



Self-Assessment Development Guide for Social Prescribing Link Worker Host Organisations

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About NAVCA

NAVCA (National Association for Voluntary and Community Action) is a membership body for local infrastructure organisations (LIOs) across England. Their mission is to strengthen and champion a thriving and influential voluntary and community sector, through high quality local support organisations. NAVCA members support over 165,000 small charities and community groups in their local areas.

About NASP

Founded in 2019, the National Academy for Social Prescribing (NASP) is a registered charity with a mission to champion better health and wellbeing through social prescribing. NASP aims to improve the quality, range and impact of social prescribing through sharing best practice, building partnerships across sectors, creating evidence and increasing awareness of what good social prescribing looks like.

About Spirit of 2012

Spirit of 2012 was established as an independent Trust by the National Lottery Community Fund in 2013 to build on the legacy of the London 2012 Games. It does this by funding projects and research that enable people to participate in a wide variety of activities from physical activity to the arts and volunteering and focus on evaluation to fully understand why and how taking part can make people feel better and more connected to their communities.

Introduction

This resource is for Social Prescribing Link Worker (SPLW) Host Organisations (HO), with a particular focus on hosting in the Voluntary, Community and Social Enterprise (VCSE) sector. It aims to help Primary Care Networks (PCNs) and HOs establish, develop and maintain a sustainable and effective social prescribing scheme in a local area.

It aims to reflect and simplify existing NHS England (NHSE) guidance, including the [Social Prescribing Maturity Framework](#)¹ and [SPLW Workforce Development Framework](#). It is a practical, day-to-day guide on how to develop and deliver a quality SPLW hosting service and as such is a living resource intended to be used as part of a larger raft of resources, many of which are included. This is a key principle behind this resource – that social prescribing is a complex system of many parts, and that this is reflected in the hosting mechanism being part of the wider ecosystem of community activity and support.

The self-assessment is divided into the following parts:

1. It starts with the foundations necessary to build an effective social prescribing scheme, i.e. the **contracting arrangements** between PCN and HO including the means by which to keep the contracting requirements 'live' and on track.
2. Guidance for **recruitment, training and development** of SPLWs which includes connections to a wealth of additional training resources.
3. **Management** and support of SPLWs with guidance for caseload management, including suggested caseload limits. Information on both **peer support** and **clinical supervision** are given – the latter being a requirement for SPLWs, whether they are hosted within a PCN or a VCSE organisation.
4. Suggestions for support for SPLWs to link into the **ecosystem of local community activities**, whether through local community directories, relationships with Local Infrastructure Organisations or by doing community engagement on the ground. Ideally, all three are needed.
5. SPLWs exist within the **wider system of integrated health** and need opportunities to connect with other health providers in this network.
6. **Funding and resourcing** for SPLWs and HOs is critical, and the self-assessment includes a full cost recovery calculator so that all costs connected with social prescribing, including the hosting of SPLWs, can be understood and funded.
7. Systems and processes for **managing information** are explained, with the PRBS Social Prescribing Information Standard running as a thread throughout all systems and processes.
8. **Blank table** to help you work through and record your work and progress against the different elements of the quality assurance framework.
9. **Example agreement between PCN and LIO** to give a template that you can tailor to your own local circumstances.
10. **Glossary** of terms.

This self-assessment development guide is a living document. It includes a wealth of resources, from official NHS publications, guidance from NAVCA, practical tools, case studies highlighting good practice and more. The intention is to add and update the resources as part of the library of resources hosted by the National Association of Social Prescribing (NASP). If you are aware of any resources that are not listed and may be useful, please contact NAVCA (navca@navca.org.uk).

¹ The Maturity Matrix can only be accessed via the Future NHS Collaboration Platform. You can sign up for an account [here](#).

1 Contracting arrangements

To build an effective social prescribing scheme the underlying infrastructure to govern relationships between the PCN and the LIO must be in place, namely the contracting and funding arrangements. These governance arrangements need to be understood by all involved and kept live through review meetings.

Categories and specific elements		Resources / Links to support
1.1	<p>Memorandum of Understanding (MoU) and Standardised Service-Level Agreements (SLA) in place.</p> <p>SPLW service sustainability plans in place, e.g. for (long-term) staff sickness; budget flexibility exists for unexpected costs.</p>	<p>NHS Network Contract Directed Enhanced Service Guidance: Personalised Care: Social prescribing; shared decision making; digitising personalised care and support planning</p> <p>Network Contract Directed Enhanced Service Investment and Impact Fund 2022/23: Updated Guidance</p> <p>NHS England Social prescribing: reference guide and technical annex for primary care networks</p>
1.2	<p>SPLW Host Organisations (HO) and PCNs understand their responsibilities regarding the DES contract specification. A system exists between SPLW HOs and PCNs to ensure contract requirements are met (e.g. regular review meetings).</p>	<p>NHS England - Network Contract Directed Enhanced Service Contract specification 2022/23 – PCN Requirements and Entitlements</p>

2 Recruitment, training & development

Building an effective SPLW workforce starts with attracting and recruiting talented SPLWs. Recruitment needs to use clear and consistent standards for SPLW practice, including expected knowledge, skills and behaviours. Training and development helps equip SPLWs to practice safely and effectively by providing them with the right skills and knowledge to do their job.

Categories and specific elements		Resources / Links to support
2.1	<p>SPLW recruitment and retention plans in place & agreed between PCN & HO.</p>	<p>NHS England SPLW Sample Job Description & Person Specification</p> <p>NHS Network Contract Directed Enhanced Service Guidance: Personalised Care: Social prescribing; shared decision making; digitising personalised care and support planning</p> <p>Workforce development framework: social prescribing link workers</p>

		Example Person Specification: Job Description - Senior Social Prescribing Link Worker - Jan 2022
2.2	Adequate number of SPLWs per PCN/GP (caseload of 250 people per year per FTE). Senior SPLWs in place to support management of larger teams.	
2.3	SPLWs and their supervisors use the Social Prescribing Competency Framework to understand the social prescribing link worker role and guide professional development.	NHS England SPLW competency framework
2.4	Training & professional development for all SPLWs. Induction training is the minimum, with management and supervision support for career progression & development in line with the Social Prescribing Competency Framework & NHS England Workforce Development Framework (NHSE WDF). SPLWs should use the examples in the NHSE WDF to evidence their skills and practice.	NHS England SPLW competency framework Workforce development framework: social prescribing link workers including Annex B – Portfolio of evidence ELFH Online - Social Prescribing – Learning for Link Workers programme Personalised Care Institute eLearning NHS Health Education England Training Hubs North East London Guide for new Social Prescribing Link Workers Education Standards for Social Prescribing link Workers (National Association of Link Workers)
2.5	Based on local need and PCN direction, recognised specialisms are developed to target specific work with identified groups. Training is available (e.g. through Training Hubs and specialist teams) on specialist areas for interested SPLWs.	See ‘Proactive Social Prescribing’ (Section 2.1 and Appendix 1) in NHS Network Contract Directed Enhanced Service Guidance: Personalised Care: Social prescribing; shared decision making; digitising personalised care and support planning Mental Health Training & Development for SPLWs

2.6	<p>Specific funding allocated for SPLW training and professional development, including opportunities to join appropriate PCN training opportunities.</p> <p>Towards excellence: A budget for personal training opportunities linked to Professional Development is provided. Training Hubs are involved in design and delivery of SPLW training.</p>	<p>NHS Future Learn, free training offer for NHS employees</p> <p>Regional training hubs</p> <p>National Association of Link Workers (NALW) case studies on training and support</p>
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3 Management, supervision & peer support

SPLWs need to be supported and enabled to succeed in their role. Good support, management and supervision arrangements, including clinical supervision, need to be in place to ensure SPLWs practice safely and effectively.

Categories and specific elements	Resources / Links to support
3.1	<p>Regular line management supervision is carried out by HO.</p>
3.2	<p>Adequate number of SPLWs per PCN/GP (max caseload of 200 - 250 people per year per FTE).</p> <p>Caseload management is overseen by a supervisor and an agreement is in place for maximum caseloads with accompanying contingency plans (e.g. additional staff).</p> <p>Senior SPLWs in place to support management of larger teams.</p>
3.3	<p>SPLW experience, specialisation, strengths, and connections are accounted for in the assignment and management of caseloads.</p>

<p>NHSE Workforce Development Framework SPLW</p> <p>NALW supervision videos</p>
<p>NHSE Workforce Development Framework SPLW</p> <p>NALW supervision videos</p> <p>NHSE & NHS Improvement – Supervision for roles recruited through the ARRS</p> <p>NHS Health Education England – ARRS ROLES – guidance on supervision, training and responsibility</p>

3.4	SPLWs have access to monthly clinical supervision from the PCN, as outlined in the PCN Network Contract DES.	NHS England SPLW Reflection Tool Cheshire and Merseyside supervision guidance NALW videos on supervision models
3.5	Formal peer mentor support sessions, either locally within the PCN / borough wide or ICS level / regionally (provided by NHSE or other national bodies) is available and time is given in the role to attend.	Social Prescribing Training Hub Supervision Small Group Action Learning Set (ALS) Trailblazer Pilot: Findings & Recommendations

4 Community engagement requirements

SPLWs can only make high quality prescriptions if they are tapped into and understand the local VCSE ecosystem and its unique make up of community organisations and activities. SPLWs will need to use various ways to connect in and build up local intelligence – from accessing local community directories, building relationships with Local Infrastructure Organisations and doing community engagement on the ground.

Categories and specific elements	Resources / Links to support
4.1 SPLW has access to and uses Local Infrastructure Organisation (LIO) (or other) directory of community services. Towards excellence: SPLW are involved in maintaining directory of community services.	NAVCA Directory Guidance (forthcoming)
4.2 Information sharing opportunities exist with VCSE Organisations. SPLWs have a relationship with the Local Infrastructure Organisation SPLWs have access to information on local community provision, (through a directory or other systems) and a way to learn about new activity provision in the community.	Hampshire & Isle of Wight Social Prescribing Network case study NAVCA Directory Guidance (forthcoming)

	Information sharing opportunities / networking meetings with the wider sector are convened locally.	
4.3	SPLWs are aware of/knowledgeable about of all appropriate external support, networks and forums and receive information, briefings and newsletters available locally, regionally, and nationally and have time to digest and utilise these resources.	NASP Social Prescribing insights & useful resources NASP Thriving Communities in Your Region NHS Collaboration Platform and webinars
4.4	Sufficient time and funding given for SPLWs to go out into the community to make connections and build relationships with activity providers in their area. Extra time and resources should be allocated for building relationships with marginalised communities.	NHSE - Social prescribing and community-based support Summary guide NHSE Workforce Development Framework SPLW
4.5	Detailed and accessible records are kept of resources for social prescribing available within the community. Existing directories are regularly reviewed and updated in collaboration with activity providers and other community organisations. Special effort should be made to include small providers and those serving marginalised communities.	NAVCA Directory Guidance (forthcoming)

5 Connections into wider system

SPLWs are part of the wider integrated and personalised health and care network and do not exist in a vacuum. To do their job effectively and ensure the PCN and HO are delivering an impactful social prescribing scheme, mechanisms must be put in place for SPLWs to be connected into the wider system.

Categories and specific elements		Resources / Links to support
5.1	Relationship exists with other SPLWs and other Additional Roles Reimbursement Scheme roles (ARRS) roles (e.g. Health & Wellbeing Coaches, Care Coordinators, Community Pharmacists, etc.)	Redbridge CVS case study

	<p>Towards excellence: There are formal networking opportunities for all personalised care staff employed within the ARRS roles across a PCN, irrespective of their host employer.</p>	
5.2	<p>Communication exists between SPLW and PCN/GP Federation staff and other health providers in system, e.g. SPLWs spend time in GP surgeries, meet with other PCN staff, attend appropriate meetings including Multi-Disciplinary Team (MDT) meetings and local 'huddles' to discuss clients; joint working is encouraged.</p>	<p>Living Well Sefton / Sefton CVS case study</p> <p>NAVCA LIO and PCN Engagement Toolkit (forthcoming)</p>
5.3	<p>Opportunities exist for regular joint feedback with SPLW managers, VCSE hosts, GPs, PCNs and other relevant health partners.</p> <p>Towards excellence: Regular review meetings are scheduled and attended by all stakeholders; progress, outcomes and data on Key Performance Indicators (KPIs) is shared; challenges and opportunities are explored in a supportive environment.</p>	

6 Funding & resourcing

Funding and resourcing for SPLWs and HOs at the social prescribing service development stage and planning into the future is critical for an effective and sustainable social prescribing service. This means that *all* costs connected with social prescribing, including the hosting of SPLWs, are understood and funded.

Categories and specific elements

Resources / Links to support

6.1	<p>Overheads, additional expenses and IT resources are funded. All reimbursable costs are claimed from the PCN.</p> <p>Towards excellence: Indirect costs are recovered using full cost recovery calculations.</p>	<p>Case Study: Voluntary Centre Services Lincolnshire funded 2 SPLW team leaders by claiming max salary costs from PCN.</p> <p>NHS Network Contract Directed Enhanced Service Guidance: Personalised Care: Social prescribing; shared decision making; digitising personalised care and support planning</p>
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		SPLW Full Cost Recovery calculator (2022/23) TNLCF general guidance for VCSE full cost recovery
6.2	Office spaces and suitable (e.g. accessible, private) meeting areas are available for SPLWs with clients. Alternative arrangements are available to meet clients in their preferred settings (e.g. a particular community venue).	
6.3	SPLWs and supporting staff have the necessary resources and materials to work effectively, e.g. laptop, phone, stationary/office supplies, transport options for visiting clients, etc.	

7 Information management practices and systems

All SPLWs should follow the PBRs Social Prescribing Information Standard. This enables the sharing and recording of information for the whole patient journey, from initial referral, throughout the period of social prescribing and the message back to the referrer and GP at its conclusion. It also supports information for understanding the scale and effectiveness of social prescribing services.

Categories and specific elements		Resources / Links to support
7.1	The PRBS Social Prescribing Information Standard is understood and implemented across all information collected, analysed and reported on by and with SPLWs.	Professional Record Standards Body Social Prescribing Information Standard
7.2	A personalised care and support plan is completed with the clients and recorded.	NHS England – Personalised care support and planning Personalised care and support plan – template

7.3	A secure system is in place to record and report on referrals, client details, outcomes and actions, e.g. EMIS/other clinical systems directly linking to the GP surgery or an appropriate internal customer relationship management tool.	
7.4	SNOMED CT codes are used to classify referrals in the clinical system. Outcomes measurement tools such as Office for National Statistics (ONS) wellbeing scale or Warwick Edinburgh Mental Wellbeing Scale (WEMWbs) or other recognised measurement tools are used, either within the client management system or in a secure way with capability for reporting. The PRBS Social Prescribing standard is understood and implemented.	Bromley by Bow SNOMED guidance tutorial NHSE SPLW Workforce Development Framework WEMWbs template and user information ONS template and user information NHSE patient feedback template Social prescribing standard – PRSB (theprsb.org)
7.5	<p>Systems are in place for client data sharing between SPLWs and PCNs so that client information can be accessed and updated by both parties. Ensuring access to data management systems prior to ‘seeing’ clients is preferable to ensure monitoring and reporting of information and data.</p> <p>Ensure policies and processes are in place about procedures for access, sharing, and collaboration regarding data sharing. This includes understanding who the Data Protection Officer (DPO) is for both HO and PCN as well as ensuring robust Data Protection Impact Assessment (DPIA) is completed and in effect. Where appropriate refer to DPO for support.</p> <p>Appropriate Information Governance and data management training is provided to staff on how to record, store and report on data and information.</p> <p>A data sharing agreement may be needed if both host organisation and PCN request to see data and information being recorded. Here, a strong data sharing agreement is</p>	NHSE Social prescribing: Reference guide and technical annex for primary care networks Healthy London Partnership: Create an Information Sharing Agreement - YouTube

	<p>recommended with guidance on which party is data controller, of which it is possible for both a PCN/GP Federation/NHS Trust to be joint data controllers on the agreement. Refer to your DPO for advice and guidance.</p>	
7.6	<p>Case studies and examples of good practice in social prescribing, activity provision, PCN relationships, hosting practices, marginalised community connections and inclusion, etc. are properly recorded and made accessible to other HOs, PCNs, national support bodies, and any organisations who may benefit from these examples of good practice.</p>	<p>NASP Social Prescribing insights & useful resources</p> <p>NAVCA Social Prescribing Case Studies</p>

8 Self-Assessment Development Guide blank table

This table is designed to help you work through the domains and specific elements of the self-assessment and give a simple RAG (Red, Amber, Green) assessment as to where you currently are as a Host Organisation, along with space for reflections, actions and next steps.

Domain & specific elements	Status Meeting (Green) Some elements present (Amber) Not meeting (Red)	Reflections, actions and next steps
Contracting arrangements		
1.1		
1.2		
Recruitment, training & development		
2.1		
2.2		
2.3		
2.4		
2.5		
2.6		
Management, supervision & peer support		
3.1		
3.2		
3.3		
3.4		
3.5		

Community engagement requirements		
4.1		
4.2		
4.3		
4.4		
4.5		
Connections into wider system		
5.1		
5.2		
5.3		
Funding & resourcing		
6.1		
6.2		
6.3		
Information management practices and systems		
7.1		
7.2		
7.3		
7.4		
7.5		
7.6		

9 Example Social Prescribing SLA between LIO & PCN

1. SIGNATORY ORGANISATIONS

The Parties to this Service Level Agreement (“SLA”) are:

- [Name of LIO];
- [AREA] Health Partnership on behalf of [AREA] Primary Care Networks (PCN) comprising:
 - List organisations in PCN

2. PURPOSE

- To ensure the delivery of the requirements under the PCN DES and Impact and Investment Fund with regards to Social Prescribing and related areas.
- To ensure that the PCN has full access to a Social Prescribing Service in a way that meets the needs of the NHS England requirement, PCN DES, IIF, local needs, patients, GPs, and other Primary Care staff.
- To establish the roles and responsibilities of the partners to this agreement, in order to ensure the delivery of a Social Prescribing Service, meeting the needs of service users, PCNs and other stakeholders.
- To ensure that [AREA]'s Social Prescribing Service operates effectively across the [AREA] practices in meeting the needs of its service users and other stakeholders.

3. PERIOD OF OPERATION

- This agreement is aligned with the current commissioned service and corresponding NHS England funding through the ‘Network Contract Direct Enhanced Service’ until DATE.
- It will be reviewed by the parties to the agreement on an annual basis. This will allow necessary adjustments to be agreed including termination as appropriate.
- This agreement will commence on the date that authorised signatures from each party to it have been received.

4. BACKGROUND

The [NHS England Network Contract Directed Enhanced Service for PCNs](#) includes details of Additional Roles Reimbursement Scheme (ARRS) where a PCN is entitled to funding as part of the Network Contract DES to support the recruitment of new additional staff to deliver health services. One of the roles supported is a Social Prescribing Link Worker (see [Network Contract Directed Enhanced Service Contract specification 2022/23 – PCN Requirements and Entitlements, Section B3. Social Prescribing Link Workers](#)).

Social prescribing and community-based support is part of the NHS Long Term Plan’s commitment to make personalised care ‘business as usual’ across the health and care system. Social prescribing enables GPs and other local agencies to refer people to a link worker. Link workers give people time and focus on what matters to them as identified through shared decision making or personalised care support planning. Link workers connect people to community groups and agencies for practical and emotional support.

[AREA] Primary Care Network was established on DATE and has been funded through the ‘Network Contract Direct Enhanced Service’ to provide a Social Prescribing service.

5. FUNDING

The PCN (through NHS England funding) will fund [LIO NAME] for: insert details of

- numbers of workers
- nature of contract (permanent, fixed term, etc)
- duration of contract
- details of costs – including detail on VAT, salary amount, annual inflationary costs against NHS Terms & Conditions of Service (AfC) and salary reviews.
- payment schedule

Funding maybe withheld on the following grounds:

- Non-receipt of a valid invoice from the Provider.
- Failing to deliver KPIs (as set out in Appendix 1), following contract review meetings allowing a defined time for recovery.

6. HOURS OF OPERATION

Social Prescribers will deliver a [e.g. full-time service Monday – Friday during general practice hours of opening – 8.00am to 6.30pm].

7. ETHOS

Formalised social prescribing is a relatively recent development within the health and social care landscape. Its rapid development over the past two years or so brings with it significant opportunities to improve the wellbeing of citizens. Its successful implementation also brings with it a number of logistical and other challenges.

Beyond the list of responsibilities outlined within this document, the signatories to it pledge:

- To work together in a partnership approach to overcome challenges that we face in delivering the aims of this SLA.
- To always act in ways that are fair, honest and open.
- To recognise that misunderstandings and mistakes will occur but that we will work together to resolve them and any issues that arise.

8. ROLES & RESPONSIBILITIES

[LIO NAME] will:-

Recruit, employ, train, develop, support and be responsible for all employment liabilities for the Social Prescribing Link Worker, who will be based within [LIO NAME] and work in conjunction with the PCN Social Prescribing Support worker to be part of a Social Prescribing Service. This includes;

- Leading in the development of job descriptions.
- Leading on the recruitment and selection process.
- Providing necessary equipment.
- Paying expenses and other costs.
- Providing day to day management and oversight.
- Providing peer support processes, including regular team meetings.
- Providing a staff handbook, policies and procedures.
- Ensuring the provision of training and induction.
- Providing office facilities for the Link Worker.
- Ensuring all safety requirements are met e.g., DBS and mandatory training etc.
- Liaise with the identified PCN Social Prescribing Lead on recruitment and employment matters

- Support the Link Worker in being part of the delivery of a Social Prescribing service in line with their job descriptions.
- Reporting serious incidents and complaints within one working day to the identified PCN Social Prescribing Lead

Provide an infrastructure that supports the Link Worker in delivering the Social Prescribing Service. This includes:

- A management and peer support structure.
- Effective referral, response, and feedback
- An effective data collection and management information system e.g., PSIAMS or equivalent.
- Effective performance management and reporting processes to external parties as required.
- A staffing structure provides flex as required to the PCN in the event, for example, extra demand, leave of any type, etc.
- Central Administration - to ensure the overall effectiveness of the service including data collection in conjunction with the PCN Social Prescribing Support Worker and performance monitoring, requirements to include customer satisfaction, effective feedback, staff cover in the event of holiday, sickness or in response to under capacity and reporting on the whole service as required.
- Delivery of the PCN's NHS England requirements for Social Prescribing by ensuring team delivery, and that other health and social care professionals continue to have access to the Social Prescribing Service.
- Work with the PCN in identifying and developing provision to meet identified gaps in the range of Social Prescription available.
- Work with the PCN to secure additional resources for all aspects of the Social Prescribing service.
- Work with the PCN to ensure that the new model of PCN based Social Prescribing compliments and does not destabilise existing services.
- Other roles as agreed between the parties to this agreement
- Work in line with the ethos of this agreement.
- Deliver in full the PCN's IIF indicators relevant to Social Prescribing and related targets
- Ensure Link Workers attend appropriate PCN meetings and relevant training.

PCN will:-

- Facilitate and allow access to clinical systems for the Link worker, as appropriate in order for them to deliver and record an effective social prescribing service.
- Put in place a PCN wide booking system through which service users will be referred to the appropriate Link Worker.
- Support [LIO NAME] in their work to gain sufficient referrals are made from the practices
- Provide appropriate office facilities/space within each PCN so that Link Workers can fulfil their roles effectively, including meeting service users within practices.
- Provide “clinical supervision” as agreed with the Link Worker and [LIO NAME].
- Inform the Link Workers of appropriate meetings, and relevant training opportunities within the PCN.
- Work in partnership with EVA to ensure that the new model of PCN based Social Prescribing compliments, and does not destabilise, existing services.
- Work with [LIO NAME] in identifying and meeting gaps in the provision of social prescriptions.
- The identified PCN Social Prescribing Lead will attend bi-monthly contract review meetings
- Work in line with the ethos of this agreement.
- Support the integration of the Social Prescribing Link Worker into the Primary Care Team(s)

- Ensure that in year planning takes place with [LIO NAME] to ensure the contracted number of link workers are in place, in accordance with the Network DES Role Reimbursement Scheme.

To note, with regards to Pandemics: It is recognised by both parties that due to the on-going and unknown impact of a Pandemic e.g., COVID-19, close joint working between the PCN, and the Provider will be required to agree how services can be provided with regards to the challenges a Pandemic provides in delivery of these services. This means that normal method of delivery of this service may not be possible, but the Provider will work with the PCN to put in place alternatives which is likely to include using technology to provide virtual appointments. It may be discussed how this service can support general practice in other ways.

9. GOVERNANCE

The key points of contact across all Parties for the service are set out in the table below:

[AREA] PCN	
Operations Lead	
Email:	
Tel:	
[LIO NAME]	
CEO	
Email:	
Tel:	

The service will be monitored via bi-monthly contract review meetings to include monitoring of KPIs as outlined in Appendix 1. Respective governance arrangements for the respective Parties shall not be compromised as a result of this SLA.

8 DISPUTE RESOLUTION

- Every reasonable attempt will be made to resolve disputes in line with the ethos of this agreement and to do so between the parties involved.
- If this is not possible the dispute will be considered by the [AREA] Primary Care Network (PCN) Chief Executive and [LIO NAME] Chief Executive.
- If the dispute remains unresolved, then the dispute will be considered by the [AREA] PCN Board representatives and
- It is noted that this does not affect either party in evoking termination clauses and/or serving notice.

9 LAW AND JURISDICTION

This Agreement shall be construed in accordance with English law and the parties hereby submit to the exclusive jurisdiction of the English Courts.

10 NO PARTNERSHIP OR AGENCY

- Nothing in this SLA shall be construed as creating a partnership.
- No Party shall be deemed to be an agent of any other Party and no Party shall hold itself out as having authority or power to bind any other Party in any way.

- No Party shall have any liability to the other Party for any redundancy costs arising either from delivery of the services or by the termination of the SLA, whether by the passage of time or any earlier termination.

11 LIABILITIES

- Except as otherwise provided, the Parties shall each bear their own costs and expenses incurred in complying with their obligations under this SLA.
- The Parties shall remain liable for any losses or liabilities incurred due to their own actions and those of their employees and engaged persons. No party intends that any other party shall be liable for any loss it suffers as a result of the actions of another party (or its employees or engaged persons) under this SLA.
- Each party will have a policy of insurance or an indemnity arrangement in place to provide an adequate level of cover in respect of all risks arising from the activities its staff undertakes in relation to the design, management, and conduct of the Service.
- The Provider shall indemnify [AREA] PCN completely against any claims, costs, demands or judgements which result from the operation of the Social Prescribing service.

12 CONFIDENTIALITY / DATA SHARING

All sharing of Personal data is governed by the General Data Protection Regulation 2016, the UK Data Protection Act 2018, The NHS Caldicott Principles and NHS codes of practice for confidentiality and data sharing. These regulations, and any updated regulations must be abided by at all times. Failure to do so may result in the termination of the contract.

13 TERMINATION

- Any party can terminate this agreement but must give a minimum of 6 months written notice to other party to this agreement.
- The SLA will be terminated without notice if the Provider consistently fails to achieve 95% of the KPIs, set out in Appendix 1 which are within the providers control, and for which there is no justifiable reason for non-delivery; and following contract review fails to implement actions to deliver agreed improvement.
- This SLA will be terminated with immediate effect if there is a gross breach of contract from either party and/or at the end of contract period and/or NHS England withdraws funding.

DECLARATION

Signed for and on behalf of Commissioner (AREA Health Partnership on behalf of AREA Primary Care Network)

Name:

Position:

Signature:

Date:

Signed for and on behalf of **Provider (LIO NAME):**

Name:

Position:

Signature:

Date:

Appendix 1

Example Performance Measures

Requirement	Threshold	Method of measurement	Consequence of breach	Other comments
To have received XXXX referrals between DATE - DATE	XXXX	Review referral numbers at bi-monthly contact meetings	The [AREA] PCN and the Provider to work together to increase referral rates	
Patient safety and experience (including complaints, compliments and serious incidents). Patient satisfaction with the Social Prescribing service		Included in the monthly PCN score card and part of quarterly PCN board reports (if there is a serious incident / complaint the PCN Board is to be notified as soon as this is known). Patient feedback of their experiences of the social prescribing service	To be reviewed at bi monthly contract meetings (unless there is an issue that requires escalation) If the service compromises patient safety this could result in termination of the contract	Potential concerns and resolutions to be discussed at bi-monthly meetings to prevent serious incidents/complaints from occurring
Activity information: Where referrals have come from; Reasons for the referral; Number of phone calls/contacts with the patient; Where the person is being referred/signposted to Outcomes for the patient (ONS4 score)		Bi-monthly contract meetings.		The Provider to escalate to the [AREA] PCN as soon as it is known this service will be compromised due to lack of staff
Produce an annual and quarterly report including the above information; including: <ul style="list-style-type: none"> case study of a person accessing the service and outcome All additional activities that the Social Prescribers support and /or arrange. 		Quarterly and annual board reports	Discuss at contract meetings. This info is vital to understanding the activity and impact of the service therefore financial penalties may have to be applied if this information is not supplied.	PCN develop in partnership with [LIO NAME] .

<p>Quarterly electronic newsletter /bulletin providing updates to the service and case studies/activities that are available and undertaken</p>		<p>Production of a newsletter/bulletin</p>		
<p>3-month case review completed monthly by GP Link Workers.</p>		<p>GP Link Workers to review all cases on their caseload which have exceeded 3 months and code a reason for this.</p>	<p>Discussed in team meetings and written up into the minutes. Discussed at bi-monthly contract meetings.</p>	<p>Any concerns will go to the PCN clinical supervisor for the Social Prescribing service.</p>

10 Glossary of terms

ARRS - Additional Roles Reimbursement Scheme

DES – Directed Enhanced Service

EMIS – Egton Medical Information Systems

FTE – Full Time Equivalent

HO – Host Organisation

ICS – Integrated Care System

KPI – Key Performance indicator

LIO – Local Infrastructure Organisation

NALW – National Association of Link Workers

NASP – National Association of Social Prescribing

NAVCA – National Association for Voluntary and Community Action

MDT - Multi-Disciplinary Team

MoU - Memorandum of Understanding

ONS - Office for National Statistics

PCN – Primary Care Network

PRSB - Professional Record Standards Body

SLA - Standardised Service-Level Agreements

SNOMED CT - structured clinical vocabulary for use in an electronic health record

SPLW – Social Prescribing Link Worker

VCSE - Voluntary, Community and Social Enterprise Sector

WEMWbs - Warwick Edinburgh Mental Wellbeing Scale