

Interim IIA Report – Proposal to reduce funding to the Community Link Worker Service

Each of the numbered sections below must be completed
Please state if the IIA is interim or final - Interim

1. Title of proposal

Proposal to reduce funding to the Primary Care Community Link Worker Service

2. What will change as a result of this proposal?

ELHSCP has been asked to make proposals for budget savings. This proposal is to reduce funding to the Primary Care Community Link Worker Service. available to all General Practice populations in East Lothian.

Current situation

The Primary Care Link Worker Services are a key programme aimed to reduce health inequalities and provide additional support for patients who present at GP practices with complex needs, either due to the complexity of their conditions or with challenges that relate to socio-economic circumstances. The main reasons for referral to the programme are loneliness and isolation, anxiety and depression, benefit support/advice, financial advice, and employment support. The programme provides structured sessions to achieve client outcomes and active signposting to other community support.

The current programme budget is £275K. This is funded from the HSCP (£148K) and the Primary Care Improvement Fund (£127K).

The programme requires retendering with a new provider operational from 1st October 2024.

Following the Scottish Government Budget Statement in December 2023 the financial situation in the public sector has worsened and the IJB need to agree to a financial recovery plan to provide a balanced budget for 2024/25. As part of this process the budget for the primary care link workers programme needs to be considered.

What will change

The proposal is that up to £148K is removed from the budget for the new Link Worker that will be commissioned from 1st October. This the amount of the current budget that is funded from core HSCP funding.

This would leave £127,000 to provide a CLW service across East Lothian.

This would have a significant impact on how the service is provided. Economies of scale may be achieved by moving from three providers to one in terms of removal of duplication and lower management costs. However, a budget reduction of this size would make it very difficult to provide a service that can be delivered from all East Lothian GP practices, so there are considerations about where the service will be delivered in future, for example, will it be targeted at areas with the greatest levels of deprivation (SIMD) and how will patients at other practices continue to access the service in future?

3. Briefly describe public involvement in this proposal to date and planned

There has been no public engagement or involvement so far as this proposal has had to be developed rapidly in response to the Scottish Government December 2023 budget statement and the impact this will have on IJB funding.

4. Is the proposal considered strategic under the Fairer Scotland Duty?

Yes

5. Date of IIA

19 March 2024 from 12 noon to 2pm via Teams.

6. Who was present at the IIA? Identify facilitator, lead officer, report writer and any employee representative present and main stakeholder (e.g. Council, NHS)

Name	Job Title	Date of IIA training
Jamie Megaw (Lead Officer)	General Manager, Primary Care, ELHSCP	
Maureen Allan	Chief Officer, Volunteer Centre East Lothian	

Name	Job Title	Date of IIA training
Lucy Higginson	Poverty/Equalities Officer, East Lothian Council	
Val Thomson	Practice Manager, Orchard Medical Practice	
Jane Johnston	Practice Manager, The Harbours Medical Practice	
Lynne Bolton	Practice Manager, Cromwell Harbour Medical Practice	
Claire Goodwin	Performance Manager, ELHSCP	
Lorna Bellany	Population Health Project Manager (East Lothian), NHS Lothian	
Bill Ramsay	Primary Care Manager, ELHSCP	
Jane Ogden-Smith (Facilitator)	Equalities and Engagement Officer, ELHSCP	Sept 2009, Dec 2021

7. Evidence available at the time of the IIA

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
Data on populations in need	<ul style="list-style-type: none"> • East Lothian Strategic Joint Needs Assessment • 2011 Scottish Census • 2022 Scottish Census¹ 	<p>These give information on the demography of East Lothian and take-up of services in the county. The CLW service intervenes with many patients who are experiencing poor mental health and supports them to find support in their local community that addresses contributory factors to that poor mental health that may also impact on physical health – for example, family pressures, financial pressures. It also puts people in touch with resources that can improve wellbeing – for example, physical activity groups,</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
		peer support groups, social group to tackle social isolation. It aims to take a preventative approach by helping people to tackle issues early before they present as health crises or long-term health conditions. It is worth noting that while admissions to hospital for mental health reasons are declining (according to the JSNA), the number of people requiring prescription drugs for anxiety and depression is rising, as is the suicide rate.
Data on service uptake/access	Quarterly reports from service providers (private)	These show us that the service is used more by some practices than others, so, for example, GP practices in Prestonpans and Tranent have high usage, but it is used less in areas like Haddington.
Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation.	<ul style="list-style-type: none"> • East Lothian Ward Profiles 	<p>Deprivation</p> <ul style="list-style-type: none"> • East Lothian consists of 6 wards and 132 data zones, of which 8 data zones are in the 20% most deprived of Scotland. • People living in the most deprived areas are statistically more likely to experience health inequalities. This means lower life expectancy, higher rates of disease,

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
		<p>more long-term illness</p> <ul style="list-style-type: none"> • People living in the least deprived areas, have a life expectancy 8 years (males) and 4.8 years (females) higher than those in the most deprived areas. <p>Due to the effects of intersectionality and the impact of health inequalities, people in the most deprived areas may benefit more from Community Link Workers. Certainly, GP Practices working in the most deprived areas are the most proactive in linking patients into their CLW service.</p>
Data on equality outcomes	<ul style="list-style-type: none"> • Scottish Government Equality Evidence Finder • Scottish Index of Multiple Deprivation 	<p>The Equality Evidence Finder brings together the latest statistics and research for Scotland across different themes for age, disability, ethnicity, gender, religion, sexual orientation, socio-economic status and transgender status. Although it cannot give us information at an East Lothian level, it does evidence the impacts of intersectionality and</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
		illustrates the additional needs of people in vulnerable groups. It underlines that people in areas of the greatest deprivation people have the poorest health outcomes and life expectancy, which is borne out by SIMD data for East Lothian.
Research/literature evidence	<ul style="list-style-type: none"> • Primary care services - mental health and wellbeing: resources • Community link workers and Adult Communities Mental Health and Wellbeing fund: FOI release • PHS Learning from the community link worker early adopters • Public health approach to prevention and the role of NHSScotland (publichealthscotland.scot) • Return on investment of public health interventions: a systematic review Journal of Epidemiology & Community Health (bmj.com) • Reimagining Prevention for a Healthier, More Prosperous Society - OHE • Leave no one behind – Health Foundation • East Lothian IJB Strategic Plan 2023-23 	<p><i>Leave No One Behind</i> illustrates that Scotland's health inequalities are increasing, with huge negative impacts for people living with deprivation, in terms of their mental health, years of life in good health, and life expectancy. The other publications look at the reasons behind the development of the CLW programme as an early intervention/prevention approach, and delivery of the CLW programme as a key means of early intervention with patients whose health issues are exacerbated by other pressures in their life, particularly those whose health is being impacted by societal and socio-economic factors.</p> <p>Public Health Scotland has recently reviewed the</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	<ul style="list-style-type: none"> • National health and wellbeing outcomes framework – Scottish Government • 	<p>savings associated with the investment in prevention (ie. for every £1 spent on early intervention brings a return of £14 on that investment and this increases with in line with the intensity of the prevention (so for policy changes it can be as much as £46).</p> <p>The proposal has the potential to reduce our capacity to achieve our strategic objectives:</p> <ul style="list-style-type: none"> • Developing sustainable health and social care services • Focusing on early intervention and prevention • Increasing access to community-based services • Shifting the balance of care from hospital to homely settings • Keeping people safe • Tackling health inequalities. <p>And also impacts on our capacity to deliver the following National Health and Wellbeing Outcomes:</p> <ul style="list-style-type: none"> • Outcome 1 – People are able to look after and improve their own health and wellbeing and live in good health for longer.

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
		<ul style="list-style-type: none"> • Outcome 3 – People who use health and social care services have positive experiences of those services, and have their dignity respected. • Outcome 4 – Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services. • Outcome 5 – Health and social care services contribute to reducing health inequalities. • Outcome 6 – People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
Public/patient/client experience information	Practice and patient feedback	Feedback from practices and patients has been positive.
Evidence of inclusive engagement of people who use the service and involvement findings	<ul style="list-style-type: none"> • Engagement was carried out during the pilot phase of the CLW scheme and during the procurement process in 2020. • Survey of GP Practices regarding CLWs 2020 	Although the level of engagement was not high and we were not able to engage in the way that we normally would because of the Covid pandemic, there was public and professional support for the CLW service.

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
		The 2020 survey found that all practices valued the CLW service.
Evidence of unmet need	Held by individual practices	In some areas, like Prestonpans the need for the service seemed higher and the CLW service was well used. In other areas, it could be less well used, but it was not clear if that was due to lower demand for the service or because patients weren't being linked into it by their practice.
Good practice guidelines	<ul style="list-style-type: none"> • Community Link Worker initiatives in primary care: key learning from UK studies (iHub) • CLW Support, Information & Guidance (PHS) • National Network for Community Link Workers in Scotland Community Link Worker Engagement Events, June 2021 	n/a
Carbon emissions generated/reduced data	n/a	n/a
Environmental data	n/a	n/a
Risk from cumulative impacts	Yes	When taken in conjunction with proposed cuts to other third sector services that support mental health, sensory impairment and independent advocacy, this proposal will add to the impacts being felt by people with any protected characteristics, carers, people in geographical areas, care experienced people, people affected by

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
		adverse childhood experiences. Although the service is not targeted at children and young people, anything that impacts their parents due to reduced availability of support will also impact on them. It will impact on people who are covered under Fairer Scotland Duty and those who are disadvantaged due to intersectionality.
Other (please specify)	---	---
Additional evidence required	---	---

8. In summary, what impacts were identified and which groups will they affect?

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>Positive</p> <ul style="list-style-type: none"> • The decision to procure the service in future from one provider would reduce management costs, reduce duplication and ensure consistency in approach. • The new approach also offers opportunities to formalise links with the Improving the Cancer Journey link workers and use both services more efficiently and to greater effect. • It would provide an opportunity to see how practices use the service, siting the service at those with the highest use and redirecting patients from other practices to them. • We could redefine the way that people currently use the service (on average six visits per patient). We could use the service more efficiently by reducing the number of sessions, freeing up capacity to see more patients. 	<p>All protected groups and vulnerable groups set out in the IIA guidance.</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<ul style="list-style-type: none"> • It would present an opportunity to review referral pathways, cutting down on potential duplication and double/triple handling of patients. • If referral pathways are clear, people should be able to get advice about finance, housing etc from specialist advice providers like East Lothian Council, Citizens Advice etc • It might include the development of clear patient pathways to achieve this. • Some members of the existing CLW workforce could be TUPE'd over to the new CLW provider, so experience and knowledge would be retained. • Having one provider would address the issues of the current lack of cross-working between the three current providers and would improve the resilience of the service overall. • There is the potential to make good use of data to make the revised CLW service more efficient, targeted and responsive by working smarter. • The new service, taking account of the lack of availability of rooms in GP practices, might be able to operate out of other community venues, for example, libraries and also offer home visits. 	
<p>Negative</p> <ul style="list-style-type: none"> • If the new service was to be progressed in this way, in practice the reduction could mean lack of capacity to take referrals from GP practices across East Lothian. • If the budget reduction meant that the service needed to be prioritised towards practice populations identified as living in SIMD 1 this may mean only delivering at four or five practices with highest levels of deprivation, it may result in people experiencing deprivation in more affluent areas (Gullane, North Berwick and Haddington) not having access to the service. The group were keen to emphasise that even in the most affluent communities, there were still pockets of real deprivation. The reduction would remove equity of access to the service. This is an issue in terms of Human Rights, equalities legislation and Fairer Scotland Duty. • Reducing the number of visits per patient under the new suggested service arrangement would impact on patients who require more intensive 	<p>All protected groups and vulnerable groups set out in the IIA guidance.</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>intervention and the service would be spread too thinly.</p> <ul style="list-style-type: none"> • Because of the range of issues that people present to the CLW service with, any reduction in the service will impact on patients with any of the protected characteristics, people in other vulnerable groups considered under the IIA, and carers. At the same time, it has to be recognised that the CLW service cannot address clinical need but only contributing factors. • Amongst the protected characteristics and vulnerable groups, the proposed reduction is going to impact more on people with mental health problems, neurodiversity and disability. • If the reduction in funding and reduced service results in waiting lists, it is also worth remembering that other services people in vulnerable groups may be wanting to access also now have long waiting lists, for example, SPA, Financial Inclusion and mental health services. • There may be an impact on GP workload although lack of data makes that difficult to quantify now. There is some evidence that the involvement of the CLW service enabled health professionals to focus more on clinical aspects in consultations with patients. • Given that many carers do not identify as carers, the role of the CLW service encouraging carers to identify and linking them with appropriate support is important, and a reduction in service would impact on this. This would include young carers identified by the service. Mitigation: perhaps this area could be improved by the development of clear pathways to support. • The impact of this proposal together with proposed reductions to other services in the community will impact on third-sector services to signpost to (in terms of pathways) and again impact on vulnerable groups. • Even although the CLW service is not targeted at children and young people aged under 18, reductions of service would impact on their parents and so them too. • There might be a particular impact on care-experienced and ACE people, who toil to get generalist advice and support over a number of sessions. 	

Equality, Health and Wellbeing and Human Rights	Affected populations
<ul style="list-style-type: none"> • CLWs deal with determinants of ill health so although their interventions are neither clinical nor specialist, that lack of early intervention and link to community support will have an impact. This is the case both in areas of high SIMD where CLWs are already very well used and there is a lot of community support to link to, and in other areas where there are pockets of deprivation (North Berwick, Gullane) where there are fewer community support networks and services for people in need (FSD, equality) • People living with deprivation in more affluent areas value the anonymity of being able to access advice and support from CLWs in their GP practice – it leaves them less vulnerable to potential judgement by their community (real or perceived). In fact, that anonymity is of benefit to everyone, wherever they live. • Were the CLW service to be located outwith practice/at other GP practices there are impacts on patients in terms of travel/low income, and this might prevent them from accessing the service. • It might also impact on the valuable interface between GPs and CLWs, and the ease of setting up meetings directly following on from medical appointments in the same building. • The 54% reduction funding will have a large and negative impact on the capacity of the future service, which will impact on current and future potential service-users. • The 54% reduction in funding will weaken community capacity generally. It will have an impact on the health and wellbeing of individuals in those communities and impact on the wellbeing of communities as a whole. • The 54% reduction is contrary to national policy on early intervention and prevention. • The 54% reduction is contrary to the IJB's expressed commitment to early intervention set out in the IJB Strategic Plan 2023-25. • The long-term impact of the 54% reduction will be to increase costs for ELHSCP, NHS Lothian and local authority in future. <p>General mitigations</p>	

Equality, Health and Wellbeing and Human Rights	Affected populations
<ul style="list-style-type: none"> • The development of the new service will take account the need for providing a level of service to all 15 GP practices, while still taking cognisance of much higher levels of deprivation in Prestonpans, Musselburgh and Tranent and will develop referral routes to support this. • The revised service will address some of the inefficiencies that currently prevail across the three providers, with duplication/triplication of costs. However, even with these efficiencies, we would not be able to replicate the current level of service. • The new service can be supported by the development of clearly defined pathways that enable people to access relevant advice and support without the intervention of CLWs. 	

Environment and Sustainability including climate change emissions and impacts	Affected populations
Positive	Not able to assess at this point.
Negative	Not able to assess at this point.

Economic	Affected populations
Positive	
Negative	People living areas of deprivation (SIMD), carers

9. Is any part of this policy/ service to be carried out wholly or partly by contractors and if so how will equality, human rights including children’s rights, environmental and sustainability issues be addressed?

Yes – this will be addressed through ELHSCP and NHS Lothian’s Ethical Commissioning and Procurement policies and procedures.

- 10. Consider how you will communicate information about this policy/ service change to children and young people and those affected by sensory impairment, speech impairment, low level literacy or numeracy, learning difficulties or English as a second language? Please provide a summary of the communications plan.**

Should this proposal be accepted, a communications plan will be delivered to support the change process for service-users, carers, general public and staff. This will be available in accessible formats.

- 11. Is the plan, programme, strategy or policy likely to result in significant environmental effects, either positive or negative? If yes, it is likely that a Strategic Environmental Assessment (SEA) will be required and the impacts identified in the IIA should be included in this. See section 2.10 in the Guidance for further information.**

12. Additional Information and Evidence Required

More robust data on populations and service-use to support development of a new service.

- 13. Specific to this IIA only, what recommended actions have been, or will be, undertaken and by when? (these should be drawn from 7 – 11 above) Please complete:**

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and job title)	Deadline for progressing	Review date
Designing new CLW service specification	Jamie Megaw, General Manager, Primary Care	If the proposal is accepted, immediately	TBA
Tendering for new service	Jamie Megaw, General Manager, Primary Care	If the proposal is accepted, immediately	TBA
Communications plan	Jen Jarvis, ELHSCP Communications Lead	If the proposal is accepted, immediately	TBA

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and job title)	Deadline for progressing	Review date
IIA for service development	Jane Ogden-Smith, Equalities and Engagement Officer	If the proposal is accepted, immediately	TBA

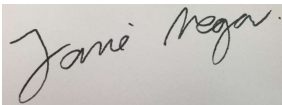
14. Are there any negative impacts in section 8 for which there are no identified mitigating actions?

Yes – impact of cuts on capacity of new service to deliver, impact on vulnerable groups, impact on early intervention and resulting increased pressures on health and other statutory services now and in future.

15. How will you monitor how this proposal affects different groups, including people with protected characteristics?

By contract monitoring and additional IIAs.

16. Sign off by Head of Service

Name 

Date 20/03/24

17. Publication

Completed and signed IIAs should be sent to: jogden-smith@eastlothian.gov.uk for publication on the ELHSCP [IIA Database](#) on www.eastlothian.gov.uk

ⁱ Scotland's 2022 Census has so far delivered data on:

- Population by age and sex at Scotland and Local Authority level (rounded)
- Number of households at Scotland and Local Authority level (rounded).

We are still awaiting:

- Population by age and sex at all geographies down to output area (unrounded)
- Number of households at all geographies down to output area (unrounded)

We are also waiting for data on output areas. Output areas are made up of approximately 50 households. Information will be released at this level for:

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- Ethnic group, national identity, language and religion
 - Armed Forces veterans
 - Sexual orientation and trans status or history
 - Demography and migration
 - Housing
 - Education, labour market and travel to work
 - Health, disability and unpaid care.

This information should be available by May 2024. However, it means that we still have to work with data from the 2011, which is very out-of-date. This is an unsatisfactory situation.