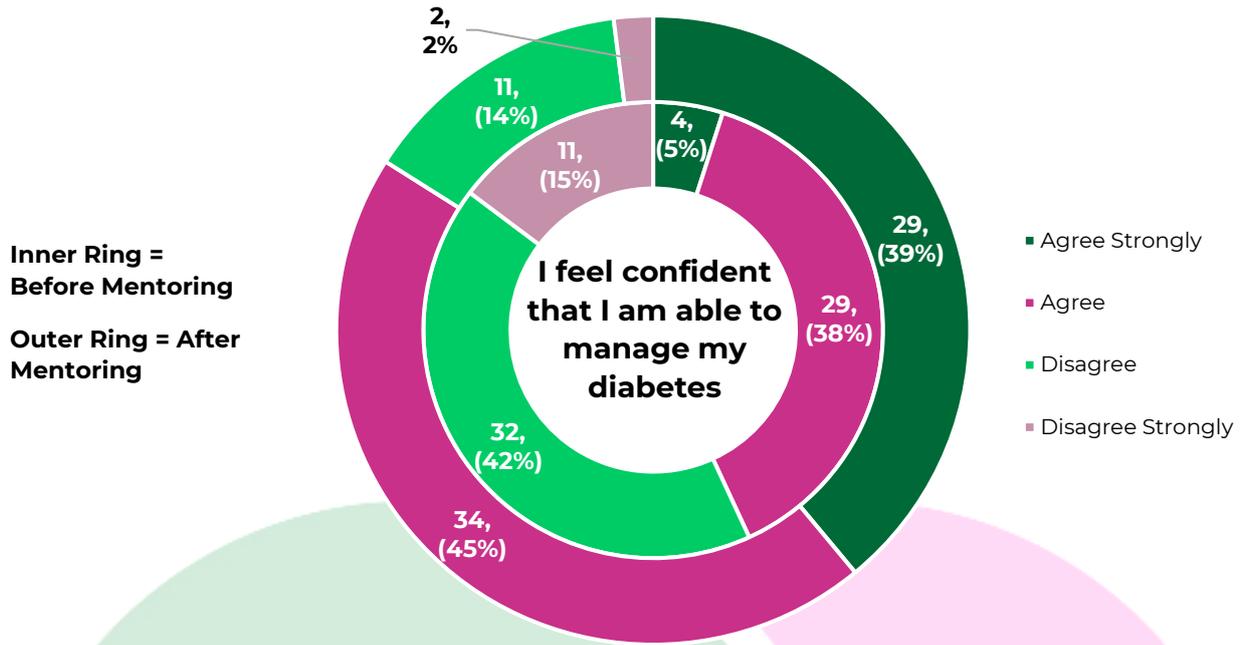


Inner Ring = Before mentoring
Outer Ring = After Mentoring

- ◆ Level 4-Maintaining behaviours and pushing further
- ◆ Level 3-Taking action and gaining control
- ◆ Level 2-Become aware but still struggling
- ◆ Level 1-Disengaged and overwhelmed

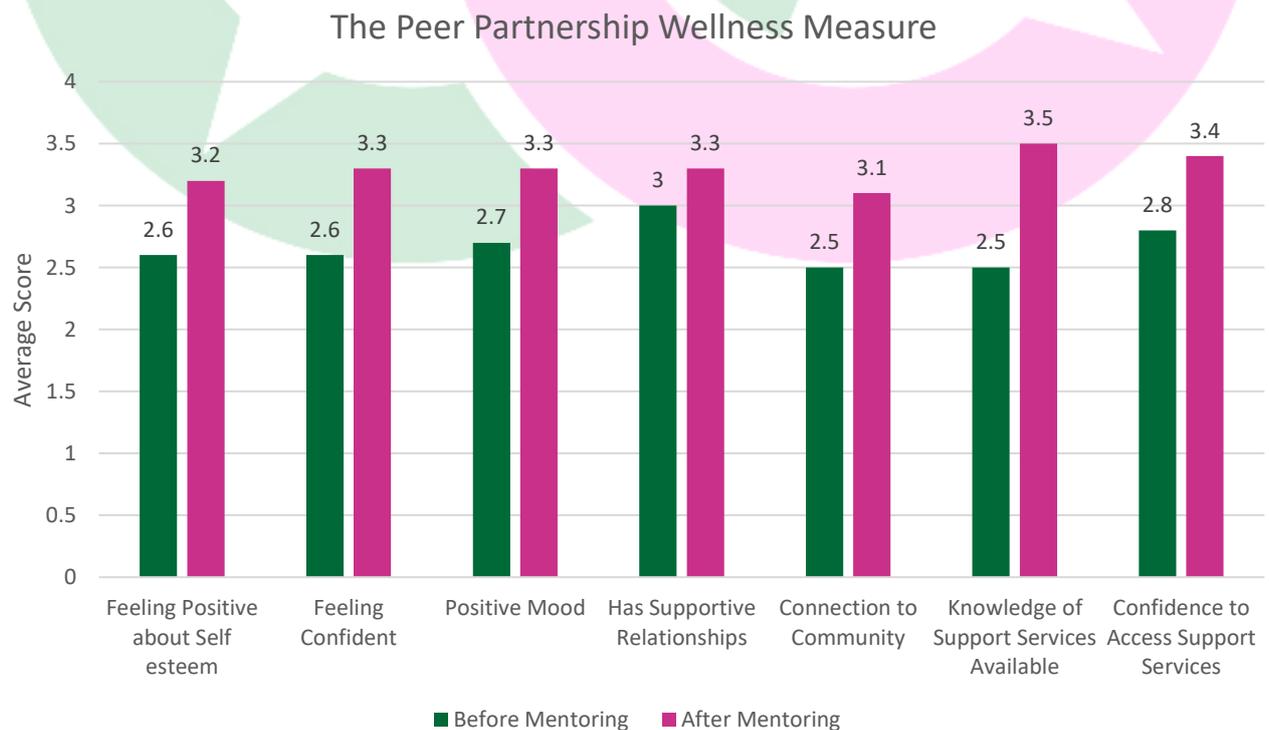
¹ Based on 59 participants completing PAMS assessments. PAMS calculator unavailable beyond November 2022.

The Peer Partnership Wellness Measures



2

We measured mentees experience of peer support through The Peer Partnership Wellness Measure, a series of questions looking at the confidence, mood, and connection participants had towards themselves, their condition, and towards external factors such as relationships with other individuals and their community.



² Based on 75 participants completing Wellness Measure assessments

Much of the knowledge and expertise required to self-manage long-term conditions is not held by professionals, but by people with experience of the condition. Peer-based approaches can be a powerful tool in building people's capabilities to manage their health. (Kings Fund, 2018)

Our mentors were truly the backbone of our service, and we could not do what we did without them. Our peer mentor volunteers complete comprehensive training to prepare them to mentor and were provided with regular supervision when they were providing support. Our mentors were trained in:

- Motivational Interviewing and Active Listening
- Goal Setting and Action Planning
- Boundaries, Confidentiality and Safeguarding
- Reflective Practice



Mentor Case Study: Becky



Hi, I am Becky, and I am a 52-year-old NHS worker. When I was introduced to peer mentoring four years ago, I had just put into remission my recently diagnosed T2 Diabetes. I attended a local health open day and gave feedback at the end, describing my frustration that I had never been given any help at all, my doctor having simply told me to lose weight and sent me away, scared, and hopeless. The Peer Partnership picked up this feedback and invited me to train with them and help form the first cohort of T2 Diabetes peer mentors.

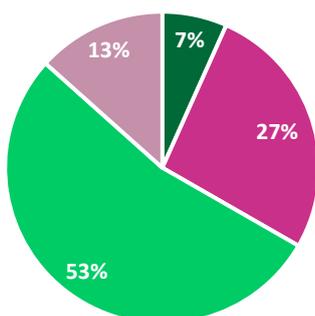
I had done my own health research, leading me to change my eating habits permanently and take up regular exercise, which I could never have imagined myself doing previously. I even started running half marathons! (It still amazes and delights me that I am running several times a week in preparation for the Bristol 10k in September, for which I'll be raising funds for the Peer Partnership!)

The fact that I had had to face these challenges alone, with no help from health services, drove my desire to help others in a similar situation. Because I had started from such a low baseline, I know I can help others motivate themselves to be more active, eat more healthily and interact effectively with health services, even when they feel there is no hope.

On my journey to better health, I had learnt so much and changed habits of a lifetime. I also realised, however, that this journey would last a lifetime (after all, sugar, junk food and stress isn't going away any time soon!) I would need the help and support of others to maintain strength for this journey and that's what I get from my peers and service users. Every mentor meeting reminds me that we learn so much from the people we help. I have been overwhelmed by the courage and determination of people I've met along the way, each new mentee facing a different set of challenges to the last. The same goes for my fellow mentors and those who run the service. There is always something new to learn and share at every monthly catch-up, especially when we're joined by a visiting expert. I hope to carry on learning and sharing for many years to come!

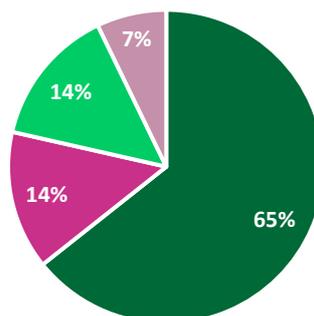
Mentor Demographics

Age Range



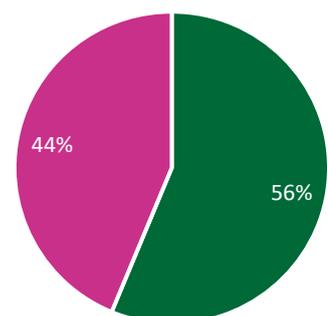
■ 25-34 ■ 45-54 ■ 55-64 ■ 65+

Ethnicity



■ White British ■ Black/Black British
■ Asian ■ African

Gender



■ Female ■ Male

Online Peer Support

In response to the COVID pandemic, our mentoring programme went fully digital while restrictions of movement were in place. This not only allowed us to continue to support people who were feeling more isolated than ever, but also meant we were able to support more effectively those who were also geographically or mobility limited in the Bristol, North Somerset, and South Gloucestershire region.



Group Peer Support

Following the feedback from our Long COVID programme, we implemented 6-session structured peer facilitated support groups for people with type 2 diabetes. These sessions supported the participants in exploring the barriers and obstacles they may have faced in managing lifestyle changes and sharing advice, experiences, and support from others with the condition.



Diabetes Structured Education

Sirona offers and provides diabetes education for people diagnosed with type 2 diabetes in Bristol, North Somerset, and South Gloucestershire, with the aim to provide information and guidance to enable people to self-manage their condition and live the life they want to lead.

Our peer mentors supported these sessions, providing the lived experience voice, and knowledge gained from mentoring people struggling with their condition to offer added value to these sessions.





Supporting Health Care Professional Training

Starting in 2019, our mentors provided lived experience to the training of diabetes health care professionals at the University of West England.

During these sessions, our provided question and answer sessions about living with type 2 diabetes and their own experiences of support, as well as informing trainee diabetes HCPs about the availability and referral processes for peer support in bristol.

Community Clinics

Our mentors supported Caafi Health clinics in Bristol, to reach underserved communities, especially black African, black Caribbean, Asian and minority ethnic groups, to reduce health inequalities.

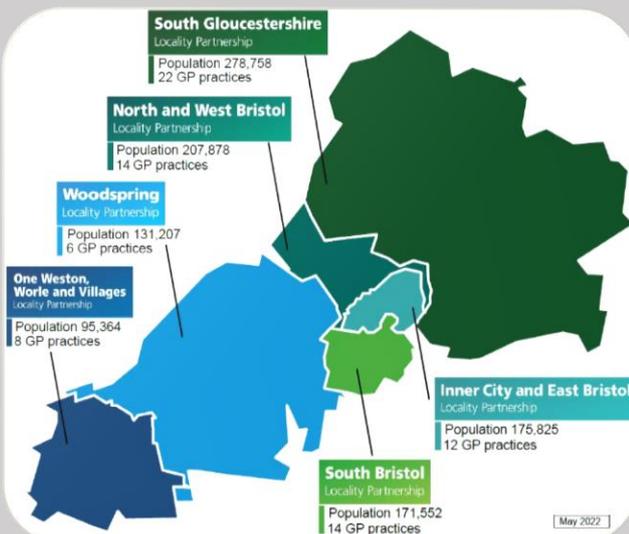
As well as promoting peer support for those who have type 2 diabetes, our mentors also undertook “Know Your Risk” assessments with attendees to advise them if they should be checking regularly and providing letters to bring to GPs to avoid language barriers when requesting diabetes testing.



Type 2 diabetes The risks, signs & support

brigstowe
positive change together

CELEBRATING
AGE
FESTIVAL



Locality Engagement

The Peer Partnership is now working with the Bristol, North Somerset, and South Gloucestershire Integrated Care Board Locality partnerships to identify priorities, strategies, and interventions for long-term health conditions.

We are supporting the South Locality Partnership’s Aging Well working group to prioritise type 2 diabetes and providing guidance on how this can be achieved through strategic partnerships. We are planning to join the North & West working groups in 2023 and will approach all localities in due course.

Learning Points

Continuous work is required to sustain and increase referrals into the service. The service has experienced peaks and troughs in referrals at certain periods throughout the last two years, requiring TPP to respond in different ways to promote the service. These have included

- Focusing on developing relationships with social prescribers
- Providing digital 'Lunch & Learns' to primary care staff.

The latter has assisted us in the start of securing relationships with primary care, however further capacity is required to ensure the service improves its reach and growth of referral base.

Recommendations:

Promotion of service

In order to increase referrals designated capacity is needed to raise the profile of the service and strengthen referral pathway. This includes:

- Direct promotion: Multiple formats such as social media, flyer distribution, local print/TV & radio
- Strengthening relationships with social prescribers and other organisations
- Developing direct working relationships with primary care networks and GP surgeries
- Engagement with the six new localities & new ICB to promote the service
- Continue to have Peer Mentors at DSE to share lived experience as part of the curriculum and promote service.

Increase action to meet the need and provide local support in North Somerset, i.e., focus on this area in next round of mentor recruitment.

Increase service provision to underserved communities who are at higher risk of developing type 2 diabetes.

Co-production of services together and not in isolation. Working together is key for development of services and is essential to include all stake holders in the planning, this includes all funders, NHS, VCSE and service users.