

JOB TITLE	Health and Social Prescribing Co-ordinator
CONTRACT	Full Time
HOURS	37.5 hours per week
SALARY	£29,445.25 per annum
DURATION	Permanent
LOCATION	The post holder will be required to work at any establishment within the West London area of Kensington and Chelsea and north Westminster normally within the Hub and GP Practice as well as in people's homes in the context of home visits, or as set out under the terms of their contract. The HSPC may be required to work across multiple teams or be re-allocated to another team depending on the needs of the service.

Age UK Kensington & Chelsea Values

Age UK K&C promote the wellbeing of older people through:

- Providing services which encourage empowerment and independence
- Learning from this experience to inform our understanding of older people's needs
- Ensuring the voices of older people in Kensington & Chelsea are heard
- Working in close collaboration with other organisations to achieve these aims

Staff Benefits

As an employee of Age UK K&C you will benefit from:

- 4% Employer Pension, up to 6% Employee contribution
- Cycle-to-Work Scheme
- Season Ticket Loan
- Employee Assisted Project including: up to 6 Counselling Sessions
- Staff Wellbeing Events
- Annual Leave Purchase Scheme
- Length of Service Recognition

Job Background

What is My Care My Way?

The MCMW service is provided through local GP surgeries in a collaboration between Age UK Kensington & Chelsea and Central London Community Healthcare (CLCH), an NHS trust providing community health services. MCMW supports patients who are over 60 via a dedicated Case Manager and HSPC team who are based within their GP surgery and helps the older person negotiate a system that can be very confusing.

The service allows older people to plan their care with a network of supportive professionals, including their GP, pharmacist, social workers, VCS, etc. The Health and Social Prescribing Co-ordinator is a key member of this network. The goal of the HSPC is to empower patients with the right tools, support, and information to set personal goals and maintain control over their own health.

The integration of Age UK HSPCs into the PCN health team is a key component of MCMW. Age UK HSPCs have been involved since its inception and fulfil a vital role. The HSPCs origins in the voluntary and community sector ensure that MCMW does not solely focus on a patient's clinical conditions.

Each patient is far more than their list of health conditions. The person behind the medical record must be our focus, who they were and who they are, what matters to them and how they want to be treated.

The HSPCs work with people to prioritise their social needs, giving them encouragement and support to make changes in their lifestyle and behaviour.

My Care My Way delivers more consistent care for patients at their GP practice, within two multi-functional service Hubs, or within their homes.

The HSPC role offers an exciting opportunity to join the My Care My Way workforce; bringing together health and social care expertise to deliver real change for how care is delivered in West London.

Job Purpose

My Care My Way brings together primary healthcare, mental health care, social care, selfcare, voluntary sector care, and care for specialist needs under one umbrella.

- The HSPC role supports the health and social care needs of older people with less complex needs in the West London area in the My Care My Way service to contribute to the overarching service goal to work collaboratively to provide improved and more effective care.
- Older people told us that they wanted less people involved in their care, they found it confusing. Therefore, the role of HSPC is to both support the older person in terms of social prescribing, linking, and supporting the older person to engage in local opportunities, but also to perform diagnostic health checks and clinical duties such as blood tests, urine tests and blood pressure tests while they are meeting them and building their relationship. Education and training will be provided to the post holder.
- The HSPC is the social prescribing expert in the team. They will work in people's homes, in hubs and in GP Surgeries alongside case managers and other health staff to provide support and advocacy to enable them to access community services.
- The role aims to bring together duties that are carried out by health care assistants, social care navigators or connectors, whilst also being able to provide low need mental health support.

Key Working Relationships

- The post holder will be required to maintain constructive relationships with a broad range of internal and external stakeholders. Central to this, is working in partnership with family members and carers as directed by the patient in a collaborative, compassionate way.
- The postholder will maintain key relationships with all colleagues in MCMW, GP surgeries, adult social care staff, voluntary sector staff in particular organisations involved in the Self Care service and colleagues in Age UK Kensington and Chelsea.
- The HSPC is responsible to their CLCH case manager for all their patient work and any clinical escalation.

- The HSPC is responsible to AUKC in terms of their working practices – time keeping, overall delivery, and general working responsibilities.

1. Your Duties: Service Delivery and Quality Assurance

- You will have conversations with people as part of holistic care planning sessions which will include a conversation with the person about their background, their health and social needs, their goals and aspiration for their health and agree appropriate referrals, interventions, escalations that are needed.
- You will update and review the care plans with your client and their family members every 6 months or year depending on frailty.
- You will manage and maintain a caseload of patients who have less complex needs (a frailty score of Tier 0 &1). You will also be required to support your case manager to manage patients who have more complex needs (a frailty score of tiers 2 and 3). This includes identifying if a person's needs and therefore frailty score has changed and their risk stratification.
- You will report any concerns or needs for clinical escalation or intervention to your case manager and liaise with other health professionals involved in a person's care
- You will support the Case Manager to manage patients including case finding and booking appointments diagnostics and transport for the Hub and frailty meetings where appropriate.
- You will provide feedback, updates and relevant data/information as appropriate at daily, weekly and monthly pre and operational review meetings, Multi-disciplinary team meeting's or frailty meetings.

- You will provide timely and responsive assessments, re-assessments and/or reviews delivering personalised care to support older people and carers with non-complex needs to shape their own lives, encouraging maximum independence and safety.
- You will sign post and support people to access and maintain relationships with voluntary sector self-care services as well as health services in the community.
- You will support and advocate for people and their health care needs whilst going through the health care system and give information and advice to patients, families, and carers.
- You will stay on top of local information and community offer.
- You will develop an understanding of a variety of methods of overcoming and managing problems of daily living.
- You will deliver against agreed objectives, achieving quality outcomes.
- You will undertake blood tests, blood pressure monitoring, oxygen saturation, pulse, urine analysis tests.
- You will be required to undertake training such as: social prescribing, clinical observations (Blood pressure monitoring, oxygen saturation, pulse, urine analysis) as well as blood tests. You will be trained and required to complete the AUKC care competency framework including the care certificate.
- As you will be required to take blood samples and carry out urine analysis you will be encouraged to have a Hep B vaccination.
- You will be trained on and maintain awareness of health and safety issues both within a clinical setting and during home visits ensuring that any identified risk is documented on the patient record.
- You will provide cover, as and when necessary, to other GP surgeries.
- You will promote the work of the Age UK HSPC team as part of the My Care My Way integrated health care service.
- You will partake in supervisions and clinical practice reviews.

2. Information Management.

- You will update patient records including care planning/treatment/appointment.
- You will maintain administrative and information resources to manage caseload.
- You will analyse and report on data and monitor the processing of data and information.
- You will maintain confidentiality and data protection requirements.

3. Policy and Service Development:

- You will build links with a range of external organisations across the statutory and voluntary sector to refer and sign post clients to.
- You will forge effective working relationships across the integrated My Care My Way team and contribute to service development within the North and South integrated neighbourhood teams.
- You will respond to external requests for advice and information including external partners.
- You will partake in focus groups and projects based around service development and implementation of new systems.
- You will promote the service as and when needed.

4. Contributing to MCMW and AUKC General work and ethos

- You will participate with other staff in ensuring the involvement of people and carers in the planning and development of services as appropriate.
- You will ensure people are referred to and access other Age UK Kensington & Chelsea services as needed
- You will adhere to Age UK Kensington & Chelsea policies and procedures, and staff handbook and additional CLCH procedures as specified in the staff handbook.
- You will undertake any other duties that may from time to time be reasonably required.

Terms & Conditions of Service

Post Title:	Health & Social Prescribing Co-ordinator (HSPC) for My Care My Way and Integrated Care Team
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Base:	The post holder may be required to work at any establishment (at any time) throughout the duration of their contract, normally within the location of the PCN or GP Practice, or as set under the terms of their contract	
Contract Type:	Permanent	
Hours:	37.5 full time – evening and weekend work may be required.	
Salary:	£29,445.25 per annum, inclusive of higher cost area supplement	
Pensions:	Up to 6% employee contributions	
Annual Leave:	25 days per year from 01 April to 31 March	
Probation Period:	All posts in Age UK Kensington & Chelsea are subject to a 6 month review period, during which time you will be expected to demonstrate your suitability for the post.	
Notice Period:	4 weeks	

Person Specification

Factors	Description	Essential	Desirable	Assessr
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Knowledge, Training and Experience	<p>Educated to degree level in relevant subject or equivalent level of experience of working at a similar level in specialist area.</p> <p>Knowledge and understanding of the issues facing people who may need care and support.</p> <p>Previously worked in similar position within the public or health sector</p> <p>Knowledge of the basic concepts of the Care Act, Mental Capacity Act, and the protection of adults at risk of abuse.</p> <p>Experience of carrying out basic clinical duties</p>	<p>√</p>		<p>A</p> <p>√ A/I</p> <p>√ A</p> <p>√ A/I</p> <p>√ A/I</p>	
Communication skills	<p>Skills in communication of complex information and administrative matters, requiring developed interpersonal and oral/ written communication skills.</p> <p>Team based and networking skills</p>	<p>√</p>		<p>A/I</p> <p>√ A/I</p>	
Analytical	<p>Problem solving skills and ability to respond to sudden unexpected demands.</p> <p>Excellent time management skills with the ability to re-prioritise.</p> <p>Ability to interpret clinical results <i>(subject to conditional training to support competency attainment within 9 months)</i></p>	<p>√</p>		<p>A/I</p> <p>√ A/I</p> <p>√ A/I</p>	

Organisational/ Planning Skills	Skills for supporting patients in their care planning.	√		A/I	
	Forwarding planning/prioritization and management of a busy workload, across various settings and with professionals, patients, families, and carers	√		A/I	
ICT Skills	Advanced keyboard skills and experience and use of a range of software	√		A/I	
Equality and diversity	Must have a thorough understanding of and commitment to equality of opportunity and good working relationships.	√		A/I	
	Evidence of clear understanding of equal opportunities in employment and service delivery.	√		A/I	
	Ensures compliance with all regulatory, ethical and social requirements.	√		A/I	
	Responds effectively to identified community needs within available resources	√		A/I	
Autonomy	Ability to work on own initiative and organise own workload with minimal supervision working to tight and often changing timescales	√		A/I	