

<b>Job Title:</b>	Social Prescribing Team Leader
<b>Based at:</b>	West Lancs CVS, Certacs House, 10-12 Westgate, Skelmersdale, Lancs WN8 8AZ
<b>Responsible to:</b>	West Lancs CVS Operations Manager/ West Lancashire GP Federation Operations Manager
<b>Reporting to:</b>	Social Prescribing Service Lead
<b>Job Purpose:</b>	Working with the Social Prescribing team based within WLCVS, the role includes being responsible for a team of Social Prescribing Link Workers to ensure the smooth running of the Social Prescribing Service in West Lancashire. The role will include visiting individuals who have been referred to the project by GPs, NHS staff or other agencies, on a one to one basis, accessing their holistic situation and supporting and improving their health and wellbeing with non-medical intervention, such as linking them to activities and opportunities within the VCF (Voluntary Community and Faith) sector.
<b>Salary:</b>	£25,500 dependant on experience
<b>Post Status:</b>	Permanent
<b>Hours:</b>	35 (Job share will be considered)

**Role Summary:**

The post holder will work in collaboration with West Lancashire Council for Voluntary Services (CVS) and West Lancashire Network Plus to deliver a coordinated and high-quality social prescribing Link Worker service – supporting clients to access and engage with the extensive range of support in the community.

The post holder will be responsible for providing leadership to the Social Prescribing Link Workers in the neighbourhood team. This will include support with training and development, ongoing monitoring of capacity and providing supervision for the Link Workers if necessary. Social Prescribing is now delivered in all three West Lancashire neighbourhoods and therefore will provide an excellent opportunity for an individual to be involved in developing the operational aspects of the service across the borough.

As well as providing leadership to the Social Prescribing team the post holder will manage a caseload of clients through assessment to onward-referral, working with clients in the practice that have been referred by the GP. They will provide ongoing support for an allocated timeframe to promote engagement with identified services and achievement of goals.

The role requires extensive liaison with statutory and non-statutory services, to both generate referrals into the service and support access to relevant local services, so that seamless and joined up local services are provided for the individual. The post holder will have demonstrable high levels of emotional intelligence, with working practices based upon compassion and empathy.

In addition, the post holder will contribute to the development of the service and will participate in support, supervision and training as required.

## **Key responsibilities**

- The main focus for the post holder is to understand the operational delivery requirements and to support the Service Lead to ensure, quality of provision, team supervision and representation of the sector at neighbourhood level
- Take referrals from and make referrals to a wide range of agencies within Primary Care Networks
- Co-produce personalised support plans with individuals, their families and carers to take control of their wellbeing, live independently and improve their health outcomes.
- Developing 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.
- 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.

## **Key Tasks**

### **Referrals**

- 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.
- Work with the practice and community staff, to identify and support individuals at risk of loss of independence or hospital admission as a result of inadequate social support.
- Seek regular feedback about the quality of service and impact of social prescribing on referral agencies.
- Be proactive in encouraging self-referrals and connecting with all local communities, particularly those communities that statutory agencies may find hard to reach.
- Provide referral agencies with regular updates about social prescribing, including training for their staff and how to access information to encourage appropriate referrals.
- Provide feedback to referral agencies if it is found that the individuals that they are referring to the scheme do not meet the requirements
- Ensure that referrals received are distributed amongst the team in an equitable manner
- Ensure that the Social Prescribing Link Workers are picking up referrals in an appropriate timeframe as well as keeping case notes up to date and accurate
- Monitor the capacity within the team and ensure that referral agencies are updated with any delay in service provision

### **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'.
- Help people identify the wider issues that impact on their health and wellbeing, such as debt, poor housing, being unemployed, loneliness and caring responsibilities.

- Develop a comprehensive knowledge of wider support services for people with non-clinical needs that impact on their wellbeing and health outcomes, such as social isolation, wellbeing, housing, unemployment, welfare benefits.
- 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.
- The post holder will be required to have awareness and training in relation to relevant safeguarding policies and procedures and to raise any concerns regarding safeguarding on the individual to the attention of the relevant nominated lead within the team.

#### **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.
- Develop supportive relationships with local VCSE organisations, 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**

- Ability to represent the VCSE sector and Social Prescribing at neighbourhood meetings, providing updates and contributing to conversations about improving health inequalities for a whole population with other partners in the neighbourhood.
- Work with GPs, PCNs and wider Multi-Disciplinary teams as required.
- Work with commissioners and local partners to identify unmet needs within the community and gaps in community provision and support development of new groups and services where needed.
- 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.
- 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 GDPR.

#### **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. Use the case management system to track the person's progress.
- Work closely with GP practices within the PCN to ensure that they are receiving appropriate feedback about the people they have referred.
- Assist with monthly or quarterly data collection and submission to the PCNs and CCG for governance and performance purposes
- Manage own workload through planning and organising own work schedule, obtaining and organising the necessary information and resources.

### Health & Safety

The post holder must be aware of the responsibilities placed on them under the Health and Safety at Work Act (1974) to ensure that the agreed procedures are carried out to maintain a safe environment for patients, visitors and staff.

The post holder will assist in promoting and maintaining their own and others' health, safety and security as defined in the Practice Health & Safety Policy, to include:

- Using personal security systems within the workplace according to practice guidelines;
- Identifying the risks involved in work activities and undertaking such activities in a way that manages those risks;
- Making effective use of training to update knowledge and skills;
- Using appropriate infection control procedures, maintaining work areas in a tidy and safe way and free from hazards;
- Reporting potential risks identified.

### 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 is welcoming to and of the individual, is non-judgmental and recognises the importance of people's circumstances, feelings, priorities and rights, interpreting them in a way that is consistent with practice procedures and policies, and current legislation;
- Respecting the privacy, dignity, needs and beliefs of patients, carers and colleagues

### Person Specification

Criteria	Essential	Desirable
<b>Personal qualities &amp; attributes</b>		
Ability to listen, empathise with people and provide person-centred support in a non-judgemental way	Y	
Able to develop relationships with people from all backgrounds and communities, respecting lifestyles and diversity	Y	
Commitment to reducing health inequalities and proactively working to reach people from all communities	Y	

Able to support people in a way that inspires trust and confidence, motivating others to reach their potential	Y	
Ability to communicate effectively, both verbally and in writing, with people, their families, carers, community groups, partner agencies and stakeholders	Y	
Ability to identify risk and assess/manage risk when working with individuals	Y	
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	Y	
Able to work from an asset based approach, building on existing community and personal assets	Y	
Able to provide leadership and to finish work tasks	Y	
Ability to maintain effective working relationships and to promote collaborative practice with all colleagues	Y	
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	Y	
Demonstrates personal accountability, emotional resilience and works well under pressure	Y	
Ability to organise, plan and prioritise on own initiative, including when under pressure and meeting deadlines	Y	
High level of written and oral communication skills	Y	
Ability to work flexibly and enthusiastically within a team or on own initiative	Y	
Understanding of the needs of small volunteer-led community groups and ability to support their development		Y
Knowledge of and ability to work to policies and procedures, including confidentiality, safeguarding, lone working, information governance, and health and safety		Y
<b>Qualifications &amp; Training</b>		

Degree and/or equivalent experience in health care/social care or related area.	Y	
Demonstrable commitment to professional and personal development	Y	
Training in motivational coaching and interviewing or equivalent experience		Y
<b>Experience</b>		
Experience of working directly in a community development context, adult health and social care learning support or public health/health improvement (including unpaid work)	Y	
Experience of supporting people, their families and carers in a related role (including unpaid work)	Y	
Experience of supporting people with their mental health, either in a paid, unpaid or informal capacity		Y
Experience of working with the VCSE sector (in a paid or unpaid capacity), including with volunteers and small community groups	Y	
Experience of data collection and providing monitoring information to assess the impact of services		Y
Experience of partnership/collaborative working and of building relationships across a variety of organisations	Y	
<b>Skills &amp; Knowledge</b>		
Knowledge of the personalised care approach	Y	
Understanding of the wider determinants of health, including social, economic and environmental factors and their impact on communities	Y	
Knowledge of community development approaches	Y	
Knowledge of IT systems, including ability to use word processing skills, emails and the internet to create simple plans and reports	Y	
Knowledge of motivational coaching and interview skills		Y
Knowledge of VCSE and community services in the locality	Y	
<b>Other requirements</b>		
Meets DBS reference standards and has a clear criminal record, in line with the law on spent convictions	Y	
Willingness to work flexible hours when required to meet work demands		Y

Able to drive with access to own transport to travel across the locality on a regular basis, including to visit people in their own homes	Y	
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