West Sussex Brighton & Hove ageUK

Job Description

Social Prescriber

Responsible to: **Senior Social Prescriber**
Hours: **TBC** Hours per week
Location: TBC

Main purpose of job:
To support clients in identifying and navigating personalised innovative opportunities and solutions to support the self-management of their complex health and social care needs. The social prescriber will act as a key member of the GP practice or Primary Care Network (PCN) multidisciplinary team (MDT), providing support to the teams to look at the whole needs of the person, not just their health/medical requirements. They will support both the team and individual clients to recognise the value of supporting community and social networks to help maintain the resilience and quality of life for individuals in helping to find solutions and opportunities that build and maintain independence, improve condition management and support positive health and well-being outcomes. The social prescribers may work differently in each location depending on local need and commissioned referral pathways. Where commissioned to, work with specialists to organise, set up and deliver peer support groups to provide clients with specialist and peer support to achieve their desired outcomes.

Main duties:

Staff and/or Volunteer Management:

1. When required recruit volunteers to support the development of the service to extend their reach and capacity
2. To be aware of policies, procedures and practices involved in working with and supporting volunteers
3. Embedding a culture of coaching and collaboration across the organisation.

Service Delivery

1. Attend and participate in MDT or PC meetings within the assigned Primary Care Network community team or GP practice, supporting health professionals to identify personalised approaches to support clients in the community with an aim to avoid unnecessary hospital admission.
2. Contribute to the development of contingency and self-management plans.
3. Work with GPs, Primary Care Coordinators, the Primary Care Network MDT, wider voluntary sector network and all teams supporting hospital discharge to help identify people at risk of loss of independence, social isolation and possible readmission to develop personalised solutions that support them to remain in the community, self-managing their condition as appropriate.

4. To accept referrals from a range of sources and make contact with clients within 48 hours of receipt.

5. To discuss with the clients their needs, based on guidance from referrer, and identify a range of options that could assist the client improve their independence and health and wellbeing.
6. Supply basic information on what benefits the client may be eligible for and refer on for more in-depth advice where required.
7. Support clients to take an active role in the management of their care and social needs working towards self-care and independence.
8. Direct clients to appropriate services or activities within their area that support independence and enhance health and well-being.
9. The Social Prescriber may work alongside a small team of volunteers to extend the reach and capacity of the role.
10. To be aware of and adhere to policies, procedures and practices involved in working with and supporting volunteers.
11. Where appropriate introduce client to volunteer for additional support to access solutions identified.
12. Understand the barriers and opportunities for people to self-manage their conditions in the community.
13. Develop their knowledge of local services using AUKWSBH resources to work closely with partners in the voluntary sector, health and social care to identify the activities, services, information and approaches that support self-management.
14. The Social Prescriber will be expected to keep accurate and up- to- date records on health and social care systems with the Primary Care Network
15. They will gather record and collate data, including case studies, in a prescribed format in order to demonstrate the impact of the service. This will include supporting head of health in producing quarterly reports for the commissioners to be able to monitor and evaluate service delivery

Financial management:

1. Work with Integrated Health Manager and Senior Social Prescriber to ensure services remains within budget

Key contacts and relationships

2. The Social Prescriber will be expected to contribute towards the development of the service, attending meetings and doing presentations as requested by their line manager.

3. External relationships are key to the success of this role. This will include GP practice staff, Multi disciplinary teams, local services and organisations for referring clients to.

4. Within AUKWSBH you will work closely with Integrated Health Manager and remain up to date on all other services provided to ensure all social prescribers are well informed.

Equal opportunities

Age UK West Sussex, Brighton and Hove is committed to anti-discriminatory policies and practices and it is essential that the post holder is willing to make a positive contribution to their promotion and implementation.

Scope of job description

This job description reflects the immediate requirements and responsibilities of the post. It is not an exhaustive list of the duties but gives a general indication of work undertaken which may vary in detail in the light of changing demands and priorities. Substantial changes will be carried out in consultation with the post holder.

Person Specification – Social Prescriber:

Essential	**Desirable**
1.Excellent communication and leadership skills:- ability motivate people towards achieving defined outcomes, engaging and effective in driving progress	1.Have experience of working with or supporting vulnerable people
2. Have a good understanding of information governance and consent process	2. Experience of risk assessment training/awareness
3.An understanding of, and interest in older people, their situations and the opportunities they may want and/or need	3.Have experience of community based work in various settings/locations.
4.Be able to maintain accurate records and produce appropriate monitoring data as required	4.Have experience of working with older people
5.High level of Competency in administrative ability and IT skills including using main Microsoft packages as well as experience with project frameworks and systems	5.Experience of Partnership working
6.Knowledge and experience of West Sussex Voluntary and other sectors providing care and social support	6.Experience of home visiting and best practice for lone working
7.Effective organizational skills including information, resources and time management including planning and prioritizing workload.	7.Ability to promote and market new initiatives within clinical settings
8.Ability to provide and assimilate information to people with diverse support needs.	8.Knowledge of social prescribing models and practice and person-centred support planning
9.Effective problem solving skills that supports a “can do approach” within	9.Have experience of working with or supporting volunteers.

the service and when supporting people with care and social support needs	
10.Understands the adult social care environment and how we can best add value	
11.Ability to provide and assimilate information to people with diverse support needs.	
12.Highly developed interpersonal skills with experienced development and entrepreneurial skills.	
13.Have a flexible approach to work encompassing some unsociable hours to accommodate relevant events	
14.Full driving license and use of car to facilitate regular travel	