**JOB DESCRIPTION**

**Job Title:** Social Prescription Lead

**Job Grade/Salary:**  £28,000 - £30,000, with 1-3% pension (freelance position may be considered, secondments also welcome)

**Contract duration:** 12 month contract

**Core working hours:** 37.5 hours per week (with some flexibility for out of hours work)

**Reporting to:**  A&E frequent attender team leadership and MIND

**Location:** Charing Cross Hospital, with some travel

**Job Summary**

The post holder will be responsible for the set up and delivery of the social prescribing element of a frequent attender service at Imperial College Healthcare NHS Trust’s Charing Cross Accident & Emergency (A&E) department. The role will require coproducing a social prescription with individuals referred and identified by the service, which provides the individual with positive health and wellbeing outcomes through addressing non-medical/social issues in their life, such as housing, debt or isolation. The SPL then supports the individual over a time limited period to achieve the goals outlined in the Social Prescription. The role requires extensive liaison with statutory and non-statutory services, to both generate referrals into the service and to enable access to relevant local services for the individual as part of the social prescription.

The post holder is responsible for creating an innovative way of supporting High Intensity Users of ambulance 999 services, A&E and non-elective admissions. They will facilitate discussions and advise colleagues as to how best practice might be adopted for future processes and oversee their delivery. Improvements will be used to deliver measurable outcomes for the benefit of patients, staff and the public. The main focus client groups include homeless persons, self harmers and medical, social presentations, who may not be accessing scheduled services and therefore rely heavily on unscheduled services. A process of personalisation is pivotal to this role, with concordance underpinning changes in patient behaviour rather than compliance through fear of isolation from supportive services.

**Detailed responsibilities**

**Service set-up alignment**

* Work with existing frequent attender service health professionals to implement referral and feedback mechanisms
* Develop a comprehensive knowledge of wider support services for people with high support needs including; social isolation, wellbeing, housing, unemployment, welfare benefits.
* Extend and develop the menu of services prescribed in the form of a directory.
* Liaise with health professionals to increase visibility of the project and to ensure information is up to date and relevant Establish a robust patient flow process from referral to delivery of outcomes for referred people.
* Develop and implement a communication strategy to ensure all stakeholders are informed and aware of the project and their roles within it.
* Report risks and Implement actions as directed by the line manager /steering group
* Develop and maintain systems to keep accurate records relating to the delivery of Social Prescriber service
* To work with healthcare IT systems to ensure appropriate referral and ongoing client management processes are put in place
* To arrange, and report to, the service’s quarterly oversight multidisciplinary team
* Lead in removing potential barriers and stigma associated with High Intensity Users to promote equality, diversity and safeguarding service-wide.
* Develop and implement a process to give feedback to referrers
* To create appropriate tools that enable effective referral and client engagement.

**Key partners and communication**

* Build and maintain effective relationships with Health and Social Care professionals, Information, Advice and Guidance Services, support services, stakeholders and partners, especially the core frequent attender service team
* Maintain good communication with clients and, where appropriate, their families/carers
* Act as an advocate for the client, guiding them through the, sometimes complex, NHS system, which results in appropriate use of scheduled and unscheduled care services
* Recognise people’s needs for different methods of communication and respond accordingly
* Liaise with our voluntary sector partner to facilitate effective communication and activities with voluntary sector groups.
* To produce marketing materials, attend event and outreach where necessary to promote the service.
* Where necessary provide training/briefing sessions to external providers on the service
* Share learnings from the project with community based staff to promote safe practice and sustainability
* Present highly complex information about the project, initiatives and service providers to a wide range of stakeholders in a formal setting

**Service delivery**

* Work with commissioner colleagues to undertake a review of urgent care demand activity in the local health economy (including A&E, urgent care centres, ambulance, police, GP practices etc.)
* Act as the central point of contact for all referrals to Social Prescriber service
* Provide information, advice and guidance to referred client, including signposting where appropriate
* Undertake initial assessments; jointly identify goals and develop personalised plans with clients
* Over a time limited period to empower clients to reach the goals within the social prescription.
* To develop group or peer support sessions that may empower clients to reach their goals.
* Work closely with all stakeholders and referred people to maintain flow of work and relationships
* Develop and maintain a client database
* Engage with GP practices in the area on a regular basis
* Adhere to all relevant internal policies and procedures and in particular to ensure compliance with data Protection, Health and safety and safeguarding policy and best practice
* To monitor developments within the area of social prescription at a national level and to ensure that this is fed in, where possible to local activity.
* On an ongoing basis to develop tools and models for client engagement that address wellbeing, asset mapping, signposting, empowerment, and self-help.
* To develop an operational manual that describes the operation of the service, which could in future aid extension/roll out of service
* To ensure that all clients are effectively inducted into the service with specific reference to health and safety, safeguarding, data protection and codes of conduct
* To operate in a highly political and sensitive environment
* Support the portfolio of local programmes in demonstrating value for money for the current spend, through tracking, managing and delivering agreed benefits.
* Constantly strive for providing efficient, high quality care for clients by addressing any underlying issues that contribute inappropriate demand
* Appropriately handle confidential information about an individual’s wellbeing and capability development
* Determine links to existing projects, identifying interdependencies across projects/functions, potential impacts on wider organisation, resource requirements – building in contingency as necessary

**Monitoring, report and evaluation**

* Plan, develop and implement methods and processes for evaluating the service
* Monitor and evaluate the effectiveness of the service against agreed targets
* Produce quarterly and annual reports for the service, including information that demonstrates the qualitative and quantitative benefits delivered
* Responsible for advising on the commissioning and streamlining of services to support project delivery as well as highlighting gaps in service provision for High Intensity Users of health.
* Drafting reports summarising status on issues, patient outcomes, and providing progress reports for the Clinical Commissioning Group
* Collate as required, qualitative and quantitative information and lead appropriate analysis to develop robust business cases, highlighting issues and risks

**4.3 Milestones**

Whilst milestones will be set in collaboration with the appointed post holder, the following high-level achievements are proposed:

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| **Within 1 month** | **Within 3 months** | **Within 12 months** |
| * Meetings with critical internal and external stakeholders
* Case visits for pre-existing frequent attender list
* Develop project evaluation framework
 | * First multi-disciplinary team meeting held and mutually agreed cohort identified
* Baseline activity established for evaluation
* Develop required relationship with all other stakeholders in the project
* Referrals to local voluntary sector
* Evaluation framework for project agreed with Steering Group
 | * Supporting evaluation of pilot
* Reduction of activity from users within case cohorts
* Case study development
* Lessons learnt document, which highlights both successes and failures
* Development of frequent attender whole systems dashboard
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**PERSON SPECIFICATION**

The successful candidate will be a highly motivated, resilient leader, whose drive is quality, encourages innovation, values partners and partnership working, ensures equality and actively improves the behaviours and attitudes of our next generation.

The successful candidate will have the following essential qualifications, experience, skills and personal attributes:

| **Factors** | **Description** | **Essential** | **Desirable** | **Assessed?** |
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| **Knowledge, Training and Experience**  |

 | * Extensive experience and knowledge of working with vulnerable people
* Must have robust networks with relevant partner agencies.
* Ability to demonstrate a range of leadership styles to deliver the project aims.
* History of affecting real change with vulnerable individuals or families.
* Experience in managing proactive and reactive workloads.
* Relevant degree qualification or equivalent in Health and/or Information Advice and Guidance
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| **Communication Skills**  |

 | * Developed communication skills for delivering key messages to a range of stakeholders both internal and external to the NHS.
* Good presentation skills for conveying complex concepts.
* Ability to use informed persuasion and negotiation skills to influence others.
* Working in a framework of confidentiality with access to sensitive personal data
* Good interpersonal and communication skills face to face, by phone and in written form
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| **Analytical**  |

 | * Ability to identify risks, anticipate issues, create solutions and to resolve problems in relation to project or service delivery.
* Ability to understand a broad range of complex information quickly and make safe decisions where opinions differ / no obvious solution.
* Proficient use of Microsoft Office suite, including Excel and PowerPoint.
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| **Planning Skills** | * Evidence of planning and delivering programmes, projects and services on time.
 |  | √ | A/I |
| **Leadership Skills** | * Evidence of a resilient leader who’s drive is quality, encourages innovation, values partners and partnership working, ensures equality and actively improves the behaviours and attitudes of our next generation.
 | √ |  | A/I |
| **Autonomy** | * Self-starter with ability to work without supervision and under own motivation, providing specialist advice to the organisation, working to tight and often changing timescales.
 | √ |  | A/I |
| **Physical Skills** | * Working knowledge of Microsoft Office with Intermediate keyboard skills
 |  | √ | A/I |
| **Other** | * Innovative and change management skills, Ability to move between details and the bigger picture. Demonstrates honesty and integrity and promotes organisational values.
* Embrace change, viewing it as an opportunity to learn and develop
 | √√ |  | A/IA/I |
| \*Assessment will take place with reference to the following informationA = Application form I = Interview T = Test C = Certificate |