

## North Cotswold Primary Care Network

### **SOCIAL PRESCRIBING LINK WORKER JOB DESCRIPTION**

<b>JOB TITLE:</b>	<b>Social Prescribing Link Worker – north Cotswolds</b>
<b>REPORTS TO:</b>	<b>Clinical Director and PCN Practice Leads/ Line manager</b>
<b>HOURS:</b>	<b>up to 37.5 per week</b>
<b>Salary:</b>	<b>£25,935 FTE</b>

#### **Job Summary:**

Social prescribing empowers people to take control of their health and wellbeing through referral to non-medical 'link workers' who give time, focus on 'what matters to me' and take a holistic approach to an individual's health and wellbeing, connecting people to community groups and statutory services for practical and emotional support. Link workers also support existing groups to be accessible and sustainable, and help people to start new community groups, working collaboratively with all local partners.

Social Prescribing Link Workers (SPLW) will work as a key part of the North Cotswold Primary Care Network (PCN) multi-disciplinary team. Social prescribing can help PCNs to strengthen community and personal resilience, reduce health inequalities (in relation to timely access and outcomes) and wellbeing inequalities by addressing the wider determinants of health, such as debt, poor housing and physical inactivity, by increasing people's active involvement with their local diverse communities. It particularly works for people with long term conditions (including support for mental health), for people who are lonely or isolated, or have complex social needs which affect their wellbeing.

The SPLW will join a growing team of PCN healthcare professionals working across the five practices of the North Cotswold Primary Care Network to deliver health and wellbeing interventions at a neighbourhood population level. We seek to tackle loneliness, improve and maintain well-being, support with pressures of cost-of-living crisis and ensure our patients feel supported during the coming months.

#### **Key Responsibilities:**

1. Working with direct supervision of clinicians, take referrals from the PCN's five Core Network Practices and from a wide range of agencies, including pharmacies, wider multi-disciplinary teams, hospital discharge teams, allied health professionals, fire service, police, job centres, social care services, housing associations, and voluntary, community and social enterprise (VCSE) organisations (list not exhaustive).
2. Provide personalised support to individuals, their families and carers to take control of their health and wellbeing, live independently and improve their health access and outcomes, as a key member of the PCN multi-disciplinary team. Develop trusting relationships by giving people time and focus on 'what matters to me'. Take a holistic approach, based on the person's priorities and

the wider determinants of health. Co-produce a simple personalised care and support plan to improve health and wellbeing, introducing or reconnecting people to appropriate community groups and statutory services. The role will require managing and prioritising your own caseload, in accordance with the needs, priorities and any urgent support required by individuals on the caseload. It is vital that you have a strong awareness and understanding of when it is appropriate or necessary to refer people back to other health professionals/agencies, when the person's needs are beyond the scope of the link worker role – e.g., when there is a mental health need requiring a qualified practitioner.

3. Work with a diverse range of people and communities, to draw on and increase the strengths and capacities of local communities, enabling local VCSE organisations and community groups (including faith groups) to receive social prescribing referrals.

4. Alongside other members of the PCN multi-disciplinary team, work collaboratively with all local diverse partners to contribute towards supporting the local VCSE organisations and community groups to become sustainable and that community assets are nurtured, through sharing intelligence regarding any gaps or problems identified in local provision with commissioners and local authorities.

5. SPLW will have a role in educating non-clinical and clinical staff, within their PCN multi-disciplinary teams, on what other services are available within the community and how and when patients can access them. This may include verbal or written advice and guidance.

### **Key Tasks:**

#### **Referrals**

- Promote social prescribing, its role in self-management, addressing health inequalities and the wider determinants of health.
- As part of the PCN multi-disciplinary team, build relationships with staff in GP practices within the local PCN, attending relevant MDT meetings, giving information and feedback on social prescribing.
- Be proactive in developing strong links with all local agencies to encourage referrals, recognising what they need to be confident in the service to make appropriate referrals.
- Work in partnership with all local agencies to raise awareness of social prescribing and how partnership working can reduce pressure on statutory services, improve health access and outcomes and enable a holistic approach to care.
- Provide referral agencies with regular updates about social prescribing, including training for their staff and how to access information to encourage appropriate referrals.
- Seek regular feedback about the quality of service and impact of social prescribing on referral agencies.
- Be proactive in encouraging equality and inclusion, through self-referrals and connecting with all diverse local communities, particularly those communities that statutory agencies may find hard to reach.
- Support the PCN requirement to deliver Enhanced Access delivering social prescribing during the out of hours sessions
- Produce appropriate support documentation and literature for a variety of audiences from professional to patients.

### **Provide Personalised Support**

- Meet people on a one-to-one basis, making home visits where appropriate within organisations' policies and procedures. Give people time to tell their stories and focus on 'what matters to me'. Build trust and respect with the person, providing non-judgemental and non-discriminatory support, respecting diversity and lifestyle choices. Work from a strength-based approach focusing on a person's assets.
- Be a friendly and engaging source of information about health, wellbeing, and prevention approaches.
- Help people identify the wider issues that impact on their health and wellbeing, such as debt, poor housing, being unemployed, loneliness and caring responsibilities.
- Work with the person, their families and carers and consider how they can all be supported through social prescribing.
- Help people maintain or regain independence through living skills, adaptations, enablement approaches and simple safeguards.
- Work with individuals to co-produce a simple personalised support plan to address the person's health and wellbeing needs – based on the person's priorities, interests, values, cultural and religious/faith needs and motivations – including what they can expect from the groups, activities and services they are being connected to and what the person can do for themselves to improve their health and wellbeing.
- Where appropriate, physically introduce people to culturally appropriate community groups, activities and statutory services, ensuring they are comfortable, feel valued and respected. Follow up to ensure they are happy, able to engage, included and receiving good support.
- Where people may be eligible for a personal health budget, help them to explore this option as a way of providing funded, personalised support to be independent, including helping people to gain skills for meaningful employment, where appropriate.
- Seek advice and support from the GP supervisor and/or identified individual(s) to discuss patient-related concerns (e.g., abuse, domestic violence and support with mental health), referring the patient back to the GP or other suitable health professional if required.

### **Support community groups and VCSE organisations to receive referrals**

- Forge strong links with a wide range of local VCSE organisations, community and neighbourhood level groups, utilising their networks and building on what's already available to create a menu of diverse community groups and assets, who promote diversity and inclusion.
- Develop supportive relationships with local diverse VCSE organisations, culturally appropriate community groups and statutory services, to make timely, appropriate and supported referrals for the person being introduced.

### **Work collectively with all local partners to ensure community groups are strong and sustainable**

- Work with commissioners and local partners to identify unmet diverse needs within the community and gaps in community provision.
- Encourage people who have been connected to community support through social prescribing to volunteer and give their time freely to others, building their skills and confidence and strengthening community resilience.
- Develop a team of volunteers within your service to provide 'buddying support' for people, starting new groups and finding creative community solutions to local issues.
- Encourage people, their families and carers to provide peer support and to do things together, such as setting up new community groups or volunteering.

- Provide a regular 'confidence survey' to community groups receiving referrals, to ensure that they are strong, sustained and have the support they need to be part of social prescribing.

### **General tasks:**

#### **Data capture**

- Work sensitively with people, their families and carers to capture key information, enabling tracking of the impact of social prescribing on their health and wellbeing.
- Encourage people, their families and carers to provide feedback and to share their stories about the impact of social prescribing on their lives.
- Support referral agencies to provide appropriate information about the person they are referring. Provide appropriate feedback to referral agencies about the people they referred.
- Work closely within the MDT and with GP practices within the PCN to ensure that the social prescribing referral codes are inputted into clinical systems (as outlined in the Network Contract DES), adhering to data protection legislation and data sharing agreements.
- Handle function specific information, which may be sensitive, complex or confidential and appropriately recording, transferring and/or coordinating such information in accordance with the Data Protection Act; Caldicott Guidelines and the Confidentiality Code of Conduct and according to deadlines

#### **Professional development**

- Work with your supervising GP and/or line manager (if different) to undertake continual personal and professional development, taking an active part in reviewing and developing the roles and responsibilities.
- Adhere to organisational policies and procedures, including confidentiality, safeguarding, lone working, information governance, equality, diversity and inclusion training and health and safety.
- Work with your supervising GP to access regular 'clinical supervision', to enable you to deal effectively with the difficult issues that people present.

#### **Miscellaneous**

- Work as part of the healthcare team to seek feedback, continually improve the service and contribute to business planning.
- Contribute to the development of policies and plans relating to equality, diversity and health inequalities.
- Contribute to the achievement and maintenance of CQC registration status in PCN practices.
- Undertake any tasks consistent with the level of the post and the scope of the role, ensuring that work is delivered in a timely and effective manner.
- As new priorities come along in the changing NHS, duties may vary from time to time, without changing the general character of the post or the level of responsibility.

#### **Patient Services**

- Communicate effectively and sensitively and use language appropriate to a patient and carer/relative's condition and level of understanding
- Effectively use a range of verbal and non-verbal methods of communication and be aware of and manage barriers to communication
- Effectively recognise and manage challenging behaviours in patients, cares and or relatives

- The PCN will ensure the SPLW can discuss patient related concerns and be supported to follow appropriate safeguarding procedures (e.g. abuse, domestic violence and support with mental health) with a relevant GP.

#### **Technical and administrative**

- Excellent communication skills, verbal and written
- Knowledge and understanding of IT systems to include the ability to use word processing skills, emails, and internet along with the relevant national and local IM&T systems (North Cotswold PCN includes SystemOne/EMIS)
- Understanding of emerging technologies and role in primary care
- Support quality improvement measures and contribute to PCN DES undertaking audits where required

#### **Safeguarding Responsibilities**

- Participate in serious incident investigations and multidisciplinary care reviews
- Attend mandatory training on safeguarding children and adults
- Ensure familiarity with own and lead practice requirements under relevant legislation
- Reporting any concerns to the appropriate authority
- Undertake a mandatory Disclosure and Barring Service (DBS) check

#### **Training and Education Information**

- Enrolment on appropriate training as set out by Personalised Care Institute (if not already completed)
- Identify learning needs, plan, implement and evaluate programmes of education to meet identified need
- Establish own support mechanisms to enable structured reflection, including supervision, development of supportive networks mentoring and coaching
- Participate in MDT learning activities
- Completion of mandatory annual training

#### **Quality**

- Contribute to the achievement of quality improvement initiatives
- Inspire innovation amongst the team and stimulate improvement activities
- Ensure compliance with CQC and professional standards
- Promote a culture of constant improvement and excellence
- Understand a risk management approach and apply it all activities
- Contribute with integrity to team work focused on improving quality within the practice
- Contribute to the effectiveness of the team by reflecting on own and team activities and making suggestions on ways to improve and enhance the team's performance
- Conduct regular clinical audits and other improvement activities
- Involvement in National and local quality improvement projects
- Assess own performance and take accountability for own actions, either directly or under supervision

- Taking responsibility for own development, learning and performance and demonstrating skills and activities to others who are undertaking similar work

### **Financial and Physical Resources**

- Ensure the effective and efficient use of physical and financial resources, make recommendations regarding supplies and equipment
- Support staff management and performance review
- Work effectively with individuals in other agencies to meet patients' needs
- Effectively manage own time, workload and resources

### **Confidentiality**

- In the course of seeking treatment, patients entrust us with, or allow us to gather, sensitive information in relation to their health and other matters. They do so in confidence and have the right to expect that staff will respect their privacy and act appropriately
- In the performance of the duties outlined in this Job Description, the post-holder may have access to confidential information relating to patients and their carers', practice staff and other healthcare workers. They may also have access to information relating to the PCN and its member practices as business organisations. All such information from any source is to be regarded as strictly confidential
- Information relating to patients, carers, colleagues, other healthcare workers or the business of the PCN and its member practices may only be divulged to authorised persons in accordance with the practice policies and procedures relating to confidentiality and the protection of personal and sensitive data.

The post holder has a responsibility to comply with the Data Protection Act 1998, NHS Confidentiality guidance (e.g., Caldicott) and any code of practice on Confidentiality and Data Protection as accepted by the PCN practices. All employees must adhere to practice policies on the protection and use of personal information, which provides guidance on the use and disclosure of information. The PCN practices and the employer each have a range of policies for the use of computer equipment and computer-generated information. These policies detail the employee's legal obligations and include reference to current legislation for the PCN and the host organisation. Copies of the policy on protection and use of personal information and other information technology can be found in the host practice policies and procedures handbook.

### **Health and Safety**

The post holder is required to take responsible care for the health and safety of themselves and other persons who may be affected by their omissions at work. The post holder is also required to cooperate with their employing practice to ensure that statutory and departmental regulations are adhered to.

### **Equality and Diversity**

- The PCN practices are committed to an Equality policy which affirm that all staff should be afforded equality of treatment and opportunity in employment irrespective of sex, sexuality, age, material status, ethnic origin or disability
- The post-holder will support the equality, diversity and rights of patients, carers and colleagues, to include:

- Acting in a way that recognizes the importance of people's rights, interpreting them in a way that is consistent with practice procedures and policies, and current legislation
- Respecting the privacy, dignity, needs and beliefs of patients, carers and colleagues
- Behaving in a manner which is welcoming to and of the individual, is non-judgmental and respects their circumstances, feelings priorities and rights.

### **Personal/Professional Development**

The post-holder will participate in any training programme implemented by the PCN or host practice as part of this employment, such training to include:

- Participation in an annual individual performance review, including taking responsibility for maintaining a record of own personal and/or professional development

### **Key Working Relationships and Communication**

- PCN Business Manager
- Clinical director
- Line manager
- PCN Care Coordinator
- General Practitioners and other practice clinicians (frequent/daily)
- Patients and carers
- VCSE organisations and community groups (frequent)
- Practice Managers
- Social Prescribing Link Workers (frequent/daily)
- NHS England and its local officers
- Patient and public stakeholders including patient participation groups
- Relevant representative committees
- Primary healthcare team e.g., community nurse
- Healthcare providers including NHS, third sector and voluntary providers
- Recognise people's needs for alternative methods of communication and respond accordingly.

This job description is only a guideline and should be regarded as such. It is not definitive or restrictive in any way and will be reviewed periodically as the PCN develops. The PCN will provide training and support as required and identified in annual appraisals/ performance reviews/changes to technology.