

JOB DESCRIPTION

Job Title:	Social Prescriber Link Worker
Hours:	Part time 32 hours
Salary:	£23,966.80 per annum (pro rata to £20,728.04 per annum)
Location:	Community based within GP surgeries
Accountable To:	Reporting to Brighter Futures with a shared clinical supervision for Primary Care Network (PCN)
Responsible For:	The purpose of the Social Prescriber is to support patients in identifying and navigating personalised, innovative opportunities and solutions to support the self-management of their health and social care needs.

Job Summary:

Social prescribing empowers people to take control of their health and wellbeing through referral to '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 diverse 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 diverse partners.

Social prescribing link workers will work as a key part of the 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.

Key responsibilities:

1. Working with direct supervision of a GP, take referrals from a wide range of agencies, including PCNs' GP practices and multi-disciplinary team in 2019/20 and from 2020/21: 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 what 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. Social prescribing link workers 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.

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.

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.
- 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.
- Duties may vary from time to time, without changing the general character of the post or the level of responsibility.

Personal Training and Development:

- Take responsibility for own health & safety, training and development.

Behaviour & Competences:

- Behaviour embodies Brighter Futures values and is within the Code of Conduct in line with policies and philosophies

Hours of Work:

- 32 hours per week (Monday to Friday - flexible hours are a requirement of the post)

Scope:

- Undertake any other duties that may be reasonably requested.

Salary & Benefits:

Salary: £23,966.80 per annum (pro rata to £20,728.04 per annum)
 (27) days annual leave plus 8 additional days
 Group Personal Pension Plan, including life assurance and group income protection
 Health Care Cash Plan
 Occupational Sick Pay
 Staff Counselling Service

PERSON SPECIFICATION

Social Prescriber Link Worker

Person specification – Social Prescribing Link Worker			
Criteria			Desirable
Personal qualities & attributes	Ability to actively listen, empathise with people and provide person-centred support in a non-judgemental way	✓	
	Able to provide a culturally sensitive service, by supporting people from all backgrounds and communities, respecting lifestyles and diversity	✓	
	Commitment to reducing health inequalities and proactively working to reach people from diverse communities	✓	
	Able to support people in a way that inspires trust and confidence, motivating others to reach their potential	✓	
	Ability to communicate effectively, both verbally and in writing, with people, their families, carers, community groups, partner agencies and stakeholders	✓	
	Ability to identify risk and assess/manage risk when working with individuals	✓	
	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	✓	
	Able to work from an asset-based approach, building on existing community and personal assets	✓	
	Ability to maintain effective working relationships and to promote collaborative practice with all colleagues	✓	
	Commitment to collaborative working with all local agencies (including VCSE organisations and community groups). Able to work with others to reduce hierarchies and find creative solutions to community issues	✓	
	Can demonstrate personal accountability, emotional resilience and ability to work well under pressure	✓	

	Ability to organise, plan and prioritise on own initiative, including when under pressure and meeting deadlines	✓	
	High level of written and oral communication skills	✓	
		✓	
	Understanding of the needs of small volunteer-led community groups and ability to support their development	✓	
	Able to provide motivational coaching to support people's behaviour change	✓	
	Knowledge of, and ability to work to, policies and procedures, including confidentiality, safeguarding, lone working, information governance, and health and safety		
Qualifications & training	NVQ Level 3, Advanced level or equivalent qualifications or working towards	✓	
	Demonstrable commitment to professional and personal development	✓	
	Training in motivational coaching and interviewing or equivalent experience		✓
	Experience of working directly in a community development context, adult health and social care, learning support or public health/health improvement (including unpaid work)	✓	
	Experience of supporting people, their families and carers in a related role (including unpaid work)		
	Experience of supporting people with their mental health, either in a paid, unpaid or informal capacity	✓	
	Experience of working with the VCSE sector (in a paid or unpaid capacity), including with volunteers and small community groups	✓	
	Experience of data collection and using tools to measure the impact of services	✓	
	Experience of partnership/collaborative working and of building relationships across a variety of organisations	✓	
Skills and knowledge	Knowledge of the personalised care approach	✓	
	Understanding of the wider determinants of health, including social, economic and environmental factors and their impact on communities, individuals, their families and carers	✓	
	Understanding of, and commitment to, equality, diversity and inclusion.	✓	
	Knowledge of community development approaches	✓	

	Knowledge of IT systems, including ability to use word processing skills, emails and the internet to create simple plans and reports	✓	
	Local knowledge of VCSE and community services in the locality		✓
	Knowledge of how the NHS works, including primary care		✓
Other	Meets DBS reference standards and criminal record checks	✓	-
	Willingness to work flexible hours when required to meet work demands	✓	
	Access to own transport and ability to travel across the locality on a regular basis, including to visit people in their own homes	✓	

NB: The above job description and person specification align with the requirements set out in the Network Contract DES.

**Core Competencies
(Up to Deputy Manager)**

	<u>Descriptor</u>
Communication and Clarification	Presents clear messages using a range of techniques. Identifies active listening as a key component to effective communication. Appropriately influences others. Is concise and persuasive with a wide range of audiences. Effectively promotes Brighter Futures values, purpose and services.
Creativity, Innovation & Adaptability	Proactively sources and develops ideas. Solves problems, bringing improvements to services and resources. Modifies style and approach to achieve goals and effectiveness.
Commitment & Customer Focus	Committed to and focused on the views and needs of customers and other stakeholders. Ensures that customer needs are at the core of Brighter Futures service provision and take a non-judgemental approach to issues. Remains resilient and positive in seeing things through.
Relationships & Team Working	Develops and maintains positive relationships with a variety of people. Appropriately networks internally and externally for the benefit of Brighter Futures, its services and customers. Displays self-awareness, respect and integrity in all relationships.
Respect, Integrity & Open Mindedness	Understands and works within Brighter Futures commitment to equality and diversity. Respects and values the diversity of colleagues, customers and the wider operational environment. Understands and respects other people's points of view. Demonstrates commitment to enhancing and developing Brighter Futures services in line with principles of equality and diversity.
Accountability, Self-Reflection & Development	Takes ownership, meets responsibilities and honours commitments. Is open and committed to continuous development. Applies new information and learns from experiences. Shares knowledge and learning and recognises own strengths and areas for development. Is open to receiving feedback about own performance. Can identify and discuss own mistakes and failings and takes steps to rectify them to improve performance. Presents a calm, competent and professional image to customers and other employees.
Managing Change	Is proactive, responsive and adaptable. Translates plans for change into operational plans, developing and managing the process for optimum results. Appropriately responds to and effectively manages and engages others through change. Constructively and appropriately challenges change appreciating Brighter Futures need to remain flexible and break from tradition for the benefit of the customers and the mission of the organisation. Remains resilient and sees things through and is able to remain effective under pressure.
Leadership, Management and Coaching (Managers Only)	Leads, inspires and engages staff to own and deliver on Brighter Futures vision and goals. Sets a strong example for other staff to follow. Establishes and communicates clear performance goals, standards and expectations at all levels, identifies and produces reliable factual evidence of progress against these. Gives regular feedback, coaches and supports others to develop to their full potential. Efficiently identifies and resolves conflicts within relationships to prevent disagreements from arising.
Awareness of Operating Environment (Managers Only)	Demonstrates awareness and understanding of Brighter Futures position within the external environment for services and funding. Actively puts in place plans, and encourages ideas from staff, to save money, enhance efficiency and maximise income and implements appropriate plans to meet challenges.