**JOB DESCRIPTION**

**Job Title: Health and Social Care Assistant (HSCA)**

**Hours: 37.5 (full time)**

**Salary: £27,355.38**

**Accountable to: Hub Development Manager and Clinical Supervisor /Case Manager**

**Responsible to: Head of Health and Social Prescribing**

**Tenure: Permanent**

**Location: The post holder maybe required to work at any establishment at any time throughout the duration of their contract, normally within the location of the Hub and GP Practice, or as set out under the terms of their contract.**

**What is Whole Systems?**

Whole Systems (WS) is a new way of working with people over the age of 65 with complex needs and conditions. The person is at the centre of holistic care planning across organisations such as health, social care and the voluntary sector. This way of working is a better, more coordinated way of providing care for people over 65 with long term conditions in West London and requires people with commitment and passion to work with older people.

Patients have told us that they want more consistent care across services; Whole Systems will bring together health, social care, mental health and voluntary sector services to plan and deliver care with patients that meet their holistic needs.

Whole Systems has been created following intensive work across professionals, patients and the voluntary sector to create a model of care rooted in evidence and designed to meet local needs.

Patients are at the heart of the model, and in partnership with professionals, supported by dedicated case management. All involved, including the person and the carer, will design care plans together to keep the person well for as long as possible and achieve outcomes they identify.

Whole Systems will deliver more consistent care for patients at their GP practice, within two multi-functional service Hubs being developed in the locality, or within their homes.

The Health and Social Care Assistant (HSCA) role offers a new and exciting opportunity to become part of the Whole Systems workforce; bringing together health and social care expertise to deliver real change for how care is delivered in West London.

The vision for this role is aspirational, in that it aims to bring together over time duties that are carried out by health care assistants, social care trusted assessors, and will also be able to provide low level mental health support.

Work is currently underway nationally to develop a recognised training qualification for people who hold these posts.

1. **­­­­­­­­­­­­­­Job Summary**

**Personal Qualities/Behaviours**

* The post holder will have previous experience of working with patients and other agencies in partnership.
* The post holder will be a proactive, ‘can do’ individual who is committed to the model of care and the values underpinning it.
* The post holder will be able to demonstrate compassion and understanding for patients, and will be committed to working with them in a collaborative way to achieve holistic outcomes.
* The post holder will be required to demonstrate experience and confidence (or demonstrate sufficient willingness to be trained to an agreed level of expertise) to communicate with a diverse range of patients.
* The post holder will be able to demonstrate knowledge across care services, and how to work effectively in partnership across these agencies.
* The post holder will work in a reflective way and be willing to listen share experiences with others and demonstrate improved practice over time

**Duties/Functions**

Whole Systems brings together primary healthcare, mental health care, social care, self-care, voluntary sector care, and care for specialist needs under one umbrella.

* The HSCA role supports the health and social care needs of older people with lower level needs in the West London area through the implementation of Whole Systems.
* The post holder is a key member of the team whose overarching goal will be to work collaboratively to provide improved and more effective care.
* The job holder will be required to carry out some clinical duties. However, education/training will be provided from the outset to enable the evolution of the role towards producing a holistically skilled Health and Social Care Assistant. For example from a health perspective, the holder will be required to carry out tasks (once trained to an appropriate level) such as blood tests, urine tests, blood pressure etc.

**•** From a social care perspective the role will initially refer people to social care for assessments however over time it is hoped that the role will be able to carry out equipment assessments as well as assessments for minor adaptations. Therefore a key requirement will be for the job holder to undertake training and professional development in order to perform some social care functions

* The post holder will undertake reporting and analysis of information to support delivery.

• Urgent care is provided through the Community Independence Service (CIS) team who support with rapid response, rehabilitation and reablement of patients. Out of hours care is also provided to the patients through our provider partner. Both urgent healthcare and out-of-hours services will have access to patient records, and feed updates on patients back to the WS hub.

* The job description and person specification are an outline of the tasks, responsibilities and outcomes required of the role. The job holder will carry out any other duties as may reasonably be required by their line manager.
* The job description and person specification may be reviewed on an ongoing basis in accordance with the changing needs of the Department and the Organisation.

**2. 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 post holder will require excellent communication skills and understand a range of communication needs to ensure that patients are central to the planning and implementation of their care at every stage of the process.
* Share up to date, accurate information with patients (and their family members and carers as directed) about their care and outcomes; signpost and direct patients appropriately
* Participate in relevant internal and external working groups/projects, services, and initiatives to provide, information and analytical advice to strategic leads.
* Work with members of the Whole Systems team to develop and implement data collection systems that will provide accurate and timely data.
* Communicate information and issues, including briefings and reports, to appropriate line manager responsible.
* Work with colleagues as the programme and role develops to share knowledge and learning, particularly around social/voluntary aspects of care

**3. Functional Responsibilities**

**3.1 Operational Duties**

* First point of call for patients (Tier 0 – Tier 1)
* See patients as an extension of the GP visit/ other appointment for the purpose of identifying their level of need.

**Whole systems activities and the role of the HSCA are as follows:**

* Risk stratification: HSCA reviews risk score as part of care planning for Tiers 0 & 1 and liaises with Case Manager (CM) if the person’s situation has changed and therefore their risk score raises the person in to Tier 2. HSCA also raise any concerns to CM regarding people and their risk level following care planning.
* Admin and appointment booking: HSCA books appointments / diagnostics required at the Hub; completes proforma. HSCA to discuss with GP or Case Manager and update care plan.
* Assessment and sign posting: For those in Tiers 0 & 1 as part of the care planning process the HSCA will carry out the WS assessment using the WS assessment tool. The assessment will enable onward referral for cares assessment, self-care assessment, telecare/telehealth, falls basic foot care etc.
* Care planning - For those in Tiers 0 & 1 (annually), the HSCA gathers all the information available on the person and arranges to meet to carry out an assessment that can onwardly refer and will support the person to develop a care plan if they express a desire to do so.
* Self-care - for those in Tiers 0 & 1: the HSCA has full sight of what is happening and can keep the GP updated. More focus on ensuring appropriate support is in place to get people back to their preferred level of independence more quickly.
* Review - for those in Tiers 0 & 1: HSCA reviews care plan annually or following and episode that could escalate a person into another tier. As part of the review the HSCA liaises with CIS/ PCN or Social Worker to gather up to date information about the person. Any interaction with out of hours also included.
* Diagnostics, results and onward referral - Prior to the first care planning session if it is at home/practice or hub; HSCA will, through case finding, identify if there is a need for any diagnostics before the main care planning session. HSCA will liaise with CM & GP to agree any diagnostic referrals and then arranges with the hub admin and other diagnostics the relevant appointments and transport for the patient. HSCA will be required to map out results schedule and co-ordinate them to align with final care planning session. HSCA will liaise with GP before final care planning session, also to arrange any prescriptions required. HSCA will need to check whether the person has attended their appointments and will be required to map out results schedule and co-ordinate them to align with final care planning session.
* In addition to the above, the post holder will also play and active part in multi-disciplinary team meeting, learning sets and will provide regular feedback to the Hub Development Manager when appropriate.
* Updates patient records for any care planning/treatment appointments.
* HSCA’s will support clinical teams to deliver two sessions daily (4 hours each) of GP appointments (20 mins each).
* Home-bound patients can be paid a home-visit by HSCA, as deemed necessary/arranged by Case Manager.
* Undertakes face-to-face assessments of patients at practice (Tier 0/Tier 1 >65s).
* Tier 2/Tier 3: Support GP appointments: (A) Conduct basic health measurements prior to GP appointments, (B) Support GPs with admin work and log patient treatment, (C) keep relevant case managers updated with latest treatment information.
* For Tier 2 & 3 people, support to the Case Manager in case finding and booking of diagnostics at the Hub where appropriate.
* Collate diagnostics for feedback.
* Provide feedback, updates and relevant data/information as appropriate at daily, weekly and monthly pre and operational review meetings.

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| * To provide timely and responsive assessments, re-assessments and/or reviews delivering personalised care to support users and carers with non-complex needs to shape their own lives, encouraging maximum independence and safety |
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| * To develop an understanding of a variety of methods of overcoming and managing problems of daily living. Making appropriate onward referrals, signposting and giving information and advice to patients, families and carers. |
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| * To liaise effectively and work in partnership with statutory and voluntary organisations and any other relevant agencies. |
| * To involve users and carers in the monitoring and evaluation of the service. |
| * To recognise when there is a need for either the input of, or a case referral to an appropriately qualified health or social care professional including a Carers assessment. |

* Undertake information analysis as agreed with Senior HSCA Manager**.**
* Participate in relevant internal and external meetings to provide information and support and to maintain data collection systems for its effective use by the team.
* Analyse and report on data and monitor the processing of data and information.
* Support as above with Clients over 18yrs of age who have been affected by the Grenfell tragedy referred into My Care My Way through the GP and to utilise community living well in terms of social prescribing.

**4. Information Management**.

* Carry out timely and accurate information analysis and reporting on agreed areas of portfolio and present findings in an agreed manner.
* Develop and maintain databases required by job.
* Maintain administrative and information resources.

**5. Research and Development**:

* Carry out web based and publications research.
* Actively supports and contributes to the development of key performance indicators for the successful assessment of performance

**6. Operational Responsibilities**

**6.1 Planning and Organisation**:

* Support implementation of service, initiative through timely and relevant information analysis and administrative support, in accordance with the agreed priorities of the Team.
* Deliver against agreed objectives, achieving quality outcomes.
* Organise meetings or events and assist in the diary management requirements of individuals in connection with portfolio of work.

**6.2 Policy and Service Development**:

* Propose changes to own service making recommendations for more effective delivery.
* Contribute to the review and development of existing information management systems and contribute to the development of an integrated approach to patient care.

**Person Specification**

**Supporting Evidence**

In the supporting evidence of your application form, you must demonstrate your experiences by giving specific examples for the criteria within the person specification.

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| **Factors** | **Description** | **Essential** | **Desirable** | **Assessment** |
| **Knowledge, Training and Experience** | Educated to degree level in relevant subject or equivalent level of experience of working at a similar level in specialist area  Knowledge and understanding of the issues facing people who may need care and support.  Previously worked in similar position within the public or health sector  Knowledge of the basic concepts of the Care Act, Mental Capacity Act and the protection of adults at risk of abuse.  Experience of carrying out basic clinical duties | √ | √  **√**  √  √ | A/I  A/I  A/I  A/I  A/I |
| **Communication skills** | Skills for communication on complex information and administrative matters, requiring developed interpersonal and oral/ written communication skills  Team based and networking skills | √ | √ | A/I  A/I |
| **Analytical** | Problem solving skills and ability to respond to sudden unexpected demands  Excellent time management skills with the ability to re-prioritise  Ability to interpret clinical results (*subject to conditional HCA training to support competency attainment within 12 mths)* | √ | √  √ | A/I  A/I |
| **Planning Skills** | Skills for supporting patients in their care planning  Forwarding planning/prioritization and management of a busy workload, across various settings and with professionals, patients, families and carers | √  √ |  | A/I  A/I |
| **Management Skills** | Skills for managing aspects of area of work ensuring they meet patient outcomes | √ |  | A/I |
| **Physical Skills** | Advanced keyboard skills and experience and use of a range of software | √ |  | A/I |
| **Equality and diversity** | Needs to have a thorough understanding of and commitment to equality of opportunity and good working relationships both in terms of day-to-day working practices, but also in relation to management systems for London  Evidence of achievement and a clear understanding of equal opportunities in employment and service delivery/ Ensures compliance with all regulatory, ethical and social requirements/Delivering the best outcomes/ 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 |