

Rhondda GP Cluster Wellbeing Coordinator

JOB DESCRIPTION	
Job Title:	Rhondda GP Cluster Wellbeing Coordinator
NJC Scale Point:	NJC Scale Pt 28 (£25,463 per annum)
Type of Role:	Fixed Term to March 2020
Hours:	Full time (37 per week)
Annual Leave:	30 days plus 8 bank holidays
Location:	Varied: Outreach throughout the Rhondda GP cluster area plus Interlink base
Responsible to:	Interlink Deputy Chief Executive

Principal Purpose of the Job

The post holder will work closely with GP's and allied health professionals throughout the Rhondda Cluster area to support referred individuals to address non-medical issues that may be causing or exacerbating health problems. The service will support people to improve their health and wellbeing and lead to a reduction in their use of GP practice resources.

The post holder will work with referred individuals to address their needs through promoting self-management, identifying their interests and supporting them to access community activities, facilities and services. This role places significant emphasis on supporting individuals and matching their interests with what is available and connecting people within their community. The post holder will be expected to be a central contact, developing a full understanding of what is available within the community to help address issues of debt, poor housing, mental ill health and social isolation.

Key Duties and Responsibilities

Operational Duties

1. To support a caseload of individuals and co-produce and implement a personalised support plan that will help address their non-medical needs, through self-management, brokerage into relevant community activities, facilities and services.
2. To promote independence through an enabling approach, that draws on individuals' strengths, preferences and 'natural' support networks. Assist and encourage people to make their own decisions and choices.
3. To complete an initial assessment with the individual that includes assessing risk and vulnerability and addresses any safeguarding issues.
4. Conduct reviews and follow up of actions to monitor, evaluate and sustain progress in relation to each individual's health and wellbeing.
5. To liaise with, develop and maintain good relations with GPs, practice managers and other health practitioners across the Rhondda Cluster area.
6. To attend Rhondda Primary Care Cluster Meetings, as appropriate, to develop relationships across the area.
7. To assist with community resource mapping to maintain an up to date database of community resources and contacts.
8. To identify gaps in provision throughout the Rhondda Cluster area and report findings to address gaps and deploy resources where needed.
9. To assist with identifying and recording individual needs to inform service development in relation to addressing localised need.
10. To keep case files and databases up to date and be able to provide monitoring information as per requirements and maintain records in line with all operational procedures.
11. To work closely and establish effective working relationships with a range of agencies to facilitate a collaborative approach and seamless services.
12. To broker and establish new partnerships between public and voluntary sector agencies to enhance service delivery and improve access to services.

13. To develop and sustain professional relationships with service users, partner agencies and appropriate external agencies.

Organisational Responsibilities

1. To perform alongside the Cwm Taf Community Coordinator team attending and participating in regular team meetings and to attend appropriate training.
2. To work in accordance with Interlink's policies and procedures.
3. To participate in regular support and supervision with the Deputy Chief Executive at Interlink and be part of a peer support network with other social prescribers
4. At all times adhere to relevant legislation, good practice and policies and procedures, including Child Protection, Safeguarding Adults, Health and Safety, Confidentiality and Equality and Diversity.
5. To carry out any other reasonable duties in relation to the purpose of the role. This job description contains only the main accountabilities relating to the post and does not describe in detail all the duties required to carry them out.
6. In view of the dynamic nature of the work of the organisation, the duties listed above will be subject to a periodic review with the post holder.
7. In order to maintain flexibility, Interlink reserves the right to effectively respond to demand across the organisation in order to provide consistent, effective and high quality services. This involves instructing suitably experienced staff to carry out any reasonable duties that help manage changes in demand and/or reduced capacity. For example, to cover an increase in demand in a specific service area or a geographical community / area; or to address reduced staff capacity to cover colleagues due to absence / illness.

Monitoring and Administration

1. Maintain accurate and timely records and produce written reports of work as required.
2. To analyse performance data for use in reports, ensuring data is presented in a format that informs decision making.
3. To carry out all necessary administration in relation to casework tasks including monitoring.

Emotional Intelligence

Able to:

- Read your own emotions and recognise their impact
- Control one's emotions and impulses
- Sense, understand, and react to other's emotions
- Understand and manage your own limitations, maximising your ability to deal with the pressures of your role

Committed to:

- Inspiring, influencing and developing others

Knowledge

- An understanding of the contribution of the third sector to health, social care and well-being

BELIEFS AND VALUES OF INTERLINK

Interlink's work has grown and citizen engagement and service user involvement now have equal priority to supporting community and voluntary organisations. This work is all included under the banner of voluntary action and the 'Third Sector'.

VISION

Volunteering, community involvement and action lead to connected and resilient communities, where people are treated fairly, have good health and have the resources they need.

MISSION

To listen to and support the development of communities to be better connected and more resilient.

To build on individual and community strengths through volunteering, community involvement and action.

To work with others to improve wellbeing, tackle poverty and reduce inequality.

PRINCIPLES

To work sustainably, taking into account the environmental, economic and social needs of local people and communities.

To support all members with special consideration for the needs of smaller groups.

To promote equal opportunities and social justice, aiming to reach those individuals and groups most in need.

To support voluntary action, aiming to promote and facilitate the involvement of service users, carers and citizens.

To be flexible and responsive to the changing needs members.

To support and develop partnership working at all levels to identify, address and deliver actions that meet the needs of local communities.

To work with others using asset based, community development and coproductive approaches

To enhance and not compete with the work of member organisations.

Person Specification

Essential:

- Considerable experience of working with people with health and social care needs, and / or working within a community setting with excluded individuals, groups and communities
- Ability to understand and address the diverse and complex needs of individuals
- To understand and be able to implement a 'brokerage' approach to match people's needs and interests with what is available in the community
- Commitment to an enabling/empowering approach, building on people's strengths to promote independence in individuals
- Commitment to partnership working, including ability to work collaboratively with GPs, colleagues and other stakeholders
- To be able to analyse and present data in an appropriate way to enable decision making.
- The ability to work flexibly and respond creatively to pressures and challenges
- Ability to organize and prioritise work load and work under pressure
- Experience of partnership working and referral processes with key agencies, such as Community Mental Health Teams
- IT literate
- Good communication skills (verbal and written)
- Commitment to equal opportunities and anti-discriminatory policy and practice
- Have a flexible approach to working hours in alignment with the Working Time Regulations
- Have access to transport and a current valid UK driving licence

Desirable:

- Experience of community needs and/or resource mapping
- Ability to converse in Welsh
- Hold a relevant health and social care or community development qualification
- IT literate with working knowledge of Word, Excel and databases