

Job Description

Job title: Link Worker – Supporting High Intensity User

Responsible to: Head of Social Prescribing

Salary: £31,395 per annum (plus 5% Pension)

Hours: 35 per week (fulltime)

Social Prescribing Link Worker – High Intensity User

Purpose of Role

- Improves the health and wellbeing of patients through providing access to non-medical support that increase self-help, self-management, social engagement, and healthy behaviours, and prevent ill health.
- The SPLW will work alongside Clinical Leads and other health professionals to provide a joined-up approach and maximise patient experience.
- The post holder will act as high intensity user Link Worker working with high intensity users (HIUs). Through direct contact with the client group, seek to appropriately reduce the number of A&E attendances, non- elective admissions and potentially 999 calls. This will deliver measurable improved outcomes for the benefit of clients, staff, and the public.
- Reduces avoidable costs, including A&E attendances and hospital admissions.
- The focus includes unmet social needs that present mental health episodes to A&E. They may not be accessing scheduled services and therefore rely heavily on unscheduled services. Personalisation is pivotal to this role, actively listening and working together to underpin changes in client behaviour rather than resorting to punitive measures.

Main Duties and Responsibilities

Primary Care Network

- As part of a High Intensity User's team, build relationships with staff in Secondary care and attending relevant MDT meetings
- To develop, build and maintain effective relationships with and knowledge of local statutory and non-statutory services, local GP practices, voluntary and community organisations, and public sector partners.
- Communications and promoting the High Intensity User service, its role in self-management, and the wider determinants of health.
- To provide home visits for some patients
- Outreach work
- Work in partnership with all local agencies to raise awareness of HIU service and how partnership working can reduce pressure on statutory services, improve health outcomes and enable a holistic approach to care.
- You will be working across various sites including A&E departments, community spaces, home visits and working from home.

Referrals and personalised support

- Be proactive in developing strong links with all local agencies to encourage referrals, recognising what they need to be confident in the service to make appropriate referrals.
- To provide personalised information, advice and support to patients and signpost or refer them to appropriate activities, services and support which will help meet their needs.
- Adopt a holistic, person-centred approach to establish people's particular needs, concerns, and aspirations.
- Support those who are using the service and provide a range of accessible and flexible information in a manner that is responsive to individual needs, circumstances, and preferences to improve their ability to self-care.
- Empower service users to maximise the control they have over their lives through enabling them to assess their own abilities, identify goals and take charge of decisions that affect them.
- Signpost and refer (with consent) people, and where appropriate provide/arrange support, to access local voluntary, community, and statutory services to help meet their needs.
- Use and help maintain our data capturing system to keep accurate records relating to the interactions that take place as part of the delivery of the service, contributing to the collection of monitoring information and preparation of progress reports.
- Treat service users, carers and families with dignity, and respect different cultures, religions, ways of life and other personal characteristics always.
- Seek regular feedback about the quality of service and impact of social prescribing on referral agencies.
- Help people identify the wider issues that impact on their health and wellbeing, such as debt, poor housing, being unemployed, loneliness and caring responsibilities.
- Help people maintain or regain independence through living skills, adaptations, enablement approaches and simple safeguards.
- Respond appropriately to any service user complaints raised, promptly inform managers, and follow relevant guidance for complaint handling.

Communication and Collaboration

- Contribute a voluntary and community sector perspective to the multi-disciplinary assessment of needs and care planning of people referred.
- Acting as a community resource by being a valuable source of knowledge and guidance for local people and professionals.
- Obtain and maintain information on the range of local services available using our service directory, and report on any gaps in service that become apparent through the project.

- Work with a range of local VCS providers of health, well-being, and social activities to promote access to services for people referred to the service to build and develop an understanding of community-based statutory and non-statutory services in Southwest London.
- Play a key role in promoting awareness and understanding of the service amongst professionals and the public across Southwest London.

Service Quality and Development

- Follow agreed processes and protocols for storing and transferring information about service users and ensure that confidentiality is maintained.
- Collect and report on data enabling evaluation of the progress and outcomes of patients referred through the service, and the impact of VCS services involved in the service.
- Incorporate service user involvement and feedback to evaluate the quality of the service provided and to inform service changes and developments.
- Provide input into relevant programmes of work and utilise and draw upon new resources and tools which could support the effective delivery of the role.
- Respond to key changes within the health and social care field to shape and develop service delivery by keeping abreast of the health and social care landscape, including that relating to good practice, policy, legislation, and regulations.
- Ensure the correct referral codes are inputted into clinical systems used to identify social prescribing, adhering to data protection legislation and data sharing agreements.
- Support potential future service development in areas such as home visits and self-referrals.

General Responsibilities

- Abide by the Employee Handbook and the policies and procedures of Merton Connected and always protect MC's interest.
- Advise the Chief Executive or an Honorary Officer of MC of any event that could adversely affect MC or damage its reputation.
- Adhere to all relevant policies and procedures, including those relating to Health and Safety, Lone Working, Safeguarding and Equal Opportunities.
- Undertake any other additional tasks as reasonably deemed appropriate.

Person Specification

Qualifications/Experience:

1. At least 2 years of experience in a role that involves promoting the health and wellbeing of service users in adult health care, social care, public health, or voluntary and community context.
2. Experience of adopting a person-centred approach to meet the needs of service users and of empowering people to make informed choices bearing in mind the options available to them.
3. Experience in developing working relationships in primary care and /or social care contexts.
4. Experience of working with and supporting Volunteers.

Skills and Abilities:

5. Excellent verbal and written communication skills with a variety of partners and stakeholders, including primary care, with confidence in having difficult conversations.
6. Ability to work with and support people with a wide range of health and wellbeing needs and their carers, adopting a flexible and dynamic approach to meeting their needs.
7. Ability to develop and maintain partnerships with a range of professionals and stakeholders.
8. Ability to reflect upon and evaluate ways of working and to identify how services could be developed and improved.
9. Ability to use IT to a level commensurate with the post.
10. Ability to work independently and proactively and to work as a valued member of a team.

Knowledge:

11. Knowledge of the wider determinants of health, including social, economic, and environmental factors.
12. Understanding of personalisation and the skills required to support self-care.
13. Knowledge and understanding of quality assurance and skills and experience of monitoring and evaluation.
14. An understanding of the principles of confidentiality and how these apply when handling service user information.
15. An understanding of health, social care and voluntary sector service provision, the challenges currently faced and the issues affecting local communities.