# Annex A – Implementation checklist for introducing social prescribing link workers into PCNs

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| **Action** | **Notes** |
| **1. Partnership working and shared local planning*** How will you work alongside local partners, including the VCSE sector, local infrastructure organisations, commissioners and potential referral agencies to create a shared local plan for social prescribing, considering the views of people with lived experience?
* How will you work with local partners to take social prescribing referrals from other agencies across the local system, to integrate services?
* How will you design, agree and put in place a targeted programme to proactively offer and improve access to social prescribing to an identified cohort with unmet needs?
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| **2. Providing social prescribing link worker services*** Will you opt to employ social prescribing link workers directly, or choose to contract with an existing local VCSE provider? You have discretion to decide the contractual arrangements that work best locally.
* Have you worked through the job description and workforce development framework to ensure that the social prescribing link worker can provide dedicated support to individuals based on the question ‘what matters to me’?
* Have you consulted the person specification and recruitment materials in designing your recruitment process?
* How will you welcome, induct and train social prescribing link workers so that they are fully integrated to the MDT?
* Who will be named as the GP supervisor for the social prescribing link workers and who will provide day-to-day line management?
* How will you provide monthly access to clinical supervision with a relevant health professional?
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| **3. Working with people on ‘what matters to me’*** How will you ensure social prescribing link workers have the flexibility to spend time and build trust with people and organisations, including home visits, and spending time with local services?
* How will social prescribing link workers create simple personalised care and support plans with people, based on the person’s own priorities?
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| **4. Connecting people to community groups*** How will social prescribing link workers take people to community groups to introduce them, ensuring they are comfortable and included?
* Is there scope to recruit volunteers to buddy with people around befriending and connecting them to groups? How can social prescribing link workers connect to existing local volunteering schemes?
* How will you ensure social prescribing link workers are able to spot gaps in provision and collaborate with local partners to increase the capacity of community groups/VCSE organisations to receive more people?
* How will you support social prescribing link workers to keep up to date with local community provision, including funding opportunities?
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| **5. Access to IT systems, data gathering and impact measurement*** How will you ensure all PCN staff making referrals to social prescribing link workers use the social prescribing referral and decline SNOMED codes to log referrals? How will you ensure that referrals made from outside the PCN are coded appropriately so activity is reflected?
* How will you provide social prescribing link workers with access and training in clinical IT systems, remotely when required, including logging referrals and activity through SNOMED codes?
* How will social prescribing link workers establish, or work with existing local data systems to gather core referral data?
* How will you support social prescribing link workers to use the ONS4 Wellbeing Scale to measure impact on patient wellbeing? Will you use other patient outcome measures?
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| **6. Safeguarding and quality assurance in onward referrals*** How will you enable social prescribing link workers to build rapport with local groups and VCSE organisations so that they can ensure that services that people are supported to attend are capable to safeguard vulnerable people?
* How will you ensure your PCN works flexibly, inclusively and proportionately with small community groups who may lack formal policies, to enable them to be involved in social prescribing?
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| **7. Equality, diversity and inclusion*** How will you ensure that social prescribing link workers undergo appropriate equality and diversity training?
* How will you support social prescribing link workers to proactively work with and respond to the needs of all communities within the neighbourhood?
* What equality monitoring of staff and patients will you put in place to ensure that social prescribing meets the needs of diverse communities?
* How is equality monitoring information reported and reviewed at regular intervals?
* How will you report what actions are being taken to: advance equality; eliminate discrimination; reduce health inequalities?
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