

**Equality Impact Assessment Template: Please complete alongside the guidance document**

<p><b>Title of work:</b> Community Link Worker Service</p>	<p><b>Date of completion:</b> September 2023</p>	<p><b>Completed by:</b> Eilidh Moir and Sandra MacAllister</p>
<p><b>Description of work:</b> NHS Highland requires to continue to deliver the Community Link Worker (CLW) service to 29 identified GP practices across Highland as part of the implementation of the Primary Care Modernisation programme. NHS Highland procures the CLW service through a tendering process and the organisation who is awarded the contract recruits and employs the necessary staff to deliver the services to meet the contract requirements.</p> <p>The aim of the service is to support people to live well through strengthening connections between community resources and primary care and developing pathways to community and third sector services and activities. CLW's will provide a person-centred service that is responsive to the needs and interests of patients registered with GP Practices in socio-economically deprived areas of Highland.</p> <p>CLW's follow a social prescribing model and are embedded in the work of GP practices. They aim to address socio-economic and personal circumstances that affect health and wellbeing to improve the outcomes for patients and reduce pressure on GP's time.</p> <p>Input to the 29 practices will vary according to allocation of hours to individual practices. GP practice staff can refer to the CLW services though accessing a social prescribing referral platform called Elemental which integrates with Vision. This allow for existing patient information to be automatically populated on the Elemental system to reduce time needed to make a referral. Data can be extracted from Elemental for monitoring and tracking.</p>		
<p><b>Outcome of work:</b></p> <p><b>Aims</b> - the Highland CLW Service aims are in line with the aims of the Scottish Government CLW Programme and are as follows:</p> <ul style="list-style-type: none"> <li>✚ to support people to live well through strengthening connections between community resources and primary care</li> <li>✚ to support GP practice teams working with individuals and communities who experience socio-economic deprivation</li> <li>✚ to mitigate the impact of social and economic on health</li> <li>✚ For CLWs to become members of the wider General Practice multi-disciplinary team where appropriate</li> </ul> <p><b>Care Components</b> - the Highland CLW Service care components are in line with the care components of the Scottish Government CLW Programme and are as follows:</p>		

- The project is focused on mitigating health inequalities and alleviating pressures in GP practice teams
- The project is being delivered in areas of socio-economic deprivation (29 identified GP practices)
- The project is being delivered in partnership with GP clusters
- The project offers non-clinical support and services to individuals
- The project is focused on building a close working relationship with the 3<sup>rd</sup> sector
- The project will support the commissioned service to work towards each of the 29 GP practices meeting it's CLW allocation
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**Potential benefits for patients, general practice and 3rd sector as identified through the Scottish Government's Community Link Worker Project Briefing 30<sup>th</sup> May 2017**

**What are the potential benefits to patients accessing the CLW service?**

- Increase in self-esteem, confidence, sense of control and empowerment
- Improvements in physical health and a healthier lifestyle
- Reduction in social isolation and loneliness
- Acquisition of new learning, interests and skills
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**What are the potential benefits to General Practice?**

- Ease pressure on GPs
- Add value to GP consultations
- Enhance GP and third sector relationships
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**What are the potential benefits to the Third Sector?**

- More appropriate referrals
- Enhance partnership working with GPs primary care and health and social care
- Improve Health & Social Care locality and resource planning through identifying need and demand
- Demonstrate key role of the third sector in Health & Social Care delivery and reducing health inequalities

**Potential benefits to the NHS outlined by the British Medical Association (2019) are as follows:**

- Fewer hospital admissions and A&E attendances
- Fewer outpatient appointments
- Few GP consultations
- Reduced reliance on medical prescriptions

**References:**

Scottish Government's Community Link Worker Programme Briefing 30<sup>th</sup> May 2017

Social Prescribing Making it work for GPs and Patients (2019) [bma-social-prescribing-guidance-2019.pdf](https://www.bma.org.uk/primary-care/social-prescribing-guidance-2019)

**Who:**

Stakeholders: (who will this work affect?)

Stakeholders:

- Patients who are referral to a CLW in GP practice that live in SIMD 1&2 areas
- 3<sup>rd</sup> Sector organisations who receive referrals from CLW's
- Organisation delivering the contracted service
- GP practice staff
- CLW Steering group members
- Primary Care Modernisation Project Team
- Primary Care Project Board

**How do you know:**

Stakeholder engagement: How will you know what impact this will have - please detail what work you have done to find this out? Remember to consider the way in which you use language matters.

Monitoring of the service delivery will detail patient referral numbers, patient engagement levels, onward social prescriptions, and engagement from GP practices. Service provider will provide details of the impact of delivery of services as part of quarterly monitoring including individual case studies of patient experiences.

Equality monitoring is embedded within the Elemental platform and will require to be completed by the service delivery organisation.

Information gathered includes:

- Ethnicity
- Sexual orientation
- Disability
- Long term conditions
- Religion
- Caring responsibilities
- Armed forces
- Living alone

- Employment status
- Substance use
- Relationship status
- Gender

Age is gathered as part of Elemental as standard.

**What will the impact of this work be?** (see appendix 1 for list of protected characteristics and other groups that you may wish to identify)

Groups with protected characteristics and other potentially disadvantaged groups are considered as follows:

**Age** - Data is collected with regards to this protected characteristic by the commissioned service and is reviewed as part of the quarterly monitoring process. The CLW service is open to patients on the GPs patient list aged 18 years and above. Children and young people under the age of 18 years cannot currently access the service. The service meets needs of adults only. There is no upper age limit to the service.

Generally, many onward referrals into social support and activities are open to all age groups, however there are some groups and organisations that focus on specific age groups, dependant on the needs of the patient population. For example, Young Carers (aged 16-25) and Highlife over 50's exercise classes.

**Disability** - Data is collected with regards to this protected characteristic by the commissioned service and is reviewed as part of the quarterly monitoring process. The service is physically accessible to those accessing a CLW within their GP practice. In the practices where there is no accommodation available for CLW, the needs of the patient are considered at point of referral/ initial appointment. Communication needs of those with disabilities are considered by the commissioned service. Written information is available in different formats when required. Interpreters are accessed to enable BSL users to utilise the CLW service.

CLW's adapt their communication and engagement approach to the needs of patients who have a learning difficulty.

*Elemental has a default set of equality monitoring questions.*

*Do you consider yourself to have a disability? Yes/ No. If "Yes" please specify (can select more than one. Hearing impairment / visual impairment/ multiple impairment/ mental health issues/ communication difficulty/ autism/ mobility impairment/ other/ prefer not to say.*

**Gender Reassignment** - Data is collected with regards to this protected characteristic by the commissioned service and is reviewed as part of the quarterly monitoring process. It is unknown the number of people who are accessing the Community Link Worker Service. People who are trans often experience discrimination and unequal treatment when accessing health services. Many don't reveal their gender identity when seeking medical help because of fear of unfair treatment and invasive questioning ([LGBT in Britain Health Report, 2018](#)).

**Marriage and civil partnership** – Information is not being collected with regards to this protected characteristic.

The CLW is open to all patients on the GP patient list irrespective of marriage or civil marriage partnership. This protected characteristic could be relevant in relation to the staff employed by the commissioned services in relation to eliminating unlawful discrimination in employment. No negative impact identified.

**Pregnancy and maternity** - the CLW Service is open to all patients on the GP practices register, including those that are classified under this protected characteristic. No negative impact identified.

**Race** - Data is collected with regards to this protected characteristic by the commissioned service and is reviewed as part of the quarterly monitoring process. The service is open to all patients registered with GP practice. Access to interpreters and resources can be made available in various languages when required.

All written communication is translated to other languages as and when required. Interpreters are utilised for interactions with patients whose first language is not English i.e. via the interpreting and translation service LanguageLine UK.

*Elemental has a default set of equality monitoring questions.*

*Ethnicity: White British/ White Irish/ White Gypsy or Irish Travellers/ White Eastern European/ Other White background (please state)/ African/ Caribbean/ Other Black or Black British background (please state)/ Indian/ Pakistani/ Bangladeshi/ Chinese/ Other Asian background (please state)/ White/Asian/ Other Mixed background (please state)/ Arab - North African/Middle Eastern/Western Asian/ Other Ethnic Background (please state)/ Prefer not to say/ Decline*

**Religion or belief** - Data is collected with regards to this protected characteristic by the commissioned service and is reviewed as part of the quarterly monitoring process. The service is open to all patients registered with the GP practice.

*Elemental has a default set of equality monitoring questions.*

*Religion: No religion/ Christian (all denominations)/ Buddhist/ Hindu/ Sikh/ Any other religion/ prefer not to say.*

**Sex** - Data is collected with regards to this protected characteristic by the commissioned service and is reviewed as part of the quarterly monitoring process. Current data from the CLW service shows that there is a 69/31 split of females to males. Data on this protected characteristic will continue to be captured and will be reviewed on an annual basis to establish if it is representative of the patient population in the GP Practice. Significantly more females than males are being referred to the Community Link Worker Service which has a negative impact on males. Research shows that females access health care more frequently than males. Additional work may need to be undertaken to explore the reasons as to why more males are not being referred to the service.

In addition, some group activities could be gender specific e.g. Men's Shed, women only groups i.e. Women's Cycle to Health Project.

*Elemental has a default set of equality monitoring questions.*

*Gender: Male/ Female/ Transgender/ Non-binary/ Prefer not to say.*

**Sexual orientation** - Data is captured with regards to this protected characteristic by the commissioned service and is reviewed as part of the quarterly monitoring process. This will be reviewed to establish if it is representative of the Highland population.

*Elemental has a default set of equality monitoring questions.*

*Sexual Orientation: Heterosexual/ Bisexual/ Lesbian/ Gay/ Other/ Prefer not to say.*

**Socio – Economic Status and Social Class** - the CLW Project specifically targets those living in areas of deprivation. Not all GP practices have CLW allocation, there is some evidence from analysis that a higher number of patients who are above SIMD 1 & 2 are being referred in some practices, referral depend on practice staff initiating a conversation about a CLW referral and all might not do so, protected characteristics are not option for the referral criteria.

All CLW's routinely inquire about money worries and have received training on the topic e.g., Money Counts training delivered by NHH. Possible negative impact and addition mitigating action required – only patients in those GP practices which have a CLW will be able to access the service.

Positive – the focus of this work is rooted in health inequalities and allocation of resource has been weighted to the number of patients within the practice population in SIMD quintiles 1 & 2, referrals can be made by any member of GP practice staff.

Elemental is in place to monitor service delivery and contract monitoring ensure overall delivery of the service is meeting specification requirements.

In relation to the Fairer Scotland Duty (FSD), the CLW's are located in specific areas of disadvantage targeting the most in need. The Commissioned service has appropriately trained staff to enable and support clients towards sources of help. The service is being delivered in identify areas and supports those experiencing social-economic disadvantage. There are good terms and conditions for the staff employed by the commissioned service.

### **Given all of the above what actions, if any, do you plan to take?**

Funding has been recently approved to add an additional 2 practices to the cohort after work undertaken by Heath Intelligence identified that they would now qualify for allocation based on SIMD 2020 figures. This scoping also identified that the allocation criteria would have to be amended to include all practices as numbers of patients in SIMD 1 & 2 are very small or non-existent in these practices. But there is recognition that SIMD is not an ideal tool to identify remote and rural deprivation.

Funding has been recently approved to employ a peripatetic CLW to meet any surge demand across all practices to ensure waiting times are kept to a minimum. This will also help to mitigate where practices are referring over their allocation.

Practices who have been referring significantly above their allocation have been informed of this and given an estimate of the number of patients they might refer within a year.

Practices who have been significantly under referring have been contacted and offer support to increase their referral rates. Work will be on-going with practice by the service provider and NHSH to encourage and support practices to refer as part of the new contract delivery.

Referral from different SIMD quintiles is being monitored.

Equality monitored data will be collected on Elemental by the service deliverer as part of the contract delivery and this will be reviewed as part of the quarterly monitoring process. Any issues around equality will be reviewed and actions taken to address these.

As the CLW initiate person-centred conversations and afford time to a patient, there is an opportunity for individuals to identify any protected characteristic if this is relevant to the issue, they are seeking support with.

Ensure there is Social Prescribing opportunities relevant to specific age groups dependant on the needs of the patient population.

Ensure access to training is available to the Community Link Worker's as required. There is an expectation that all CLW's will have attended deaf awareness courses. Those who have a visual impairment have all written information spoken to them during consultations, and where required information on support services is recorded as part of the consultations.

Ensure CLW have access to BSL interpreters, 'Near Me' (which allows patients to attend appointments with their CLW via video call, rather than having to attend in person) and that sources of guidance are accessible to all CLW's.

Ensure CLW's have undertaken equality and diversity training.

Ensure CLW' are trauma informed in their practice to enable them to approach conversations with their patients sensitively. The commissioned service provider will have inclusive equal opportunity workforce policies, ensure that there will be representation from BME groups in the workforce and that future recruitment will continue to promote equal opportunity policies.

Ensure that there are a range of community venues available e.g., alternatives to faith-based premises that may create a barrier to individuals attending an activity at a particular premises.

**Approved by:**

**Cathy Steer, Head of Health Improvement**