



## **JOB DESCRIPTION**

<b>JOB TITLE:</b>	Social Prescriber Link Worker (Part Time)
<b>EMPLOYED BY:</b>	High Peak CVS
<b>LOCATION:</b>	Combined Home, Office and Remote working: Office Location: Whaley Bridge, High Peak, SK23 7HX but expected to work flexibly across all eight GP Surgeries.
<b>SALARY:</b>	£25,032p/a pro rata (Actual £14,884 pa) 5% employer pension contribution subject to employee contribution.
<b>WORKING HOURS:</b>	22 hours per Week
<b>RESPONSIBLE FOR:</b>	To deliver a Social Prescribing service across the High Peak
<b>REPORTING TO:</b>	Social Prescribing Manager

### **SUMMARY OF POST:**

Social Prescribing aims to increase people's active involvement in their local communities. It can strengthen resilience at both a personal and community level, and it reduces health and wellbeing inequalities by supporting people to address the wider determinants of health such as; debt, poor housing and physical inactivity, including vulnerable adults. Particularly for High Peak, it works for people with long term conditions (including support for low level mental health) and those people who are lonely or isolated.

This role aims to develop and deliver a Social Prescribing service across the High Peak that will link patients referred from GP surgeries in the High Peak Primary Care Network with appropriate services and support from statutory, local community and voluntary non-profit sector, service providers.

### **MAIN DUTIES AND RESPONSIBILITIES**

- Take referrals from GP practices working closely with Care Co-Ordinators
- Undertake home visits, co-producing wellbeing action plans, focussing on asset building, prevention and self-management.
- Provide personalised support to individuals, involving their families and carers, where possible, to take control of their wellbeing, live independently and improve their health outcomes. Develop trusting relationships and taking a holistic approach, based on the person's priorities and the wider determinants of health.

- Be creative in finding solutions that harness assets and resources which are already available and are low cost/non funding-dependent.
- Co-produce a personalised action plan to improve health and wellbeing, introducing or reconnecting people to community groups and statutory services.
- Have a strong awareness and understanding of when it is appropriate or necessary to refer people back to the referrer with recommendation or to statutory organisations.
- Work with the development team at HPCVS to draw on and increase the strengths and capacities of local communities, enabling local voluntary organisations and community groups to receive social prescribing referrals.
- Support the local mapping of community-based services, assets and services in support of personalised care available, to facilitate independence and build on individual capacity and resilience.

## **REFERRALS**

- Promoting social prescribing, its role in self-management, and the wider determinants of health.
- Build professional relationships with key staff in GP practices within the local Primary Care Network (PCN)
- Attend relevant meetings such as, MDT's to become part of the wider network team, giving information and feedback on social prescribing.
- 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 GP practices with regular updates about social prescribing, including training for their staff and how to access information and proactively encouraging appropriate referrals.
- 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.
- Seek regular feedback about the quality of service and impact of social prescribing.

## **PERSONALISED SUPPORT**

- Decide on the most appropriate place to meet people: this may be at a 'clinic' held at the practice, a home visit or appropriate community venue.
- Meet people on a one-to-one basis, making home visits (or most appropriate place). Build trust with the person, providing non-judgemental support and respecting diversity and lifestyle choices. Work from an asset-based approach focusing on a person's strengths.

- 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 loneliness, self care, poverty, poor housing, being unemployed, and caring responsibilities and link them to appropriate services and support.
- Work with the person, their families and carers to develop an effective and realistic wellbeing action plan.
- Help people maintain or regain independence through living skills, adaptations, enablement approaches and simple safeguards.
- Work with individuals to co-produce a simple personalised action plan – based on the person’s priorities, interests, values and motivations – including what they can expect from the groups, activities and services they will be connected to and what the person can do for themselves to improve their health and wellbeing.
- Explore the option of Personal Health Budgets for those who are eligible, as a way of providing funded, personalised support to be independent.
- 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.
- Seek advice and support from the GP clinical 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 AND VOLUNTARY GROUPS**

- Forge strong links with local voluntary and community organisations 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.
- Develop supportive relationships with local voluntary and community organisations, community groups and statutory services, to make timely, appropriate and supported referrals for the person being introduced.
- Work with commissioners and local partners to identify unmet needs within the community and gaps in community provision.
- 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 HPCVS internal and external events/meetings, as well as conferences and training events to promote social prescribing.
- Contributing to regular ‘surveying’ of community groups receiving referrals to ensure that they stay strong, sustained and have the support they need to be part of social prescribing.

## **DATA PROCESSING AND RECORDING**

- 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.
- Follow agreed and set processes to record data and demonstrate clear outcomes and impact in line with funding requirements.
- Adhere to GDPR and Data Protection requirements at all times.
- Production of relevant reports to both the Line Manager and other if appropriate.

## **PROFESSIONAL DEVELOPMENT**

- Work with your line manager to undertake continual personal and professional development, taking an active part in reviewing and developing the roles and responsibilities.
- Undertake relevant training as required.
- Work with your line manager to access 'clinical supervision', to enable you to deal effectively with the difficult issues that people present.
- Engage in developing professional relationships with the wider team.
- Promote positive attitude to team efforts.
- Work to demonstrate effective, professional and respectful communication within the team and organization.
- Adhere to organisational policies and procedures, including confidentiality, safeguarding, lone working, information governance, and health and safety.

## **GENERAL**

- Completing relevant administrative tasks including record keeping, producing written reports and monitoring of activities.
- Contributing to the core functions of High Peak CVS
- Undertaking other appropriate tasks as may be required from time-to-time.
- Carrying out work in line with agreed policies and procedures.
- Attend supervision, annual review, and team meetings as required.

- Some flexibility is required as attendance at evening and weekend meetings and events may be necessary occasionally.
- Travel is a vital part of the role across the whole of the High Peak.

### **MANAGEMENT**

The staff of CVS are ultimately responsible to the Board of Trustees which is made up of volunteers. Day to day management responsibilities are delegated to the Chief Executive. The Chief Executive Officer reports to the Chair of Trustees.

### **CONDITIONS**

This is a permanent contract based on 22 hours per week.

#### **Disclosure and Barring Service Check**

This post is subject to the Rehabilitation of Offenders Act (Exceptions Order) 1975. As such, it will be necessary for a disclosure submission to the Disclosure and Barring Service (formerly known as CRB) to check for any previous criminal convictions.

### **POLICIES AND PROCEDURES**

You are required to make yourself aware of, understand and act on, your obligations to yourself, to work colleagues, to CVS, to our customers and other stakeholders and adhere to all CVS policies and procedures at all times.