**SOCIAL PRESCRIBING LINK WORKER**

**JOB DESCRIPTION**

**JOB TITLE:** Social Prescribing Link Worker

**REPORTS TO**: Social Prescribing Team Lead

**LOCATION:** Based at Forsyth House in Darlington with the requirement to work in one or more GP practices in the Darlington Primary Care Network

**SALARY:**  £11.87 per hour

**HOURS**: 37.5 per week: candidates will need to be able to work evenings and weekends

**Job Summary**

The Living Well Service empowers people to take control of their health and wellbeing through referral to Social Prescribing Link Workers (SPLWs) who give people the time they need to focus on ‘what matters to me’. SPLWs take a holistic approach, connecting people to community groups and statutory services for practical and emotional support. They also support existing groups to be accessible and sustainable and help people to start new community groups, working collaboratively with all local partners. SPLWs can help to strengthen community resilience and personal resilience. They do this by exploring the wider determinants of health, such as debt, poor housing, physical inactivity, and by increasing people’s active involvement with their local communities. Social prescribing 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.

SPLWs join a growing team of Darlington Primary Care Network (PCN) health care professionals who work across the eleven GP Practices that make up the PCN, delivering health and wellbeing interventions at a neighbourhood population level. SPLWs support individuals on a one-to-one basis, via small group-work, pop-up sessions and much more. The goal of social prescribing is to connect or re-connect people to the vast array of services, activities and good will that exist in local communities.

**Key Objectives**

* To engage, facilitate and support clients to connect to activities that will help to reduce feelings of loneliness and isolation while supporting them to build positive relationships and improved connections with their community.
* Improved engagement into a range of provisions and social opportunities.
* Support clients to develop in the areas of self-determination, personal resilience and self-motivation thereby supporting their ability to set personal goals and develop aspirations.
* Improved understanding of risks to their overall wellbeing, manage and reduce personal risk, increased ability to make positive choices to keep safe and well.

**Key Responsibilities**

* Take referrals from a wide range of agencies including GP Practices within the PCN, pharmacies, 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).
* Provide personalised support to individuals, their families, and carers to take control of their wellbeing, live independently and improve their health outcomes.
* Develop trusting relationships by giving people time to focus on ‘what matters to me’.
* Based on the person’s priorities and the impact of the wider determinants of health on their life, you will co-produce a personalised wellbeing plan to improve their health and wellbeing that will include connecting or reconnecting them to community groups and activities and statutory services where appropriate.
* 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 what the person needs is beyond the scope of the link worker role, e.g., when there is a mental health need requiring a qualified practitioner.
* You will draw on and increase the strengths and capacities of local communities, enabling local VCSE organisations and community groups to receive social prescribing referrals. Ensure they are supported, have basic safeguarding processes for vulnerable individuals and can provide opportunities for the person to develop friendships, a sense of belonging, and build knowledge, skills, and confidence.
* You will work together with all local partners to collectively ensure that local VCSE organisations and community groups are sustainable and that community assets are nurtured, for example by making them aware of small grants or micro-commissioning if available, including providing support to set up new community groups and services, where gaps are identified in local provision.

**KEY TASKS**

**Caseload Management**

* Manage and prioritise a caseload, in accordance with the health and wellbeing needs of the PCN population through taking an approach that is non-judgemental, based on strong communication and negotiation skills, while considering the whole person when addressing existing issues.
* Promote and ensure safeguarding of clients, particularly those who may be identified as vulnerable or at risk of harm and follow up on all safeguarding concerns.
* Seek advice and support from the social prescribing team leader, social prescribing colleagues and the GP clinical supervisor to discuss patient-related concerns (e.g., abuse, domestic violence, and support with mental health), referring the patient back to their family GP, Social Services, or other suitable health professional if required.
* Develop and facilitate a range of groups/activities for people to attend which enable them to grow in confidence, develop coping mechanisms, gain additional skills and experience for the purpose of building personal resilience.
* 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.
* Meet clients on a one-to-one basis, or with family or sometimes with a friend, where appropriate, within Primary Health Care (PHD) policies and procedures. You will give people time to tell their stories and focus on ‘what matters to me’.
* Build trust and respect with the client providing non-judgemental and non-discriminatory support, respecting diversity, and lifestyle choices. Work from a strengths-based approach focusing on the person’s assets.
* Be a friendly and engaging source of information about health, wellbeing, and prevention approaches.
* Work with the client, their families and/or carers and consider how they can all be supported through social prescribing.
* Help the client develop independence through learning appropriate life skills and an increased ability to make positive choices to keep safe and well.
* Work with the client to co-produce a simple personalised support plan to address their health and wellbeing needs – based on their goals, 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 they can do for themselves to improve their health and wellbeing.
* Help clients identify the wider issues that impact on their health and wellbeing, such as debt, poor housing, being unemployed, loneliness and caring responsibilities.
* Help people maintain or regain independence through the development of everyday living skills, adaptations, enablement approaches and simple safeguards.
* Manage expectations by explaining clearly 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, accompany people to community groups, activities, and statutory services, ensuring they are comfortable. 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.

**The Service**

* Promote the social prescribing service, its role in self-management, addressing health inequalities and the wider determinants of health.
* As part of the multi-disciplinary team, build relationships with staff in GP Practices within the PCN, attending relevant MDT meetings, giving information and feedback on social prescribing 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.
* Produce appropriate support documentation and literature for a variety of audiences from professional to patients.
* 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 map or 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 any gaps in community provision.
* Encourage people 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.
* Ensure that local community groups and VCSE organisations being referred to have basic procedures in place for ensuring that vulnerable individuals are safe and, where there are safeguarding concerns, work with all partners to deal appropriately with issues. Where such policies and procedures are not in place, support groups to work towards this standard before referrals are made to them.
* Check that community groups and VCSE organisations meet in insured premises and that health and safety requirements are in place. Where such policies and procedures are not in place, support groups to work towards this standard before referrals are made to them.
* Support local groups to act in accordance with information governance policies and procedures, ensuring compliance with the Data Protection Act.
* Support local partners and commissioners to develop new groups and services where needed.

**Data capture**

* Work sensitively with clients, families and/or their carers (when appropriate), to capture key information, enabling tracking of the impact of social prescribing on their health and wellbeing.
* Encourage clients 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 clients 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 Professional development.
* Work with the social prescribing team leader 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.

**Specific requirements**

* A satisfactory Disclosure and Barring check
* Full, clean UK driving licence
* The post-holder is required to have access to their own transport and to travel independently between practice sites across the Network, visit clients in their own homes (when appropriate to do so) and attend in-person and virtual meetings hosted by other agencies.

**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 and Primary Healthcare Darlington (PHD).
* 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.

**Client Services**

* Communicate effectively and sensitively and use language appropriate to clients and families/carers.
* 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 situations and deescalate appropriately.

**Technical and administrative skills**

* Excellent communication skills, verbal and written.
* Knowledge and understanding of IT systems including the ability to use Microsoft Office Suite, including Outlook, carry out basic internet research and the ability to learn how to use SystmOne.
* 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.
* Report any safeguarding concerns to the appropriate authority.

**Training and Education Information**

* Enrolment on appropriate training as set out by Personalised Care Institute (if not already completed) and NHS England.
* 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 Statutory & 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 to all activities.
* Contribute with integrity to teamwork focused on improving quality within PHD.
* 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.
* Contribute to regular 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.
* Take responsibility for own development, learning and performance and demonstrate skills and activities to others who are undertaking similar work.

**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, its member practices and PHD 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 PHD policies and procedures.

**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 PHD to ensure that statutory and departmental regulations are adhered to.

**Equality and Diversity**

PHD is committed to an equality policy which affirms that all staff should be afforded equality of treatment and opportunity in employment irrespective of sex, sexuality, age, marital 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 recognises 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.
* Recognise people’s needs for alternative methods of communication and responds accordingly.

**Personal/Professional Development**

The post-holder will participate in any training programme implemented by PHD 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 Clinical director
* PHD Business & Finance Director
* Living Well Operations Manager
* Social Prescribing Team Leader
* Social Prescribing Link Workers
* Staff working with Practices, e.g., GPs, Practice Managers, Clinicians, HCAs, Allied Health Professionals, Admin staff
* Clients, their families and/or carers
* VCSE organisations and community faith groups
* Patient and public stakeholders including patient participation groups
* Relevant representative committees
* The wider PHD team
* Healthcare providers including NHS, third sector and voluntary providers

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 service develops. PHD will provide training and support as required and identified in annual appraisals/ performance reviews/changes to technology.