Citizen Participation and Public Petitions Committee
Wednesday 30 October 2024
16th Meeting, 2024 (Session 6)

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

Introduction

Petitioner	Peter Cawston on behalf of Scottish GPs at the Deep End
Petition summary	Calling on the Scottish Parliament to urge the Scottish Government to take action to ensure that the number and hours of current community link workers serving the poorest communities are not cut in the next financial year; and take binding steps to secure long-term funding for community link workers in GP practices across Scotland.
Webpage	https://petitions.parliament.scot/petitions/PE2053

1. The Committee last considered this petition at its meeting on 24 January 2024. At that meeting, the Committee agreed to write to Health and Social Care Scotland, ALLIANCE – Health and Social Care Alliance Scotland, the GMB trade union, Glasgow Health and Social Care Partnership (HSCP), GP Practices involved with the Scottish Deep End Project and the Cabinet Secretary for NHS Recovery, Health and Social Care.

2. The petition summary is included in **Annexe A** and the Official Report of the Committee's last consideration of this petition is at **Annexe B.**

3. The Committee has received new written submissions from the Scottish Government, Dr David Blane, Glasgow City Health and Social Care Partnership, Health and Social Care Scotland, ALLIANCE, Edinburgh Health and Social Care Partnership – Community Link Worker Network, GMB Scotland, and Paul Sweeney MSP, which are set out in **Annexe C.**

4. Written submissions received prior to the Committee's last consideration can be found on the petition's webpage.

5. Further background information about this petition can be found in the SPICe briefing for this petition.

6. The Scottish Government gave its initial position on this petition on 29 November 2023.

7. Every petition collects signatures while it remains under consideration. At the time of writing, 2,576 signatures have been received on this petition.

Action

8. The Committee is invited to consider what action it wishes to take.

Clerks to the Committee
October 2024

Annexe A: Summary of petition

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

Petitioner

Peter Cawston on behalf of Scottish GPs at the Deep End

Date Lodged

9 October 2023

Petition summary

Calling on the Scottish Parliament to urge the Scottish Government to take action to ensure that the number and hours of current community link workers serving the poorest communities are not cut in the next financial year; and take binding steps to secure long-term funding for community link workers in GP practices across Scotland.

Previous action

GPs at the Deep End have made representations to Scottish Government ministers and officials.

We have also written to Glasgow City Integrated Joint Board members and councillors about the situation facing community link workers in Glasgow, as well as writing to MSPs representing the areas in which impacted practices are based.

Background information

Community link workers (CLWs) are based in GP surgeries across Scotland. They offer patients help with housing, benefits, debt, food insecurity, fuel poverty, physical inactivity, loneliness, abuse and much more when these impact on their health. They also listen to people about what they need to be well, and support them to achieve this. This allows doctors and healthcare staff to focus more of their time on diagnosing and treating medical conditions.

Glasgow City Health and Social Care Partnership (HSCP) plan to cut the number of CLWs by at least one third from April 2024. Across Scotland, the funding for community link workers is short term, insecure and unstable, meaning this is not a local budgetary decision, but one rooted in national funding arrangements.

The gap in healthy life expectancy between the richest and poorest in Scotland has never been wider. We believe cuts in CLW numbers during a cost-of-living crisis will only widen these health inequalities.

Annexe B: Extract from Official Report of last consideration of PE2053 on 24 January 2024

The Convener: PE2053, which is on stopping the cuts to community link workers and helping to secure their long-term future within general practice teams, has been lodged by Peter Cawston on behalf of Scottish general practitioners at the deep end. It calls on the Scottish Parliament to urge the Scottish Government to take action to ensure that the number and hours of community link workers who are currently serving the poorest communities are not cut in the next financial year, and to take binding steps to secure long-term funding for community link workers in GP practices across Scotland. The issue is one that colleagues might well have had raised with them by GP practices in their constituencies.

We have been joined for our consideration of the petition by our former colleague Paul Sweeney. Welcome back to the committee, Mr Sweeney.

The petitioner has told us about the support that community link workers provide and has expressed concern that, without a change in the way in which the posts are funded, health inequalities across Scotland are at risk of widening. Members will have noted from our papers that, although the Scottish Government has announced additional funding covering the next three years to preserve the existing community link worker programme in Glasgow, the petitioner remains concerned that the call to secure long-term funding for the programme has not yet been addressed.

Before I turn to committee members for any suggestions or comments, I ask Paul Sweeney whether he would like to contribute to our thinking.

Paul Sweeney (Glasgow) (Lab): Thank you, convener. It is a pleasure to return to the committee to discuss such an important issue.

I am really pleased to be here to support the petition, and I was pleased to work with community link workers and the GMB trade union over the summer period in opposition to proposals from the Glasgow city health and social care partnership to cut the number of community link workers in Glasgow from 70 positions to 42. With the Scottish Government stepping in and awarding the partnership the money to maintain the level of community link worker posts in the city, it might on the face of it seem that the petitioner's ask has been met. However, the intervention was made only after some months of uncertainty and significant distress among the workforce and associated GP practices.

Indeed, the petition's latter ask, which is to secure the long-term future of these roles, is the fundamental issue for the committee's consideration today. It is clear, certainly to me, that the current model of yearly funding awards for community link worker posts across the country does not provide sufficient job security or forward planning capacity for the workers, or sufficient consistency for the deep-end GP practice teams, for whom the community link worker posts are crucial as part of wider team efforts to support vulnerable patients.

Link workers play an invaluable role in communities, particularly those with high levels of deprivation. They work with patients on personal, social and financial issues

that are not necessarily clinical, such as housing benefits, loneliness, isolation and debt, which not only improves outcomes for the patients but helps to free up valuable GP time. As we all know, GPs are already hard pressed to support other patients with clinical needs.

Evidence of the value of the link worker role is not merely anecdotal. Indeed, as the petitioner has highlighted to the committee in his submission, there is a proven social return on such investment. Under the Health and Social Care Alliance Scotland community link worker programme in Glasgow, 7,800 people were supported in 2022, at a cost of £2.1 million, which generated around £3 million in gross value added, £800,000 in cost savings, £500,000 in tax revenues and, crucially, £18.2 million in wellbeing benefits for communities in Glasgow and the west of Scotland. That equates to a benefit of £8.79 for every £1 of public money invested, which is an impressive ratio.

The positive impact that community link workers have on patients, GP surgeries and the local area in which the service is provided has been clearly demonstrated. Long-term funding is therefore necessary to ensure that that positive impact is sustainable and given best effect, to allow GP surgeries to plan ahead and to give the workforce the basic job security that I think we all agree is reasonable.

Therefore, I encourage the committee to keep the petition open and to invite the Scottish Government to review its current model for funding link workers through health and social care partnerships, with a view to looking at a longer-term funding model. Perhaps the committee would consider taking submissions from the Glasgow city health and social care partnership, the trade union that represents the workers concerned—the GMB—and deep-end GP practices, representatives of which could perhaps describe in detail the benefits that the posts provide to their practices. That is a starter for 10. Thank you for listening to me.

The Convener: Thank you very much, Mr Sweeney. As I think that you suggested, one might take the view that, superficially, with the Glasgow position having been resolved in the short term, the aims of the petition have been realised. However, I suggest that we keep the petition open and write to Health and Social Care Scotland and the organisations that you identified: the deep-end practices, the GMB and—

Paul Sweeney: The Glasgow city health and social care partnership.

The Convener: Yes. We could also write to the Health and Social Care Alliance Scotland to seek its views in relation to the petition.

In addition, we could write to the Cabinet Secretary for NHS Recovery, Health and Social Care to highlight the petitioner’s submission and to seek further information on the steps that the Scottish Government is taking, particularly with reference to its considering future funding models, so that we can ensure that there is a clear and consistent provision of community link workers across Scotland.

I thank Mr Sweeney for his suggestions. As colleagues have no further suggestions, are we content to hold the petition open and to seek further information and evidence on that basis?

Members *indicated agreement*.

The Convener: Thank you very much for joining us this morning, Mr Sweeney.

Paul Sweeney: Thank you, colleagues.

Annexe C: Written submissions

Scottish Government written submission, 19 February 2024

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

Thank you for your letter of 29th January 2024 on behalf of the Citizen Participation and Public Petitions Committee in relation to PE2053, regarding the Glasgow City Community Link Worker (CLW) programme and seeking further information on the steps the Scottish Government is taking to ensure the consistent and sustainable provision of Community Link Workers in general practice across Scotland.

The First Minister and Cabinet Secretary for Health and Social Care have been very clear that Link Workers are central to our efforts to tackle health inequalities and inequity, and that we will make every effort to support the continued sustainability of that role. The Community Link Worker role aligns strongly with Policy Prospectus 2023 missions on Equality and Community and the Scottish Government also reinforced its commitment to CLWs in the 2023-24 Programme for Government.

A refreshed national approach to funding and policy is required to improve stability and sustainability for Link Workers in general practice. This will require detailed consideration and we recognise that change will be disruptive, that it will need to be managed carefully and will take time. As you are aware, in November 2023, we committed to provide Glasgow City Health and Social Care Partnership with up to £1.2 million per annum, for three years, to protect Community Link Worker capacity and provide stability, while we take forward work to address elements of how Link Worker services are delivered in general practice which may benefit from more national consistency.

We are now six years on from the 2018 GP contract, which saw the inclusion of CLWs within Primary Care Improvement Plans, and many local programmes have been underway for several years before 2018, therefore a review of CLW delivery is very timely. We have therefore collated detailed data and additional information about local CLW models, as well as views on present and future challenges from all Health and Social Care Partnerships.

In early 2024, Scottish Government will begin a two-year programme of work to address several matters around Link Workers in general practice which need national attention, including: funding; the professionalisation of the role and core skills/competencies for CLWs; contractual models; and the need for improved data and evaluation. The research that the Scottish Community Link Worker Network (SCLWN) published on 30 November 2023, and that you have provided a link to in your letter, will also help shape this work.

It is critical that Scottish Government’s decisions about the future of CLW policy are informed and supported by informed discussion with expert stakeholders. A new National CLW Advisory Group is being set up and will meet for the first time in March 2024. Led by Scottish Government, the Group will formulate detailed proposals for changes in relation to specific features of GP CLW services which are to be reviewed.

I hope to provide a further update as the work of the National CLW Advisory Group progresses.

I hope this reply provides reassurance that the Scottish Government are committed to ensuring CLW Services are consistently available where there is greatest need for support and is helpful to the Committee's consideration of the petition.

Primary Care Directorate

Dr David Blane written submission, 26 February 2024

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

This submission is based on collated feedback from 10 members of the practice team in a Deep End GP practice in Glasgow, including: 3 GP partners, 3 members of admin staff, 2 trainee GPs, 1 salaried GP, and 1 practice nurse.

- **How does the work of CLWs benefit your patients / practice team?**

All staff respondents identified numerous benefits of the work of the CLW for patients and the practice team. The CLW has been at the practice for more than 5 years and is well known to patients and the practice team.

Patient benefits – The CLW helps patients with the issues that matter most to them (e.g. feeding, heating, clothing, bereavement, loneliness) – often drivers of distress and illness. She deals with a range of psycho-social and financial issues that the clinical team do not necessarily have the knowledge or capacity to address. She has a wealth of knowledge about community resources, both locally and city-wide. Examples of the benefits of the CLW for patients included:

- Patients have a **high level of trust** in her – they can discuss personal issues (money, benefits, food, etc) that impact their wellbeing.
- Consistent, **proactive engagement** until the problem is resolved.
- Support is for **as long as is needed** (e.g. not limited to 6 weeks).
- **Patients feel heard and valued** – examples given of patients who would previously have been prescribed antidepressants/sleeping tablets but do not need this after support from CLW.
- Supporting patients with **employability, volunteering** – helping reclaim their dignity.
- Supporting **marginalised groups (e.g. asylum seekers)** with integration to the community, or with rehousing to areas where there are more social connections.

Practice benefits – The work of the CLW allows clinical staff to focus on medical issues, creating time (for patients and practice) to unearth unmet clinical needs.

Practising holistic social medicine would be impossible without a CLW. Rapport and trusting relationships are built by addressing social issues, after which the team are better able to address clinical issues. Over time, this could facilitate a more proactive approach – targeting efforts to increase engagement with screening, addressing cardiovascular risk, etc. Further examples of the benefits of the CLW for the practice team included:

- **Support for mental health** – waiting times for mental health services are huge, but the CLW often supports patients in the interim, and arguably helps more than medications.

- **Ease of referral** – admin staff being able to refer to CLW is a strength.

- **Staff learn about community resources** via CLW – e.g. Moira Anderson Foundation for victims of Childhood Sexual Abuse. Third sector services are invaluable.

- **CLW provides informal support to staff** as well (e.g. with bereavement).

It was noted that the protected time the CLW has with CLW colleagues helps her to keep up-to-date and networked/supported. The CLW is aware of her boundaries – there is undoubtedly a counselling element to her work, but if there is psychological input required, or safeguarding issues, she refers on appropriately.

- **What value do you place on the CLW service?**

All members of staff were unanimous in their support of the CLW, who was described as a "vital", "invaluable" member of the team. Some staff noted likely financial benefits of the CLW service, in terms of both improving the wellbeing and productivity of patients and reducing clinical appointments.

- **What impact has the uncertainty over CLWs had on your patients / practice team?**

The uncertainty over CLWs had a distressing, disheartening and unsettling effect on patients and the practice team. Specific comments included:

Impact on patients: Patients reported a real feeling of panic – "what will we do?" – fear of losing a vital support network, a wealth of knowledge, and the loss of trusting relationships, which took time to build up. The strength of support for the CLW service was evident by the hundreds of patient signatories to a petition in the waiting room that was set up in support of the CLW.

Impact on practice team: The prospect of losing the CLW generated significant stress across the practice team. One senior GP partner thought about resigning when they first heard the news of planned cuts to the CLW service. Another agreed that to lose the CLW would significantly destabilise the practice and could impact GP recruitment and retention. Advocacy efforts diverted time and resource for all the practice team, writing emails, meeting with MSP, etc. Again, demonstrating the value placed on the CLW role. Similarly, if the uncertainty had caused the CLW to resign

their post, having to retrain new staff (or integrate them into the practice team) takes time and resources.

- **Do you support the action called for in the petition ("to *take binding steps to secure long-term funding for community link workers in GP practices across Scotland")***

Responses to this ranged from "*110 per cent*" (GP partner) to "*1 million per cent*" (admin staff) and "*Absolutely, without a doubt – there should be one in every practice.*" (practice nurse). The view that CLWs should be considered as important as any other staff member, especially in deprived areas, was unequivocal. As one GP trainee put it "*Definitely – folk in deprived areas are often the first to have their services cut, as they are less vocal, less politically active – without that [CLW] support, a huge range of issues would go unaddressed*."

- **What difference would it make to your patients / practice team if this action were implemented?**

The key messages here were "certainty", "stability", and "security" – for both patients and the practice team.

For patients: If there was long-term funding for the CLW service, it would provide a boost to the mental health of patients that the CLW supports, as well as comfort and relief.

For the practice: Secure funding would allow the practice to plan for the future, incorporating the CLW role into various pathways, and further developing the team. It would hopefully encourage recruitment and retention to the CLW role across other practice teams, and provide more confidence in the GP contract moving forward.

Glasgow City Health and Social Care Partnership written submission, 26 February 2024

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

Background

2015

- Pilot programme started in Glasgow, led by the Deep End Practices' Network
- Scottish Government (SG) funded the Health and Social Care Alliance to employ **18 practices** to have a community link worker (CLW).

2017

- SG extended the programme to 250 Scottish practices that were most affected by their patients' deprivation.
- Calculations suggested 90 Glasgow practices would be eligible.

2018 GP Contract

- Introduced to create the conditions that enable GPs to operate as expert medical generalists, by releasing them from work that is capable of being carried out by others, thereby allowing GPs more time to spend on complex care for vulnerable patients, undifferentiated illness and to operate as clinical leaders of extended teams.

- The Memorandum of Understanding (MoU) to support implementation of the contract, identified six priorities: vaccination services, pharmacotherapy, community treatment and care, urgent care, additional professionals (including acute musculoskeletal physiotherapy, community mental health) and **community link workers**. [1]

- Details of how the SG funding (PCIF) would be used by HSCPs/IJBs to implement these priorities were included in Primary Care Improvement Plans (PCIPs) [2].

- Glasgow PCIF was expected to rise over 4 years, from £5.5m to £18.7m.

2018-2019

- We invited third sector organisations to tender to be on a "Glasgow City Links Worker procurement framework".

- January 2019: the contract commenced, and included the 18 CLW posts previously supported directly by SG.

- We calculated that the cost of CLWs for 90 practices (around £4.4m per year) would not be affordable, because the HSCP/IJB had to fund all 6 commitments.

- The HSCP/IJB was committed to the CLW programme, and approved PCIF of £2m to allow phased expansion of the programme from **18** to **35** practices **(subsequently we increased coverage to 41)**.

2021

- SG provided additional funding for CLWs on a one-off basis.

- HSCP/IJB combined this with ring-fenced, unused PCIF reserves to expand the coverage to another 40 practices, on a **temporary basis,** until March 2023 (total of 80 practices: 45 with full-time and 35 with part-time support)[3].

- July 2021: SG advised: *"Plans for Urgent Care, Community Link Workers and Additional Professional roles should continue and services already in place*

[1] Delivering the new GMS contract in Scotland: memorandum of understanding - gov.scot (www.gov.scot)
[2] Primary Care Improvement Plan - Bulletins and Additional Information | Glasgow City Health and Social Care Partnership (hscp.scot)
[3] The number of practices reduced from 81 to 80 because of a merger.

should be maintained, but the expectation for 2021-22 is that their further development… may progress at a slower pace to allow the commitments around VTP[4], CTAC[5] and pharmacotherapy to be accelerated".

- *"Integration Authorities should endeavour to ensure that ring-fenced Primary Care Improvement Fund… supports the delivery of the three priority areas [VTP, CTAC and pharmacotherapy] for 2021-22 before further investment of PCIF monies in the other MoU commitments".*[6]

- Glasgow City HSCP follows guidance by allocating approximately 70-75% to VTP, CTAC and pharmacotherapy, and 25 -30%% on other roles, such as CLWs.

2023

- SG confirmed funding of £1.3m to continue support for 80 practices until March 2024.

2023 - Looking ahead to 2024/25

- The Health and Social Care Alliance and We Are With You are the suppliers until April 2024, under contract with NHSGG&C.

- Contracts will finish at the end of March 2024, therefore, a new procurement process was initiated (with the tenders issued by August 2023) so that the programme could continue without a gap.

- At this time, Glasgow City HSCP had not received confirmation from SG that supplementary funding for CLWs would be available for 24/25.

- Re-tendering progressed on the basis that the only funding would be the PCIF of £2.186m.

- Feedback from the Local Medical Committee/GP subcommittee was that all 80 practices should receive support in 2024/25.

- To achieve this objective, practices with a full-time CLW would reduce to part-time support from April 2024.

- The Health & Social Care Alliance secured the 7 lots to deliver the programme from April 2024 for 12 months, with option to extend annually for 48 months.

November 2023

[4] VTP – Vaccination Transformation Programme
[5] CTAC – Community Treatment and Care Services
[6] (Memorandum_of_Understanding 2-GMS_Contract_Implementation_for_PC_Improvement 30_July_2021.pdf (scot.nhs.uk)

- SG confirmed annual funding of £1.2m for 3 years from April 2024, to supplement Glasgow City HSCP's PCIF.

- This funding will enable the new CLW contract to operate at the same level as 2023/24 for 80 practices.

- SG's offer was subject to annual parliamentary budget approval.

- The HSCP will continue the current level of funding for three years from 2024/25, although actual funding may fluctuate to reflect any significant changes to the total amount of PCIF.

What would help support sustainability?

- The level of PCIF is not sufficient to implement all commitments in the 2018 GP contract/MoU (we would need more than twice our annual PCIF amount); therefore, providing sufficient funding to implement full delivery of the 2018 contract could support also the CLW programme.

- PCIF is allocated on an annual basis, with SG letters sent to IJBs during the same financial year as the funding is required to be spent. This places risks on IJBs, because the actual funding allocated might not be sufficient to cover the full costs. SG has provided some comfort by confirming what the estimated level of national funding is likely to be in the following year, but there is still the possibility that actual amounts available to individual IJBs might change by the time that funding allocation letters are issued.

- Contract(s) with providers are limited to one year, with the option to extend for future years, depending on funding. More certainty about future years' funding would enable longer term contracts and, therefore, base-lining of SG funding would be a preferred solution.

- Even if the overall allocation of PCIF is increased, the additional funding would require to be used by HSCPs/IJBs to support implementation of the other commitments in the GP contract, rather than the CLWs, given the contractual requirements of the MOU2. One option could be for SG to fund CLWs separately as part of a wider primary care inequalities' programme; this could cover other activity, such as providing financial advice.

Health and Social Care Scotland written submission, 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.

ALLIANCE written submission, 26 February 2024

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

The Health and Social Care Alliance Scotland (the ALLIANCE) welcomes the opportunity to comment on petition PE2053, which came as a result of a proposed cut to the funding for Community Links Workers (CLWs) by Glasgow Health and Social Care Partnership (Glasgow HSCP) that would have reduced the numbers of CLWs in the city from 64.8 full time equivalents to 42.

The ALLIANCE has delivered a CLW programme in Glasgow since 2013, and worked with Glasgow HSCP, the Scottish Government, Glasgow MSPs, the media, and other partners - including the petitioner - to highlight the damaging impact of this decision.

We are encouraged that the proposed cuts were avoided at a late stage, due to an agreement on funding being reached between the Scottish Government and Glasgow HSCP, however this is no guarantee that a similar situation will not recur in future in Glasgow or in other parts of Scotland.

Unfortunately, in the context of a public funding crisis, vital services provided by the third sector - and often focused on preventative interventions – are treated as expendable. This is something which impacts many of the ALLIANCE's members, and is a systemic problem across national and local government. The particular example of the threat to funding for CLWs in Glasgow demonstrates the way in which the third sector health and social care workforce is treated in comparison to the public sector. With an estimated 290 CLWs in post across Scotland, covering around 80% of GP practices, it is important that cuts are not replicated elsewhere.

The ALLIANCE commissioned Biggar Economics to produce a social return on investment impact report on our CLW programme in Glasgow. This demonstrated that in 2022 the programme generated £18.2 million in wellbeing benefits for the community, in return for £2.1 million of public funding to deliver – a return of £8.79 for every £1 spent. In addition, the CLW programme generated £2 million in economic benefits, was estimated to save £800,000 in costs, and generated £500,000 in additional tax revenue. Throughout the discussion over the proposed funding cut, it was notable that the value of Community Links Workers was not disputed by either Glasgow HSCP or the Scottish Government – the dispute was over who should fund them.

Short term and insecure funding not only impacts the CLW programme and the people supported by it. It also has a tremendously negative impact on the workers themselves and presents significant challenges for managing and delivering such a vital programme.

Recruitment of a skilled and experienced workforce is key to the success of the programme. Every CLW works across various teams, including GP practice staff, wider multidisciplinary teams, and other CLWs colleagues. They offer a personalised and trauma informed approach, must communicate effectively with all parties and work autonomously, managing a busy caseload and ensuring people who are referred to them are given the best service available. Given the skills and experience required to fulfil this role, it can take up to three months from a post being advertised to a CLW starting in the post.

Huge investment is made into every CLW role. After recruitment, an intense three-week induction is conducted. This includes workshops covering social security, money advice, housing legislation and rights, good conversations and understanding the GP landscape. Due to the lone working and autonomous aspect of the role, 'buddying' new CLWs with existing staff is imperative for support and peer wellbeing. Core training that must be carried out within the first three months in post covers topics such as dealing with first-hand experience of childhood sexual abuse – adult

survivors, suicide awareness, and trauma informed skills. The wellbeing of staff is imperative in these roles when they are dealing with such emotive and sensitive topics working alongside people.

When only short term or year-on-year funding is available, this results in higher incidences of staff moving on to more stable employment outwith these roles. As well as the impact that this has on the workforce, it puts additional pressures onto the GP practices, where CLWs are valued and well-respected members of the practice team, as demonstrated by this comment from a GP in one of the most socio-economically deprived areas in Glasgow.

> "I joined this practice two years ago, coming from a practice that didn't yet have a CLW. I IMMEDIATELY witnessed the benefits, both to the patients involved and the resources and input made available to them (that a GP couldn't offer as we are not aware of such resources of trained to use them), but also the significant reduction in appointment requests from the patients who before CLW had no option but to speak to the GP. This then benefits the other patients in the practice as they are finding it easier to access GP slots, so everyone benefits. Lastly this has made a significant impact on GP stress and burnout. Prior to this service we were floundering in social care and wellbeing issues without the time and resources to fully help the patients. Now that we have this vital service we don't know how we can go back to previous times, particularly with the increased work burden and demands that pandemic delays have brought. More particular to our local area, the vast increase in asylum seekers needing practical in-depth support from CLWs is huge and not sustainable for GPs alone."

Investing in Community Links Workers is an excellent example of preventative spend and action to tackle health inequalities. Cuts to posts, or high staff turnover, increases pressure on other parts of the system that are already struggling to deliver timely and appropriate services, like mental health, where there are long waiting lists, and community groups and charities, who are trying to manage high demand with dwindling resources. However, most importantly, funding cuts and uncertainty directly impact people who already live in disadvantaged communities for whom the CLW can be a lifeline.

The solution is secure, adequate and long-term funding for Community Links Workers across Scotland, to ensure they can continue to carry out their vital work. The ALLIANCE believes the petition presents an opportunity to put in place a funding model that achieves that.

Edinburgh Health and Social Care Partnership – Community Link Worker Network written submission, 26 February 2024

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

I am a GP in Wester Hailes Medical Practice, serving a very deprived community in Southwest Edinburgh. I also work as a Clinical Advisor to our Edinburgh Health & Social Care Partnership Community Link Worker Network.

Community Link Workers play a key role in addressing health inequalities by,

i. helping patients in need identify & engage with appropriate local services,

ii. addressing basic problems (homelessness, food poverty, health literacy) that preclude good health,

iii. facilitating attendance at local health and wellbeing programmes, that vulnerable patients would otherwise struggle to participate in.

It is sometimes overlooked that Community Link Workers *also* help grow and evidence local support networks, not only by linking patients to services, but by linking services to each other and to Primary Care Colleagues.

The link between Primary Care and local Third Sector Services is correctly acknowledged as very important, but GP's and other primary care team members are seldom able to find time to co-develop services and pathways with Community partners. The development of Community Link Working and Social Prescribing in Scotland has helped mitigate this gap.

Services also understand that we need to work preventatively around inequalities (i.e., intervening "Upstream not Downstream") –but it is difficult to understand how we could do this, without access to these supported networks of local and very local resource.

With these considerations in mind, it would be concerning if Community Linking Working resource was seen as an 'easy' or as a 'non-clinical' target for financial cuts. It should be obvious that we need to ensure Primary Care is *more*, not *less,* orientated to the needs of local communities, and Community Link Working plays an important role in supporting this; we see Community Link Workers as part of the 'natural landscape' of Primary Care, particularly in deprived communities.

We respect the needs of service providers to balance budgets, but we hope the Committee could support this petition and ensure forward-looking and prevention focused initiatives like Community Link Working are protected and supported as far is reasonable.

GMB Scotland written submission, 31 May 2024

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

GMB Scotland represents Community Link Workers (CLWs) in the core links service in Glasgow City Council. CLWs do not just work in communities. They are part of them. They work with individuals and community groups to ensure people have the fullest access to the support they need to alleviate their health and social problems.

CLWs' work has a ripple effect within communities as income maximisation is a key part of their role. CLWs also alleviate the pressures placed on our health services – specifically GPs. For example, they assist with supporting letters for benefit claims which GPs may not have capacity for, and they also assist with matters like housing

by liaising with local authorities and housing associations to seek repairs or more suitable housing that meets their needs.

In 2023, CLWs were notified that a substantial number of roles were to be cut from the service. This would not only have led to redundancies, but it would also have left some of the most deprived communities in Glasgow without the support of a CLW. Our members organised, campaigned, and won the funding to protect their posts and service.

During the campaign, community groups across Glasgow co-signed a letter to the then Cabinet Secretary to urge that posts are protected. Likewise, GPs were vocal about the vital role of CLWs in their community and practices.

Councillors, MSPs and MPs of all parties and levels of seniority were vocal about how important CLWs are. However, this did not prevent our members facing redundancy and the decimation of their service. Councillors and MSPs passed the buck back and forth on who was responsible for the cuts.

At the root of the issue is a lack of consistent funding from the Scottish Government to local authorities and Health and Social Care Partnerships. Furthermore, local authorities and Health and Social Care Partnerships fail to plan long term. The result of this is that contracts for these services are frequently put out to tender and their funding reviewed. This creates uncertainty for CLWs and disruption to services which in turn encourages a high turnover of staff which means the local expertise and knowledge of CLWs is lost. This is not a unique issue in Glasgow, but an example of how short-term planning and financing is impacting on workers and services across local services in Scotland.

In other parts of Scotland, members are aware of services which have either been taken inhouse by a public body, and where contracts have been awarded for longer periods. Even now after winning their campaign to protect posts, our members have still not received clear answers from the Glasgow HSCP on how long funding has been secured for, or whether the service will remain with the Alliance for one year or three years before being put out to tender.

The value and impact of CLWs is clear. The posts and services must be protected with stable, long-term funding which provides certainty to workers, service providers, and service users.

Paul Sweeney MSP written submission, 16 October 2024

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

I was pleased to attend committee earlier this year to speak to the importance of this petition and I write to Committee Members today to underscore that importance before the next consideration of the petition.

The current model of yearly funding awards for community link worker posts is not sustainable. It does not provide job security for the workers or consistency for Deep End GP practice teams.

I was pleased to work with community link workers and the GMB trade union over the summer in opposition to proposals to cut the number of community link workers in Glasgow from 70 to 42.

Whilst that dispute was settled after the Government stepped in and awarded Glasgow City Health and Social Care Partnership the money to maintain the number of posts, the issue of yearly uncertainty for workers and practice teams remains.

As such, the ask of the petition to 'secure the long-term future' of link workers in GP practice teams remains valid and I would encourage the Committee to keep the petition open.

Link workers play an invaluable role in communities, particularly those with high levels of deprivation, working with patients on personal, social, and financial issues which are not necessarily clinical such as housing, benefits, loneliness, isolation, and debt.

Support for these vital roles will pay for itself in the longer term, through improving health outcomes and freeing up capacity in GP practice teams.

As referenced in my contribution to committee earlier this year, the social value of the programme is proven. The ALLIANCE community link worker programme in Glasgow supported 7,800 people in 2022 at the cost of £2.1million, and £18.2 million in wellbeing benefits were produced for communities in the West of Scotland. This equates to an £8.79 benefit for every £1 of public money invested.

Long-term funding and stability are required to make sure that this positive impact is sustainable, to allow GP surgeries to plan ahead and to give the workforce the job security they need.

I would encourage the Committee to keep this petition open to invite further evidence from the Scottish Government on what work they are doing to ensure the viability of community link worker posts for the long-term; to improve the sustainability of community link worker funding going forward and to support longer-term planning for GP practice teams.