SPLWs, CCs and H&WCs

WorkforceSurvey2023

Published by Peer Support Network,

Community-centred approaches

NHS Greater Manchester Integrated Care Partnership

Content

The presentation is segmented into three roles; you can click on each of the roles, which will take you to that part of the presentation:

1. Social Prescribing Link Worker,
2. Care Coordinators
3. Health and Wellbeing Coaches

Under each role, five themes are covered and the workforce demographics:

- Role and Wider Support
- Training and Development
- MDTs and Outcome Measures
- Engagement with Clients
- Supervision

Social Prescribing Link Worker (SPLW)

Who completed the survey:

53 SPLW responded to the September 2023 workforce survey out of a potential 263. One was a manager.

Length of time in the Role
Over 2 years: 24
1-2 years: 11
6 months to 1 year: 14
Less than 6 months: 4

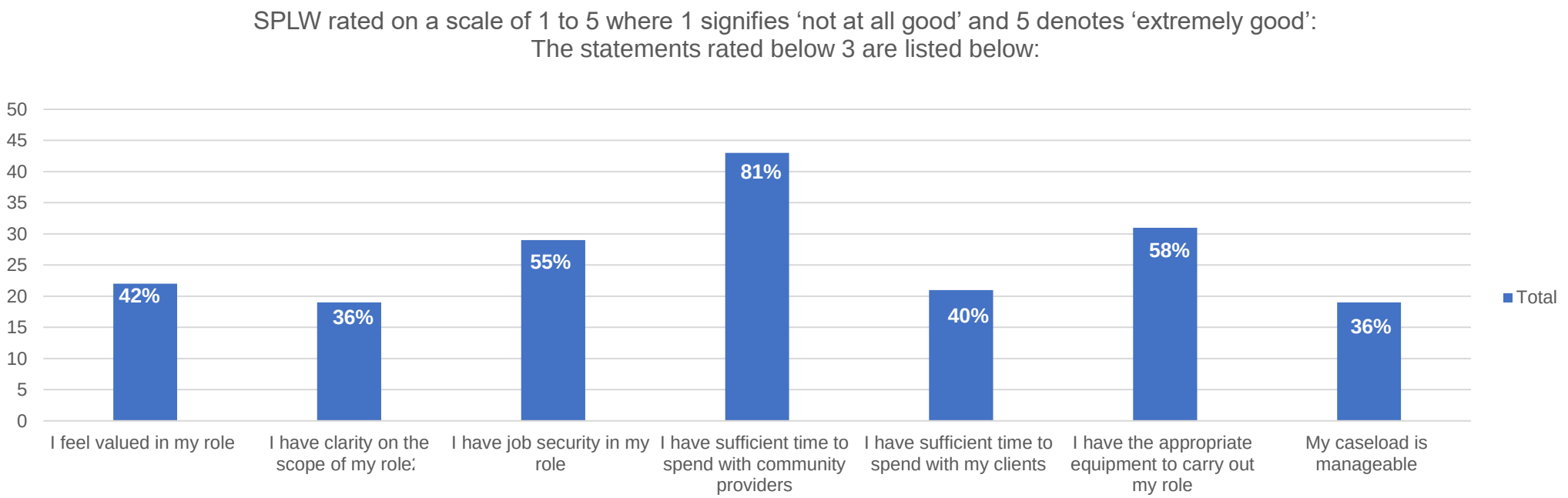
Backgrounds
Mainly associated with health and social care
Some from education, sales and marketing, community-based, or local authority

Employment Status
Part-time: 8
Full-time: 45

Types of Employer
1 FT, 1 PCN-paid and managed by a charity
13 in GP federation/alliance
5 in local authority
14 in PCN
18 in voluntary sector organisations

Geographical Distribution
If you want to know how many are completed within your locality, please contact Charlotte.

Role and wider support



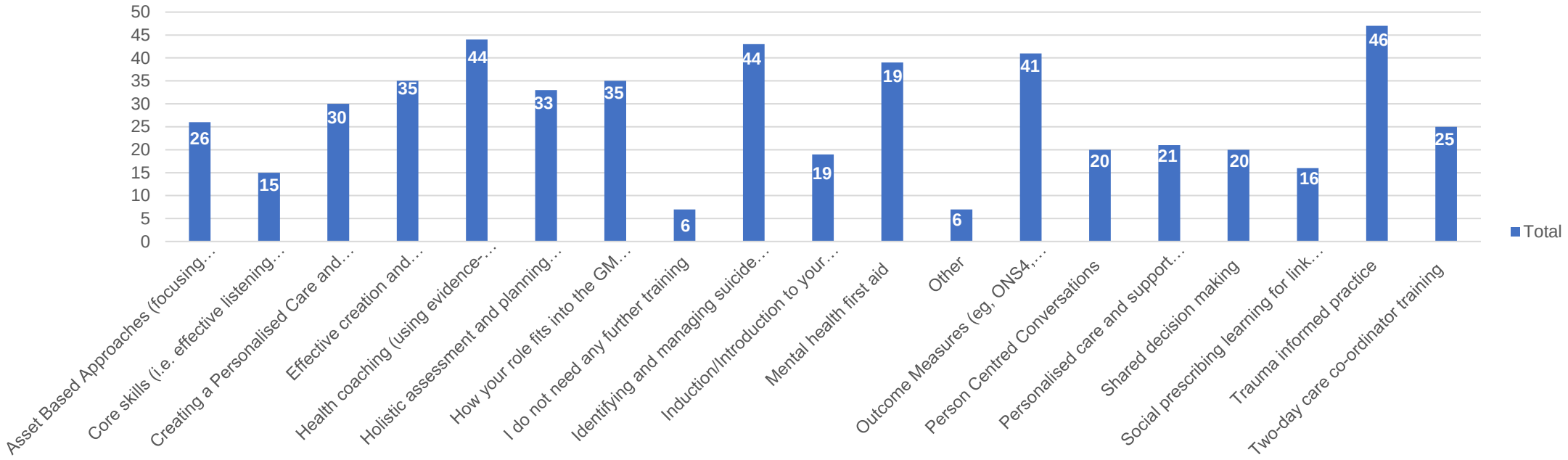
Considering the lowest-scored statements from the survey: "I have clarity on the scope of my role." "My caseload is manageable." "I feel valued in my role." "I have sufficient time to spend with my clients.“ The survey emphasises the importance of enhancing role clarity, which is closely tied to feeling valued and improving time allocation to manage caseloads. The workforce has proposed solutions to address these low-scoring areas:

1. **Requests to join GP and other clinical meetings** for:
    - Enhancing the understanding of SPLW roles across departments.
    - Providing clarity to reduce inappropriate referrals, optimise resource utilisation, and address misconceptions among clinical staff.
2. **Requests to join multiple communication channels in each practice** for:
    - Inclusion and staying informed, preferring multiple updates over none at all.
3. **Recommending improved time allocation** to:
    - Manage complex referrals effectively.
    - Strengthen community provider interactions for better onward referrals.

The workforce also acknowledged effective aspects, such as training opportunities and peer networking. These insights offer a clear path for targeted improvements while recognising and building upon successful aspects.

Training and development

The workforce could tick multiple training they require from the list in this chart:



Top three training needs identified:

- Trauma Informed Practice
- Health Coaching
- Identifying and Managing Suicide Risks

Statement from SPLW: "All recent training has been helpful. Particularly beneficial: 1-day practice informed by Trauma Training by Norma Howes Training & Consultancy and Iris domestic abuse training"

Resources:

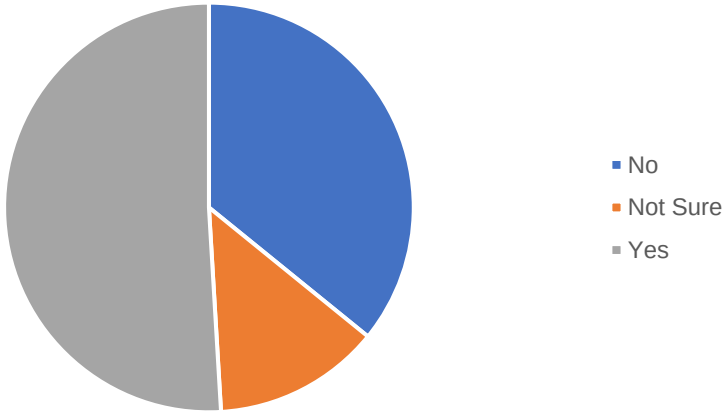
ARRS roles training requirements outlined

e-Learning for Health Social Prescribing Program

According to the SPLW framework, SPLW must receive accredited training and ongoing development. Employer responsibility includes funding and providing time for training attendance.

MDT’s

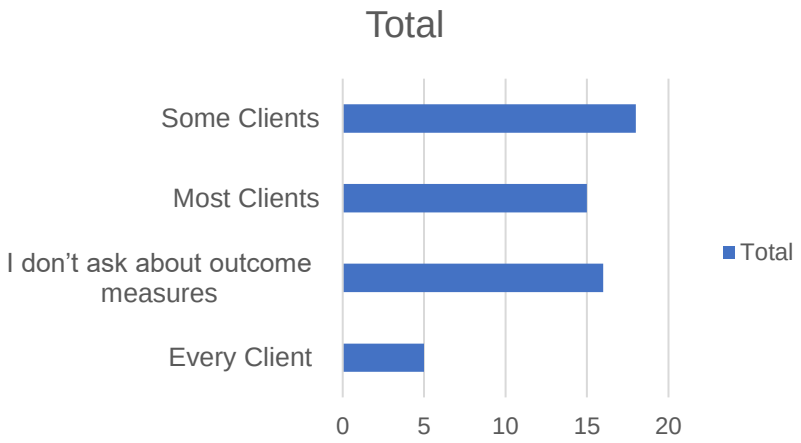
Are you part of a multi-disciplinary team (MDT)?



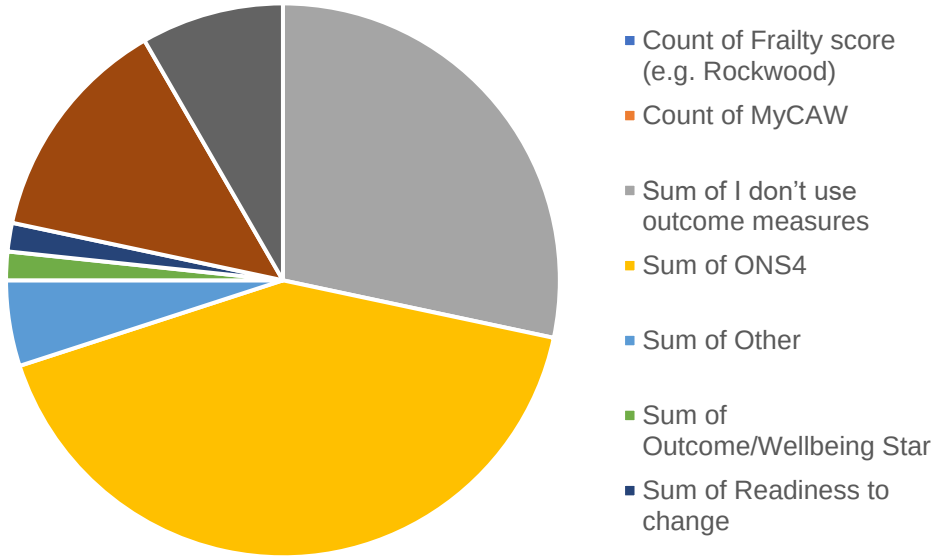
Despite many SPLWs not being part of a Multidisciplinary Team (MDT), follow-up discussions revealed their interest in understanding and participating in more MDTs, especially for complex clients. The Peer Support Network is organising a session to enhance confidence and competence in engaging with or establishing MDT meetings. To also meet the requirements outlined in SPLW framework section 7.2. The training session could be supplemented with regular practice team training, mutual job shadowing, or collaborative share-and-learn sessions.

Outcome Measures

How frequently do you discuss and record outcome measures with your clients?



Which of the following outcome measures do you use with your clients?

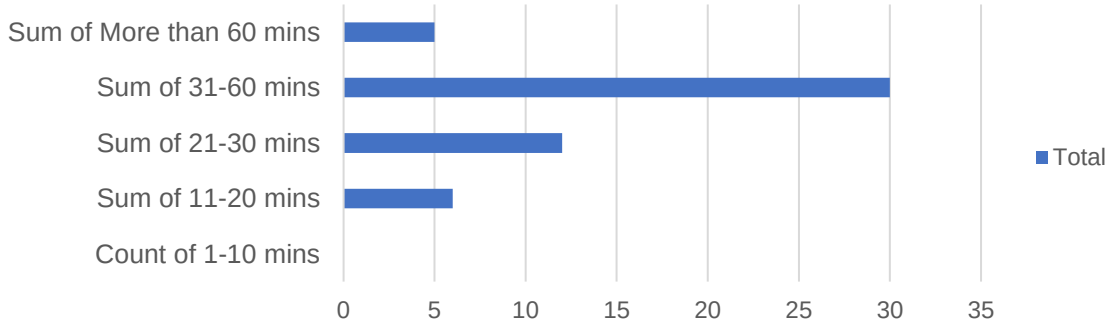


Practitioners primarily prefer ONS4 (yellow on the graph) for outcome measures, while some refrain from using (grey) partly due to concerns about data techniques impacting personalisation and conversation quality.

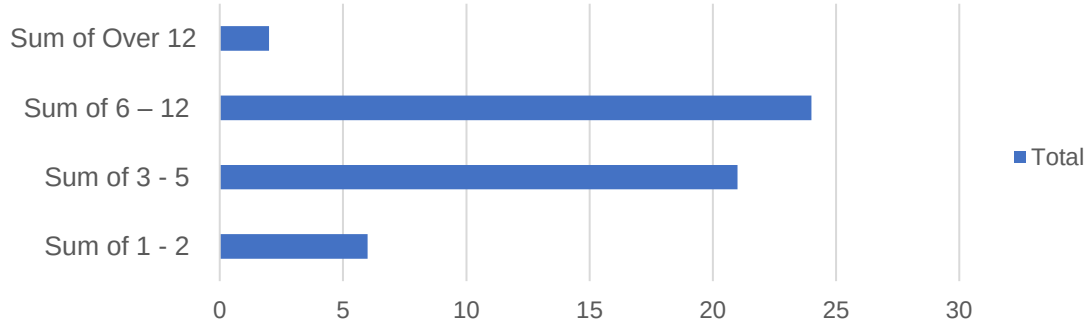
The workforce’s dedication to being patient-focused has hindered capturing data. Still, they are keen to undertake training to overcome the issue and implement outcome-measuring tools, displaying a proactive approach. Hence, the Peer Support Network offers two sessions to boost confidence and competence in data capturing: ‘Unlocking the Power of Data in Shaping Healthier Communities’ and ‘Monitoring to Enhance Quality Conversations for Individual Outcomes’.

Engagement with patients

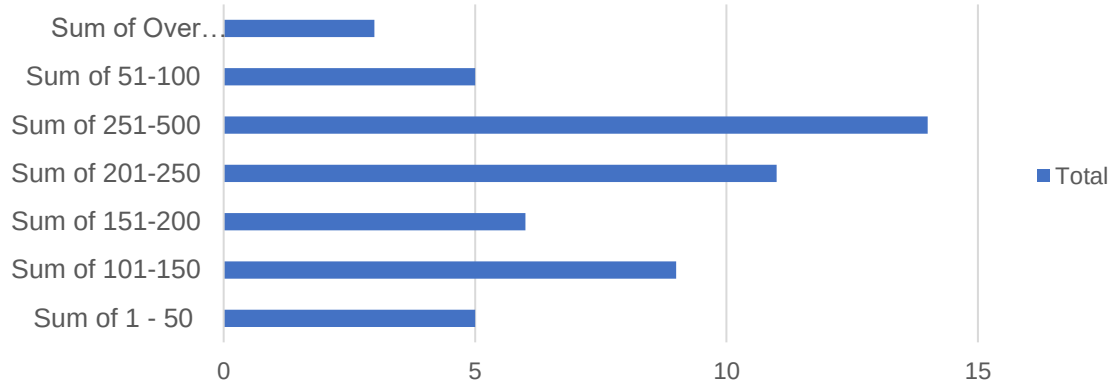
1. On average, how long do you spend with a client at an appointment?



2. On average, how many sessions do you spend working with your clients?



3. What is your average caseload over the course of a year?

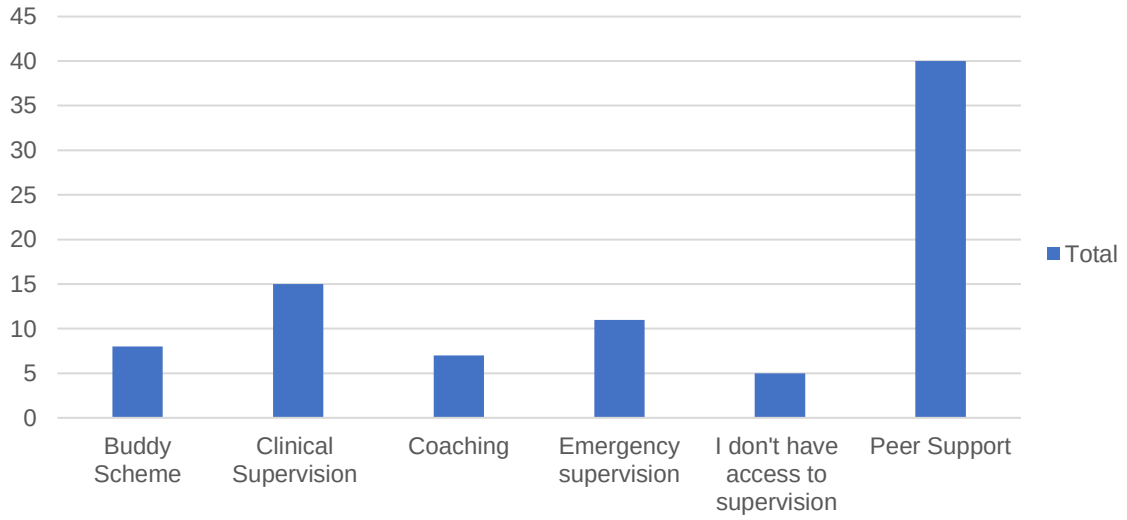


SPLWs typically spend 30 minutes to an hour with clients, averaging 6-12 sessions per client and managing an average caseload of 251-500 (maximum safe caseload is 200-250 per year and may be less, based on the complexity of cases and the maturity of the social prescribing service' SPLW framework).

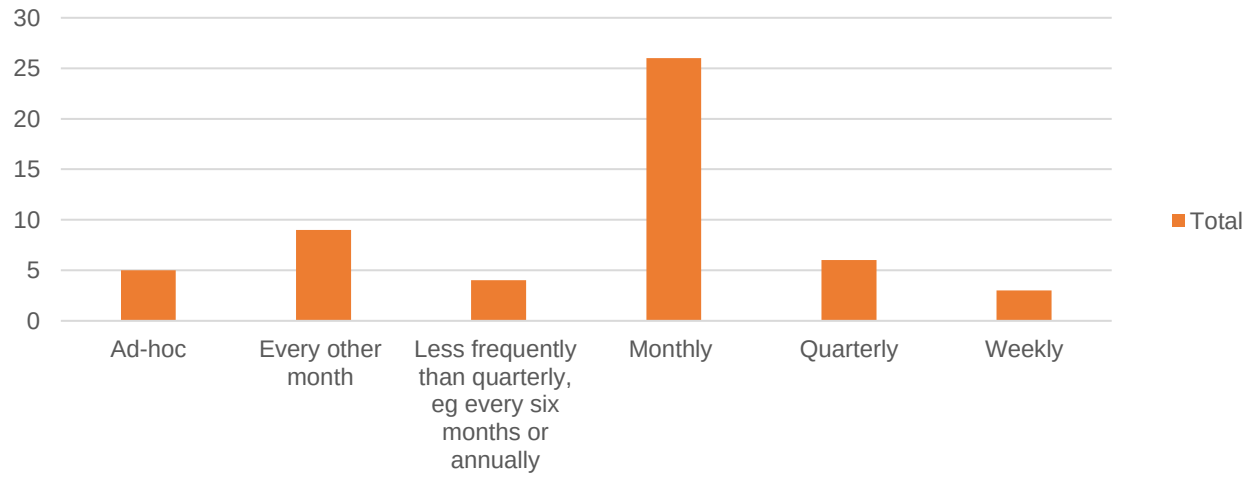
Time allocation is generally sufficient, with potential challenges arising from a high number of complex referrals, language barriers, or covering numerous surgeries. Effective referral and triage processes contribute to a positive client experience.

Supervision

Which of the following types of supervision and support do you have access to?



How regularly are your supervision meetings taking place?



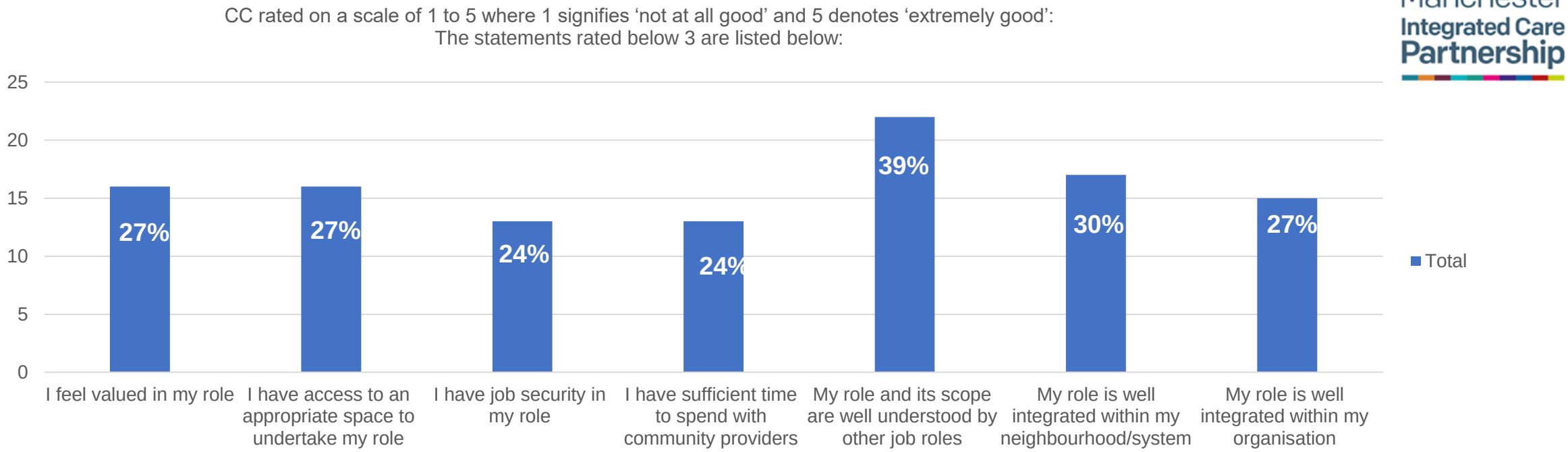
SPLWs value a supportive team manager. 26% lack clinical supervision, and some seek better access to varied supervision types. The SPLW framework emphasises the need for quality supervision and management support. Consequently, the Peer Support Network plans to create a resource for leads on supervision implementation and host a training session to explore diverse supervision types and their benefits for improved practice delivery.

Care Coordinators (CC)

The survey was completed by:

- 33 completed the survey out of 120 CC respondents.
- 26 full-time staff and seven part-time staff
- Two people from CIC/voluntary sector, nine from GP federation/alliance, one from LA/PCN, three from Local Authority, seventy from PCN.
- We had responses from 8 localities, if you would like to know how many completed within your locality, please contact Charlotte

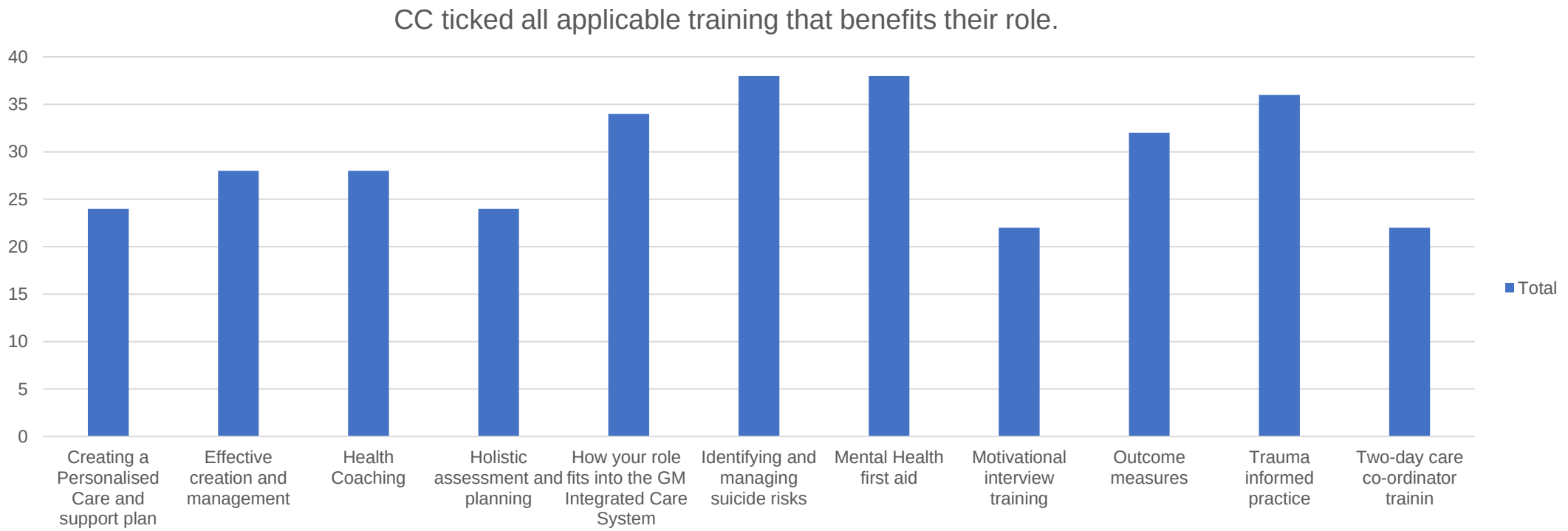
Role and wider support



Highest Scored Statement is their confidence in delivering the role. To improve the lowest-scoring statements:

- Peer support network is putting on ‘Exploring Additional ARRS Roles - Unleashing Synergies’ Training Session: Enhance collaboration with additional workforce roles and MDTs. This may reduce the need for time with community providers and improve role communication.
- Opportunity to attend Clinical Meetings: CC attendance to share capacity and role insights with clinical staff.
- Inclusive Communication: Include CCs in all channels and invites for consistent updates.
- Examples of Good practice: CCs utilised community spaces effectively, suggesting a budget allocation for similar initiatives. Alternatively explore available spaces through NHS estates for providing dedicated workspace.

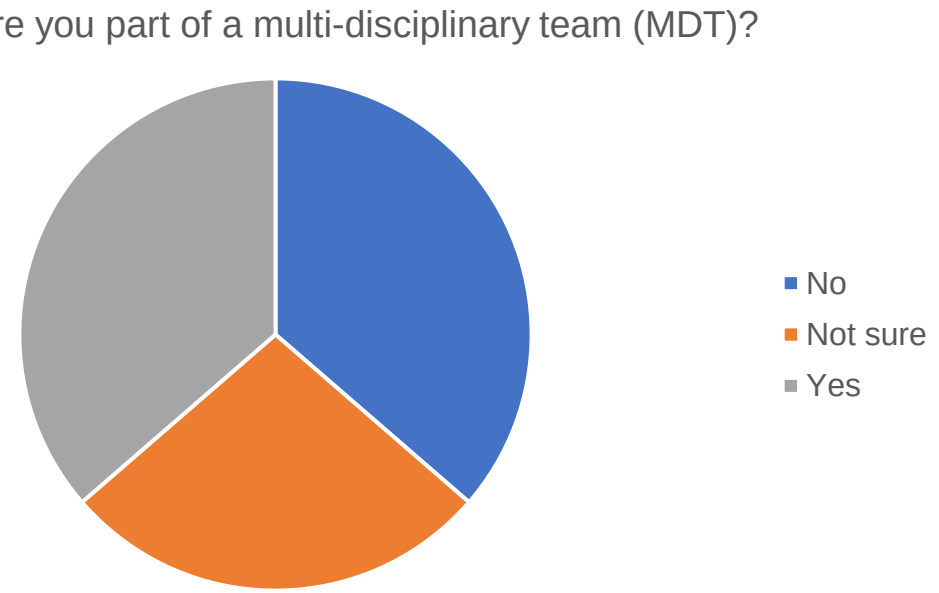
Training and development



'Mental Health First Aid Training' and 'Identifying and Managing Suicide Risk' received the highest ratings in the survey. The CC suggested having protected training time to ensure ongoing CPD needs for their role and to meet required training, as per the CC Framework found on the Personalised Care Institute website:

- Two-day accredited care coordinator training
- Accredited personalised care and support plan e-learning
- Accredited shared decision-making e-learning
- Safeguarding and confidentiality

MDT's:

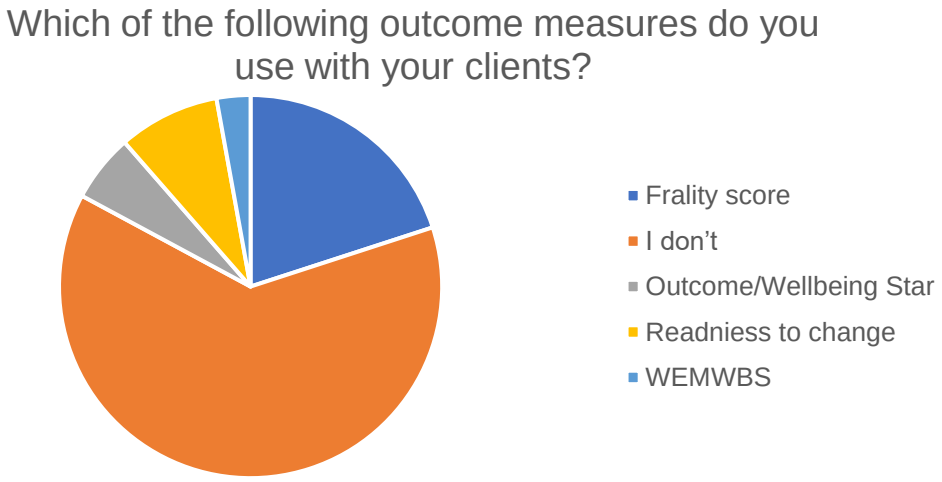


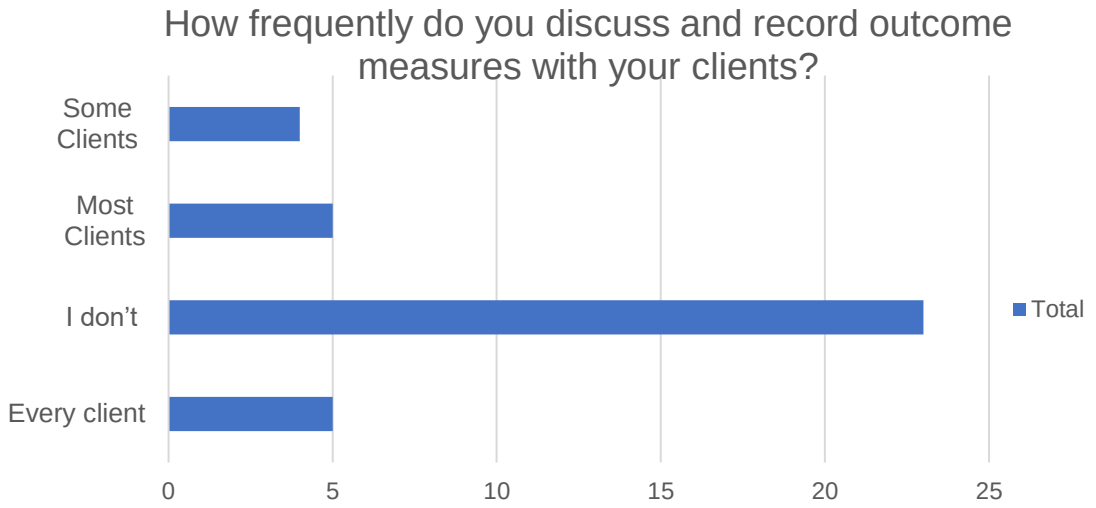
Although many CCs are not part of MDTs, follow-up discussions revealed their interest in understanding and participating in more MDTs, especially for complex clients.

Therefore, the Peer Support Network is organising a session to enhance confidence and competence in engaging with and establishing MDT meetings.

We hope to enable the workforce to meet the requirements outlined in CC Framework. The training session could be supplemented with regular practice team training, mutual job shadowing, or collaborative share-and-learn sessions.

Outcome Measures:



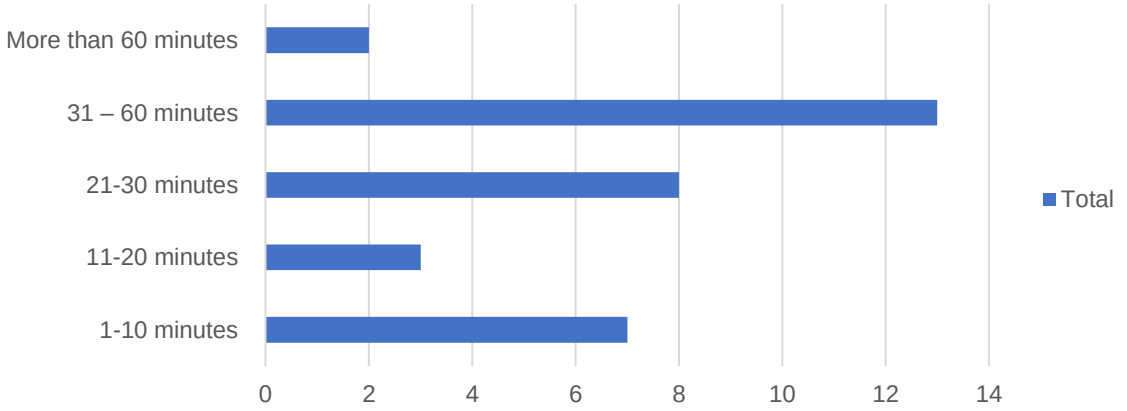


CCs primarily use Frailty scoring (blue in graph) for outcome measures, while some refrain from using (orange) partly due to concerns about data techniques impacting personalisation and conversation quality.

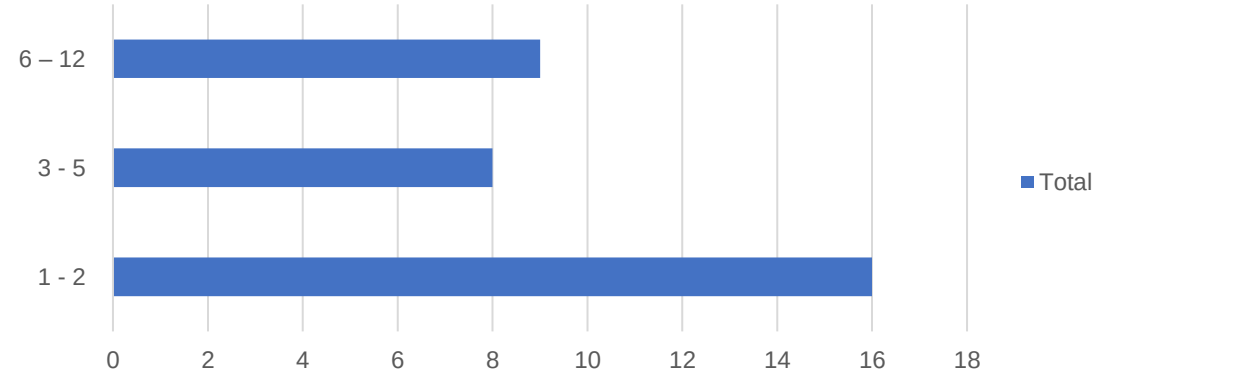
The workforce's dedication to being patient-focused has hindered capturing data. Still, they are keen to undertake training to overcome the issue and implement outcome-measuring tools, displaying a proactive approach. Hence, the Peer Support Network offers two sessions to boost confidence and competence in data capturing: 'Unlocking the Power of Data in Shaping Healthier Communities' and 'Monitoring to Enhance Quality Conversations for Individual Outcomes'. To help meet the induction and training requirement in recording interventions outlined in the CC Framework.

Engagement with clients

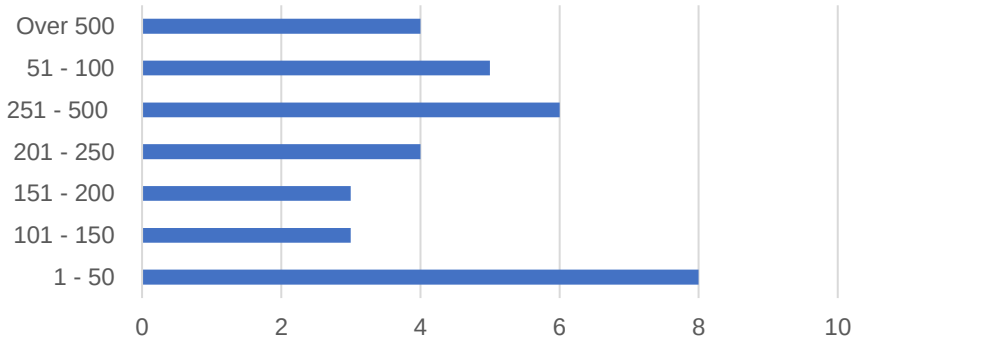
On average, how long do you spend with a client at an appointment?



On average, how many sessions do you spend working with your clients?



What is your average caseload over the course of a year?

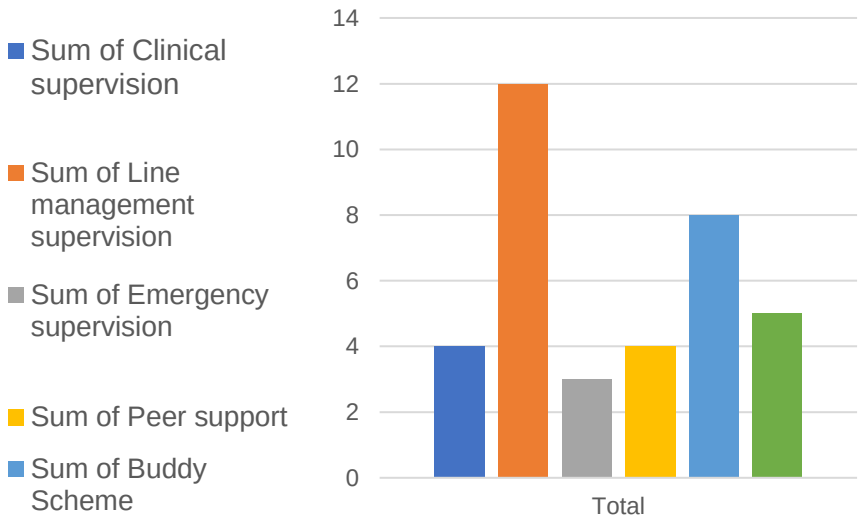


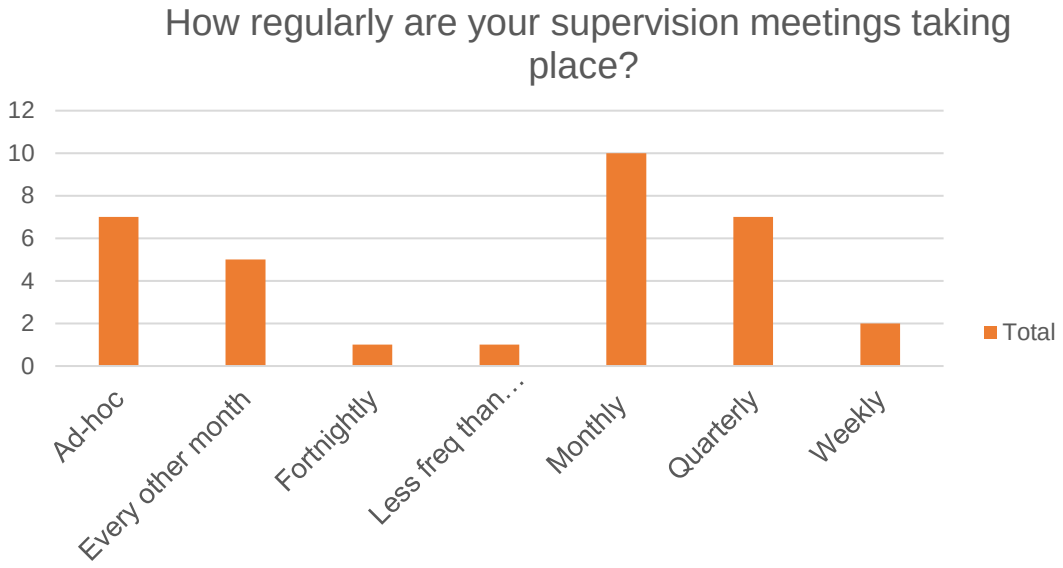
Most CCs spent 30-60 minutes with clients and had 1-2 sessions. CCs agreed this was sufficient unless they were managing complex cases. Role flexibility allows for meeting client needs.

Quote by CC “Everyone is different therefore it's important to ensure people are given the time they need”,

Supervision

Rating your experience on a scale of 1 to 5, where 1 is ‘not at all good’ and 5 is ‘extremely good’. Below are the statements that were rated less than three:





Among the survey responses, a positive statement was shared, reflecting the value of support, by a CC: "I have a great line manager I work alongside and feel I can ask any question."

While 28% of care coordinators reported no access to clinical supervision, it's positive that those receiving supervision have it monthly. The Peer Support Network aims to enhance this aspect further by creating a resource for leads on supervision implementation and hosting a training session to explore diverse supervision types and their benefits for improved practice delivery. This initiative aligns with expected requirements for health and social care providers regulated by the CQC and fulfils PCN employers' contractual responsibility to provide supervision as per the Network Contract DES specification.

Health and Wellbeing Coaches (H&WC)

The survey was completed by:

Six out of 25 H&WC responded to the survey

We had responses from 3 localities, if you would like to know how many completed within your locality, please contact Charlotte

GP federation, three in the voluntary sector and one PCN

Two part-time and four full-time

Wide range of backgrounds

Two have been in post less than six months, one between six months and one year. The other three people are longer than two years.

Only one H&WC attended the peer support follow-up session for the survey.

How can we enhance engagement?

Role and wider support

‘I feel confident in carrying out my role’ – highest-scored HWBC statement

The lowest-scored statement indicated that the H&WC role could be better integrated. The discussion revealed that the role is well-defined.

Suggestions received:

- Clarity on other roles

- Improved sharing of resources and information to respond to local needs

- Having the dedicated time and focus to fulfil the role of H&WC responsibilities without the request to juggle additional tasks

Training and development

The most useful training H&WC have found:

- Health Coaching
- Inductions
- How their role fits in GM integrated care system
- Motivational interviewing Suggestions
- My Mental Health support for working on a ward to ensure good practice of writing notes and safeguarding.

To continue to improve and meet the training standards outlined in H&WC framework;

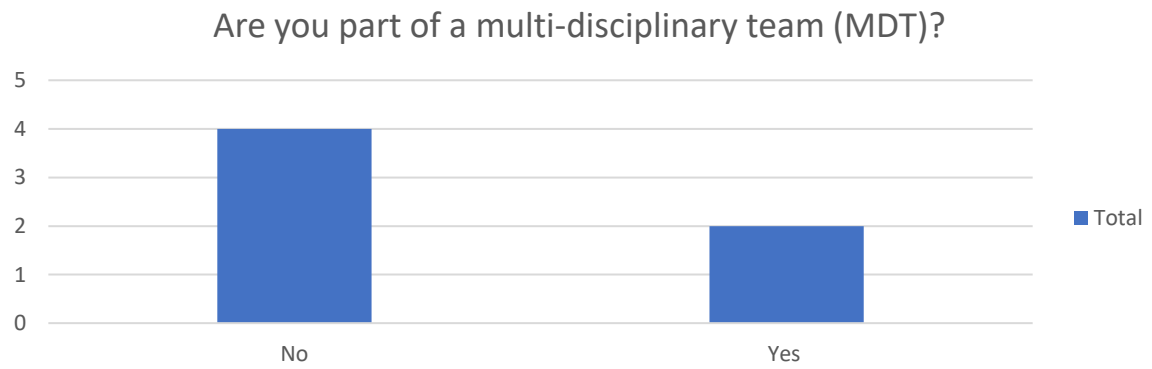
- The NHSFutures collaborative workspace for health and wellbeing coaches, includes upcoming webinars and valuable materials.
- The peer support network provides monthly training overviews and welcome sessions, which provide an outline of training requirements and an opportunity to understand their role and how it fits in GM ICS.
- There is a Four-day PCI-accredited health coaching training, available on the PCI website and additional training, like safeguarding and confidentiality. Employers are expected to cover the associated costs

.

Outcome Measures & Multidisciplinary Team meetings (MDT)

While a notable percentage of H&WC were not utilising outcome measures, those who did primarily used ONS4, SWEMWBS, or Readiness to Change.

There is an opportunity to enhance training requirements on 'recording interventions' (H&WC framework) as indicated by both survey responses and discussions. Hence, the Peer Support Network offers two sessions to boost confidence and competence in data capturing: 'Unlocking the Power of Data in Shaping Healthier Communities' and 'Monitoring to Enhance Quality Conversations for Individual Outcomes'.



Two out of six reported their involvement in MDTs.

Feedback suggests that H&WC actively engage in MDT meetings, aligning with the H&WC framework recommendation.

Engagement with patients

Survey results and highlights from follow-up discussion:

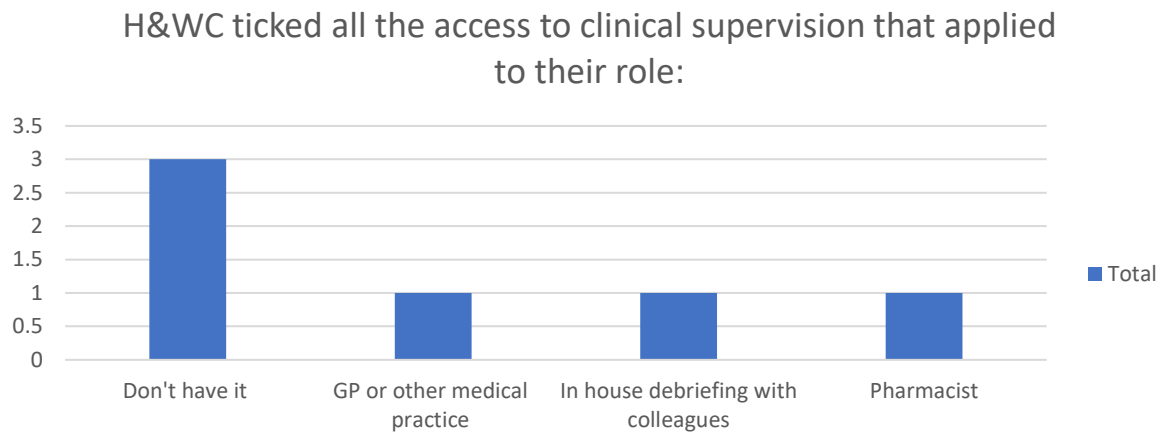
H&WC invest 6-12 dedicated hours in working with each client annually, maintaining an average caseload of 101-205 and spending 31-60 minutes per session.

The flexibility granted to H&WC has resulted in effective working practices and yields better outcomes.

Enhancing GP's understanding of the roles could enable clients who are waiting for assessments to benefit from H&WC's 'waiting well' approach.

H&WC shared training recommendations and insights, advocating for a 1-hour initial session and 45-minute ongoing sessions, focusing on small, actionable segments suitable for six sessions with clients.

Supervision



Of 6 H&WC, 2 lack access to clinical supervision, while 3 benefit from regular monthly supervision. Recognising the benefits of consistency, a case example highlighted a high number of six managers over a short two-and-a-half-year period.

To address this, the Peer Support Network plans to create a resource for leads on supervision implementation and host a training session to explore diverse supervision types and their benefits for improved practice delivery. This aligns with the mandatory clinical supervision requirements outlined in the H&WC framework, which delineates three types of supervision: line management support, access to clinician supervision, and health coaching supervision.

Furthermore, It will emphasise that providers regulated by the Care Quality Commission must regularly supervise staff competence. For primary care networks employing H&WC through the ARRS, contractual responsibilities for supervision are outlined in the DES.