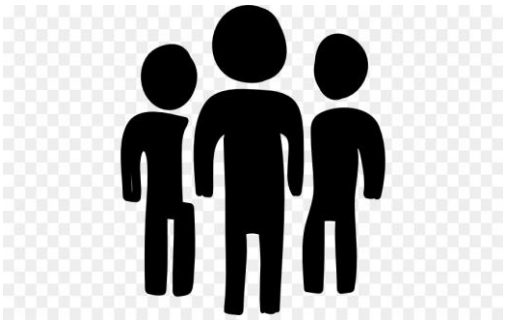
Paper 2 (last updated August 2018)

What is a Community Link Worker?

In this section there are three case studies describing different roles and responsibilities that could be undertaken by Community Link Workers (CLW) – generalist, therapetic and specialist.

- Whilst there are several models of community link working they all share common features, which include:
  - Focussed on reducing pressure on general practice, particularly in areas of deprivation, tackling health inequalities and improving health and well-being
  - Developed in partnership with general practice, and local community based organisations, to ensure CLW meet local need and demand
  - Intergrated fully with general practice, their systems and procedures
  - Accessible to the whole practice population
  - Focussed on 'what matters to you' to enable and empower people to identify their own priorities and goals
  - Excellent working relationships with community based services and knowledge and understanding of referal pathways

- To be successful CLW should not be parachuted into a general practice. They should be developed in partnership with general practice and local community based services in order to meet local need and demand.
- Most CLW have a responsibility for working in more than one practice, but this depends on level of deprivation and practice population size.
- In some areas CLW work in teams to support a cluster of practices. This team approach means that you could recruit a skill mix community link worker team to support a GP cluster.



Community Link Workers

Dundee HSCP

Case Study

- In Dundee, Community Link Workers (CLW) are non-clinical social practitioners embedded in general practices. They aim to address the socio-economic and personal circumstances that affect patients' health and well-being that GPs have neither the time, nor sometimes the necessary skills or knowledge, to address.
- Patients are referred by practice staff to the CLW who uses structured conversations to establish a rapport with patients, tease out the issues they want to address and agree a plan of action which together they regularly review.
- CLW use an asset based approach, working with people to develop their capacity and skills, and give them the confidence to act in a positive way to protect their health and well-being within the context in which they live.
- CLW are embedded, in those GP practices which have higher than average proportion of deprived patients across the localities.
- CLW aim to build the capacity of frontline staff in general practice to act as social prescribers.
- CLW ensure patients go to the right service for them, not just any service with a place available; they carry out joint visits with other services; work on finance/college applications etc; broker communication and understanding between patients and services; support patients until appropriate services become available; gain trust by creating a safe environment; help patients to address behavioural issues that might prevent them from taking full advantage of the service; and use techniques to calm patients when visiting services/activities.
- The most common goals identified by patients are related to mental health, housing & financial problems and social isolation.
- CLW map local services and build strong working relationships with them and

develop referral pathways

- CLW, with the patients consent, provide regular feedback to GPs via medical notes, practice meetings and informal discussion.
- An evaluation has found that the role of the CLW is sophisticated and complex; it includes skills such as negotiation, facilitation, research, networking and advocacy.
- The evaluation reported on the positive impacts on patients, 70% of those referred engage with the CLW, there is a fairly even split between males and females, 76% are aged between 20 and 59 years, and over half are single. 92% have some sort of mental health condition and 25% a physical health issue. The majority are unemployed and/or unfit to work and most are in receipt of welfare benefits. Over half required assisted visits to support them to access services; reasons include chronic anxiety, mobility issues, financial constraints and lack of social skills.
- It was found that 65% of patient goals were met and 84% had some positive outcomes including increased access to services and activities, decreased social isolation, improved or new housing, income maximisation, new meaning and purpose to life, and increased confidence, awareness and self-esteem.
- The GP's report, in the evaluation, reduced patient contact with medical services, able to provide more options for patients, raised awareness of non-clinical services, and increased GP productivity.
- Within Dundee, community link working sits within a range of plans at a local level including the Fairness Commission Action Plan, the City Plan, and the HSCP strategic and implementation plans.

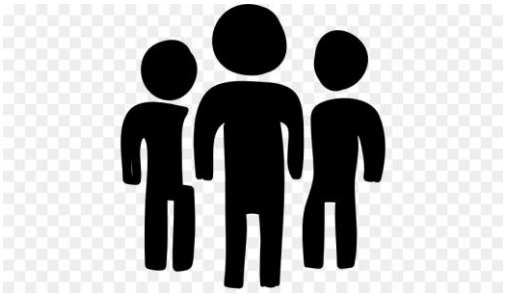
With thanks to Sheila Allan, Dundee HSCP for the information for this case study.

Therapeutic Link Workers (NHS Shetland) Case Study

- In Shetland, Community Link Workers are Health Improvement Practitioners who are based in localities across the islands, with some of their time embedded in local GP practices, and some spent in the local school, or community work office.
- Staff work in localities because there aren't the traditional neighbourhoods of poverty and inequality that might be seen in other places; there are isolated individuals and families experiencing inequalities scattered across the islands.
- One of the key barriers to accessing services is transport, and so we seek to alleviate this barrier at least by going to where people are, rather than expecting them to come to us.
- The role of the Link Worker in each area is based on the needs of that particular community; and the role has developed, based on understanding local data and needs that become apparent.
- The majority of referrals come through local GP practices; however some come from schools, and staff continue to develop strong links with local workplaces.
- Link Workers offer support to any one in their practice area who needs it. They arrange to see them at whatever venue is most appropriate; this may be school, workplace, or within Lerwick, the main town on Shetland, where people can sometimes feel more anonymous.
- Link Workers have skills in needs assessment, data gathering and analysis, as well as group work experience and individual behaviour change.
- Link Workers use motivational interviewing skills and behaviour change techniques to support people in identifying their own goals and the changes that they want to make.

- They offer holistic support and specific behavioural support (weight management and smoking cessation), as well as low level psychological therapies such as Brief Behavioural Activation and support for computerised CBT.
- Link Workers play a key role in developing community supports or activities to increase opportunities for health; for example, the application for funding, training of volunteers and the establishment of health walks in each locality within Shetland, funded by Paths for Health.
- Link Workers also deliver a range of training sessions to colleagues across health and social care, third sector and other agencies, in order to raise awareness of health, increase understanding of ways of tackling health inequalities, and how to work preventatively within their own services.
- Link Workers connect health services and other services; for example, we supported the establishment of a Mental Wellbeing Service by one of our Third Sector organisations, with clear pathways between that and current service provision within the NHS Psychological Therapies Team.
- Link Workers have a broad knowledge of services available across Shetland and within each area
- We conduct our own evaluation and have found general agreement amongst general practice that the Link Workers bring a level of flexibility, skill and experience that otherwise isn't available.
- General practice also report that patients are very satisfied with the service and that the clinical time of GPs and practice nurses has been freed up.

With thanks to the Health Improvement Team, NHS Shetland for providing information for this case study.



Specialist Link Workers

Edinburgh HSCP

Case Study

'*I cannot address medical issues as I have to deal with the patient's agenda first, which is getting money to feed her family and heat her home*.' GP

- In Edinburgh there are Specialist Link Workers. These specialists are Welfare Rights Advisors embedded in general practice. They provide advice and assistance on all aspects of income maximisation, debt resolution, housing problems and employability support as well as representation at tribunals. They also link patients into other sources of support as appropriate.
- Crucially, developing and implementing the service requires on-going close collaboration, between health improvement/public health, advice services and general practice, to ensure it meet the needs of the practice and practice population.
- From a policy context, the approach contributes to reducing child poverty, health & social care integration, maximising income and tackling health inequalities
- It supports practices to provide a person-centred approach by offering an integrated service that supports patients in a non-stigmatising setting which they trust and where their specific health needs are understood
- The Welfare Rights Advisors use a case management approach so the patient sees the same worker throughout the entire process providing continuity and on-going support in order to get the best outcome
- The Advisors require access to medical records (with appropriate consent) to produce reports to support benefit applications; these are discussed with GPs to ensure accuracy. Supporting benefit applications with accurate medical reports reduces the number of mandatory reconsiderations and appeals.
- The Advisors are based in the practice approximately one session a week. They attend the practice and locality meetings as and when appropriate to share learning
- The Advisors are employed and managed by the third sector advice services accredited under the Scottish National Standards for Information and Advice

Providers, registered with, and regulated by, the Financial Conduct Authority and covered by professional indemnity insurance.

- An analysis of routinely collected medical record data for 148 patients, undertaken in England, found that over a six month period, there was a reduction in GP consultations by an average of 0.63 per patient, therefore a total of 93 fewer appointments for the 148 patients; plus a reduction in the number of prescriptions issued for both antidepressants (22%) and hypnotics/anxiolytics (42%)[i]
- The analysis of the Deep End Advice Worker in Glasgow reported that 85% of patients had never previously attended a local advice service, 68% had a mental health condition, 58% had a long term health condition, and the service connected about half of their patients to sources of support in their community[ii].
- A Forecast Social Return on Investment analysis on services in Edinburgh and Dundee concluded that every £1 invested generated around £39 of health, social and economic benefits[iii].
- Routine monitoring shows that for every £1 invested around £15 of financial gain is generated from a mixture of increased income e.g. welfare benefits, income maximisation, rescheduled debts, one off payments or written off debts[iv].
- Also, a number of direct and indirect outcomes for patients are reported including; improved housing conditions, improved relationships, increased/improved sleep, gained employment or volunteering opportunities, safety from domestic violence, increased confidence, reduced stress, and improved mental health and well-being[v].

With thanks to Sylvia Baikie, Edinburgh HSCP for this case study

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[i] Evaluation of the impact on GP surgeries of the Citizen's Advice Bureau Health Outreach Service (2010)
[ii] The Deep End Advice Worker Project: embedding an advice worker in general practice settings. Glasgow Centre for Population Health (2017)
[iii] Forecast Social Return on Investment Analysis on the Co-location of Advice Workers with Consensual Access to Individual Medical Records in Medical Practices. The Improvement Service (2017)
[iv] Co-located welfare advice in general practice: a realist qualitative study. Health Soc Care Community (2017)
[v] https://www.ucl.ac.uk/access-to-justice/sites/access-to-justice/files/hjp_workshop_updated_information_final.pdf (2017)