Job Description-Health Coach

Hours of work: 37.5

Annual Leave: 25 days FTE (plus bank holidays)

Salary: Up to £24,000 FTE

Employed by: Involve Kent

Responsible to: Social Prescribing Team Manager

Based: Tonbridge GP Primary Care Network

Purpose of the job

Supporting GPs and the Primary Care Network with a Health Coaching service for patients who could benefit from motivation, coaching, information, and advice to improve their health. Using Motivational Interviewing and other behavioural change and psychological techniques to help the patient recognise and understand their health conditions, set achievable goals and take more control over unhealthy behaviours. Linked to the therapy garden the health coach will explore the impact of food, exercise and nature (including horticulture) on parients health and wellbeing. Health coaching empowers patients, giving them knowledge, skills and confidence to manage their health and any long-term conditions. Health coaching is effective for a wide range of patients, from those concerned about specific issues such as alcohol intake or weight, to people newly diagnosed or struggling to manage a long-term condition. This is a new and developing role. The post holder will work in partnership with their clinical and non-clinical colleagues, management support and the wider PCN to ensure the role delivers the best possible outcomes for patients.

Key tasks and responsibilities

- Proactively manage your own health, wellbeing, and resilience as a positive role model to patients and to ensure you can provide consistent, quality support to our clients.
- Work to the Involve values and embed them in your practice and daily work.
- Accept referrals from GPs, practice staff, and self-referrals for people who could benefit from health coaching, eg long term condition, mental health problem, obesity, smoking etc
- Coach and motivate patients through multiple sessions to identify their needs, set goals, and support them to implement and achieve their personalised mental health and wellbeing objectives, for example, addressing stress, reducing anxiety, relieving depression, taking a holistic approach. This will include face to face and virtual consultation with patients and providing them with advice, guidance, and a management plan, personalised to their individual needs. It could include healthy eating, getting active, sleep hygiene, new activities, volunteering and active

citizenship, employment, learning, social activities, and addressing difficulties such as debt or housing.

- Manage and prioritise a caseload of people needing ongoing support, including establishing and attaining goals that are important to the patient, and providing interventions to meet them, maintain regular contact.
- Ensure all interventions and coaching are designed to empower patients to be active participants in their own healthcare, empower them to manage their own health and wellbeing, building resilience, improving their confidence and self-esteem.
- Help initiate people into supportive social networks to create a sustainable, lifelong plan to manage their own health and wellbeing.
- Work in the Therapy garden to support patients growing food and exploring nature, diet and exercise to improve health outcomes.
- Work with the broader PCN to maximise the support available to patients, including the social prescribing team to connect patients to community-based activities which support them to take increased control of their health and wellbeing, and working with clinical colleagues to provide enhanced support to patients being supported through, identifying those who would benefit the most from health coaching.
- Work across the practices within the primary care network, including a combination of in person, remote, telephone and video consultation.
- Update patient notes with all contact, communication, support plans and outcome reviews to ensure GPs and clinicians are fully updated with progress

Patient Coaching, Care and Support:

- Provide personalised coaching to patients with health conditions which supports them to identify and meet their individual lifestyle, health and wellbeing goals, following NHSE Health Coaching best practice and maximising tools such as Six Ways to Wellbeing
- Deliver and facilitate group and peer sessions, including sessions focussed on specific issues/ challenges to develop connections and resilience
- Tailor advice effectively to the individual, ensuring the particular needs of any identified patient groups are understood and addressed
- Ensure a 'Trauma Informed' approach, accessing appropriate training to do this, recognising entrenched issues may be at the root of health harming behaviours
- Build trust and respect with the person, providing non-judgemental and non-discriminatory support, respecting diversity, and lifestyle choices. Work from a strength-based approach focusing on a person's assets.
- Increase patient motivation to self-manage and adopt healthy behaviours (using Patient Activation Measure)
- Work with patients with lower activation scores to understand and increase their level of knowledge, skills and confidence (their "Activation" level) to manage their own mental health, physical health and wellbeing, and increase their ability to access and utilise community support offers.
- Work with patients on horticultural project to improve health through nature and growing food to explore health through food in addition to exercise.
- Be a friendly, professional and engaging source of information about health, wellbeing and prevention approaches.

- Motivate and support patients to access appropriate specialist and clinical services to improve health, such as smoking cessation, One You, Weight Management, drug and alcohol service, IAPTS.
- Support patients in shared decision-making conversations where appropriate.
- Work with the social prescribing and other colleagues to ensure that individuals can access support to address wider social needs that can impact on their health and wellbeing, such as such as debt, poor housing, being unemployed, loneliness and caring responsibilities.

Primary Care Network and Multi-Disciplinary Team

- Promote health and wellbeing coaching, its role in self-management, addressing health inequalities and the wider determinants of health.
- As part of the PCN team, build relationships with staff in GP practices within the local PCN, attending relevant meetings, giving information and feedback on the service
- Work with GPs and practice managers to produce patient lists if appropriate (eg patients over 45 with diabetes) and proactively contact people, offering the service in a positive, stigma-free way, encouraging engagement and take up.

System Responsibilities

- Develop and maintain effective relationships with the VCSE / mental health sector ensuring that patients can easily move between services and community resources to access additional support.
- Work in partnership with all local agencies to raise awareness of health and wellbeing coaching, and how partnership working can reduce pressure on statutory services, improve health access and outcomes and enable a holistic approach to care.
- Seek regular feedback about the quality of service and impact of health coaching on partner agencies.
- Be proactive in encouraging equality and inclusion, through self-referrals and connecting with all diverse local communities, particularly those communities that statutory agencies may find hard to reach.

Data capture

- Ensure accurate data is captured and recorded on GP systems (Emis/ Vision) and Involve case management system (Charity Log) following every contact/ intervention.
- Work sensitively with people, their families and carers to capture key outcome information, enabling tracking of the impact of health coaching on their health and wellbeing, including the measures required within the PCN Contract (e.g. ONS4 and PAM measures)
- Encourage people, their families and carers to provide feedback and to share their stories about the impact of Health Coaching on their lives.
- Support referral agencies to provide appropriate information about the person they are referring. Provide appropriate feedback to referral agencies about the people they referred.

- Work closely with GP practices within the PCN to ensure that the relevant codes are captured and inputted into clinical systems, (as outlined in the Network Contract DES), adhering to data protection legislation and data sharing agreements.

Professional development and other responsibilities

- Work with your line manager to undertake continual personal and professional development, taking an active part in reviewing and developing roles and responsibilities.
- Training requirements for the role are currently being developed by NHS England; when these are developed, undertake identified coaching and training as required by the Personalised Care institute
- Adhere to organisational policies and procedures, including confidentiality, safeguarding, lone working, information governance, equality, diversity and inclusion training and health and safety, for both Involve and the PCN.
- Contribute to the development of policies and plans relating to equality, diversity and health inequalities.
- Undertake any tasks consistent with the level of the post and the scope of the role, ensuring that work is delivered in a timely and effective manner.
- To comply with the Health and Safety at Work etc. Act 1974.
- To work within the Clinical Governance Framework of the practice, incorporating Risk Management and all other quality initiatives.
- To maintain confidentiality of information relating to patients, clients, staff and other users of the services in accordance with the Data Protection Act 1998 and Caldicott Guardian. Any breach of confidentiality may render an individual liable for dismissal and/or prosecution.
- To work across the PCN sites as required.
- To work flexibly to accommodate evening/weekend meetings as required.

Person Specification	**Essential**	**Desirable**
2 years Health Coaching experience	x	
Health Coaching qualification	x	
Experience of working with people with life challenges, mental health/social issues and in deprived communities	x	
Experience in collecting and collating data, understanding of importance of confidentiality, accuracy and reporting	x	
Able to attract, engage and motivate people to take up the service, eg through positive and encouraging communication and promoting the benefits	x	
Experience of horticulture, being able to support food growing and nutrition and nature interventions.	x	

Proficient in the use of negotiation and motivational skills to promote health and ensure services are used efficiently and effectively	x	
Experience of working in a multi- disciplinary environment in the health; social or voluntary care sectors	x	
Proficient in the use of electronic records; databases and spreadsheets	x	
Confident in organising and facilitating groups eg peer support sessions	x	
Confident in communication methods and able to communicative effectively with a range of customer and provider groups, verbally and in writing	x	
Highly organised, resilient and reliable and willing to take responsibility for own actions	x	
Flexible, resourceful and solution focused; able to demonstrate ability to achieve outcomes for people	x	
Commitment to reducing inequalities, challenging stigma and discrimination	x	
Full driving licence and access to a car	x	