

Community Link Working (CLW) in Argyll and Bute



What do Community Link Workers do in Argyll & Bute?

The CLW service works directly with patients to enhance their wellbeing, with the aim of addressing the wider determinants of health, tackling financial exclusion and focusing on populations from the most deprived areas, helping them access services and connect with third sector providers.

- CLWs focus on addressing the underlying causes & stressors that negatively impact the health & wellbeing of the individual;
- follow a person-centred social prescribing approach;
- establish effective pathways for improved service access;
- foster professional links with public health services;
- collaborate closely with GP practices;
- work to raise awareness of social prescribing;
- identify & address gaps in community provision.

Watch our video https://www.youtube.com/watch?v=FzTAdEAh6_4

Ways to access Argyll & Bute's CLW Service

Self referral OR be referred by any member of the primary care team (GP, nurse, pharmacist, dentist, or optician).

Referrals & case management occur through integration of GP Vision systems using Elemental software for social prescribing.

(Practices using EMIS systems can access Elemental via a web-based process.)



Argyll & Bute's **CLW Contract** Dec 2021 to Dec 2024*

<u>14 of 32</u>

GP practices involved

3.6 WTE Community Link Workers



Community Link Working (CLW)

Argyll & Bute's CLW model

Argyll and Bute HSCP has contracted the independent provider 'We Are With You' to deliver the CLW service for the region.

Strategic selection of GP Practices based upon the Scottish Index of Multiple Deprivation (SIMD) deciles. **Focusing on areas of higher socioeconomic deprivation** (living within decile 5 and under).

CLW Service based within GP practices. CLWs work directly with patients to navigate & engage with wider community services, fostering a person-centred approach.

Aligns with overarching goal of addressing health disparities & catering to individuals facing complex socioeconomic challenges.

Service includes diverse approaches to assess individuals' health & wellbeing needs, collaborate on a customised plan to encourage self-management, and provide guidance to access relevant community services

Face-to-face or telephone sessions

Motivational interviewing to assess individuals' needs

MAP (Motivation, Action & Prompts) health behaviour change model to structure behavioural change consultations

Plan of action designed with the individual based on outcomes of above sessions, with patients referred to appropriate community services, third sector organisations, & financial support services, etc.

CLWs work collaboratively to create a customised plan to support clients with their underlying issues & client circumstances.



As CLWs engage with clients they often uncover a complex web of **interconnected problems & challenges** through holistic assessment.

CLWs play **a pivotal role** in connecting clients to appropriate services, through **signposting & providing support to reduce any barriers** in reaching out to them.



sessions tailored to individual

Reasons for referrals & social prescriptions* 18% 180-250 52% 15% 13% Mental health Loneliness Social Financial Stress & wellbeing & isolation advice prescriptions management per quarter Housing & Relationship Substance Family support essential needs breakdown misuse Employment Pain Disability & training management Weight Learning Long-term condition Carer disability management management Bereavement Physical activity Sleep support *Data listed for Apr 2023 to Mar 2024

Community Link Working (CLW)

in Argyll and Bute (Continued)



The outcome of the service is evaluated for each patient using the Short Warwick-Edinburgh Mental Wellbeing

Scale (SWEMWBS). The survey is administered at the initial session, and again at the conclusion of the final session.

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The **Results**

Transforming Together

90%

of those who completed the SWEMWBS experienced a positive change in their health & wellbeing A high level of change was found across all respondents, with a change of:

+5.08 points on the SWEMWBS scale

(A change of between 1 to 3 points on the SWEMWBS scale meets the threshold for statistically significant change.)

Note: Where clients attend only 1-2 sessions, it is too short a timescale to measure change on the SWEMWBS. Also, some do not attend their final session, meaning they do not complete an exit SWEMWBS. The above results are based upon the 58% of clients who have left the CLW service having completed an initial and exit SWEMWBS survey.

*Shah, N., Cader, M., Andrews, W. P. et al., Responsiveness of the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS): evaluation a clinical sample. Health Qual Life Outcomes 16, 239 (2018). https://doi.org/10.1186/s12955-018-1060-2



'The Links Worker was my lifeline.'

'If it wasn't for the [service], I wouldn't be on this journey to better myself and move on from the past [..] that has been haunting me for years .'

'Definitely feel that having the link worker support me and help me find the correct resources has made a huge difference and achieved so much. I am very grateful for the time, effort and compassion that was shown to me and I feel like a lot of people would really benefit from the same experience I had.'

'I felt that pills on their own were not the answer to my problems.' 'I was feeling frustrated by answers of others' to my housing problems, but [the CLW] instilled a confidence I thought I'd lost & was concise & professional in handling the housing issues I had.'

'I have Dr X to thank for the best referral any doctor has given me. The CLW allowed me to talk, get upset, and be nonjudgemental. I'd never have thought 4 months ago I'd have improved so much.'

'I felt I had an ally navigating lots of things I could not have done alone. An invaluable resource. Dignified [..]. I felt listened to & understood regarding my difficulties, as they are hidden ones.'

'It has certainly helped me through a very dark time in my life.'

GP Practice Feedback

Practices find the CLW service 'invaluable' & 'very helpful'.

They also value the flexibility of the service e.g. being able to do house visits.

Recognised some challenges with embedding the service as it was strange having a member of staff present who wasn't employed by the practice, but this has now largely been overcome.

The ability for anyone in the practice to refer is valued, as is the option to self-refer.

Also, the referral process is easy.

Practices reported the service was 'a good service', 'well established' & 'vital'.

'I am really pleased with the availability of the Live Well WIth Pain group.'

'The Link Worker has an excellent knowledge of services available to patients dealing with social problems, taking work off GPs & other practice staff.'

'CLW 'X' is worth their weight in gold. [...] We don't want to lose this service.'

CLW Feedback

Perceptions of integration varied between areas and integration was a challenge when CLWs worked remotely from more rural practices.

However, overall, feedback was very positive from CLWs who felt welcomed in practices and enjoying being able to make a difference as part of the practice team.