

Citizen Participation and Public Petitions Committee
The Scottish Parliament

By email –
petitions.committee@parliament.scot

26 February 2024

Dear Miriam,

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

Thank you for your 29 January 2024 letter from the Citizen Participation and Public Petitions Committee.

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.

Yours sincerely,

Lucy Mulvagh
Director of Policy, Research and Impact
Health and Social Care Alliance Scotland (the ALLIANCE)