KEY MESSAGES

GIVING A VOICE TO SCOTLAND'S COMMUNITY LINK WORKERS

# Listening, Linking Learning

## Scottish Community Link Worker Network Annual Conference

**24th May 2023**

At the first ever Scottish Community Link Worker Network annual conference we saw 140 link workers, programme leads, speakers and government colleagues joining us to share learning and network. We heard a vast range of presentations on health inequalities, research mapping the role of link workers, embedding link workers in primary care and the development of link working. We also heard from Maree Todd, the Minister for Social Care, Mental Wellbeing and Sport, about the government's approach to link working. There were four workshops for delegates to choose from covering wellbeing, link working and medical students, reflective practice and asylum seeker specialist community link working.

Voluntary Health Scotland (VHS) is the national intermediary and network for voluntary health organisations across Scotland. Our purpose it to create a healthier, fairer Scotland served by a thriving voluntary sector. With support from the Scottish Government, VHS has set up and facilitates the Scottish Community Link Worker Network, which aims to create a space for community link workers in primary care settings in Scotland to share learning, and to develop, network, and support each other to improve outcomes for their patients and communities.

### Maree Todd, Minister for Social Care, Mental Wellbeing and Sport, Scottish Government.

In her speech, the Minister expressed her appreciation for the work of Community Link Workers and their positive contribution to society. She commended the progress made in establishing the Scottish Community Link Worker Network despite the challenges posed by the pandemic.

She emphasised the significance of social and economic circumstances in shaping an individual's health and wellbeing, highlighting that medication alone was often not the solution. Having previously worked as a pharmacist, she shared her long-standing interest in the role of non-clinical care and social prescribing. She acknowledged the significant challenges facing individuals and communities currently and the role of link workers in supporting people. The Minister recognised the uncertainty link workers may feel about the future in such trying times.

However, the Minister paid tribute to the journey of community link workers since the initial pilots to their inclusion as essential services in the 2018 GP contract. She recognised the role of multidisciplinary teams in freeing up GP time but also ensuring patients receive appropriate care. She confirmed the Scottish Government had committed to funding multi-disciplinary teams, with a minimum funding position of £170m for 2023-24 and future years, along with additional funds for Agenda for Change uplifts.

The Minister reiterated the government's commitment to having staff who can work with individuals to identify their needs and connect them with the right community support, financial help or practical guidance. She emphasised the importance of social prescribing and Community Link Worker programmes in realising the Chief Medical Officer's vision for Realistic Medicine and reducing unnecessary medicine prescribing.

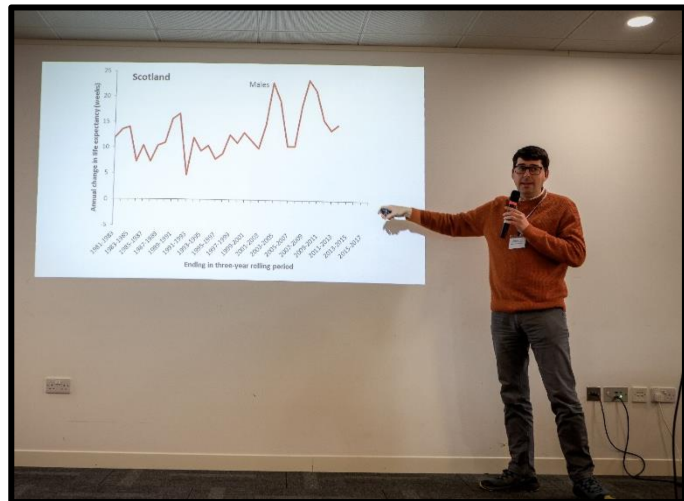
The Minister acknowledged the persistence of health inequalities in Scotland, and recognised community link workers' role in tackling them. She thanked community link workers for their adaptability, empathy, and persistence in providing assistance with food banks, benefits advice, mental health support and more. She said these efforts were essential in addressing health inequalities.

The Minister recognised the crucial role of link workers in shaping future policy and assured attendees of the government's support and access to the resources they need.

**Q&A:**

- **Social Care Workforce**: The Minister was asked what the government was doing to tackle the pay difference between social care workers depending on the organisation they work for. She felt the social care workforce needed wages and conditions that reflected the value of their work. She explained the negotiations between Scottish Care and COSLA had broken down. She also recognised it would be easy for this to become a political ping pong between local government and the Scottish Government, but they needed to work together. In terms of the government's financial position, she said last year they needed to find in-year savings, but they were more prepared for the challenges ahead this year. She underlined that the government was committed to valuing and improving social care.
- **Social Prescribing:** There was a question about how we value social prescribing in the NHS. Maree Todd highlighted her background was in pharmacy. She explained that the issues which politicised her were austerity and watching people being tipped into destitution by political choices. She talked about a PIP review case she witnessed which resulted in a woman being hospitalised for six months. Her central point was pharmacists can find medication but can't fix social circumstances, so social prescribing is vital.
- **Job Security:** There were questions about the discrepancy in job security between CLWs employed by the third sector and those employed under health and social care partnerships. Maree Todd felt this was something which needed more consideration along with multi-year funding for the voluntary sector to ensure better job security. She said it was a cluttered landscape, but we needed to look longer term to make sure CLWs were here to stay.

## Gerry McCartney, Professor of Wellbeing Economy, University of Glasgow.




Gerry McCartney provided an informative presentation about the causes of health inequalities and stalled improvements in life expectancy in Scotland. He primarily discussed his recent research with the Glasgow Centre for Population Health and the University of Glasgow titled "Resetting the course for population health."

**Austerity:** He explained that austerity policy implemented across the UK since around 2010 had led to cuts in social care and local government funding which in turn led to higher mortality rates. Throughout the presentation he underlined that austerity was a political choice which had major implications in terms of health inequalities. His analysis showed attendees how austerity policies had large negative impacts across countries and time, especially if implemented during economic downturns.

Within the UK context, he also highlighted the impact that benefit sanctions had on mental health and how increased poverty at local authority level was associated with adverse infant mortality trends. He explained that arguments which blame other economic factors, as opposed to austerity, for stalled trends failed to recognise that most high income countries have introduced austerity at various points, not just during economic downturn. He stressed this was important to understand as we emerge from the pandemic and a renewed case is made about "living within our means."

**The Pandemic:** He noted that the pandemic had highlighted all these trends in inequalities we have been seeing. He said those who get paid the least amount, and often do the most important jobs, were the most vulnerable during the pandemic. He explained the importance of remembering the indirect impacts of COVID-19 and the economic and social consequences. His slide presentation included a helpful diagram which mapped the wider health effects of the pandemic response.

**Health Inequalities**: He emphasised that health inequalities caused six times as many deaths every decade as a completely unmitigated COVID-19 pandemic would have and yet there has been no substantial political action to address health inequalities. He highlighted concerns that the estimated impacts of inflation on mortality were also large even when mitigations like the Energy Price Guarantee were considered.

In closing he underlined that health inequalities were caused by inequalities in income, wealth and power. The pandemic exposed the underlying inequalities in society and inflation was once again exacerbating income inequalities. He said to be wary of reports, analyses and interventions suggesting they will reduce inequalities if

they don’t address the fundamental causes of them. We all need to be advocates of good policy.

**Q&A:**

- **Advocating Good Policy:** There were questions about how the Community Link Worker Network could advocate against damaging government policies in the future. More broadly there was a brief discussion about how doughnut economics could work to tackle inequalities.
- **Reconsidering Investment:** Peter Cawston asked about the inflationary cost of medical healthcare at the expense of other interventions. He noted that expensive interventions and equipment don’t always solve the problem and are sometimes invested in at the expense of vital services like social care. He asked whether the health service was part of the problem now. Gerry explained this was part of the “medical industrial complex” and we often see “fancy fixes” for medical problems when putting money in the pockets of individuals could be more effective. He cited the Cancer Drugs Fund as an example of a huge expense with marginal benefits. He advocated for a move away from expensive interventions to more social interventions and primary care.
- **Obesogenic Environment:** There was a question about why obesity rates had been rising. Gerry said unpicking the obesogenic environment would take time. He noted high calorie unhealthy foods were marketed in more disadvantaged communities which worsens inequalities.

## Research: mapping the role of link workers across Scotland

- **Roisin Hurst, Network Development Co-ordinator, Scottish Community Link Worker Network**
- **Findlay Smith, Policy and Research Officer, Voluntary Health Scotland**

Roisin Hurst provided a brief background on the history of the Scottish Community Link Worker Network, noting she had first been given a list of fifteen contacts and now the network was having its first annual conference. She explained the network was designed to be a place for shared learning and peer to peer support. However, they also strive to raise awareness of the role of CLWs and highlight the great diversity across the network.

Findlay Smith then provided a brief presentation on the interim findings of his research mapping the role of link workers across Scotland. The research was due to be published in the months following the conference.

Findlay explained how the CLW programmes had been gradually implemented across Scotland with little direction from government which has

led to a diverse range of approaches. The research is primarily focused on the structure, delivery and evaluation methods of the programmes, but it is not an evaluation of CLWs. Findlay was keen to emphasis that the differences across the programmes were a positive thing as it meant they are often tailored to the communities they serve.

**Programme Design**: He explained there are differences in the organisation structure and design of the programme. Some health boards take a more universal approach to provision whereas others target the communities most in need. There are variations in the allocation of CLWs and their roles, which means programmes aim to tackle a wide diversity of issues.

**Programme Delivery:** Findlay also noted the variation in sources of referral to CLWs, from those with a clinical role, GPs and receptionists. He explained that CLWs aren't supposed to host services; they are supposed to link patients up with services. Some programmes limit the number of appointments CLWs can have with patients to avoid fostering a dependency. The role is huge, described like a "continuum" covering things like sign posting, support with social security, self-management and more.

**Monitoring and Evaluation:** He explained that the minimum core dataset is not consistently used by programmes and there are drastically different monitoring schemes across the board. There is a general feeling of uncertainty about how best to evidence their work given the nature of it and the diversity of programmes.

## Workshop Sessions:

### Workshop One: **Asylum Seeker Specialist Community Link Worker – We are with you (Glasgow)**

We are With You led this workshop focused on their specialist asylum seeker Community Link Worker, Francine Bucumi, who was joined by her colleague Colin Jones who specialises in homelessness. The workshop aimed to raise awareness of the specific challenges asylum seekers face in terms on their health needs and accessing support.

Francine and Colin began by debunking some myths about the asylum process. They noted that asylum seekers are forced to survive on £45 a week, even for whole families. This makes things like travelling to medical appointments and having phone credit a major barrier to accessing support. Families can also be moved to new cities at short notice which increases depression and anxiety by

removing the little support they receive. Asylum seekers also often distrust services out of fear things may be reported back to the Home Office.

They explained that asylum seekers are a particularly vulnerable and isolated group, who also often have very complex needs. Francine works across the city of Glasgow, she helps asylum seekers, refugees and their families. Primarily her support covers things like registering with a GP, accessing WIFI, gym passes, counselling referrals, foodbank referrals, crisis numbers, building trust in services and working though complex needs. She has 77 people on her waiting list so she's started provided a course in supporting asylum seekers for other practitioners. Francine highlighted the importance of things like access to scholarships through Sanctuary and the role of volunteering in helping families make connections in communities.

**Workshop Two: "The Bells That Ring": Group Reflective Practice in Action – CVS Inverclyde**

This workshop, presented by the Community Link Worker Team from CVS Inverclyde, focused on the implementation of the reflective practice model "The Bells That Ring". "The Bells That Ring" is a reflective practice model that aims to facilitate systematic group discussions, allowing participants to share and learn from each other about how best to support patients.

Developed by Kerry Proctor in 1997, the approach has become an important component of the way in which the CVS Inverclyde link worker team works since first implemented in 2021 and is used during their monthly reflective practice sessions.

Workshop attendees were guided through the practical implementation of the model. During each session, the group is assigned one of five roles. These are:
1. Supervisor: responsible for assigning the remainder of the roles, keeping time, and prompting the consultant where necessary.
2. Presenter: responsible for introducing a case study or a scenario from their work to be discussed by the group.
3. Consultant: responsible for questioning the presenter to explore in more detail the support they provided.
4. Observers: responsible for watching and listening to the conversation between the presenter and the consultant, noting their thoughts on the issues discussed, and providing constructive feedback.
5. Action Planner: responsible for summarising the session and producing a plan for future activity.

Attendees were also given the opportunities to participate in a demonstration of the model lead by the Inverclyde CLW team. The Inverclyde link worker team acted as supervisor, presenter, and consultant and walked through an example of a case study. The attendees took the role of observers, taking notes on the interaction and offering feedback and suggestions.

Whilst all workshop attendees had some experience of reflective practice within their respective programmes – the systematic approach to reflective practice offered by "The Bells That Ring" was not something that they had previously implemented.

**Workshop Three: Link Working and Medical Students, The Edinburgh Experience – The University of Edinburgh and Edinburgh CLW Service**

In this workshop, Dr Helen Eborall, Lecturer in Critical Public Health at the University of Edinburgh, gave some background to the Health in Communities unit which forms part of 1st year medical students' curriculum. The unit focuses on the links between patients, community and social determinants of health. Groups of ten to twelve students are allocated to a GP practice in the city and they also get to spend some dedicated time with a CLW. They discuss a patient case study with the CLW to help them learn about the benefits of social prescribing and community link working and have the opportunity to ask them about their role.

Delegates heard from CLWs Sophie Carmichael, Liz Griffiths, Claire Gardiner and Jen Learmonth about their experiences of working with the medical students and how great it is to be contributing to the education of future doctors. Delegates were then encouraged to discuss at their tables how they might try and take forward something similar in their local area. They were encouraged to check out the National Academy of Social Prescribing which will have information on National Social Prescribing Champions. For more information about the programme, please contact Dr. Helen Eborall, Lecturer in Critical Public Health

**Workshop Four: My Wellbeing Matters – North Ayrshire**
Ainsley Leck and Leeanne Killen gave an overview of the work CLWs do and the numerous organisations and people they work with, for example GP practices, NHS, North Ayrshire Recovery College etc.

The service connects people in communities to local groups and services to help improve health and wellbeing. Based in general practice, the CLWs can help find groups/services to meet clients' needs and interests, including:

- Money and benefit advice, debt management and budgeting
- Local activities and social groups
- Self-help and support groups
- Care services and carers support groups
- Volunteering opportunities
- Getting into work, training and education

North Ayrshire CLW has developed workshops, daily wellbeing tools and self-help booklets on different topic areas to help improve, maintain and look after personal wellbeing. The workshops aim to increase knowledge, resilience, confidence, reduce social isolation, provide support and direct people to appropriate services. They work in partnership with others they identify referral pathways. We heard services were regularly monitored, reviewed and evaluated to improve.

Workshops cover different topic areas:

- General overview of mental health and wellbeing
- Anxiety and stress
- Low mood (not clinical depression)
- Self-esteem, motivation and where to access further support

## Panel and discussion session: Embedding Link Working in Primary Care in Scotland

Following a post-lunch energiser lead by Paths for All we held a panel discuss on embedding link working in primary care.

The panel:
- Alison Leitch, Community Link Worker Assistant Service Manager, EVOC
- Dr Maria Duffy, Deep End GP, Pollok Health Centre
- Linsey Drever, Community Link Practitioner, Voluntary Action Orkney
- Dr Peter Cawston, Deep End GP, Drumchapel Health Centre

Maria Duffy noted that her practice in Pollok had been part of the original pilot for the CLW programme. She made the case for sustainable funding for CLWs which is aimed at the communities which need it most. She also highlighted a need to move away from the medical model of interventions and recognised the difficulties in evidencing impact because success is crisis aversion, so hard to see.

Linsey Drever provided a rural perspective, noting there were 73 islands in Orkney and two Community Links Practitioners. In order to remain objective, they must swap referrals sometimes due to the close-knit nature of the community. The CLWs also rely on quite a lot of online support, but NHS Near Me hasn't worked particularly well for them. They weren't imbedded in practices.

Alison Leitch spoke about the programme in Edinburgh. There were 45 practices split 50/50 between Primary Care Improvement Plan and health inequalities practices. The CLWs were well-imbedded in practices now and very much part of the multidisciplinary team (MDT). However, she noted many of the buildings practices used were not set up to support MDTs. She felt there was political buy-in which supported link workers, but noted a need to get rid of the postcode lottery in terms of access.

Peter Cawston painted a bleak picture in terms of the number of cuts they were facing in Drumchapel, including to the new health centre and funding for link workers. He said he was devastated by this, and GPs don't know how they are going to do their job without a link worker. He underlined the pressure on primary care and uncertainty in resources, noting "you wouldn't run an intensive care unit without knowing if there's an intensive care bed available." However, he was encouraged to see a room full of CLWs at the conference. He explained his practice was now a wellbeing orientated practice, which looked after the wellbeing of the team too. He felt link working needed to be imbedded in primary care and made the case for funding to be allocated based on health inequalities.

**Q&A:**
- **Referrals:** There was a question about whether referrals to CLWs had changed since the pandemic to more intensive mental health issues. Peter said his team was carrying more patients with complex unmet needs and Maria said the long waiting lists meant patients keep returning to services.

- **Demonstrating Impact:** A CLW asked how they can best demonstrate their patient numbers and impact. Alison explained there needed to be a minimum standard of evaluation, but it didn't have to be prescriptive. She noted some GPs won't engage with CLWs without evidence of impact. She felt CLWs needed to be recording appointment numbers, reasons for referral and crucially patient voices. There need to be quantitative and qualitative evaluation as hard evidence so no one can dispute what CLWs are doing. Peter felt it was possible to have flexibility in the CLW role and good working conditions. Maria highlighted that a lack of uniformity was exactly the strength of the programme and what communities needed. We heard from NHS Lanarkshire that their contract is through the NHS and they have lots of data on the programme. They cover 98 practices and have 18 Whole Time Equivalent CLWs.
- **Sustainability:** There were concerns in the audience about disparity in pay between NHS CLWs and third sector CLWs. There was a strong case made for long-term sustainable funding to create a thriving third sector. One audience member noted that the cost of prescriptions was "out of control" which threw budgets out the window. It was felt the big question was how do we properly support the third sector in Scotland. Claire Stevens noted that these concerns had been raised with government through the Primary Care Health Inequalities Development Group, which Voluntary Health Scotland sat on. Niall Taylor from Scottish Government recognised the concerns and noted they were trying to underline the role of social prescribing in all aspects of population health and primary care. He felt Ministers also recognised the value of CLWs and social prescribing.

## Lorna Kelly, National Strategic Lead for Primary Care, Health and Social Care Scotland.

Lorna Kelly said she had been involved since the early days of the first Deep End pilot and noted how much the CLW role had developed since then. She sometimes faced questions about whether it would just be better to make the system easier to navigate, but she always felt this was impossible. She said the diversity of the CLW role, the trust built with patients and the barriers overcome for patients demonstrated their need and value.

She discussed the evolution of the Primary Care Health Inequalities Development Group, which she chairs. It had made 24 recommended actions for tackling health inequalities through primary care and five foundational recommendations. Chance 2 Change in Drumchapel had also developed a parallel report and fed into the advisory group from a patient perspective. She quoted Michael Marmot saying their approach was "do something, do more, do better." They want to strengthen the national leadership for health inequalities, develop a strategy on wellbeing communities and create inclusion enhanced services.

In terms of progress on these recommendations, she said the government was considering the best way to action a health inequalities leadership role. She also noted that the Inclusion Health Action Plan in General Practice had secured £1m for practices in the Deep End, although she recognised, they needed closer to £7m.

She emphasised the need for long term sustainable funding for CLWs and for sustainable community support networks too. She underlined the huge difference CLWs make to people's lives and echoed recognition of their value heard throughout the day.

### Closing Remarks

Claire Stevens, VHS, closed the conference by thanking all presenters, panellists, workshop leads, attendees and exhibitors. She also thanked the Community Link Workers Network Advisory Group and Working Group and for their collaboration in developing the day's programme.

*For more information please contact Roisin Hurst, SCLWN Development Co-ordinator: roisin.hurst@vhscotland.org.uk*

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