

Social Prescribing Link Worker (SPLW) Workforce Development Framework (WDF) Summary

1. [Introduction](#)

- This summary is adapted by Transformation Partners in Health and Care (TPHC) from the [Social Prescribing Link Worker Workforce Development framework](#) developed by NHS England and NHS Improvement in collaboration with range of stakeholders.
- The WDF focuses on the core functions, skills, and competencies of the SPLW role alongside the professional support, training and development SPLWs require to enable them to practice safely, work effectively, and support improved outcomes for people and communities.
- We have summarised the key points and resources from the full 22-page WDF. Each heading in this summary is linked back to the corresponding section if the full detail is required.

2. [Context](#)

- Social prescribing and community-based support is part of the [NHS Long Term Plan](#) commitment to make personalised care business as usual across the health and care system. [They also help strengthen community resilience by working in partnership.](#)
- Funding is provided to expand the primary care workforce and employ personalised care roles, through the [Additional Role Reimbursement Scheme \(ARRs\)](#), as part of the [Network Contract Directed Enhanced Service \(DES\)](#).

3. [What is a Social Prescribing Link Worker?](#)

- Social prescribing is a way to connect people with community-based services, groups and activities that meet practical, social, and emotional needs that affect their health and wellbeing, and increase people's active involvement with their health and their community.
- [When social prescribing works well](#), people can be easily referred to SPLWs from a wide range of local agencies including NHS services and the other personalised care roles, local authority services, pharmacies, emergency services, job centres, housing associates, VCSE organisations and self-referral. Locally identified communities impacted by health inequalities may also be proactively engaged in social prescribing.
- For more information about the SPLW role see TPHC's [one pager about SPLWs](#).

4. [Employing SPLWs](#)

- [The SPLW recruitment pack](#) developed by NHSE England, contains a job description and person spec which can be tailored to the employer.
- [The PCN Reference Guide](#) is useful for setting up a social prescribing service and contains further resources.
- PCNs may directly employ SPLWs or sub-contract provision of the service to another provider in accordance with this Network Contract DES specification.
- SPLWs support people for an average of 6-12 contacts over a three-month period, depending on the support the person needs. They have a typical annual caseload to a maximum of 200-250. This depends on the complexity of peoples' needs, the maturity of the social prescribing scheme and the wider work they may be undertaking, such as community development activities and delivering activities and groups.



- Other case number targets

e.g. [Investment and Impact Fund \(IIF\)](#) should be viewed in the context of this maximum caseload per SPLW, and staffing levels set accordingly.

5. [Training requirements prior to taking referrals](#) (for SPLWs employed in or by PCNs)

- Ensure there is an induction and onboarding. [A checklist can be found here.](#)
- [Training processes should include:](#)
 - The [mandatory HEE e-learning programme](#) and [the PCI training expectations including core skill modules](#). [Training hubs](#) may provide additional training.
- Encourage attendance the peer support networks delivered at place or system by the ICS and/or NHS England in the region.
- Sole SPLWs working in PCNs may require additional support during induction to establish peer support relationships across organisational boundaries.

6. [Supervision requirements](#)

- PCNs have a contractual responsibility to provide supervision as set out in the [Network Contract DES contract specification](#). If SPLWs are commissioned through a third party, these supervision requirements should be fulfilled within the arrangement. [Further detail on the types of supervision and skills required by supervisors](#). This includes:
 - The PCN must appoint a GP supervisor to provide direct supervision for the SPLW.
 - They should meet regularly to provide management, discuss any issues related the role including patient related concerns and safeguarding.
 - Monthly clinical supervision with a relevant health professional. This may be the GP supervisor or a different health professional.
 - 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.
 - A first point of contact for general advice and support for the SPLW for each GP practice they work in. This could include the GP supervisor.

7. [Ways of working – professional framework](#)

Caseload

- SPLWs manage a caseload of patients, this is recommended to be no more than 200-250 per year (4.2). Other case number targets e.g. The Investment and Impact Fund ([IIF](#)) should be viewed in the context of this maximum caseload per SPLW, and staffing levels set accordingly.

Referral

- Can come from anywhere in the health and social care system, in communities and the voluntary sector or via self-referral.
- SPLWs may also proactively identify people who could benefit from support, in line with the [Personalised Care DES specification](#).
- SPLWs need protected time to build strong working relationships with a range of community agencies to work effectively and bring colleagues to the MDT where required and to seek support for patients through referrals.



MDT work

- SPLWs must be embedded within the PCN's core network practices and be fully integrated within the MDT.
- They must have access to other healthcare professionals, electronic 'live' and paper-based record systems for each practice, and support and training to use these.

Working with three personalised ARR roles

- Can refer between the three roles to support the patient to self-manage.
- Share information on different aspects of patient care e.g. by holding regular meetings to discuss shared patient caseloads.

8. Competency Framework

- [The Competency Framework](#) sets out the competencies that all SPLWs require to be effective and assists those who employ or direct the activities of SPLWs to understand how these competencies can be achieved.
- It is aligned to the NHS England [sample Job Description for SPLWs](#) and the [Core Curriculum for Personalised Care](#) published by the Personalised Care Institute (PCI).
- The framework can be used with [the Portfolio of Evidence](#) to enable supervisors and SPLWs to explore their skills and development needs.

9. Ongoing training and CPD

Social Prescribing Link Workers should have:

- Dedicated time and funding for training and attending peer support. [Funding streams for PCNs to develop and support ARRs.](#)
- Supervision, appraisals and personal and professional development planning using the [competency framework](#).
- [Portfolio of evidence](#) to structure conversation around CPD
- Training could be informal, such as attending webinars, or formal offers via the [PCI](#), [Training Hubs](#), [Leadership for Personalised Care](#), a PCN, trust, or integrated care system (ICS). [National learning offers can be found here.](#)

Additional training is required for [SPLWs to develop into specialist roles](#), who may work with specific cohorts or in specific settings.

10. [Entry to the role](#)

- There is no set career route into becoming a social prescribing link worker, [research](#) by The National Association of Link Workers ([NALW](#)) shows some these.
- May offer a route into employment for those who may have few formal qualifications, have lived experience or volunteering experience in community services.
- [A community health and wellbeing worker apprenticeship](#) is one route.

11. [Career development](#)

There are various options for career development, but no set route.

- Competency framework and Portfolio of evidence may help identify transferable skills and consider next steps.

Management and leadership roles:



- Line management of personalised care roles or teams may be a natural progression for experienced social prescribing link workers, [find out more](#). There [are examples of programmes](#) for SPLWs to become leaders.

[Useful resources can be found here.](#)

