



## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	24 August 2021
<b>Report Title</b>	Aberdeen Links Service
<b>Report Number</b>	HSCP.21.089
<b>Lead Officer</b>	Sandra MacLeod, Chief Officer
<b>Report Author Details</b>	Lorraine McKenna Primary Care Lead – Dentistry, Optometry, Pharmacy & Psychology <a href="mailto:lorraine.mckenna@nhs.scot">lorraine.mckenna@nhs.scot</a>
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	Yes
<b>Appendices</b>	a) Procurement Business Case b) Overview of Link Service Statistics c) Direction

### 1. Purpose of the Report

- 1.1. The purpose of this report is to seek approval from the Integration Joint Board (IJB) for the future procurement of the Aberdeen Links Service (ALS).

### 2. Recommendations

- 2.1. It is recommended that the Integration Joint Board:

- a) Approves the expenditure as set out in the report section 6 of the Procurement Business Case (Appendix A).
- b) Approves the making of a direct award of a contract to Scottish Association of Mental Health (SAMH) for the Aberdeen Links Service from 8 January 2022 until the 31 March 2023 (1 year and 3 months).
- c) Makes the Direction as attached at Appendix B and instructs the Chief Officer to issue the Direction to Aberdeen City Council.



## INTEGRATION JOINT BOARD

### 3. Summary of Key Information

#### Background

- 3.1. As part of the Primary Care Improvement Plan (PCIP), Health and Social Care Partnerships (HSCPs) were asked to develop Community Link Worker (CLW) roles in line with the Scottish Government's manifesto commitment to deliver 250 CLWs across Scotland. It was expected that the roles of CLWs would be consistent with assessed local need and priorities and would function as part of the local models of care and support.
- 3.2. SAMH were awarded the contract to deliver the Aberdeen Links Service in January 2018 which would see 20WTE Community Link Practitioners (CLPs) allocated across all GP Practices in Aberdeen from April 2019. In line with the options to extend which were part of the original procurement process, the IJB agreed in July 2019 to extend the contract with SAMH, until January 2022.
- 3.3. Referrals to the CLPs usually come from the practice teams including GPs, nurses and reception staff, however, individuals are also able to self-refer. CLPs continue to have a significant impact on those with whom they work who often have particularly complex and/ or chaotic lives.

#### Impact of Service

##### Patients and Carers

- 3.4. The individuals referred to the ALS have complex psychosocial and socioeconomic needs. Consequently, the initial referring issue is often only one of many, with more than half of all referrals involving more than one issue. The main referral reasons are Mental Health (26%), Finance and Benefits (21%), Isolation (13%) and Housing (9%). The ALS has received 5,208 referrals into the service from GP Practices. This demonstrates the increasing value and benefits of the service to primary care staff, and the service users themselves.
- 3.5. Through positive conversations, motivational interviewing and building strong therapeutic relationships, CLPs support people to prioritise their concerns,



## INTEGRATION JOINT BOARD

develop an action plan and access the appropriate services. The CLPs have empowered people to engage with local organisations and services ranging from small community led groups to housing providers and local supports around mental health and finances. They have also made 6,588 onward referrals to support services within the community. At least 60% of the referrals have been made to Third Sector organisations ensuring the individual gets the right support at the right time and does not overload one part of the system.

- 3.6.** The interim evaluation undertaken by the partnership saw the impact of the patient perspective and all scores significantly improved from baseline to six month follow-up. There was a trend towards a reduction in overall number of GP contacts (self-reported by patient) at follow-up demonstrating an increase in self-management amongst this cohort as less requiring further GP input.
- 3.7.** The CLPs have facilitated 52,400 patient meetings with an attendance rate of 94%. Ongoing feedback and the interim evaluation highlighted the benefit of the CLPs can provide especially during the initial engagement process.

### Primary Care

- 3.8.** The interim project evaluation demonstrated that GP Practice staff awareness of the CLP role remained consistently high (92% baseline, 94% follow-up). Knowledge of the CLP role (19% increase) and perceived value of link working (13% increase) both increased from baseline to six months,
- 3.9.** In feedback sought from Primary Care staff in July 2021, 80% of respondents said that the Aberdeen Links Service has helped reduce the demand on GP's / Practice. A further 5% who did not think the service had reduced demand on Primary Care Services recognised that patient demand is increasing and that the Aberdeen Links Service "is a valuable addition to the services we ( Primary Care) can offer and is very helpful to the patients".
- 3.10.** The Aberdeen Links Service has allowed Primary Care Practices to access 425 different services and resources for their patients. The CLPs provide the time to link primary care with a range of services which prevent GPs having to undertake unnecessary research.



## INTEGRATION JOINT BOARD

### Wider Impact

- 3.11.** The review of the Dementia Post Diagnostic Service provided the opportunity to provide CLPs with training and support to provide the Post Diagnostic Support along with other practitioners across the system. This allows an individual with Dementia to have a one contact service, and the service has continued to provide that support to over 109 individuals since January 2020.
- 3.12.** CLPs have also undertaken 1,436 guidance conversations around alcohol with 76 of those resulting in an Alcohol Brief Intervention. This data is reported back to Aberdeen Alcohol and Drug Partnership on a quarterly basis.
- 3.13.** The CLPs have been involved in the Stay Well Stay Connected (SWSC) work programme and have been instrumental in the development of TLC befriending pilot project which has been a huge success and will hopefully be upscaled. They also take part in and contribute to the Physical Activity huddle and the Dementia Focus group, all of which support early intervention and prevention regarding good mental wellbeing for our citizens. The links made between the CLPs and other agencies are strengthening a whole system approach. The CLPS are valuable contributors and are adding to their extensive toolkits by being afforded the time to network with supporting agencies and vice versa. SWSC offers the opportunity to both learn from the real time experience of the CLPs whilst keeping them connected to current and new initiatives that support their clients.
- 3.14.** SAMH have continued to work well with the partnership in relation to the delivery of the service. SAMH were quick to respond to the pandemic shifting their service to a virtual model and allocating time to support the contacting of people who are shielding and providing emotional support via the ACC helpline. Limitations for CLPs to access practice staff and services for patients remotely, presented some challenges, however, the service continued and adapted to the practice's and patients' needs during Covid-19.

### Current Position

- 3.15.** The current contract is funded through recurring funds to support the Primary Care Improvement Plan (PCIP). The contract expires on 7 January 2022.



## INTEGRATION JOINT BOARD

- 3.16.** The publication on 3 February 2021 of the Independent Review of Adult Social Care in Scotland (referred to as “The Feeley Report”) is likely to have a significant impact upon the current partnership arrangements. This could have a potential impact on the future of this service including the role of the IJB in the commissioning of services.
- 3.17.** The Scottish Government has recognised that the pandemic highlighted the need for early local intervention to tackle the rising levels of mental health problems across all practices as well as the challenges in areas of high health inequalities. They have agreed to work with HSCP’s and NHS Boards to consider how best to develop these services at a practice level and establish more clear Additional Professional Roles (e.g. Mental Health Workers, Physiotherapists, Community Link Workers) by the end of 2021.
- 3.18.** From both a strategic commissioning and operational perspective there is a need to provide stability for the practice-based service. Since Spring 2021, 75% of Senior CLPs have left to progress into promoted posts within different organisations.
- 3.19.** The business case in Appendix A sets out the rationale for the proposal in this report to award a direct contract to SAMH for a period of 15 months. The direct award would allow the Service time to stabilise and avoid a situation where the potential of a contract transfer process risks a reduction in capacity or quality of service at a time where it is anticipated that there will be an increasing demand for the service.
- 3.20.** In order for the project to have optimum sustainability and to take into account implications of any changes from the Feeley Report, the re-tendering process will commence no later than April 2022. This gives ample time for any potential impact (eg. TUPE) to the service to ensure no impact on service delivery to patients.

### 4. Implications for IJB

- 4.1. Equalities, Fairer Scotland and Health Inequality:** It is expected that this proposal will have a positive or neutral impact on those people who share characteristics protected by the Equality Act as its main aim is to provide



## INTEGRATION JOINT BOARD

access to support services. The individuals referred to the ALS have complex psychosocial and socioeconomic needs and the project will have a positive impact by providing support to those individuals and connecting them with appropriate services.

- 4.2. **Financial:** The funding for the service is funded through the recurring Primary Care Improvement funding.
- 4.3. **Workforce:** Agreeing the direct award will ensure continuity of service which will ensure that the service continues to provide support to individuals and GP Practice staff.
- 4.4. **Legal:** Due to the potential impact on the service user if there is a disruption to the delivery of this service, the proposal of a direct award is proportionate and appropriate.
- 4.5. **Covid:** Link Service has continued to support patients using a flexible and remote approach over the course of the COVID-19 pandemic. This business case will support the partnership's response to the recovery.
- 4.6. **Carers:** This service supports any individual with their identified need including unpaid carers and would be impacted if there is a disruption to the delivery of this service.

### 5. Links to ACHSCP Strategic Plan

#### 5.1. The report links to the five strategic aims as outlined below:

- a) **Prevention:** the focus on alternative resources for first contact in the community; provides opportunity to undertake preventative health interventions.
- b) **Resilience:** the service helps ensure resilience in the local GP community by maintaining capacity for CLPs in line with the Primary Care Improvement Plan (PCIP) and promotion of self-management in the community.
- c) **Personalisation:** providing access to community-based health and wellbeing services for individuals.



## INTEGRATION JOINT BOARD

- d) **Connections:** providing an opportunity to connect people to appropriate community services and raising awareness within practices of highly referred services.
- e) **Communities:** opportunity to engage patients with and connect.

### 6. Management of Risk

#### 6.1. Identified risks(s)



There is a medium risk of reputational damage should the recommendations of this report not be approved as the expectation from the community and Primary Care Services is that the ALS should be maintained.

#### 6.2. Link to risks on strategic or operational risk register:

This report links to Strategic Risk 9: There is a risk that if the System does not redesign services from traditional models in line with the current workforce marketplace in the City this will have an impact on the delivery of the IJB Strategic Plan which is currently "Very High".

#### 6.3. How might the content of this report impact or mitigate these risks:

This report puts forward a proposal to provide an interim measure to allow the service to continue while the implications of the Feeley Review and potential additional resources are understood. This will ensure the future procurement process is informed of these changes.

Approvals	
	Sandra Macleod (Chief Officer)
	Alex Stephen (Chief Finance Officer)