NORTH AYRSHIRE
Health and Social Care Partnership

Integration Joint Board
11 October 2018

Subject:	**Community Link Workers Programme Update**
Purpose:	To update members of the Integration Joint Board of the progress of the Community Link Worker Programme.
Recommendation:	For Integration Joint Board members to note the new model emerging which enhances prevention and early intervention approaches.

Glossary of Terms	
CLW	Community Link Worker
CC	Community Connector
HSCP	Health and Social Care Partnership
ICF	Integrated Care Fund
ED	Emergency Department
DWP	Department of Works and Pensions
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership

1.	**EXECUTIVE SUMMARY**
1.1	The Community Connector service in North Ayrshire, with investment from Scottish Government went through transformation in 2017 to become the Community Link Worker (CLW) Programme.
1.2	The CLW programme provides a person centred approach that aims to improve the health and wellbeing of local people through better connections to appropriate sources of support in the community.
1.3	The CLW should be the first port of call for any people who present with social needs alongside or rather than medical needs and do not have the knowledge, ability or confidence to access available support to address these needs.
1.4	Every General Practice in North Ayrshire will have a CLW aligned to it providing an opportunity for early intervention and preventative approaches that will contribute to reduced GP demand, hospital utilisation and reliance on specialist services.
1.5	Increased workforce capacity has provided the opportunity to further develop the model of delivery for people with more complex needs that seek continued support over longer periods of time and delivering supports in community settings.
1.6	Providing a robust training and induction programme for all new and existing CLWs has laid solid foundations for the service. It has provided an opportunity for the team to network with statutory and Third Sector providers as well as local communities. This has provided opportunities to learn what is available and share the aims of the CLW service.

1.7	Future developments of the service include continued participation with the Emergency Department (ED) Community Connector pilot; widening the scope of delivery with a pilot for younger people; working with the Department of Works and Pensions (DWP) to promote training opportunities that aim to help people back to work.
2.	**BACKGROUND**
2.1	In July 2017 the Integration Joint Board agreed to the strategy of enhancing our CLW capacity and to move towards universal provision of the service across North Ayrshire.
2.2	Scottish Government made commitment to fund 6 Community Link Workers posts with an expectation that the programme would be: • Focused on mitigating health inequalities and alleviating pressures in GP Practice Teams, with resources allocated proportionately on the basis of premature multi-morbidity and below average life expectancy. • Delivered in areas of socio-economic deprivation: these include areas with widespread deprivation ('the deep end') and areas with pockets of deprivation in both urban and rural/remote areas. • Developed in close collaboration with GP Practice Teams such that their expertise and unique knowledge of local needs shape delivery, with CLW being fully integrated into individual 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 to effectively integrate social prescribing and community link working. • Accessible to all registered patients of the Practice to which the CLW s attached. • Offering strictly non-clinical support and services to people, with a clear role within the GP Practice Team as a social practitioner who does not deliver services that require clinical training. • Focused on building a close working relationship with the Third Sector based on combining the knowledge, skills and experience of people who use services, deliver services and commission services by working together, on an equal basis, jointly to achieve positive change and improve lives and outcomes. • Developed with systems in place to create clear referral pathways into local, citywide or national third sector organisations and to identify gaps in local/citywide/national service provision. • Committed to participating in the national evaluation and sharing of learning across the National Link Worker Programme.
2.3	The existing Community Connector (CC) roles would be re-evaluated to align them with the national role specification for the Scottish Government's Community Link Worker Programme.
2.4	The 5 CCs employed through the HSCP and the 2 CCs hosted in the Third Sector would be made permanent with future funding committed from future ICF to expand our CLW/CC capacity across North Ayrshire.

2.5 The totality of the CLW Programme was to focus on supporting people living in areas of high deprivation. A Government Team profiled the 200 most deprived practices across Scotland and 12 of them were in North Ayrshire.

Practice Code	North Ayrshire Practice	Percentage of practice patients living in datazones defined as the 15% most deprived
80895	Three Towns	51.26
80217	Dalry	49.86
80701	Stevenson	48.46
80330	Eglington	47.96
80010	Central Avenue	40.72
80698	Frew Terrace	39.15
80556	Saltcoats	38.97
80344	Townhead	36.97
80005	South Beach	36.11
80306	Bourtreehill	33.74
80753	Kilwinning Medical Practice	28.30
80363	Kilbirnie	21.50

3. PROGRESS OF THE CLW PROGRAMME

3.1 By October 2017 the CC roles had been re-evaluated and transitioned into the CLW posts and made permanent.

3.2 Out of the 12 practices identified by the Government Team (2.5), 11 of them had between 1 and 4 CLW sessions per week.

There were 5 practices that were not on the list that had a CC in response to GP Practice fragility, high demand by older people and rurality:

Practice Code	**Practice**
80857	Largs
80631	West Kilbride
80147	Beith
80255	Dundonald
80927	Arran

Recognising the value that the CC/CLW service was providing and the pockets of deprivation in all areas of North Ayrshire a proposal to deliver in all 17 practices was agreed. Excluding Arran, the level of provision was based on the percentage of North Ayrshire residents living in the 15% most deprived areas registered with the practice.

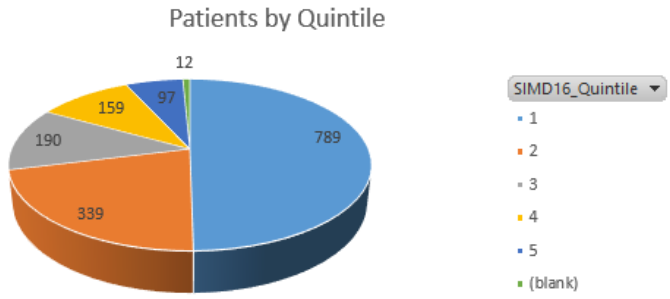
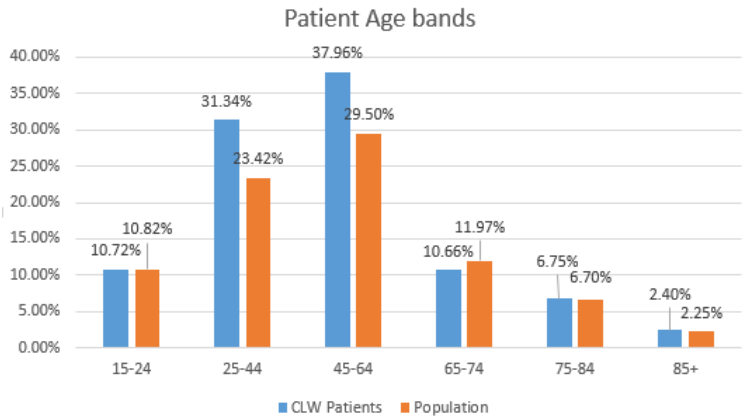
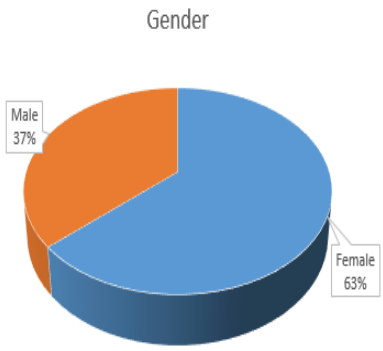
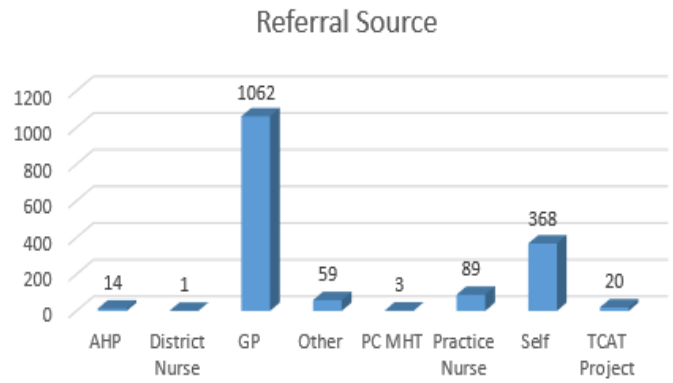
The new schedule of delivery started on the mainland in October 2017.

Arran General Practice identified supported weight management and smoking cessation as priorities with their community at the beginning of the CC pilot. The General Practice recognised the success of this and requested that this remain as a key component of the CLW service on Arran.

3.3 In January 2018 GPs in Scotland voted to accept the new proposed GMS contract. The collaborative implementation of the contract would be set in the context of the HSCP Primary Care Improvement Plan. One of the 6 key priorities outlined in the plan is the development of the CLW role in line with the Scottish Government's manifesto commitment to deliver 250 CLWs over the life of the parliament.

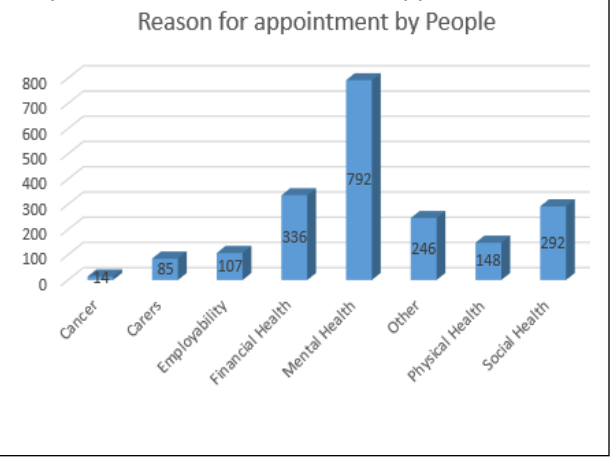
3.4	Due to the departure of some team members the capacity of the service has been stretched and has required some operational “juggling” to retain cover across all practices in receipt of the service.
3.5	In January 2018 the process to increase capacity of the CLW team commenced. Five new CLW posts would be funded by ICF money. The posts would sit within the Partnership so that any future possibility of hosting the service through the Third Sector would provide TUPE opportunities for all staff. This would bring the total number of CLWs available in North Ayrshire to 12. The process to recruit the 5 new CLWs started in June 2018. Two of the existing permanent positions employed by the Partnership and 1 hosted by the Third Sector had become vacant during the intervening period so were included in the recruitment process. Six new CLWs employed by the Partnership started on 27 August 2018 with the final starting on 25 September 2018. The new CLW hosted by the Third Sector started on 3 September 2018.
3.6	A full training and induction plan has been developed. The plan includes the delivery of customised training from services such as Mental Health, Service Access, Addictions as well as shadowing opportunities and networking in the communities. This development period will be complete by December 2018 and all general practices in North Ayrshire will be provided with a CLW.
3.7	In July 2018 the CLW service received the first referrals from the ED Community Connector pilot running at Crosshouse Hospital. The Unscheduled Care Delivery Group commissioned CVOEA to determine the feasibility of establishing community connector contact with patients who attend ED. Any referrals received for North Ayrshire patients are passed to the CLW based at the patient’s general practice for further investigation.
3.8	Planning and development is underway with CAMHs, Education and Named Service to develop a pilot for young people. This will provide young people who do not, for whatever reason, want to, or have the ability to make use of the services provided within schools.
3.9	In August 2018 the DWP approached the HSCP to propose closer working with Community Link Workers to raise awareness within general practices of available services and provide a holistic approach to delivering healthier working lives. During the new CLW induction period, DWP staff will provide awareness sessions for CLWs and regular update meetings will be setup with Jobcentre Plus staff.
3.10	The increased capacity within the CLW team provides the opportunity for development of case management and navigation for clients with more complex needs, some of whom are accessing other specialist services. This client group may require the CLW to accompany them to appointments or community activities. Providing practical and emotional support over a longer period of time may avert times of crisis or help someone solve practical issues that they did not have the information or power to resolve on their own.
3.11	Future modelling of the CLW service will see improvement in the links and visibility within the general practice and local community allowing for greater tailored provision of services to meet the needs of the practice and community population and increasing engagement with the service.
3.12	The CLWs will be active members of the Locality Planning Forums bringing local community intelligence and links that will be invaluable when considering future plans, redesign and improvement of local health and social care services.

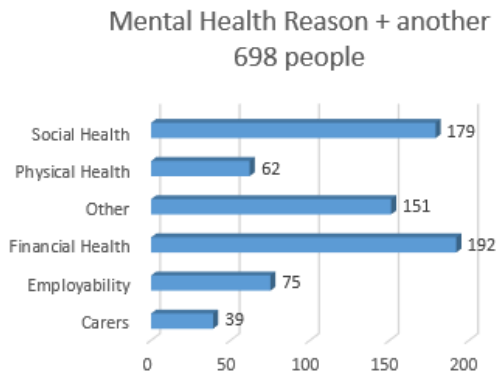
4.	**<u>Anticipated Outcomes</u>**
	Strategic Outcomes • Improved early intervention and preventative approaches that reduce hospital utilisation and reliance on specialist services. • More effective use of primary care resources enabling increased access for people who require clinical intervention (e.g. the management of long term conditions). • Increasing the reach of GP services to become a community resource that connects people to appropriate support and activities in their communities. • Developing a skill mix in primary care which meets the needs of local people • Improved relationships between traditional health providers and the local voluntary sector and increasing the number of volunteers • Developing community assets and making better use of existing community resources **Individual Outcomes** • Increased person centred support that enables individuals to access community activities • Improved access to a broad range of support to keep people independent and connected to their communities. • Individuals able to take greater control of their own health and lives • Improved physical and emotional wellbeing • Access to peer support
5.	**<u>Measuring Impact</u>**
5.1	The HSCP will continue to work in partnership with the Scottish Government to monitor and evaluate the impacts of the CLW programme. The core dataset required for this has been agreed and local collection and processing mechanisms are being developed. North Ayrshire CLW Programme is part of Ayrshire & Arran's Primary Care Improvement Plan and as such will contribute to the delivery and evaluation as required.

5.2	The following information is from data gathered from consultations recorded from April 2017 to March 2018. Of the 1,586 people referred to the CLW service from April 2017 to March 2018, nearly half lived in SIMD quintile 1.  This would seem to suggest that the service is reaching areas of socio-economic deprivation.
5.3	  The bar chart above shows the spread of CLW patient's age (blue) against the North Ayrshire population (orange). This seems to indicate that there is a higher number of 25 – 64 year olds using the service.
5.4	 The highest number of referrals came from GPs with the second highest being self-referrals. This would support an increased awareness of the service within the community.

5.5

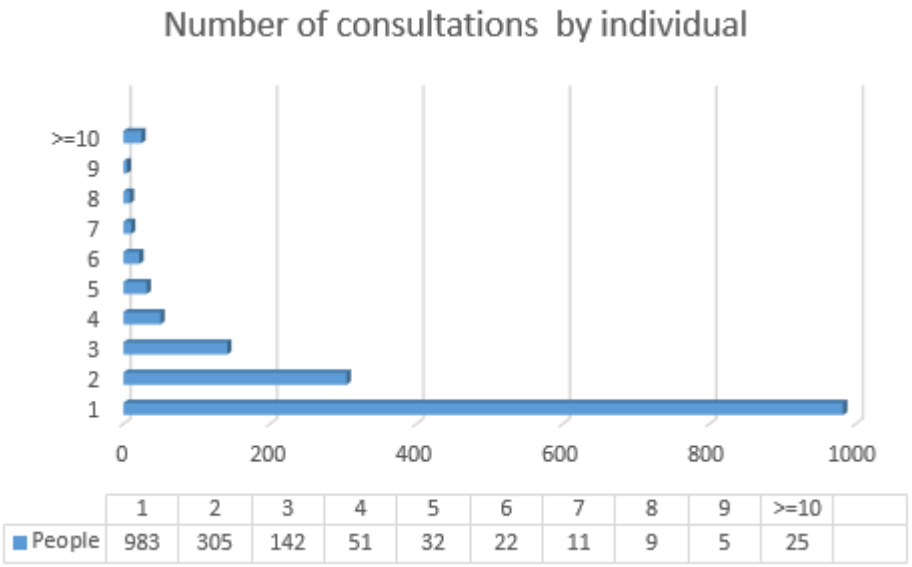
People with recorded reason for appointment:





Mental Health such as Anxiety, Stress, Low Mood, Depression or Bereavement is the most recurrent presenting reason for contact with the CLW service. Of the 792 people with a Mental Health reason recorded, 698 recorded other reasons such as financial and social health.

5.6



	1	2	3	4	5	6	7	8	9	>=10
People	983	305	142	51	32	22	11	9	5	25

Analysis of the 3090 consultations recorded suggests that the majority of patients using the service during this period are people who have needs that require interventions of low time intensity, such as the provision of information and signposting.

CLWs have time during a consultation to listen to someone's needs and then offer suggestions and actions that are tailored to those needs. This is of great value to people whether or not they require further interactions with the service.

5.7 The table below shows connections the CLW have facilitated:

Signposts/referrals to	Count	Signposts/referrals to	Count
ACAS	27	Money Matters	83
Ancho	15	Move More	4
Ayrshire Cancer Support	37	NACAS	63
Barnardos	95	North Ayrshire Cancer Care	1
Better Off North Ayrshire	107	Other cancer signpost	13
Carers Centre	88	Other employment problem	47
Carers Support Organisation	26	Other financial signpost	104
CEIS	6	Other mental health signpost	324
CHAP	45	Other physical health signpost	55
CLASP	31	Other Signposting)	483
CMHT	16	Other social signposting	30
Fit for work	5	PCMHT	11
Focus Centre	24	Postitive Steps	36
Housing	50	Referral (other)	28
Irvine & Troon Cancer Care	1	SAMH	153
KA Leisure	154	Service Access	83
Little Box of Distractions	6	Smoking Cessation	144
Living Life	130	Social Activity Groups	355
Macmillan Money Matters	6	TCAT Care Plan	14
Memory Cafe	16	TSI / TACT	14
Momentum	5	Weigh to Go	230
Grand Total			**3165**

6. IMPLICATIONS

Financial:

CLWs	Employed by	Funding from
5	NAC	Scottish Government Funding (in post)
1	Arran ACVS	Scottish Government Funding (in post)
1	Arran ACVS	Integrated Care Fund (in post)
5 - new	NAC	Integrated Care Fund

Scottish Government Funding for the Community Link Worker Programme is now delivered through the Primary Care funding in line with the new GP Contract.

Human Resources:	On the 13th September 2018 the IJB approved reshaping the ICF and as a result the 12 CLWs now have permanent contracts.
Legal:	There are no legal implications arising from this report
Equality:	As this report does not propose a change in policy or strategy, it is not necessary to complete an equality impact assessment.
Children and Young People	Whilst the current provision of services has targeted individuals over the age of 16, it can have an indirect, and sometimes direct impact on families. Supporting someone to apply for grants or

	benefits can directly impact family members. Whilst supporting someone to address problems and improve their wellbeing can reduce tensions and improve relationships. The future pilot to offer support to young people who do not access services through schools will have a direct impact.
Environmental & Sustainability:	There are no environmental or sustainability issues arising from this report.
Key Priorities:	Community link workers will support vulnerable people to reconnect with their local communities, thus reducing social isolation and provide early intervention and prevention for people who may have traditionally approached medical support for their problems. In addition, as GP Services in North Ayrshire are under significant stress and demographic pressures continue to increase, community link workers will help reduce demand on primary care. This report therefore covers the following priorities: Tackling inequalities; engaging communities, prevention and early intervention and helps with our focus areas of Primary care in Local Communities and Older People and Adults with Complex Needs..
Risk Implications:	Include any risk implications in this section.
Community Benefits:	As this report does not deal with the outcome of a tendering or procurement exercise, there are no community benefits

Direction Required to Council, Health Board or Both	Direction to :-	
	1. No Direction Required	
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

7.	**CONSULTATION**
5.1	There has been consultation with the CLW Steering Group and third sector lead.
6.	**CONCLUSION**
6.1	The CLW programme promotes a more community based approach to support vulnerable families across North Ayrshire improve their health and wellbeing through early intervention and preventative approaches.

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