Unit 6
The Incubator
The Boulevard
Enterprise Campus
Alconbury Weald
PE28 4XA

Social Prescriber

Reporting to: PCN Manager
Salary: dependent on experience
Benefits: 28 days annual holiday (pro rata for part-time staff)
Location: West Cambs Federation (Alconbury Weald) and A1 PCN Practice Locations (Alconbury and Brampton)
Hours of Work: 37.5 hours per week

About West Cambs Federation

West Cambs Federation exists to support the delivery of Primary Care across Fenland and Huntingdonshire. Our vision is to be the at scale provider and employer of choice for Primary Care services across our area. As an ambitious organisation, we have delivered significant growth on the last 2 years and continue to do so.

Purpose of the role

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

- Take referrals or bookings from GP practices within the Primary Care Network; provide consultations with people (and possibly carers or appointed chaperone) within GP Practices, private addresses, public places and other community settings
- 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 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 personalised support plan to improve health and wellbeing, introducing or reconnecting people to community groups and statutory services.
- Integrate into and form part of General Practice/Primary Care Network teams to provide the support needed in those communities they serve.
- Liaise and communicate with Patients, Carers, Advocates, Health and Social Care professionals, voluntary sector and stake-holders involved the wellbeing of your caseload and communities.
- Be proactive in developing strong links with all local agencies to encourage the growth of the Social Prescriber role with the community.
- Build relationships with key staff in the Federation and GP practices within the local Primary Care Network (PCN), attending relevant meetings, becoming part of the wider network team, providing case load reports, case studies and feedback on social prescribing.
- 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.

Referrals

- Promoting social prescribing, its role in self-management, and the wider determinants of health.
- Build relationships with key staff in GP practices within the local Primary Care Network (PCN), attending relevant meetings, becoming part of the wider network team, 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 outcomes and enable a holistic approach to care.
- Provide teams within the PCN 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

Provide personalised support

- Meet people on a one-to-one basis. Give people time to tell their stories and focus on 'what matters to me'. Build trust with the person, providing non-judgemental support, respecting diversity and lifestyle choices. Work from a strength-based approach focusing on a person's assets.
- Be a friendly source of information about 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 (if relevant) 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 – based on the person's priorities, interests, values 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 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.

Support community groups and VCSE organisations to receive referrals

- Forge strong links with 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 community groups and assets. Use these opportunities to promote micro-commissioning or small grants if available.
- Develop supportive relationships with local VCSE organisations, community groups and statutory services, to make timely, appropriate and supported referrals for the person being introduced.
- 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.

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

- Support local partners and commissioners to develop new groups and services where needed, through small grants for community groups, micro-commissioning and development support.
- Encourage people who have been connected to community support through social prescribing to volunteer and give their time freely to others, in order to build their skills and confidence, and strengthen 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.
- 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.

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.
- Support referral agencies to provide appropriate information. Use the case management system to track the person's progress. Provide appropriate feedback to referral agencies about the people they referred.
- Work closely with GP practices within the PCN to ensure that social prescribing referral codes are inputted to SystmOne (GP Clinical database) so that the person's use of the NHS can be tracked, adhering to data protection legislation and data sharing agreements with the clinical commissioning group (CCG).

Professional development

- Adhere to organisational policies and procedures, including confidentiality, safeguarding, lone working, information governance, and health and safety.
- Work with your line manager to access regular 'clinical supervision', to enable you to deal effectively with the difficult issues that people present.
- Work as part of the team to seek feedback, continually improve the service and contribute to business planning.
- 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.

Confidentiality

The post holder may have access to confidential information relating to patients, their carer's, practice staff and other healthcare workers. They may also have access to information relating to the Federation as a business organisation. 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 Federation may only be divulged to authorised persons in accordance with the Federations policies and procedures relating to confidentiality and the protection of personal and sensitive data.

Health and Safety

The post holder will assist in promoting and maintaining their own and other's health, safety and security as defined in the Health & Safety Policy of the employing practice.

Equality and Diversity

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 the practice procedures and policies and current legislation. Respecting the privacy, dignity, needs and beliefs of patients, carers and colleagues.

This job description is not an exhaustive list and you may be required to undertake duties commensurate with your level and pay grade.

CV's to be sent to hrqueries@westcambsfed.nhs.uk

Person Specification – Social Prescriber		
Qualifications	**Essential**	**Desirable**
Educated to GCSE level or equivalent	✓	
Health & Well-being qualification		✓
NVQ Level 2 in Health and Social Care or other relevant professional experience		✓
Training in motivational coaching and interviewing or equivalent experience.	✓	
Demonstrate commitment to continuous professional development.	✓	
Experience	**Essential**	**Desirable**
Experience of working with the general public	✓	
Experience of working in a healthcare setting or in the leisure industry / public / voluntary sector	✓	
Experience of delivering lifestyle changes interventions		✓
Experience of working with vulnerable people		✓
Experience of working as a health advisor / trainer		✓
Experience of partnership/collaborative working and of building relationships across a variety of organisations	✓	
Skills	**Essential**	**Desirable**
Excellent communication skills (written and oral)	✓	
Strong IT skills, including the ability to create simple plans and reports.	✓	
Clear, polite telephone manner	✓	
Competent in the use of Office and Outlook	✓	
Effective time management (planning and organising)	✓	
Ability to work as a team member and autonomously	✓	
Excellent interpersonal skills	✓	
Problem-solving & analytical skills	✓	
Ability to follow policy and procedure	✓	
Knowledge	**Essential**	**Desirable**
General understanding of personalised care, well-being, community services and developments.		✓
Good understanding of interventions, behavioural and motivational change methodologies		✓
Good understanding of social prescribing		✓
Knowledge and understanding of environmental factors, and their impact on communities.		
Personal qualities and attributes	**Essential**	**Desirable**
Polite and confident	✓	
Ability to listen, empathise with people and provide person-centred support in a non-judgemental way	✓	
Ability to get along with people from all backgrounds and communities, respecting lifestyles and diversity	✓	

Ability to support people in a way that inspires trust and confidence, motivating others to reach their potential	✓	
Ability to work flexibly and enthusiastically within a team or on own initiative	✓	
Motivated	✓	
Forward thinker	✓	
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 to other health professionals/agencies e.g. when there is a mental health need requiring a qualified practitioner	✓	
High levels of integrity and loyalty, ability to maintain effective working relationships and to promote collaborative practice with all colleagues	✓	
Knowledge of and ability to work to policies and procedures	✓	
Aware of NHS policies of confidentiality, safeguarding, lone working, information governance, and health and safety		✓
Ability to plan and prioritise on own initiative, including when working under pressure and meeting deadlines	✓	
Other requirements	**Essential**	**Desirable**
Disclosure Barring Service (DBS) check	✓	
Willingness to work flexible hours when required to meet work demands.	✓	
Full UK driving licence, access to own transport and ability to travel across the network on a regular basis, including to visit people in their own home.	✓	