ACTIVE PLUS
VETERANS INSPIRING PEOPLE

Job Title:	Armed Forces Community Social Prescribing Link Worker
Location:	Cornwall
Salary banding:	£25,000
Contract type:	Full time 37.5 hours per week Monday – Friday 8:30am – 4:30pm Two Year Fixed Contract
Responsible to:	Managing Director

Job Summary:

This role is part of a 2-year 'Test and Learn' Demonstrator funded by NHSE Armed Forces Team to scope out how social prescribing can support the specific needs of the Armed Forces Community (AFC). The AFC SP link workers will act as a conduit for advice and education to the wider prescriber community in order to increase capacity and better support the AFC. They will also act as a resource for receiving referrals and supporting more complex cases. Social prescribing empowers people to take control of their health and wellbeing through referral to 'link workers' who give time, focus on 'what matters to me' and take a holistic approach to an individual's health and wellbeing, connecting people to community groups and statutory services for practical and emotional support. Social prescribing link workers will work as a key part of a multi-disciplinary team, including forging strong links with the Primary Care Networks (PCN's). Social prescribing can help PCNs to strengthen community and personal resilience and reduces 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. 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.

Main Purpose of Job:

1. Using information and feedback from the wider Armed Forces Community (AFC), contribute to developing a model of Social Prescribing for the AFC, alongside the wider Test and Learn Demonstrator and existing social prescribing programmes. Build on what already exists from mainstream and statutory provision, but also from the vast array of military charities and support organisations. Build close working relationships with the key organisations that support the AFC, including the PCN's, local GP's and voluntary sector led social prescribing programme, to build and understanding of need and to create a referral process for those requiring support.

2. Provide personalised support to individuals, their families and carers to take control of their health and 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 simple personalised care and support plan to improve health and wellbeing,

introducing or reconnecting people to community groups and statutory services. 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's needs are beyond the scope of the link worker role – e.g. when there is a mental health need requiring a qualified practitioner.

3. The AFC Social prescribing link workers will have a role in training and educating the wider SPLW workforce about the needs of the AFC and how SP can provide a valuable support mechanism for those who are isolated and/or face a complex range of needs.

4. The link worker will also look to scope out the number of veterans/military family members who work in GP practices with the potential to support expert liaison/community champions.

5. Promotion of the RCGP Veteran Friendly Accreditation scheme and encouraging veterans to register with their GP's as 'veterans'.

6. A key responsibility will be the collection and collation of data and evidence that demonstrates the support being provided and the effect that this support is achieving. This data will feed into the overall Demonstrator programme.

Key relationships:

Internal	**External**
Managing Director	Lead Partner/Funding Organisations
Operations Manager	AFC SPLW Demonstrator Partners
Finance Manager	Cornwall SPLW
Project Managers & Staff	AFC members/clients
Delivery staff	

Main Duties and Responsibilities:

The following are key tasks of the social prescribing link worker. There may be on occasions a requirement to carry out other tasks:

Referrals

- Promote social prescribing, its role in self-management and supporting people to have greater choice and control over their health and care
- Build relationships with staff in GP practices within the local PCN, the voluntary sector led social prescribing programme, with all local agencies, other SPLW's and with the wider AFC provider sector attending relevant meetings, giving information and feedback on social prescribing in order to encourage referrals.
- Work in partnership with all local agencies to raise awareness of AFC social prescribing and how partnership working can reduce pressure on statutory services, improve health outcomes and enable a holistic approach to care.
- Provide referral agencies with regular updates about AFC social prescribing, including access to training for their staff on the needs of the AFC
- Seek regular feedback about the quality of service and impact of AFC social prescribing on referral agencies.
- Be proactive in encouraging self-referrals and connecting with the AFC, particularly those that statutory agencies may find hard to reach.

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 and demonstrating an understanding of what it is like to have served. Work from a strength-based approach focusing on a person's assets.
- Be a friendly source of information about health, wellbeing and prevention approaches. Using the new Map of Need App where appropriate
- 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 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 to address the person's health and wellbeing needs – 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/integrated personal 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.
- Seek advice and support 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.
- Encourage individuals to register with their GP as a veteran, where appropriate and not done already

Support community groups and VCSE organisations to receive referrals

- Forge strong links with local organisations, community and neighbourhood level groups, including specific AFC organisations/charities utilising their networks and building on what's already available to create a 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.
- Use of the new Map of Need App to help navigate what's available for the AFC in local areas and to work with systems to identify 'trusted partners' to upload information on the App

General tasks

Data capture

- Work sensitively with people, their families and carers to capture key information, enabling tracking of the impact of AFC 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 AFC 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.
- Work closely with GP practices within the PCN's to ensure that the social prescribing referral codes (SNOMED Codes) are inputted into clinical systems (as outlined

in the Network Contract DES) and GP's are increasing the registration of 'Veterans' using appropriate codes, adhering to data protection legislation and data sharing agreements.

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.
- Adhere to organisational policies and procedures, including confidentiality, safeguarding, lone working, information governance, and health and safety.
- Work closely with line manager and supervising team to access regular 'clinical supervision', to enable you to deal effectively with the difficult issues that people present.

General

- 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.

Clinical Governance

- Contribute to the development and maintenance of sound clinical governance and risk management.
- Support in operating a quality assurance but no blame culture that adheres to best practice around incident reporting and whistle blowing.

Confidentiality

- In the performance of the duties outlined in this job description, the post-holder may have access to confidential information relating to patients and their carers, practice staff and other healthcare workers.
- Information relating to patients, carers, colleagues, other healthcare workers and organisations may only be divulged to authorised persons in accordance with the policies and procedures relating to confidentiality and the protection of personal and sensitive data.

Equality and Diversity

- The postholder 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 procedures and policies and current legislation.
- Respecting the privacy, dignity, needs and beliefs of patients, carers and colleagues.
- Behaving in a manner which is welcoming to and of the individual, is non-judgemental and respects their circumstances, feelings priorities and rights.

Health and Safety

The postholder will assist in promoting and maintaining their own and others' health, safety and security as defined in the health & safety policy and procedures.

Person specification:

Essential	Desirable

Ability to listen, empathise with people and provide person-centred support in a non-judgemental way	Training in motivational coaching and interviewing or equivalent experience
Able to get along with people from all backgrounds and communities, respecting lifestyles and diversity	
Commitment to reducing health inequalities and proactively working to reach people from all communities	
Able to support people in a way that inspires trust and confidence, motivating others to reach their potential	
Ability to communicate effectively, both verbally and in writing, with people, their families, carers, community groups, partner agencies and stakeholders	
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 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	
Able to work from an asset based approach, building on existing community and personal assets	
Ability to maintain effective working relationships and to promote collaborative practice with all colleagues	
Commitment to collaborative working with all local agencies (including VCSE organisations and community groups relevant to the AFC). Able to work with others to reduce hierarchies and find creative solutions to community issues	
Demonstrates personal accountability, emotional resilience and works well under pressure	
Ability to organise, plan and prioritise on own initiative, including when under pressure and meeting deadlines	
High level of written and oral communication skills	
Ability to work flexibly and enthusiastically within a team or on own initiative	
Knowledge of and ability to work to policies and procedures, including confidentiality,	

safeguarding, lone working, information governance, and health and safety	
NVQ Level 3, Advanced level **or equivalent** qualifications and/or relevant work experience in this area	
Demonstrable commitment to professional and personal development	
Experience of working with the AFC and/or an understanding of what it is like 'to have served'	
Experience of working directly in a community development context, with AFC charities and support organisations etc (including unpaid work)	
Experience of supporting people, their families and carers in a related role (including unpaid work)	Experience of supporting people with their mental health, either in a paid, unpaid or informal capacity
Experience of working with the VCSE sector and the military support sector including military charities (in a paid or unpaid capacity)	
Experience of partnership/collaborative working and of building relationships across a variety of organisations	Experience of data collection and providing monitoring information to assess the impact of services
Understanding of the wider determinants of health, including social, economic and environmental factors and their impact on communities	Knowledge of the personalised care approach
Knowledge of community development approaches	
Knowledge of IT systems, including ability to use word processing skills, emails and the internet to create simple plans and reports	
Knowledge of motivational coaching and interview skills	Local knowledge of VCSE and community services in the locality
Meets DBS reference standards and has a clear criminal record, in line with the law on spent convictions	
Willingness to work flexible hours when required to meet work demands	
Access to own transport and ability to travel across the locality on a regular basis, including to visit people in their own homes	

Application process:

Closing date: Friday 2th July

Interview date: Week commencing 12th July

1. Please send a CV of no more than 2 sides of A4 demonstrating your fit against the roles and responsibilities of the post.
2. A personal statement outlining your suitability against each of the essential criteria in the person specification.

Please send applications to Jodie@activeplus.org.uk