Keep It Simple

Social prescribing link workers / v1 May 2019

This guide pulls together the information that is available so far in Investment and evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan and the Network Contract Directed Enhanced Service.

Funding

- For practices signing up to the Network DES, 100% of the actual on-going salary costs for social prescribing link workers will be provided by NHS England.
- From 1 July 2019 until 31 March 2020, every network of at least 30,000 population will be able to claim funding for one additional WTE social prescribing link worker. PCNs beyond a population size of 100,000 will be able to claim 100% reimbursement for two WTE social prescribing link workers, extending to one additional WTE per 50,000 population.
- Were a single 'superpractice', covering 200,000 patients, to be agreed as a network by its CCG in line with national rules, it would be eligible for four social prescribers in 2019/20. Note that from April 2020 reimbursement will be on a weighted capitation basis.
- The eligible maximum pay against which the 100% reimbursement will apply is the sum of:
  (a) the weighted average salary for the specified Agenda for Change (AfC) band, plus
  (b) the associated employer on-costs.
- It will not include any recruitment and retention premiums that networks may choose to offer. Networks will need, if required, to be able to justify the salary offered to new staff. On-costs will be revised to take account of any pending change in employer pension contributions, if and when these are confirmed.

The social prescribing link worker role

- Up to AfC band 5, with a maximum reimbursement in 2019/20 (with on costs) of £34,113.
- Based on a network with a population of 50,000 the following table details the maximum numbers of social prescribing link workers that each network will be able to hire over the 2019-24 period. The maximum reimbursement amounts for subsequent years will be confirmed in line with applicable AfC rates.

	19/20	20/21	21/22	22/23	23/24
Social prescribing link workers	1	1-2	2-3	3	3-4

- With agreement from the CCG, the 2019/2020 entitlement could be used to vary between numbers of clinical pharmacists and social prescribers eg, a typical network could hire two clinical pharmacists or two social prescribing link workers instead of one of each. See page 29 of the DES specification.
- Some networks may choose to fund a local voluntary sector organisation to employ the link workers and run the service of behalf of the network. Discussion with the local authority and community providers at an early stage may be helpful when reviewing existing provision and support for care navigation.
- When considering different employment models, please refer to related PCN documentation regarding employment liability, VAT, indemnity and pensions.

Appendix 1: Social Prescribing Link Workers Description of role/core responsibilities

a) The following sets out the key responsibilities for social prescribing links workers in delivering the additional PCN health services to patients:

i. As members of the PCN team of health professionals, social prescribing link workers will in 2019/20 take referrals from the PCN's members, expanding from 2020/21 to take referrals from a wide range of agencies[1] in order to support the health and wellbeing of patients. PCNs which already have social prescribing link workers in place, or which have access to social prescribing services may take referrals from other agencies prior to 2020/21.

ii. Social prescribing link workers will:

- assess how far a patient's health and wellbeing needs can be met by services and other opportunities available in the community; Clinical supervision of junior clinical pharmacists must be by a senior clinical pharmacist. The senior clinical pharmacist does not need to be working within the PCN, but could be part of a wider local network, including from secondary care or another PCN.
- co-produce a simple personalised care and support plan to address the patient's health and wellbeing needs by introducing or reconnecting people to community groups and statutory services;
- evaluate how far the actions in the care and support plan are meeting the individual's health and wellbeing needs;
- 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 them'; and
- take a holistic approach, based on the person's priorities, and the wider determinants of health.

iii. The role will require social prescribing link workers to manage and prioritise their own caseload, in accordance with the health and wellbeing needs of their population. Where required and as appropriate, the social prescribing link workers will refer people back to other health professionals within the PCN.

b) The PCN's member GP practices will identify a first point of contact for general advice and support and (if different) a GP to provide supervision for the social prescribing link worker. This could be one or more named individuals within the PCN. In addition, the PCN will ensure the social prescribing link worker can discuss patient related concerns (e.g. abuse, domestic violence and support with mental health) with a relevant GP (for example the patient's named accountable GP).

c) Referrals to social prescribing link workers will be required to be recorded within GP clinical systems using the new national SNOMED codes (see section 6).

[1] These agencies include but are not limited to: the PCN's members, 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.

d) The following sets out the key wider responsibilities of social prescribing link workers: 23 Including considering if the persons needs are met (for example, reasonable adjustments, interpreter etc)
   i. Social prescribing link workers will draw on and increase the strengths and capacities of local communities, enabling local Voluntary, Community and Social Enterprise (VCSE) organisations and community groups to receive social prescribing referrals.
   ii. Social prescribing link workers will work collaboratively with all local partners to contribute towards supporting the local VCSE organisations and community groups to become sustainable and that community assets are nurtured, through sharing intelligence regarding any gaps or problems identified in local provision with commissioners and local authorities.
   iii. Social prescribing link workers will have a role in educating nonclinical and clinical staff within the PCN on what other services are available within the community and how and when patients can access them. This may include verbal or written advice and guidance.
e) PCNs should be satisfied that organisations and groups to whom their social prescribing link workers(s) direct their patients have basic safeguarding processes in place for vulnerable individuals and that the service is able to provide opportunities for the person to develop friendships and a sense of belonging, as well as to build knowledge, skills and confidence.
f) PCNs will ensure all staff working across the PCN are aware of who the named social prescribing link workers are and how to refer to them.
g) At a local level, PCNs will work in partnership with commissioners, social prescribing schemes, Local Authorities and voluntary sector leaders to create a shared plan for social prescribing. This will include how they will build on existing schemes and work collaboratively to recruit additional social prescribing link workers to embed one in every PCN and direct referrals to the voluntary sector.