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**JOB DESCRIPTION**

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| **Job Title:** | Acute Social Prescribing Link Worker |
| **Location:** | The Princess Alexandra Hospital NHS Trust |
| **Contract Type:** | Fixed Term – Seven Months ( Potentially extendable with additional Funding) |
| **Salary:** | £20,000 - £27,000 (Based On Experience) |
| **Hours of Work:** | Part –time. 3 Days. |
| **Position Accountable To:** | Chief Executive – Uttlesford Community Action Network (UCAN) |
| **Position Line Managed By:** | Operations Manager - UCAN |

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| **Job Context:** |
| This post will operate within the Princess Alexandra Hospital NHS Trust as part of the Complex Discharge Team to facilitate and expedite hospital discharges. Employed within the Voluntary sector this exciting role is intended to work with individual patients and their families to support effective discharge planning. This is new role intended to act as an expert in voluntary care and in leveraging community voluntary services in support of post-acute hospital care.  This role is part of ambitious plans for transforming care and ensuring timely and appropriate discharge arrangements. The post holder will be expected to operate flexibly and collaboratively with all stakeholders, demonstrating practical skills and excellent communication and co-ordination. The role will be part of a multi-disciplinary team and will be central to the delivery of supported hospital discharge and post-acute care.  The post will be employed by Uttlesford Community Action Network (UCAN), which is working in partnership with the health and social care system to deliver high quality patient care. This role is critical to supporting the systems ambition to optimise hospital discharges and to support effective post-acute care. |

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| **Job Summary:** |
| The post holder will work as part of a multi-disciplinary team to support hospital discharges and to co-ordinate and support post-acute care arrangements provided by the voluntary sector. The aim is to leverage the support of the voluntary sector and to empower people to take control of their health and wellbeing and to maintain their independence.  The focus of the role will be to support patients admitted to hospital, making decisions for themselves rather than being more dependent upon others. The post holder will be asking *‘What do you need help with?*’ and seeking to find solutions that help maintain independence. By having knowledge of community and voluntary support groups and focusing on *‘what matters to me’* the post holder will take a holistic approach, connecting people to community groups and statutory services for practical and emotional support.  The aim of the role will be to help to strengthen personal resilience, to reduce health inequalities by addressing the wider determinants of health and wellbeing and to provide practical support to achieve a safe and timely discharge from hospital.  The post holder will work with all patient groups, but particularly with patients that are vulnerable and those with complex care needs which affect their ability to maintain independence. |

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| **Key Duties and Responsibilities:** |
| Referrals   * Promote social prescribing and its role in supporting self-management, within the context of facilitating timely hospital discharge. * Actively promote and support the concept of *‘Ticket Home’* helping patients and their families to co-ordinate discharge and to support their post-acute care. * Build relationships with key staff in the hospital, particularly ward staff and the complex hospital discharge team. * Act as a conduit between the hospital and voluntary services, actively supporting the co-ordination of tasks to facilitate independent living and timely discharge. * Monitor referrals for voluntary support, working and communicating effectively with locality community hubs and PCN Social Prescribing Link Workers. * Work in partnership with all local agencies to raise awareness of social prescribing and how partnership working can reduce pressure on statutory services, improve health outcomes and enabling a holistic approach to care. * Seek regular feedback about the quality of services and the impact of acute social prescribing on supporting timely discharge – our primary aim is to co-ordinate voluntary support to optimise patient self-management and to facilitate timely discharge to hospital capacity.   Provide personalised support   * Give people time to tell their stories and focus on ‘what matters to me’. Build trust with the person, providing non-judgmental support, respecting diversity and lifestyle choices. Work from a strength-based approach focusing on a person’s assets. * Be a friendly source of information about voluntary support networks and approaches. * Help people identify the wider issues that will impact on the patient’s ability to manage their own care, following discharge from hospital. This will inevitably focus on practical issues such as shopping, medicines collection, social contact and informal care support (outside of statutory care provision) health and wellbeing, such as debt, poor housing, being unemployed, loneliness and caring responsibilities. * Work with the person, their families and carers and consider how they can all be supported through social prescribing and the voluntary sector to support post-acute care. * Help people maintain or regain their independence through living skills, adaptations, enablement approaches and simple safeguards. * Work with individuals to co-produce a simple personalised support plan – based on the person’s priorities, interests, values and motivations – including what they can expect from the groups, activities and services they are being connected to and what the person can do for themselves to improve their health and wellbeing. * Where appropriate, facilitate the introduction of people to community groups, activities and statutory services. * Where people may be eligible for a personal health budget and/or direct payment support, help them to explore this option as a way of providing funded, personalised support. * Develop a team of volunteers to provide *‘buddying support’* for people leaving hospital. * Co-ordinate post discharge calls for a period of up to six weeks post discharge, monitoring patient wellbeing and escalating any concerns to the appropriate statutory and voluntary providers.   General tasks, including data capture   * Work sensitively with people, their families and carers to capture key information, enabling tracking of the impact of social prescribing on their discharge plan. * Encourage people, their families and carers to provide feedback and to share their stories about the impact of social prescribing in supporting timely, facilitated hospital discharge and post-acute care needs. * Support referral agencies to provide appropriate information about the person they are referring. Use the case management system to track the person’s progress. Provide appropriate feedback to referral agencies about the people they referred. * Work closely with GP practices within the PCN to ensure that social prescribing referral codes are inputted into EMIS and SystmOne and that the person’s use of the NHS can be tracked, adhering to data protection legislation and data sharing agreements.   Professional development   * Work with your line manager to undertake continual personal and professional development, taking an active part in reviewing and developing the roles and responsibilities. * Adhere to organisational policies and procedures, including confidentiality, safeguarding, lone working, information governance, and health and safety. * Work with your line manager to access regular ‘clinical supervision’, to enable you to deal effectively with the difficult issues that people present.   Miscellaneous   * Work as part of the team to seek feedback, continually improve the service and contribute to business planning. * Undertake any tasks consistent with the level of the post and the scope of the role, ensuring that work is delivered in a timely and effective manner. * Duties may vary from time to time, without changing the general character of the post or the level of responsibility. |

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| **General Duties:** |
| Health and Safety/Risk Management  The post holder will take all reasonable care not to endanger themselves or anybody else by any act or omission as stated by the Health and Safety at Work Act 1974.  The post-holder must comply at all times with the Health and Safety policies, in particular by following agreed safe working procedures and reporting incidents using the organisations and practices Incident Reporting System.  Equality and Diversity  The post-holder must co-operate with all policies and procedures designed to ensure equality of employment. Co-workers, patients and visitors must be treated equally irrespective of gender, ethnic origin, age, disability, sexual orientation, religion etc.  Special Working Conditions  The post-holder is required to travel independently between practice sites (where applicable), and to attend meetings etc. hosted by other agencies.  Confidentiality  The post holder must at all times maintain complete confidentiality of the material and information that they handle. Any matters of a confidential nature, or in particular, information relating to diagnosis and treatment of patients and individual staff records must, under no circumstances be divulged or passed onto any unauthorised person or persons. The post holder must respect patient named confidentiality in keeping with ‘*Caldicott principles’*.  Data Protection  The post holder is required to ensure that any personal information obtained, processed or held (on a computer or otherwise), is done so in a fair and lawful way and that the data held and processed is only for the specified registered purposes, in particular personal data relating to patients.  Business Conduct, Governance and Standards  UCAN aim to maintain the goodwill and confidence of its own staff and of the general public. To assist in achieving this objective it is essential that, at all times, the post holder carries out their duties in a courteous, sympathetic manner.  The post holder is required to comply with all policies and procedures in force and ensuring that the reporting requirements, systems and duties of action put into place by UCAN are complied with.  In upholding the good governance and standards, UCAN has an operations framework, which the post holder is expected to comply with and failure in this regard may lead to disciplinary action.  Equal Opportunities  The Company has an Equal Opportunities Policy. The aim is to ensure that no individual receives less favourable treatment on the grounds of disability, age, sex, sexual orientation, marital status, race, colour, creed, ethic/national origin. Whilst the Company recognises specific responsibilities fall upon Management, it is also the duty of all employees to accept personal responsibility for the practical application of the Policy.  Training & Development  The successful post holder will be expected to be responsible for his/her continuing professional development and to take a proactive approach to maintaining personal and professional effectiveness in an evolving role.  Rehabilitation of Offenders Act  This post is subject to the Rehabilitation of Offenders Act (Exceptions Order) 1975 and as such it will be necessary for a submission for Disclosure to be made to the Disclosure and Barring Service (formerly known as CRB) to check for any previous criminal convictions.  **This job description is not a definite or exhaustive list of responsibilities but identifies the key responsibilities and tasks of the post holder. The specific objectives of the post holder will be subject to review as part of the individual performance review process.** |

Application Form can be returned to [clive.emmett@ucan.org.uk](mailto:clive.emmett@ucan.org.uk).

If you would like to discuss this role further, please email [clive.emmett@ucan.org.uk](mailto:clive.emmett@ucan.org.uk).

Or call 01371 404474 to arrange a convenient time to discuss role.

**PERSON SPECIFICATION**

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| **Criteria** | | **Essential** | **Desirable** |
| **Personal Qualities & Attributes** | Ability to listen, empathise with people and provide person centred support in a non-judgemental way | E |  |
| Able to get along with people from all backgrounds and communities, respecting lifestyles and diversity | E |  |
| Commitment to reducing health inequalities and proactively working to support people from all communities | E |  |
| Able to support people in a way that inspires trust and confidence. | E |  |
| Ability to communicate effectively, both verbally and in writing, with people, their families, carers, community groups, partner agencies and stakeholders. | E |  |
| Ability to identify risk and assess/manage risk when working with individuals. | E |  |
| Have a strong awareness and understanding of when it is appropriate or necessary to refer people back to other health professionals/agencies, when what the person needs is beyond the scope of the link worker role – e.g. when there is a mental health need requiring a qualified practitioner | E |  |
| Able to work from an asset-based approach, building on existing community and personal assets | E |  |
| Able to provide leadership and to finish work tasks | E |  |
| Ability to maintain effective working relationships and to promote collaborative practice with all colleagues | E |  |
| Commitment to collaborative working with all local agencies (including voluntary organisations and community groups). Able to work with others to reduce hierarchies and find creative solutions to practical issues | E |  |
| Demonstrates personal accountability, emotional resilience and works well under pressure | E |  |
| Ability to organise, plan and prioritise on own initiative, including when under pressure and meeting deadlines | E |  |
| High level of written and oral communication skills | E |  |
| Ability to work flexibly and enthusiastically within a team or on own initiative | E |  |
| Understanding of the needs of small volunteer-led community groups and ability to support their development | E |  |
| Knowledge of and ability to work to policies and procedures, including confidentiality, safeguarding, lone working, information governance, and health and safety | E |  |
| **Qualifications, Training & Experience** | NVQ Level 3, Advanced level or equivalent qualifications or working towards |  | D |
| Demonstrable commitment to professional and personal development | E |  |
| Training in motivational coaching and interviewing or equivalent experience |  | D |
| Experience of working directly in a community development context, adult health and social care, learning support or public health/health improvement (including unpaid work) |  | D |
| Experience of supporting people, their families and carers in a related role (including unpaid work) | E |  |
| Experience of supporting people with their mental health, either in a paid, unpaid or informal capacity |  | D |
| Experience of working with the voluntay sector (in a paid or unpaid capacity), including with volunteers and small community groups |  | D |
| Experience of data collection and providing monitoring information to assess the impact of services |  | D |
| Experience of partnership/collaborative working and of building relationships across a variety of organisations | E |  |
| **Skills & Knowledge** | Knowledge of the personalised care approach |  | D |
| Understanding of the wider determinants of health, including social, economic and environmental factors and their impact on individuals | E |  |
| Knowledge of community development approaches |  | D |
| Knowledge of IT systems, including ability to use word processing skills, emails and the internet to create simple plans and reports | E |  |
| Knowledge of motivational coaching and interview skills |  | D |
| Knowledge of voluntary and community services in the locality |  | D |
| **Other** | Meets DBS reference standards and has a clear criminal record, in line with the law on spent convictions | E |  |
| Full driving licence and ability to travel between practices and attend various community-based meetings. | E |  |
| Willingness to work flexible hours when required to meet work demands | E |  |

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| **JOB DESCRIPTION AGREEMENT/ACCEPTANCE: To be finalized and completed on appointment** |
| This job description is intended to provide an outline of the key tasks and responsibilities only. There may be other duties required of the post-holder commensurate with the position. It will be subject to regular review and amendment as necessary in consultation with the post holder. As part of the regular appraisal process the post holder will be set annual objectives. |
| **Signed (job holder):** |
| **Please print name:** |
| **Date:** |

**Please return signed version to Uttlesford Community Action Network**