



REPORT TO: Strategic Planning Group

MEETING DATE: 7th March 2024

BY: Jamie Megaw, General Manager for Primary Care Services

SUBJECT: Financial Recovery Proposal; Reduction to Link Worker Funding

1 PURPOSE

To provide detail on the proposed budget reduction to the Primary Care Link Worker Service.

2 RECOMMENDATIONS

The SPG is asked to:

- Consider the impact the proposed reduction to the Primary Care Link Worker Funding will have on access to the current service.
- Agree to the proposed reduction in funding to support the East Lothian IJB Financial Recovery Plan.

3 BACKGROUND

The Primary Care Link Worker programme is outlined in the 2018 General Medical Services Contract in Scotland as a service aimed at tackling health inequalities and providing additional support for patients who present at GP practices with complex needs, either due to the complexity of their conditions or challenges related to socio-economic circumstances.

The HSCP has commissioned a Primary Care Link Worker service accessible to all General Practices in East Lothian. This is delivered by three link-worker providers (We Are With You, Penumbra and RVS).

The current contract was due to end on 31st March 2024, but a six-month extension period was agreed by the IJB Commissioning Group. A tendering process is required for the service from 1st October 2024. Prior to the commencement of the tendering process the budget needs to be agreed in the context of the IJB Financial Recovery Plan.

Funding from two sources is used for the current Primary Care Link Worker programme:

- £127K from the Primary Care Improvement Fund

- £148K from core HSCP funding

The SPG need to consider whether the £148K HSCP funding is removed from the Link Worker budget to support the IJB Financial Recovery Plan

Primary Care Link Worker Programme

The East Lothian Link Worker Programme is based in General Practices and there is an established connection between the Link Worker and the General Practice team. People are referred to the service usually by a member of the primary care team. There are range of reasons for referral including Loneliness & Isolation, Anxiety and Depression Benefit support/advice, Financial Advice, Employment support.

The main benefits of the primary care link worker programme are:

- **Holistic support:** They address non-medical factors impacting health, like social isolation, financial worries, housing issues, and unemployment. This can alleviate stress and anxiety, contributing to better overall well-being.
- **Improved access to resources:** Link workers have extensive knowledge of local community resources and services, connecting patients to support groups, financial aid, or other relevant assistance.
- **Empowerment and advocacy:** They work collaboratively with patients, helping them navigate complex systems and advocating for their needs. This can empower patients to take control of their health and well-being.
- **Reduced social isolation:** Link workers provide companionship and build relationships with patients, reducing loneliness and promoting social connection.
- **Better health outcomes:** Research suggests that patients who engage with link workers show improvements in anxiety, depression, self-reported health, and even exercise levels.

The main benefits for the healthcare system:

- **Improved efficiency:** By addressing social determinants of health, link workers can help prevent unnecessary doctor visits and hospital admissions, freeing up resources for other patients.
- **Stronger community partnerships:** Link workers bridge the gap between healthcare and the community, fostering collaboration and improving care coordination.

The following are examples of the support that people have gained from accessing one of the current Primary Care Link Worker services.

Case Study 1

Mr X attended his first meeting with a family member as he was highly anxious. He had been referred by his GP due to financial issues and anxiety.

Using structured conversation techniques, I established that he had spent time in prison and was experiencing PTSD symptoms, anxiety, difficulties with self-organisation and engaging with agencies and workers. This meant that he had not claimed benefits; and he was struggling to keep up with the requirements of his Community Service Order and had not explored housing options.

I followed up the face-to-face meetings with phone contacts to build trust and consistency, as well as prompting with self-organisation.

Action Plan

1. Refer Mr X to Citizens Advice and Social Security Scotland
2. To prepare for benefits claim by organising information required (sick notes, letters etc)
3. Prepare for benefits meetings by talking through what would be take place, the information he would be asked and coping skills for anxiety
4. Provide in person support to attend appointment to ensure attendance and to manage anxiety symptoms
5. Organise his health appointments into a schedule and reschedule missed appointments
6. Establish contact with CWIC and Mental Health team

Outcomes:

1. Mr X attended CAB appointment and completed Benefit application
2. Mr X participated in Social Security Scotland assessment
3. Mr X attended rescheduled and attended 2 hospital appointments
4. Mr X attended appointment with CWIC and Mental Health team
5. Mr X has a plan for preparing for future appointments and coping strategies for managing anxiety

87 year old referred to CLW by GP for reasons of isolation. Patient was non-verbal due to stroke.

Action – visited patient and daughter at his house to explain my role and how I could possibly support them. Checked if he was on any relevant benefits – he was on nothing, so I suggested Attendance Allowance might fit in with his 'disability' – he was also finding it hard to tend his garden which was his pride and joy. His daughter then explained for her dad that he would like to get out and about more as he was feeling quite lonely since his wife had died and he needed to socialise again. Knowing him and knowing he enjoyed sports, especially rugby I gave them details about the local Sporting Memories group – his eyes lit up at this and I said I would take him along to the next weekly meeting. I also told them about a local initiative run by the Grammar School – an Intergenerational Meal on a Wednesday early evening – again he was happy to try this out and again I arranged to go along with him.

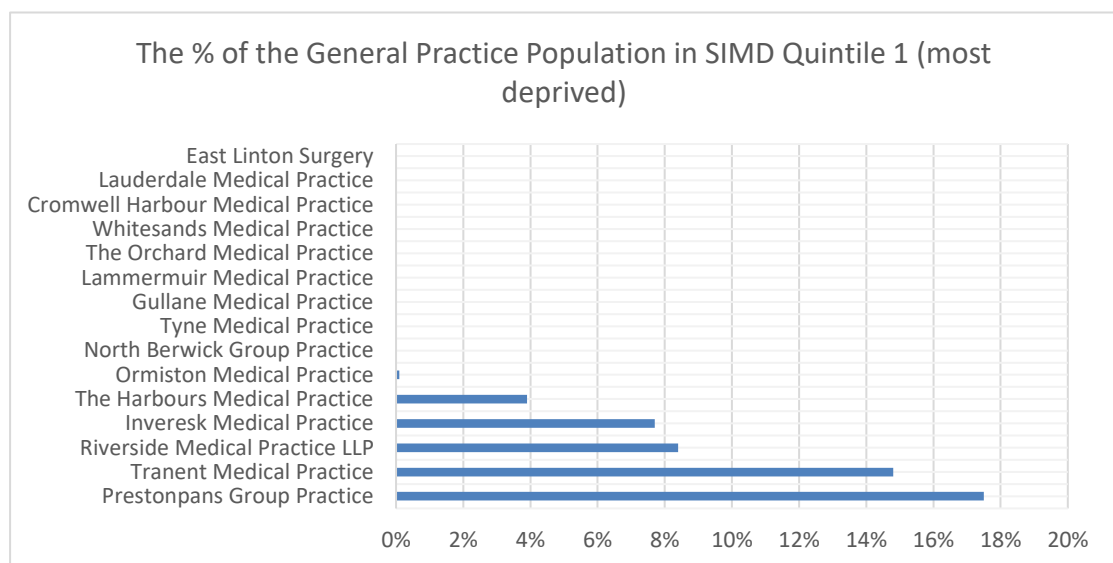
Outcome – we went along to both the groups suggested and he was delighted with them! So much so that he cried, due to his lack of verbalising. I also filled out the Attendance Allowance form with him and they were pleased a few weeks later to be informed he had been awarded the higher rate – which he would use to get help at home and in his garden. |

Impact from the proposed reduction in the budget

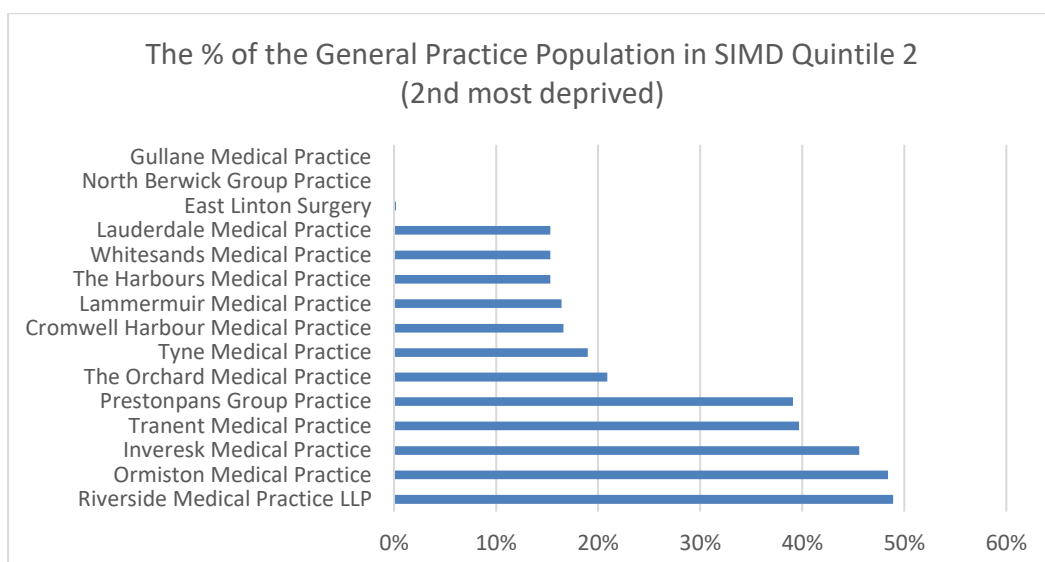
The HSCP funding accounts for 54% of the current budget so would represent a substantial reduction in the capacity of the Primary Care Link Worker programme. The remaining budget is equivalent to between 3 and 4 WTE link workers, depending on the salary scale used by the provider but this doesn't include the cost for team management or overheads.

This level of staffing is insufficient to provide a practice-based service to all 15 General Practices in East Lothian.

The Link worker capacity would need to be prioritised towards the General Practice populations with the higher levels of deprivation. There are five practices with patients in SIMD Level 1 (most deprived quintile): Prestonpans, Tranent, Riverside, Inveresk, and Harbours.



This would mean that ten practice populations would then be unable to access a primary care links worker service. The Community First Link Worker service provided by VCEL would be the main alternative service, but this is not practice-based and the relationship between the link worker and members of the practice team would be lost.



However, most of these other practices also have significant numbers of patients in SIMD 2 (second most deprived) and all General Practice teams value the service currently offered - A 2022 survey with General Practitioners shows the value placed on the current service:

| Responses from 34 GPs | Significantly | Slightly | Not at All |
|--|---------------|----------|------------|
| Do you feel the link worker service has decreased your workload? | 6% | 64% | 30% |
| Do you feel the service has been a benefit to your patients | 67% | 29% | 4% |
| Do you feel the link worker has integrated into your primary care team | 17% | 68% | 15% |
| | Yes | Not Sure | No |
| Do you feel the capacity of your link worker service meets the demand in your practice | 44% | 44% | 12% |

4 ENGAGEMENT

- 4.1 The current providers are all aware that the current contract has been extended until 30th September 2024 and a tendering process is required for the service beyond. One provider, Wearewithyou, did not accept the extension to the current contract and will cease provision on 19th April.

5 POLICY IMPLICATIONS

A reduction in funding will impact on the level of Primary Care Link Worker service reported previously to Scottish Government via the Primary Care

Improvement Plan Trackers because the total spend on the service has been reported.

Scottish Government confirmed in May 2023 that PCIP funding should be prioritised towards CTACS and Pharmacotherapy whilst also maintaining existing investment. The proposal in this paper will maintain PCIP funding on Primary Care Link workers but removes the HSCP contribution to the service.

6 INTEGRATED IMPACT ASSESSMENT

An integrated impact assessment will be completed on the impact from a reduction in funding.

7 DIRECTIONS

N/A

8 RESOURCE IMPLICATIONS

This proposal will reduce the budget available for the Primary Care Link Worker service by 54% from 1st October 2024. This will allow this funding to contribute to the IJB Financial Recovery Plan.

9 BACKGROUND PAPERS

9.1 none

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| AUTHOR'S NAME | Jamie Megaw |
| DESIGNATION | General Manager for Primary Care Services |
| CONTACT INFO | Jamie.megaw@nhslothian.scot.nhs.uk |
| DATE | 04/03/2024 |