Health and Social Care Scotland submission of 26 February 2024

PE2053/F: Stop the cuts to community link workers and help secure their long-term future within GP practice teams

Health and Social Care Scotland is a collaboration of health and social care leaders and managers from across Health and Social Care Partnerships in Scotland. This response reflects the views of the Chief Officer Executive group. Chief Officers are strongly supportive of the Community Link Worker (CLW) role and are keen to ensure these roles are sustainable in the long term.

The petition requests action in two parts: securing short term funding to prevent a reduction in CLW capacity in the next year, and securing long term stable funding for CLWs within GP practice teams. We note that the first of those has largely been dealt with by the recent announcement of additional 3-year funding for CLWs in Glasgow City, and that Glasgow City HSCP are responding directly to the committee. The focus of this response is therefore on the proposed action to secure long term funding.

There are currently over 300 WTE (whole time equivalent) Community Link Workers (CLW) across Scotland. Around 80% of GP practices have access to at least some CLW provision. These are primarily funded through the Primary Care Improvement Fund, with the remaining 1/6 (approximately) funded through other sources within HSCPs. There is a variety of models and approaches to CLWs, as set out in the recent Voluntary Health Scotland report. Some of these roles developed from pilots in Deep End GP practices, while others developed in parallel community developments and under different names including community connectors, health facilitators or navigators, linked to wider programmes taking a social prescribing approach to addressing population health and wellbeing. CLWs in many areas are provided through contracts with third sector organisations as part of a collaborative approach which builds on the extensive community networks and person-centred approach within the third sector. Future

funding approaches need to take account of this diversity of provision, which has developed in response to local population needs.

The development of CLWs has also been driven by national policy commitments and funding:

- 2016 commitment to recruit 250 CLWs across Scotland, focused on the areas of highest need (including all Deep End GP practices). Following initial short-term funding, this was taken forward as part of the 2018 GMS contract arrangements.
- The 2018 GMS contract includes a Memorandum of Understanding (MOU) requiring HSCPs to develop an extended multi-disciplinary team around GP practices. This covers 6 services, including CLWs. Initial priority was to be given to having CLWs in the areas of greatest deprivation. Funding for the MOU was provided through the Primary Care Investment Fund (PCIF), distributed to HSCPs by the NRAC formula. This created an immediate mismatch between funding and policy commitments for the HSCPs with the highest number of Deep End practices and the greatest levels of deprivation, as they had to effectively top slice their allocation to fund their share of the 250 CLW target. This was in part managed through short term / bridging allocations, with an underlying assumption that over time the PCIF allocation would rise to a level where HSCPs could provide a comprehensive range of MOU services, including CLWs.
- In 2021, a revised MOU prioritised services with specific contractual commitments, with the result that CLWs (along with mental health workers and other roles including physiotherapy) were explicitly deprioritised.
- In 2022 the Primary Care Mental Health and Wellbeing guidance set an expectation that there should be a CLW in every GP practice, as part of integrated primary care mental health teams. For many HSCPs, this funding was a way to ensure additional CLW capacity where it could not be covered by the PCIF. However, this funding was paused due to the Emergency Budget Review in 2022 and there is no known intention to reinstate it.

The current financial situation for Integration Authorities has been clearly set out. In an environment where Integration Authorities are having to make significant savings across a wide range of services, there is no

flexibility to absorb additional costs for CLWs or to pick up funding on a recurring basis where short-term funding has ended. In addition, PCIF funding is usually not a confirmed allocation until well into each financial year, which creates specific challenges in entering into external contracts on a medium-long term basis.

We would therefore welcome a clearer alignment between policy commitments and funding in relation to CLWs, particularly where there are different expectations for different areas (e.g. linked to deprivation). We would highlight the variety of approaches already in place for CLW provision; this flexibility is a real strength of HSCPs, to be able to work creatively across funding streams and service settings both within integrated services and with third sector partners. Any future funding arrangement therefore has to support that local flexibility and decision-making and our preference would be for adequate support for CLW provision and expansion to be included within baseline budgets without overly restrictive ear-marking. This should be considered alongside future arrangements for the PCIF, and the development of an overall long term investment plan for general practice and the multi-disciplinary team, so that future funding is targeted where it will have the biggest impact on outcomes and in line with ongoing collaborative work between Chief Officers, Board Chief Executives and the Scottish General Practitioners' Committee on the strategic direction for general practice.

Finally, we wish to highlight the interdependence between the CLW role and a range of other services. This includes welfare advice services, mental health services, and the diverse range of community provision which CLWs connect to. Funding for CLWs therefore cannot be seen in isolation, as they need to connect to a sustainable network of wider support for people both focused on health and in addressing wider social determinants.

We would welcome continued engagement in decision making about future developments and funding for these important roles.