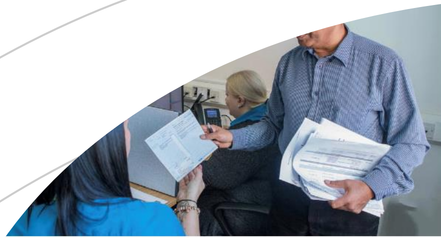
Training, Supporting and Embedding New Personalised Care Roles in Primary Care Networks

Speakers

- Jim Phillips Personalised Care Group NHSE/I
- Michelle Pilling, Senior Lead, Social Prescribing NHSE/I
- Bev Taylor Operations Director National Academy for Social Prescribing
- Dr Nicky Turner Clinical Director The Chalfonts Primary Care Network

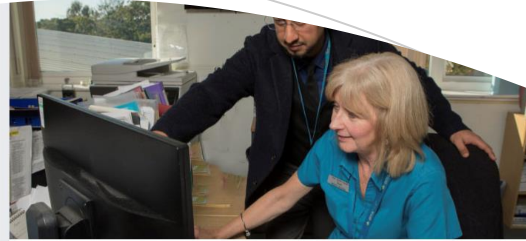
Primary Care Development Team



Primary Care Networks

Development support to help PCNs become self-sufficient and sustainable.

Find out more



Consultancy and support

Bespoke, high quality, sustainable solutions for practices seeking to improve.

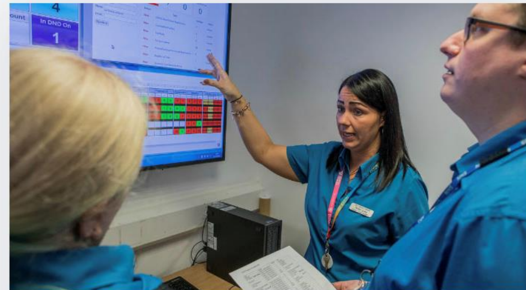
Find out more

Training and develop

Training for the whole practice team.

Find out more

members of the



CQC preparation

Support from our specialist team.

Find out more

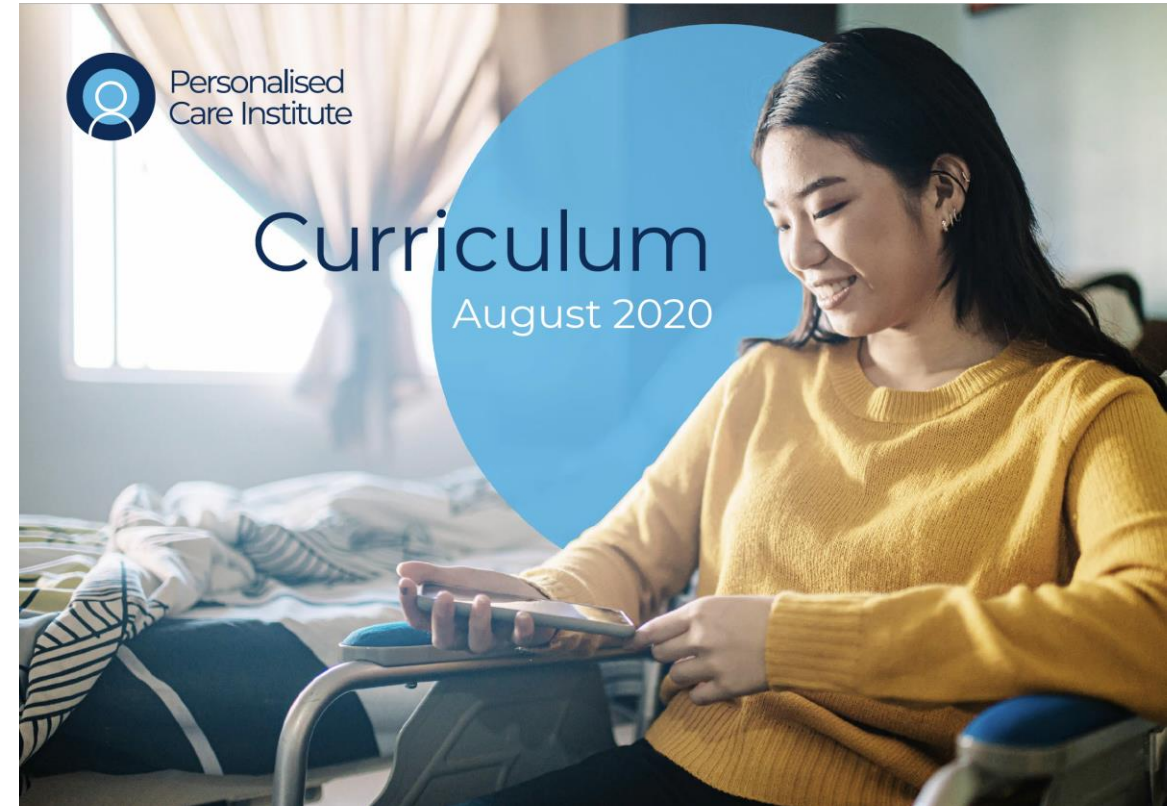
Recruitment support

We are helping practices recruit more with our unique recruitment servi

Find out more

The Personalised Care Institute

- Sets the standards for training in personalised care for all healthcare professionals
- Provides a learning platform with access to e learning, accredited courses & other resources available at https://www.personalisedcareinstitute.org.uk/
- Supports a community of practice



Personalised
Care Institute

NHS

Health and wellbeing Coach Role

NHS England and NHS Improvement

What do Health and Wellbeing Coaches do?

- Focus on people with long term conditions or poor health or with risk factors for developing an LTC

- Work with people in a coaching relationship and using a structured framework over a number of sessions to help them to work through a health related problem or problems.

- Help people to find their own solutions and to build their knowledge, skills and confidence in living with their condition and dealing with challenges and ups and downs.

- Work with people one to one or in small groups

Core skills and competencies for the role

- An understanding of the core values and underpinning principles of personalised care, including the five components of the Comprehensive model
- Communication and relationship building skills
- Ability to engage people
- Ability to motivate, enable and support people

Training

- People can obtain these competencies through a initial four day coaching skills programme, follow up training and ongoing professional development via supervision.
- Elearning – SDM, PCSM
- Use organisations that have been accredited through the Personalised Care Institute or that are working towards this.
- Training must involve a face to face skills assessment (via video link during Covid)
- Further details are available here: https://personalisedcareinstitute.org.uk

Supervision and support

NHS

- Each coach should have to supervision from a suitably qualified and experienced heath coaching supervisor which should be monthly if full time

- They should also have a line manager from within their employing organisation.

- The PCN should make sure that coaches have a named clinician in each practice they work in (and alternates in case of absence) with whom they can discuss patient related concerns and be supported to follow appropriate safeguarding procedures.

- Alongside Social Prescribing Link Workers, Care Co-ordinators and other roles, coaches should be treated as part of the multi disciplinary team within the practices in which they work.

-

Care Coordinator Role

NHS England and NHS Improvement

Overview of the Care Coordinator role

Care coordinators will:

- play an important role within a PCN to **proactively identify and work with people**, including the frail/elderly and those with long-term conditions, to provide coordination and navigation of care and support across health and care services.

- work closely with GPs and practice teams to manage a caseload of patients, acting as a central point of contact to ensure appropriate support is made available to them and their carers; **supporting them to understand and manage their condition** and ensuring their changing needs are addressed.

- **Bring together all the information about a person's identified care** and support needs and exploring options to meet these within a single personalised care and support plan, based on what matters to the person.

Continued…

Care coordinators will:

- review patients' needs and **help them access the services and support they require** to understand and manage their own health and wellbeing, referring to social prescribing link workers, health and wellbeing coaches, and other professionals where appropriate.
- potentially provide time, capacity and expertise to **support people in preparing for or following-up clinical conversations they have** with primary care professionals to enable them to be actively involved in managing their care and supported to make choices that are right for them. Your aim is to help people improve their quality of life.
- be based in a local cluster of General Practices as part of a Primary Care Network (PCN). This role is intended to become an **integral part of the PCN's multidisciplinary team**, working alongside social prescribing link workers and health and wellbeing coaches to provide an all-encompassing approach to personalised care and promoting and embedding the personalised care approach across the PCN.

NHS

Care Coordinator training

- Care Coordinators require a strong foundation in enabling and communication skills as set out in the core Curriculum for Personalised Care.
- Skills covered:
- Values in Personalised Care
- Capabilities in Personalised Care
  - Core communication and relationship building skills
  - Capabilities to engage people
  - Capabilities to motivate, enable and support people
- These can be achieved via a two-day health coaching skills course. As set out in our health-coaching summary guide and technical Annexe..
- E learning via PCI

Social Prescribing Link Workers

Michelle Pilling – NHS England

Bev Taylor

What is Social Prescribing?

Social prescribing is the act of enabling people to be **connected** to a range of local, community-based services, groups and activities to meet their non-medical and social needs. The core principles of social prescribing are that it:

- is a holistic approach focussing on **an individual's needs**
- promotes health and wellbeing and **can reduce** health inequalities in a community setting, using non-clinical methods
- addresses barriers to engagement and enables people to play an active part in their ~~**care**~~ **health**
- utilises and builds on the local community assets in developing and delivering the service or activity
- aims to increase people's control over their health and lives

Social prescribing particularly works for some groups of people, including:

- with one or more long-term conditions
- who need support with their mental health
- who are lonely or isolated
- who have complex social needs which affect their **health and wellbeing**.

Social Prescribing Link Workers

- **Address the wider issues** that affect people's health & wellbeing
- **Take a person-centred approach**, **to identify what matters to the person**
- **Connect people to:**
- practical, social and emotional support within their community; and
- activities that promote wellbeing e.g. arts, sports, natural environment; and
- positive people, positive places and positive things
- **Identify and nurture community assets** by working with partners such as VCSE, local authorities and health
- **Tend to work with** people experiencing loneliness, complex social needs, mental health needs or multiple LTCs

The NHS Social Prescribing Programme

The **NHS Long Term Plan** commits to embedding social prescribing link workers within every primary care network (PCN) multi-disciplinary team, as part of a wider shift towards universal personalised care.

Over **1,000 additional trained social prescribing link workers** will be in place by the end of **2020/21**, with this number rising further by 2023/24, with the aim that over **900,000 people** are able to be referred to social prescribing schemes by then.

Since the Long Term Plan was published, the NHS has committed to introducing an extra **4500 link workers** into primary care by 23/24.

As social prescribing link workers are working hard to support people who are vulnerable and shielding from COVID 19, primary care networks can prioritise funding link workers now**, using funding from the Additional Roles Reimbursement Scheme.**

We currently have over 1000 social prescribing link workers working with PCNs and the number is growing https://www.longtermplan.nhs.uk/

Contractual Requirements

Type of supervision and support	Details
First Point of Contact	**A first point of contact** for general advice and support. This could be provided by one or more named individuals within the PCN. Network Contract DES contract documentation
Named GP supervisor **AND** Access to a GP for patient concerns	SPLWs should have the first point of contact outlined above and, if different, **a GP supervisor.** Network Contract DES contract documentation **Access to a GP (either their named supervisor or another appropriate GP)** to provide advice on patient related concerns and to support with appropriate safeguarding procedures. Network Contract DES contract documentation
Access to non-managerial/clinical supervision	It is recommended that link workers are also able to access clinical (non-managerial) supervision which can be from their **GP supervisor or another relevant health professional in the PCN.** PCN social prescribing reference guide
Access to peer support networks	SPLWs should be released to attend **peer support networks** run by NHS England and NHS Improvement at ICS/STP level. Network Contract DES contract documentation

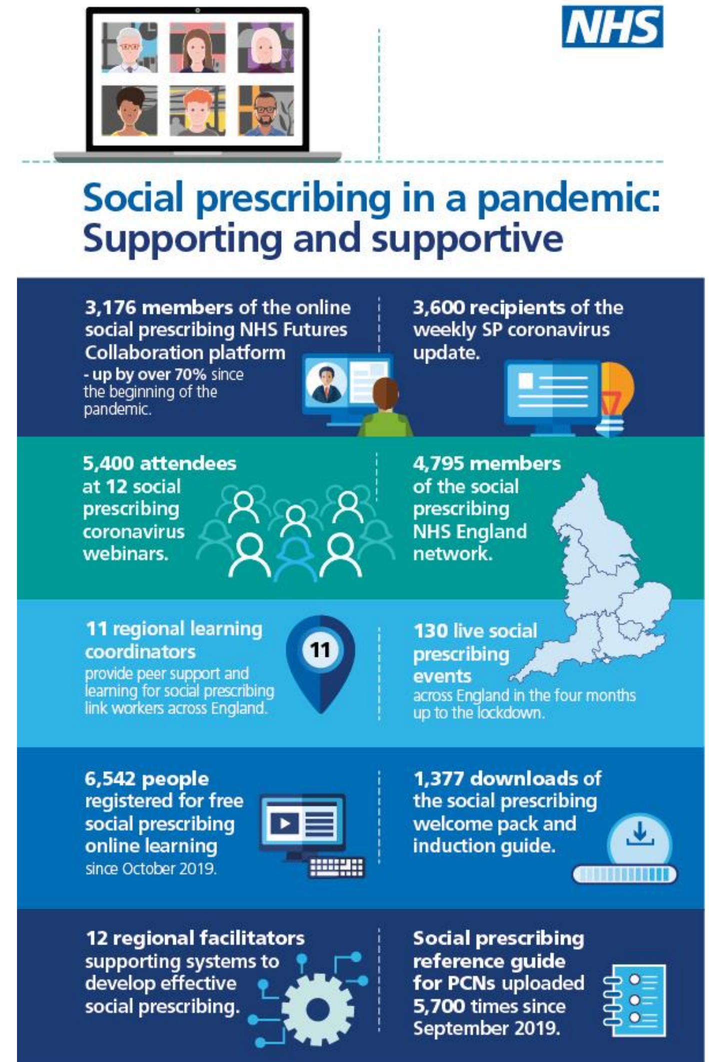
More information on supervision requirements for additional roles in primary care

Support Offer from NHS England

NHS England offers support to Social Prescribing Link Workers to do their role, including:

- Online Collaboration Platform including key documents, forums, updates, webinars, case studies and resource library
- Fortnightly webinar series on topics selected by SPLWs
- Online e-learning programme consisting of 6 modules and a further 3 in development
- Regional Learning Coordinators, who offer peer support and learning and training opportunities locally
- During COVID-19 – an email Social Prescribing newsletter

NHS England also collaborates with other organisations, including the National Academy for Social Prescribing, Public Health England, Health Education England and the Personalised Care Institute to develop and expand Social Prescribing.



E-learning Programme

6 Modules:

- Introduction to the social prescribing link worker role
- Developing personalised care and support plans with people
- Developing partnerships
- Introducing people to community groups and VCSE organisations
- Safeguarding vulnerable people
- Keeping records and measuring impact

3 further modules in development:

- Social Prescribing and Mental Health
- Children and Young People
- Welfare and Legal

https://www.e-lfh.org.uk/programmes/social-prescribing/

Regional Learning Coordinators

North East - Jackie Jamieson and Sarah Gorman
jackie.jamieson1@nhs.net
Sarah.gorman4@nhs.net

Our regional footprints

North East and Yorkshire
1. Cumbria and the North East
2. West Yorkshire and Harrogate
3. Humber, Coast and Vale
4. South Yorkshire and Bassetlaw

North West
5. Lancashire and South Cumbria
6. Greater Manchester
7. Cheshire and Merseyside

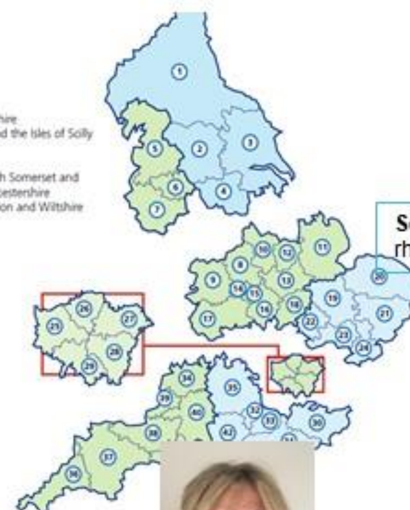
East of England
19. Cambridgeshire and Peterborough
20. Norfolk and Waveney
21. Suffolk and North East Essex
22. Bedfordshire, Luton and Milton Keynes
23. Hertfordshire and West Essex
24. Mid and South Essex

London
25. North West London
26. Central London
27. East London
28. South East London
29. South West London

Midlands
8. Staffordshire and Stoke on Trent
9. Shropshire and Telford and Wrekin
10. Derbyshire
11. Lincolnshire
12. Nottinghamshire
13. Leicester, Leicestershire and Rutland
14. The Black Country
15. Birmingham and Solihull
16. Coventry and Warwickshire
17. Herefordshire and Worcestershire
18. Northamptonshire

South East
30. Kent and Medway
31. Sussex and East Surrey
32. Frimley Health and Care
33. Surrey Heartlands
35. Buckinghamshire, Oxfordshire and Berkshire West
42. Hampshire and Isle of Wight

South West
34. Gloucestershire
36. Cornwall and the Isles of Scilly
37. Devon
38. Somerset
39. Bristol, North Somerset and South Gloucestershire
40. Bath, Swindon and Wiltshire
41. Dorset



South West - Rhian Loughlin
rhian.loughlin@nhs.net

Yorkshire & Humber - David Cowan
David.cowan1@nhs.net

Greater Manchester - Sophie Glinka
sophie.glinka@nhs.net

East of England - Sian Brand
Sian.brand2@nhs.net

East Midlands - Maria Willis
Maria.willis1@nhs.net

South East - Malcom Bray
Malcolm.bray1@nhs.net

North West – Anne-Marie Morrison
anne-marie.morrison@seftoncvs.org.uk

London - Lianna Martin
Lianna.Martin@bbbc.org.uk

West Midlands – Keeley Jones and Kate Green
keeley.jones3@nhs.net
kategreen@dudleycvs.org.uk

Key Documents to Support You

Link	Description
Summary Guide	A guide to what a good social prescribing scheme looks like, including common outcomes framework
The Reference Guide for PCNs Technical Annex	Information for PCNs setting up social prescribing services including support for recruitment, induction and supervision, quality assurance and evidence base
Welcome and induction pack .	Information for new SPLWs to the role and NHS structures
Handout for practice staff	Information for patients and other practice staff to help them understand what social prescribing link workers can offer.

Personalised Care Institute Learning

NHS

The Personalised Care Institute sets standards for evidence-based training in Personalised Care in England. They provide a personalised care curriculum and training hub for health and care staff; including hosting their own e-learning and accrediting external training provider training courses.

Your PCN will make decisions on what training they would like you to complete to undertake your role.

https://www.personalisedcareinstitute.org.uk/

eLearning - access point

The Personalised Care Institute has collaboratively developed the first curriculum for personalised care. The curriculum articulates the values, behaviours and capabilities required by a multi-professional workforce to deliver personalised care. It sets out an educational framework for learning the essential elements to this approach and supports ongoing professional development.

PCI eLearning

- **Core Skills**
- **Shared Decision Making**
- **Personalised Care and Support Planning**
- Accredited Partner eLearning

Person-Centred Approaches

- This eLearning supports the Person-Centred Approaches Framework, which was developed by Skills for Health, Skills for Care and NHS Health Education England. Both the Framework and this eLearning were created with input from people with experience of using health and social care services.

Personalised Care Institute Accredited Training Providers

Training providers are able to apply for programmes to become accredited by the Personalised Care Institute against the standards set in the personalised care curriculum.

Year of Care Partnerships

Practice Managers Association

Peak Health Coaching (PHC)

Advancing Quality Alliance

Know Your Own Health

TPC Health

Bridges Self-Management

Link Worker Supervision

- Social prescribing link workers need regular access to 'clinical supervision' to support them in their connecting roles.
- Link workers often see people in crisis and vulnerable situations.
- To be effective, the issues people present, including domestic violence, sexual abuse, family dynamics, self-harm and suicidal thoughts, need to be heard in a safe supervision space.
- Link workers need dedicated time to offload and to have clear safeguarding procedures to deal with situations appropriately.

"In addition to the ongoing support received from the GP supervisor, the social prescribing link worker should have regular access to clinical or non-managerial supervision both with their GP supervisor and other relevant health professionals within the PCN.

This 'clinical' or non-managerial supervision will enable the link worker to manage the emotional impact of their work and be guided by clinicians on dealing effectively with patient risk factors."

PCN social prescribing reference guide - Annex F

Challenges from a GP Perspective

Dr Ollie Hart

- Supports the roll out of social prescribing link workers – GP's are working closely together developing the Primary Care Networks and he sees the link worker role as a core part of the team, as an extension to the health & clinical staff team, but with a focus on non clinical needs
- The key is the relationship between the clinical supervisor and the link worker; and this is about exploring a new way of working – a health paradigm and a social paradigm shift, working together differently drawing on the strengths, skills and knowledge of both clinical & non clinical staff.
- When link workers spend time in the GP surgeries they'll be building relationships with the clinical teams and see each other's point of view.

"As relationships develop the link workers will gain more confidence in terms of what's an urgent referral back in to health or none urgent in terms of listing concerning and asking more general questions during the supervision session. The clinical supervision will help give clarity and understanding of the wider social challenges that being addressed and helping patients with their self management."

More information

RCGP Primary Care Development

Website: https://www.rcgp.org.uk/primary-care-development.aspx

Enquires:

Contact Vic Gaffney Relationship Manager at pcd@rcgp.org.uk

Personalised Care Institute

Website:

https://www.personalisedcareinstitute.org.uk/

Enquiries:

Contact PCI team at info@personalisedcareinstitute.org.uk

Any Questions?