Scottish Government 's Community Link Worker Programme

Briefing 30th May 2017

"During the lifetime of this Parliament we will recruit at least 250 community link workers to work in GP surgeries with at least 40 being recruited in 2017"

A PLAN FOR SCOTLAND 2016 -17

Background

It is well established that wide inequalities exist between the most and least deprived areas in Scotland. People who experience socio-economic deprivation suffer from higher levels of psychological and physical health problems and have reduced life expectancy. Many of the reasons for this are due to social and economic circumstances. Patients consulting with GPs in deprived communities have been found to have: higher levels of stress, more complex problems, shorter consultations, feel less enabled, and to perceive the GP as less empathic than in more affluent communities. In addition GPs working in deprived communities have been found to experience higher stress levels. The third sector provides a range of support services to improve health and well-being and tackle health inequalities. However it is impossible for any GP to keep up to date with all that the sector provides. In the last few years a number of community link worker initiatives have been developed with general practices and are found to be effective in overcoming some of the challenges outlined above.

GP Community Link Working – overview

A Community Link Worker (CLW) is a generalist social practitioner based in a GP practice serving a socio-economically deprived community, addressing the problems and issues that the individual brings to the consultation, rather than a worker whose domain is limited to a specified range of conditions or illnesses, or one who is based elsewhere within health, social care or other services.

They offer non clinical support to patients, enabling them to set goals and overcome barriers, in order that they can take greater control of their health and well-being. Using 'good conversations' a CLW supports patients to identify problems and issues they are experiencing and to talk about what really matters to them. They support patients to achieve their goals by enabling them to identify and access relevant resources or services in their community. A CLW also maps local services, engaging with and developing productive relationships with these services including keeping informed of the status of existing and new services.

Community Link Working - evidence base

This national programme builds on learning from previous Scottish Government funded projects in particular The Link Worker Programme in Glasgow and Dundee Sources of Support. Both evaluation reports will be available in June.

The Link Worker Programme involved 7 Glasgow GP practices and the Health and Social Care Alliance in partnership with the Deep End steering group. Practices that 'fully integrated' the model had - more collective leadership, enabling team relationships, continuity of CLW support, more engagement in practice development (enabled via practice development fund) and more proactive community networking. CLWs were well regarded by patients and community organisations. The programme was reaching the intended patients (vulnerable patients with complex needs in most deprived areas).

Dundee Sources of Support is a partnership between Dundee City Council, Dundee Health & Social Care Partnership and General Practice, part-funded by Scottish Government. It is a locality based model with 3 CLWs covering 4 GP practices in areas of deprivation. Main referral reasons are social isolation, low mood, anxiety and depression; often caused by relationship difficulties, money worries, abuse and trauma. The outcomes for patients include income maximisation, re-housed, repeal of sanctions, increased literacy skills, new social networks, increased confidence and self-esteem, and better self-management. The outcomes for GP's are that they feel more productive, able to provide an alternative to prescribing, and see a reduction in patient need for clinical intervention.

Aims of the Scottish Government CLW Programme

- To support people to live well through strengthening connections between community resources and primary care
- To support GP practice teams working with individuals and communities who experience socio-economic deprivation
- To mitigate the impact of social and economic inequalities on health
- For CLWs to become members of the wider General Practice multi-disciplinary team where appropriate.

Core components of the programme

- Focused on mitigating health inequalities and alleviating pressures in GP practice teams
- Delivered in areas of socio-economic deprivation (including widespread and pocket deprivation, in both urban and rural/remote areas)

- Developed in close collaboration with GP practices and fully integrated into the GP practice teams.
- Delivered in partnership with GP clusters or other learning networks of GP practices, ensuring training, resources and quality improvement tools are made available to support GP practices
- Offering generalist access to individuals without demographic or condition-specific criteria
- Offering strictly non-clinical support and services to people
- Focused on building a close working relationship with the 3rd sector
- Developed with systems in place to create clear referral pathways into third sector organisations
- Committed to participating in national evaluation and sharing of learning

Potential benefits for patients, general practice and 3rd sector

Patients

- Increase in self-esteem, confidence, sense of control and empowerment
- Improvements in physical health and a healthier lifestyle
- Reduction in social isolation and loneliness
- Acquisition of new learning, interests and skills

General practice

- Ease pressure on GPs
- Add value to GP consultations
- Enhance GP and third sector relationships

Third sector

- More appropriate referrals
- Enhance partnership working with GPs, primary care and health & social care
- Improve Health & Social Care locality and resource planning through identifying need and demand
- Demonstrate key role of the third sector in Health & Social Care delivery and reducing health inequalities

Plans for Implementation

The Scottish Government is committed to funding the CLW programme for this parliamentary period (up to 2021). In implementing the programme from April to September 2017 there is a focus on sustaining and developing existing and effective CLW programmes which meet the core components. These 'early adopters' are specifically, Glasgow – 14 practices: Dundee – 11 practices: Edinburgh – 9 practices: Inverclyde – 6 practices. Plans for the recruitment of CLWs beyond September 2017 are currently in development.

Governance and Support

Scottish Government Programme Board is established, a National Advisory Group is to be set up as well as a Monitoring and Evaluation Working Group. The Scottish Government Programme Lead is Naureen Ahmad and the CLW implementation is supported by a national CLW facilitation team and clinical advisor who will provide advice, facilitation and operational support to delivery organisations, general practices and other key stakeholders.

Monitoring and Evaluation (M&E)

NHS Health Scotland will lead the monitoring and evaluation of the CLW programme. They will use the existing CLW programme knowledge and evaluation findings to identify key outcomes for the Programme roll-out – build on and amend existing Programme knowledge, and identify key elements for implementation. Support will be provided to set up appropriate monitoring data collection systems within GP Practices and the training of CLWs to collate and analyse data. In addition there will be ongoing support for longer-term evaluation. The M&E findings will be utilised to inform ongoing development and roll-out of the CLW Programme.

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