Job Description
Social Prescribing Link Worker – Long Term Health Conditions and Health inequalities

Hours of work: 18.75

Annual Leave: 30 days plus bank holidays FTE

Salary: Up to £26,608 FTE

Contract: Permanent

Employed by: Involve Kent

Responsible to: Social Prescribing Service Manager

Based: Sittingbourne Primary Care Network

Purpose of the job

To empower and support people who may need support due to long term health conditions (such as diabetes, rheumatoid arthritis, obesity, respiratory conditions, long Covid and including those with conditions resulting in chronic pain), enabling them to navigate services and community support and take an active role in their care, promoting independence, wellbeing, and choice, to improve their long-term health and wellbeing. Working closely with GP practices to use patient medical records, reports, and other data to identify people who could most benefit from a social prescribing intervention, alongside their clinical care, and engaging them. To work in an integrated way alongside clinicians, doctors, consultants, and specialist / secondary care services across Sittingbourne PCN practices to support specific patients with their social and wellbeing needs, and track outcomes.

This role provides time, capacity, and expertise to support patients living with long term health conditions in; navigating the system, taking an active role in care and support needed, linking up professionals, providing information and support and following-up and reflecting on clinical conversations they have with primary care professionals. This role will work closely with the GPs and other primary care professionals within the PCN to identify and manage a caseload of identified patients, making sure that appropriate support is made available to them and their carers, and ensuring that their changing needs are addressed and that their care and support is joined up across the system. The role will also involve working within GP practices to engage, refer and connect patients living with long term health conditions to relevant services and community support groups. Giving people time and focusing on "what matters to me", supporting them to gain and use knowledge, skills, and confidence to become active participants in their health and care.

This role will support existing groups to be accessible and sustainable, as well as identifying and set up new groups.

Key tasks and responsibilities

- Proactively manage your own health, wellbeing, and resilience to ensure you can provide consistent, quality support to people.
- Demonstrate and work to the Involve values of excellence, innovation, can-do approach, valuing difference and people first.
- Take referrals from a wide range of agencies, working with GP practices within primary care networks, pharmacies, 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 on the caseload
- Ensure all necessary data and information about Clients is recorded accurately and entered confidentially on Involve's database or other NHS collection methods, with awareness of information governance best practice.
- Work in partnership 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 to ensure promotion of the service
- 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 (action plan) to improve health and wellbeing, introducing or reconnecting people to community groups and statutory services. Manage and prioritise your own caseload, in accordance with the needs, priorities and any urgent support required by individual.
- Accept referrals for people with health conditions (including common mental health conditions, obesity, diabetes, respiratory conditions, mobility issues and sensory impairment) who wish to benefit from community support, focusing on people who are isolated. This includes self-referrals and online enquiries.
- Proactively contact and engage with the local agencies to encourage referrals and to promote self-referrals.
- Motivate, empower and encourage people to take positive action to improve their health and wellbeing, by connecting with others, attending groups, promoting self-care, volunteering, accessing advice and information and support services.
- Work with people in a supportive, holistic way focussing on strength-based assessment to address practical and psychological barriers, such as lack of transport, low confidence and social isolation, to co-produce a solution
- Refer people back to other health professionals/agencies, when the person has needs beyond the scope of the link worker role – e.g. when there is a mental health need requiring a qualified practitioner
- Using the 'Involve Directory' social prescribing software and directory, support people to choose appropriate community activities to support their wellbeing, such as exercise groups, self-help groups, debt advice, community gardening; and many other opportunities. Ensure appropriate services and charities which meet the requirements of the directory are directed to the Information Officer for addition to the site
- Seek opportunities and activities in the local area which people could benefit from, such as local community groups, make contact, engage them in the service and register them on the "Involve Directory" (with support from colleagues).
- Confirm that the appropriate SNOMED codes are used on EMIS/Vision/System One with awareness of information governance best practice.

- Use recognised tools with patients to track improvements in their health and wellbeing using ONS scales of Wellbeing. Work with GP practices to review data on GP appointments and hospital admissions to track statistical improvements at practices.
- Deliver and facilitate group and peer sessions, including sessions focussed on specific issues/ challenges to develop connections and resilience
- Recruit volunteers to support the service locally. Engage with Patient Participation Groups, existing community groups, patients and staff to promote volunteer opportunities
- With Involve colleagues, provide volunteer training and induction.
- Coordinate volunteers to help deliver the service and match them with patients, to provide support such as driving isolated patients to activities, administration and communication with patients, mentoring and befriending and addressing minor issues or problems.
- Work closely with partners particularly Community Navigators and One You advisors, to ensure support for patients is complementary and people access the right service for their needs.
- Any other tasks and responsibilities that may be identified as necessary as the service evolves and develops
- To work across the PCN sites.
- To work flexibly to accommodate evening/weekend meetings as required.
- Ensure you work to Involve's safeguarding policies and procedures to ensure vulnerable adults and children are safeguarded appropriately as necessary.

Person Specification	**Essential**	**Desirable**
Experience of supporting people one to one	x	
Driven, target focused, highly motivated	x	
Experience of motivating, empowering and supporting people to achieve their goals	x	
Background working with vulnerable/ isolated people		x
Able to follow processes and systems, and with training develop action/support plans and outcome focused reviews.	x	
Excellent communication skills, able to negotiate, build relationships, advocate for people and inspire others	x	
Resilient and confident, able to work in a busy environment (GP practice) with colleagues under pressure and champion the service to health professionals	x	
Outgoing, energetic, and positive about improving the wellbeing of others and their community	x	
Ability to learn and implement systems, policies and processes	x	
Good IT skills and experience of using a database or CRM system and accurately able to enter sensitive data	x	
Adaptable, flexible with a can-do attitude	x	
Experience of recruiting and working with volunteers. Experience of working in the community to set up groups and activities	x	
Driving licence and a car	x	