

JOB DESCRIPTION

Job title:	Social Prescribing Link Worker
Hours:	Various
Pay:	£25,357.14 Pro rata
Location:	Various
Reports to:	Clinical Director
Line manager for:	N/A

Summary of main job purpose:	<p>Working under direct supervision of a GP Lead provide social prescribing that empowers people to take control of their health and wellbeing and shift the focus back to what matters to them. Taking a holistic approach to an individual's health and wellbeing, connecting people to community groups and statutory services for practical and emotional support. You will also support existing groups to be accessible and sustainable and work collaboratively with all local partners.</p> <p>You will work as a key part of the primary care network (PCN) multi-disciplinary team, helping PCNs to strengthen community and personal resilience and reducing 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.</p>
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Principal tasks

1. Take referrals from the PCNs' GP practices and multi-disciplinary teams in 2019/20. From 2020/21 this referral pathway will increase to take referrals from local 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. Self-referral is also encouraged.
2. As a key member of the PCN multi-disciplinary team, you will provide personalised support to individuals, their families and carers to take control of their health and wellbeing, live independently and improve their health outcomes. You will 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.
3. Co-produce a simple personalised care and support plan to improve health and wellbeing, introducing or reconnecting people to community groups and statutory services.
4. Meet people on a one-to-one basis, making home visits where appropriate within organisations' policies and procedures.
5. Managing and prioritising your own caseload, in accordance with the needs, priorities and any urgent support required by individuals. 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.

6. Working closely with the voluntary and community sector, draw on and help to increase the strengths and capacities of local communities, enabling local VCSE organisations and community groups to receive social prescribing referrals.
7. Alongside other members of the PCN multi-disciplinary team, work towards supporting the local VCSE organisations and community groups to become sustainable.
8. Work with commissioners and local partners to identify unmet needs within the community and gaps in community provision.
9. Represent the PCN and CNC professionally at all times.
10. Ensure that community assets are nurtured, through sharing intelligence regarding any gaps or problems identified in local provision.
11. Champion Social Prescribing and support 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.
12. Build positive relationships that promote a two-way referral process with statutory services, other providers, charities and groups; identify gaps in services for clients
13. Be proactive in developing strong links with local agencies to encourage referrals, recognising what they need to be confident in the service to make appropriate referrals.
14. 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.
15. Working closely with voluntary sector partners, 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.
16. Support local groups to act in accordance with information governance policies and procedures, ensuring compliance with the Data Protection Act.
17. Work closely within the Multi-Disciplinary Teams 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.
18. 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.
19. Encourage people, their families and carers to provide feedback and to share their stories about the impact of social prescribing on their lives to inform case studies.
20. Work with your supervising GP a to undertake continual personal and professional development.
21. Work closely with the voluntary and community sector to ensure you keep up to date with any developments within the organisation and the wider local voluntary sector.

22. Adhere to organisational policies and procedures within the PCN, including confidentiality, safeguarding, lone working, information governance, and health and safety.
23. Work with your supervising GP to access regular 'clinical supervision', to enable you to deal effectively with the difficult issues that people present.
24. Work as part of the healthcare team to seek feedback, continually improve the service and contribute to business planning.
25. 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.
26. Duties may vary from time to time, without changing the general character of the post or the level of responsibility.

Any special conditions

Hours: You will work a 37.5 hour week or part time hours as specified, Monday to Friday, using flexi-time (there is no overtime payment). You will arrange your hours to suit the workload, mostly during normal office hours, but occasionally evening or weekend work is required for activities such as meeting community groups or attending events.

DBS: A satisfactory enhanced level Disclosure & Barring Service check.

References: Two satisfactory references

Driving: You will be required to use your own car for work, and to be insured accordingly. A mileage allowance (45p per mile) will be paid for essential travel in connection with work from your main base

PERSON SPECIFICATION

Job title:	Social Prescribing Link Worker
Qualifications & Training	<p>Essential criteria</p> <ol style="list-style-type: none"> 1. NVQ Level 3, Advanced level or equivalent qualifications or working towards 2. Demonstrable commitment to professional and personal development <p>Desirable criteria</p> <ol style="list-style-type: none"> 1. Training in motivational coaching and interviewing, strength based questioning or equivalent experience
Experience	<p>Essential criteria</p> <ol style="list-style-type: none"> 1. Experience of working directly in a community development context, adult health and social care, learning support or public health/health improvement (including unpaid work) 2. Experience of supporting people, their families and carers in a related role (including unpaid work) 3. Experience of working with the VCSE sector (in a paid or unpaid capacity), including with volunteers and small community groups 4. Experience of partnership/collaborative working and of building relationships across a variety of organisations 5. Experience of volunteering or working with volunteers <p>Desirable criteria</p> <ol style="list-style-type: none"> 1. Experience of supervising volunteers. 2. Experience of supporting people with their mental health, either in a paid, unpaid or informal capacity 3. Experience of data collection and using tools to measure the impact of services
Knowledge	<p>Essential criteria</p> <ol style="list-style-type: none"> 1. Knowledge of the personalised care approach 2. Understanding of the wider determinants of health, including social, economic and environmental factors and their impact on communities, individuals, their families and carers 3. Knowledge of community development approaches 4. Knowledge of IT systems, including ability to use word processing skills, emails and the internet to create simple plans and reports 5. Knowledge of how the NHS, voluntary and statutory sector works, including primary care <p>Desirable criteria</p> <ol style="list-style-type: none"> 1. Local knowledge of VCSE and community services in the locality 2. Work with groups or committees.
Skills	<p>Essential criteria</p> <ol style="list-style-type: none"> 1. Can organise and prioritise own work. 2. Good social skills in formal and informal settings, maintaining ethical and organisational norms. 3. Presents information effectively (informative, interesting and persuasive) to a range of audiences 4. Can solve practical problems and deal with a range of variables 5. Can influence and motivate people <p>Desirable criteria</p> <ol style="list-style-type: none"> 1. Use of System One, similar customer record management (CRM) software

Aptitude & characteristics**Essential criteria**

1. Enthusiastic about supporting individuals and communities. Committed to equality and social inclusion.
2. Able to support people in a way that inspires trust and confidence, motivating others to reach their potential
3. Ability to communicate effectively, both verbally and in writing, with people, their families, carers, community groups, partner agencies and stakeholders
4. Able to work from an asset-based approach, building on existing community and personal assets.
5. Ability to actively listen, empathise with people and provide person-centred support in a non-judgemental way
6. Commitment to reducing health inequalities and proactively working to reach people from all communities
7. Ability to maintain effective working relationships and to promote collaborative practice with all colleagues
8. Ability to identify risk and assess/manage risk when working with individuals
9. Can demonstrate personal accountability, emotional resilience and ability to work well under pressure
10. Accepts direction, but uses initiative and prioritises work effectively.
11. Dependable and a good time-keeper.
12. Able to prioritise competing activities.
13. 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
14. Ability to organise, plan and prioritise on own initiative, including when under pressure and meeting deadlines
15. Knowledge of, and ability to work to, policies and procedures, including confidentiality, safeguarding, lone working, information governance, and health and safety