	Who do you work with? E.g. criteria, age,	**Coverage e.g., working hours**	**What geographical area does your role cover? E.g. (Borough boundaries, North West, PCN boundaries)**	**(New) How many colleagues are in the role? (e.g. by Borough / PCN / hub?)**	**How is the service accessed? E.g. GP referral, Hospital Discharge, self referral (not applicable to all roles)**	**How long do you work with individuals? E.g. open ended, time restricted**	**If not working 1:1 with residents how does your role link with those roles that do?**	**Who hosts your role? E.g. who do you work for?**	**How is your work and the success monitored? E.g. spreadsheets, online system recording**	**(New) Is there an expected caseload associated with the role?**
Social Prescribing Link Worker	18+ Registered with a GP surgery in North West Surrey	Monday – Friday 9am – 5pm	Work to PCN boundaries meaning some patients referred live outside North West Surrey	12 across North west made up of a mix of ARRS funded PCN link workers and better care funded posts dealing with non-GP referrals in the main all employed by Borough's.	Referral by GP practice staff or via Adult Social Care, Hospital Discharge and GPimhs	6 weeks although this can be longer where beneficial in terms of achieving objectives.	N/A	Mainly Social Prescribers are hosted by Districts and Boroughs with some also employed by PCN's directly	Surrey Social Prescribing spreadsheet for those hosted by D&B's and Emis for those employed by PCN's.	Decided by % of patient list size identified in DES contract. 1.2 – 1.6% of patients for each PCN. Nationally caseload guidance suggests 250 a year per link worker
Care Coordinator	Cohort of patients identified by GP surgery		Surgery / PCN boundaries		Via GP surgery					Unknown
Wellbeing Coordinators	Over 65's (With exceptions) (Frailty, Dementia and Chronic illness)	Monday – Friday 9am – 5pm	Spelthorne, Woking, Runnymede, Elmbridge, Surrey Heath and Guildford.	9 (3 x bedser hub, 3 x Thames medical, 3 x Ashford	Referral via GP's and Hospital	Patient receives long term care - not discharged.	N/A	CSH		No cases are closed so all referred can get back in contact if further support needed. Cases triaged by Matron and then divided up between the team (bedser hub)
Community Connector										
Dementia Navigator	People effected by dementia or mild cognitive impairment	Phone line 7 days a week, Local support Mon to Fri	Surrey, for NW Woking, Spelthorne, West Elmbridge, Runnymede		Self-referral, professional referral	Open ended and as frequently as they require	We work 1:1 with residents but will other providers to support and individual for the bet outcome	Alzheimer's Society	Online recording system	
Community Link Worker	Work with local assets and with SCC	Monday – Friday 9am – 5pm	Priority neighbourhoods based on LSOA • Canalside/GWP	4				Surrey County Council		

			• Cobham/Downside • Walton North • Walton South							
Local area Coordinator	anyone that needs handholding/support in Sheerwater/Maybury with a greater focus on actually supporting people to go to activities by going with them initially	Monday – Friday 9am – 5pm	Sheerwater & Maybury	2	No referral as such, via introduction		N/A	Surrey County Council	Stories	
Borough Discharge Support Officer	NWS residents in hospital that are MFFD	Monday – Friday 9am – 5pm	North West Surrey	4	Hospital staff refer those being discharged to BDSO's.	Varies depending on discharge date but usually very short term and supported further by Social Prescribing (6 weeks) post discharge.	N/A	Woking Borough Council		
Communities Prevention co-ordinator	Communities and Prevention Coordinators are based within each adult social care locality team. They support locality team to source community based support. They produce a database of community services in each area and work with the local community to address gaps identified in each area. Age 18+	Mon-Fri 9am – 5pm	NW Surrey: Woking, Runnymede, Spelthorne and Surrey Heath	1 part time (18 hour) role per locality team	Issue-based referrals received from adult social care teams, although anyone welcome to get in touch	Issue-based referrals received from locality teams. Information is passed to the referrer, rather than direct client work	Working with the practitioners within the adult social care teams, who hold the case.	Surrey County Council	Recorded on LAS (adult social care system) and reports run on this. Also SharePoint page detailing wider team and projects Communities and Prevention - Home (sharepoint.com)	Referrals received, but no case holding.