Social Prescribing Link Worker for Larwood and Bawtry Primary Care Network

Bassetlaw Community and Voluntary Service (BCVS)
Hours: 18.75 hours per week (days and hours to be agreed)
Salary: £12,992.02 (based on £25,984.04 FTE)
Accountable to: Head of Service (BCVS) and Supervising GP

General Role Description

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 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.

The Social Prescribing Link Worker is a key part of the primary care network (PCN) multi-disciplinary team in a complex, ever changing environment. Voluntary and community involvement is becoming more critical in demand management, self-care and the wider health and wellbeing of the community of Bassetlaw. Social prescribing can help PCNs to strengthen community and personal resilience and reduces health 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 communities. Particularly for Bassetlaw, it works for people with long term conditions (including support for mental health), and those people who are lonely or isolated.

As such, the role requires someone with strong inter-personal skills, sound knowledge of the voluntary and community sector and social care environment, and someone who is both well organised and capable of operating at strategic and operational levels.

Key Responsibilities and Deliverables

1. Respond to incoming referrals from a wide range of agencies, including PCN's GP practices and multi-disciplinary teams, pharmacies, hospital discharge teams, allied health professionals, fire service, police, job centres, social care services, housing associations, and CVS organisations (list not exhaustive) and self-referrals. Offering a bespoke service of support to navigate systems to meet individuals' health and wellbeing needs.
2. Support and, where appropriate, lead project work within BCVS and local partnerships.
3. Effective regular liaison/communication with Larwood and Bawtry GP Practices and statutory partners, providing a two-way link with the voluntary and community sector. Provide support to develop effective and sustainable relationships with patients, the public and the voluntary and community sector. Working in partnership to raise awareness of social prescribing and its benefits in reducing pressure on statutory services and improving health outcomes, proactively encouraging appropriate referrals.
4. 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 support and guidance.
5. Provide personalised support to service users, their families and carers to take control of their health and wellbeing, live independently and improve their health outcomes. 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 community groups and local health and social care services.

6. 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 social prescribing link worker role – e.g. mental health need requiring a qualified practitioner.
7. Draw on and increase the strengths and capacities of local communities, supporting development of local voluntary organisations, social enterprise and community groups to enable them to receive social prescribing referrals.
8. Alongside other members of the PCN multi-disciplinary team, work collaboratively with all local partners to contribute towards supporting the local CVS 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. Explore and promote funding opportunities for relevant voluntary organisations and community groups from national, regional and local sources.
9. Working in partnership to raise awareness of social prescribing and its benefits in reducing pressure on statutory services and improving health outcomes.

Key Tasks

Referrals

- Build relationships with staff in GP practices within the PCN and attend relevant MDT meetings, giving information and feedback on social prescribing.
- Promote social prescribing, its role in self-management, and the wider determinants of health. Encouraging appropriate referrals, and self-referrals.
- Connect with local communities, particularly those that statutory agencies may struggle to reach.

Provide Personalised Support

- Meeting patients on a one-to-one basis, including home visits. Giving time for the patient to tell their story and focus on what matters to them. Build trust and provide non-judgemental support, respecting diversity, culture, and lifestyle choices.
- Help patients to identify the wider issues that impact on their health and wellbeing, such as debt, poor housing, being unemployed, loneliness and caring responsibilities. Being a friendly source of information about health, wellbeing and prevention approaches.
- Work with individuals to co-produce a simple personalised support plan – based on their priorities, interests, values and motivations – include what they can expect from the groups/activities/services they are being connected to, as well as self-help advice. Help the patient to maintain or regain independence through acquiring living skills, adaptations, enablement approaches and simple safeguards.
- Consider the patients families and carers, including how they could all be supported through social prescribing.

- Where appropriate offer a “hand holding” service, physically introducing patients to community groups, activities or services, ensuring they are comfortable.
- Explore the option of Personal Health Budgets for those who are eligible, as a way of providing funded, personalised support to be independent.
- Seek advice and support from the GP supervisor 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 CVS organisations to receive referrals

- Maintain and forge strong links by networking and engagement with relevant voluntary and community sector organisations. Provide a voice for the sector by co-ordinating a collective response to influence change and shape services.
- Develop supportive relationships with local CVS organisations, community groups and statutory services, to make timely, appropriate and supported referrals for the person being introduced.
- Support the maintenance of Bassetlaw Place Based Partnership/Bassetlaw CVS information website and internal CRM and databases.

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

- Work with commissioners and local partners to identify unmet needs within the community and gaps in community provision.
- Experience of community fundraising and of writing successful applications/tenders, including evaluation.
- Encourage patients, their families and carers, who have been connected to community support through social prescribing to volunteer and give their time freely to others, providing peer support, building their skills and confidence, and strengthening community resilience.
- Attendance at relevant BCVS internal and external events/meetings, as well as conferences and training events to promote social prescribing.
- 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 patients, their families and carers to capture key information, enabling tracking of the impact of social prescribing on their health and wellbeing.
- Encourage feedback and ‘good news’ stories about the impact social prescribing has had on patients, their families and carers.
- Work closely with the GP practices within the PCN to ensure that the social prescribing referral codes are input into the clinical systems, adhering to data protection legislation and data sharing agreements.
- Production of relevant reports to both the Head of Service of BCVS and other statutory partners.

Professional Development

- Working with the supervising GP to undertake continual personal and professional development.
- Adhere to organisational policies and procedures including confidentiality, safeguarding, lone working, information governance and health and safety.
- Maintain the confidentiality of sensitive personal and organisational information, in line with the organisation's confidentiality policy.
- Work with the supervising GP to access regular 'clinical supervision' to enable effective management of the difficult issues that people present.

Miscellaneous

- Work as part of the healthcare team to seek feedback for continuous service improvement.
- Flexibility is required within the remit of this post and additional duties may be required from time to time, including evenings and weekends.
- Duties may vary from time to time, without changing the general character of the post or the level of responsibility.

Current meetings/committee responsibilities

1. Involvement in practice MDTs as required
2. Involvement in PCN meetings as required
3. Involvement in the ICB engagement forums as appropriate to the role

Bassetlaw Community and Voluntary Service

Social Prescribing Link Worker Larwood
Job Specification

	Method	Essential	Desirable
Experience, Education, Training			
Educated to degree level (or equivalent)	Application		Y
Demonstrable commitment to professional and personal development	Application	Y	
Knowledge & experience of voluntary/community sector	Application/Interview	Y	
Experience of working with statutory agencies including the NHS	Application/Interview	Y	
Experience of supporting people, their families and carers in a related role (paid or voluntary)	Application/Interview	Y	
Training in motivational interviewing or equivalent experience	Application		Y
Experience of data collection and using tools to measure the impact of services	Application/Interview	Y	
Experience of community fundraising and of writing successful applications/tenders, including evaluation	Application/Interview		Y
Professional Competence/Skills			
Ability to actively listen, empathise with people and provide person-centred support in a non-judgmental way	Application/Interview	Y	
Able to support people in a way that inspires trust and confidence	Application/Interview	Y	
Ability to work on own initiative, organising and planning workload	Application/Interview	Y	
Ability to work in a flexible, non-hierarchical environment	Application/Interview	Y	
Strong networking/interpersonal skills, with ability to promote collaborative practice with all colleagues, local CVS and community groups	Application/Interview	Y	
Ability to communicate effectively, both verbally and in writing with a wide range of people including patients, their families and carers, and professionals	Application/Interview	Y	
Strong organisational skills	Application/Interview	Y	
Experience of supervising staff and volunteers	Application/Interview		Y
Able to work from an asset-based approach, building on existing community and personal assets, finding creative solutions to community issues	Application/Interview	Y	

IT Skills, including ability to use word processing skills, emails and the internet to create simple plans and reports	Application	Y	
Understanding of the wider determinants of health, including social, economic and environmental factors and their impact on communities, individuals, their families and carers.	Application/Interview	Y	
Knowledge of social prescribing and the personalised care approach	Application/Interview	Y	
Personal Qualities			
Able to get along with people from varied backgrounds and communities, respecting lifestyles and diversity	Application/Interview	Y	
Demonstrate personal accountability, emotional resilience and ability to work well under pressure	Application/Interview	Y	
Able to work enthusiastically within a team or alone	Application/Interview	Y	
General			
Ability to drive/car owner, or willing and able to travel across the locality on a regular basis	Application/Interview	Y	
Flexibility around working	Application/Interview	Y	
Must be able to work in a small flexible team	Application/Interview	Y	