**Community Link Worker Service**

**Provider Questionnaire**

East Lothian Health and Social Care Partnership

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| **Organisation name:** |  |

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| 1. What type of social prescribing (or health and wellbeing models) of service delivery does your organisation currently provide? |
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| 1. Which service user groups do you work with? |
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| 1. What does your organisation view as suitable qualifications and training for Community Link Workers (CLWs) in the role envisaged for East Lothian? |
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| 1. Do you have any suggestions for essential requirements that should be included within a specification for these services in East Lothian? |
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| 1. Do you have any suggestions regarding this potential tender opportunity? |
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| 1. Does your organisation have any concerns about this potential tender opportunity or are there any other risk factors that should be considered by East Lothian Health and Social Care Partnership in this context? |
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| 1. From your work in this area with relevant service users and commissioning bodies\contracting authorities what services do you think that service users\patients would like to see developed with regards to Community Link Worker support in the next 3-5 years? |
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| Location of Services   1. Would your organisation be interested in delivering a CLW service across the whole of the East Lothian geographic area?   Or  Would your organisation only be able to provide CLW services in certain geographic areas (e.g. local area partnership area, specific GP practices) in East Lothian? If possible please indicate the relevant areas. |
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Thank you for completing this questionnaire.