Team Leader
Persistent Physical Symptoms Project

Candidate Pack

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Welcome

Dear potential Team Leader,

Thank you for your interest in this new and unique opportunity with Ways to Wellness. If successful you will be joining an innovative and well-respected organisation with a track record of making a difference in the lives of those facing the greatest health inequalities in our communities.

We currently deliver a range of projects with a 'personalised approach' to improving health and wellbeing at their heart:

- Long Term Conditions - our founding project which focuses on delivering social prescribing 'at scale' through partnerships with GP surgeries.
- Maternal Mental Health Services - commissioned by NENC ICS to deliver research and prototype projects, in partnership with VCSE sector organisations.
- SPACE Pilot - recently extended, this project supports children with neurodisabities and their families, in partnership with the Great North Childrens Hospital.
- PROSPeR - part of the NENC ICB Waiting Well programme, supporting patients before and after their hip and knee operations, to improve clinical outcomes.

The Persistent Physical Symptoms (PPS) project is jointly funded by the North East and North Cumbria Deep End Network, and Ways to Wellness, and is being delivered in partnership with several GP surgeries in the east end of Newcastle. In this work we are testing an innovative new approach to supporting people with a diagnosis of persistent physical symptoms, including (but not limited to) chronic pain, fibromyalgia, irritable bowel syndrome and non-epileptic seizures. Social prescribing approaches will be used through the patient's journey, seeking to improve the patient's wellbeing, while also improving engagement with any medical treatment and reducing unnecessary interactions with NHS services. This is a unique project, that is breaking new ground in exploring how social prescribing can support people with persistent physical symptoms.

Ways to Wellness are a small, friendly, supportive and committed team. We value our staff, so provide excellent terms and conditions, including enhanced annual leave packages, a wellbeing cash plan, good employer contributions, plus flexibility and career progression opportunities where we can. In a recent staff survey 100% of staff

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agreed/strongly agreed that they are supported, recognised and have the resources they need to do their work well.

"Team morale is consistently high. This is a direct result of the encouragement, freedom, trust, flexibility and support we are given to work and thrive. Everyone treats each other with kindness and respect, even with the team growing in size it feels like we are a much smaller, more intimate team." [WtW employee, December 2023]

We're receiving growing recognition locally and nationally for our work and are always ambitious to build innovative solutions which make a difference to the lives and wellbeing of even more people across the region. This is an excellent opportunity for the right person to play their part in our journey.

We look forward to hearing from you. If you have any queries please contact our Project Lead, Sonia Townend, at Sonia.townend@waystowellness.org.uk.

Yours sincerely,

Sandra Mitchell-Phillips
Chief Executive, Ways to Wellness

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Job Description: Team Leader

Job title:	Team Leader. One full time (37 hours per week) role available. Flexible working considered.
Accountable to:	Project Lead
Responsible for:	Supervision of Specialist Social Prescribing Link Workers, delivering a high quality targeted social prescribing service to clients with Persistent Physical Symptoms in Newcastle.

Job purpose/summary

The Team Leader will contribute to setting up and establishing this new pilot project, with a focus on working with and managing a small team of Specialist Link Workers, delivering targets, and being the first point of contact for the staff and for project enquiries. The Team leader will report directly to the Ways to Wellness Project Lead and liaise with identified staff within the Newcastle Primary Care Networks, including but not limited to practice managers, clinicians and admin staff.

The Team leader will be responsible for their own case load, providing support to clients referred into the service by primary care staff, working primarily in the community and in GP practices. You will proactively develop relationships with GPs and GP surgery staff in order to optimise the referral process and ensure an excellent service provision. You will also develop relationships with community organisations and statutory services to maintain a directory of available resources.

Excellent communication skills and local knowledge will be needed. Willingness to undertake mandatory and role specific training within a specified timescale will also be essential.

Main Duties

- Manage a small team of Specialist Social Prescribing Link Workers, providing line management and 1-to-1 support. Ensuring that both workplace and clinical supervision is in place.
- Contribute to setting of targets and achieving metrics as determined by stakeholder group.
- Induction and training of new team members.
- Manage a caseload of clients referred into the Persistent Physical Symptoms project.
- Report directly to the Project Lead and provide regular updates as agreed.
- Work as part of a multi-disciplinary team to develop person centred, community based personalised care and support plans for clients. Help people identify wider issues that impact on their health and wellbeing such as loneliness, self-care, low income,

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housing and caring responsibilities, and link them to appropriate services and support.
- Promote social prescribing, its role in self-management, and the wider determinants of health. Coach colleagues in the principles of social prescribing.
- Work independently in a manner that promotes excellent care and experience, while recognising professional and organisational requirements and boundaries.
- Be professional with clients, colleagues, volunteers and professionals at all times.
- Have an understanding of the evidence base around self-management support and person-centred care.
- Adopt our quality improvement methodology and seek to continuously improve our systems for the value of our clients.

Provide personalised support

- Act as an advocate for the client, guiding them through the complex journey with a multi-faceted approach that results in appropriate use of scheduled and unscheduled care services.
- Deliver support face to face, over the phone or online at a location agreed with the client including home visits where appropriate.
- Be familiar and up-to date with the wider offer from local or national health, social care and voluntary sector organisations, as relevant to people.
- Where appropriate, physically introduce people to community groups, activities and statutory services, ensuring they are comfortable. Follow up to ensure they are happy, able to engage, included and receiving good support.
- Seek advice and support from senior staff to discuss client-related concerns (e.g. safeguarding, medical or medication-related queries, complex mental health issues), referring the client back to a suitable health professional if required.

Support community groups and the wider team

- Develop robust and active relationships with care teams in primary care and connect well with other partners. Forge strong links with partner organisations, community and neighbourhood level groups. Contribute to the mapping of available assets.
- Recognise and remedy gaps in provision by sharing intelligence, regarding shortfalls or problems in local provision, with commissioners and local authorities.
- Encourage clients, their families and carers, who have been connected to community support through social prescribing, to volunteer and give their time freely to others, providing peer

support, building their skills and confidence, and strengthening community resilience.
- Demonstrate effective, professional and respectful communication within the team and organisation.

Data capture and clinical governance

- Ensure accurate reporting and data collection for the entire team. Encourage individuals, families and carers to provide feedback and to share their stories about the impact of social prescribing on their lives.
- Contribute to the development and implementation of all policies and systems as they relate to service delivery, in particular: health and safety, safeguarding, vulnerable adults and lone working.
- Proactively review of risks and issues that could impact on individual care and wider service delivery.
- Seek regular feedback about the quality of service and impact of social prescribing. Provide appropriate feedback to clinicians about the people they referred, where required.
- Adhere to GDPR and Data Protection requirements at all times.
- Produce relevant reports to both Project Lead and others as appropriate.

Professional development

- Work with your line manager to undertake continual personal and professional development, taking an active part in reviewing and developing the roles and responsibilities.
- Ensure all team members have a Personal Development Plan in place in line with the NHS England SPLW workforce development framework and the National Association of Link Workers Code of Practice.
- Undertake relevant training as required.
- Work with the wider team to share learning, and explore issues, to continually develop the service and enable you to deal effectively with the difficult issues that client groups present.

This list is not intended as an exhaustive list of duties and responsibilities. The post holder will be asked to carry out other duties which are appropriate to the skills of the post holder and grade of the post as the priorities of the service change.

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Person Specification: Team Leader

Qualifications

- Training in Social Prescribing, Motivational Coaching and Interviewing, Personalised Care, or equivalent experience - essential
- Full driving licence and own transport – essential.
- Training in Information, Advice and Guidance – desirable.

Skills

- Excellent communication, interpersonal and listening skills.
- Skills to listen, influence, negotiate and motivate individuals in relation to health related behaviours.
- Understanding of how to deliver high quality, personalised support to individuals, their families and their carers in a way that develops trust and helps them to focus on 'what matters to me'. Strong awareness and understanding of when it is appropriate/necessary to refer people back to other health professionals/agencies.
- Understanding of the wider determinants of health, including social, economic and environmental factors and their impact on communities.
- Knowledge of the personalised care approach.
- Knowledge of IT systems, particularly Microsoft 365 and GP clinical systems.
- Knowledge of health and lifestyle issues relating to mental wellbeing and mental health (gained through practical experience and/or a health related qualification).
- Sound understanding of the challenges faced by those with poor health literacy and the ability to support individuals to develop appropriate skills.
- Adaptable and flexible approach – an interest in/willingness to share learning with other Ways to Wellness projects and team members, as well as external partners.
- Ability to handle sensitive data with confidentiality.
- Ability to act upon own initiative, respond to changing situations.
- Good organisational and time management skills.
- Knowledge of the community resources available to people living with Long term Conditions.

Experience

- Proven track record of engagement with people on to one basis and/or in groups.

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- Demonstrable excellent knowledge of the local community.
- Experience of working in link worker role or similar – essential.
- Experience of managing teams, undertaking line management, performance management and appraisals.

Terms and Conditions

Salary:	£31,000 - £32,000 per annum (depending on experience).
Contract:	Permanent
Hours:	37 hours per week. Job sharing and flexible working will be considered. Work outside of core hours (9am to 5pm) will occasionally be required.
Holidays:	30 days paid holiday, plus bank holidays.
Pension:	Ways to Wellness will contribute up to the equivalent of 5% of your gross salary to match your equivalent contribution.
Benefits:	Health and Wellbeing Plan (after 6 months' service). Enhanced company sick pay
Base:	Newcastle upon Tyne
DBS checks:	Due to the nature of these roles, an enhanced Disclosure and Barring check will be carried out on all successful applicants. Under section 4(2) of the Rehabilitation of Offenders Act 1974 (Exception Order 1975) all spent convictions must be declared.
Expenses:	Ways to Wellness will pay for staff travel and subsistence if an employee is requested to travel as part of their role, outside of commuting to work.

Application Requirements & Recruitment Timetable

To apply please send a completed application form detailing your reasons for applying to the role as well as the match between your skills and experience and the job description and person specification.

Please send your application by email to: info@waystowellness.org.uk

Deadline for Receipt of Applications:	**9am, Friday 17th May 2024**
Interview Date/s:	**Wed 22nd/Thur 23rd May 2024**

Please assume that if you have not heard from us by Monday 20th May 2024 then unfortunately your application has not been successful.

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