Ann Cox, is a Care Coordinator for Bay Integrated Care Community and Primary Care Network and has been in her role since April 2021.

Care Coordinators can be clinical and non-clinical and Ann's role is non-clinical which sees her working closely with health and social care providers and voluntary and Third Sector organisations to ensure people have the very best care and support in place. Here she tells us more about her role.

How did you become a Care Coordinator?

I have a wealth of experience caring for people in the community. I have previously worked as a Welfare Assistant and with vulnerable people and people with learning disabilities. I also volunteered with the Hope Centre which helps people who are victims of domestic violence and I spent 16 years working in education as a classroom assistant.

What does your role involve?

I work closely with a team that comprises of another non-clinical Care Coordinator, clinical Care Coordinator, and our Social Prescribers and health coaches from the Well Communities. We receive our cases from GPs and other staff at the practice, community teams and Voluntary, Community, Faith, and Social Enterprise organisations, with a summary of the individual's needs. Often this could involve a simple chat over the phone and signposting the individual to the right place for support. Other times we may be required to visit the individual's home and carry out a proactive assessment and advise on additional support to help their wellbeing and reduce social isolation. We have found that coronavirus and the lockdown has had an effect on people's mental health so it is great to be able to signpost people to activities like the free 'Walk with a Doc' programme which helps to get people out and about with others and gives them the opportunity to talk to health professionals.

My role is to work with people who have multiple health and social care services involved but have no care coordination in place. I carry out a holistic assessment with the individual and work with other agencies through Multi-Disciplinary Team (MDT) meetings to inform a care plan including preventative measures which may help keep that individual from being admitted to hospital or frequently attending their GP. I also help to coordinate support to help people so they can live as independently as possible for as long as possible including the elderly or those with frailty. My role is about empowering people to seek the right support and really listening to their needs, what is right for them and supporting them to achieve it.

What have been the best bits and challenges of your role?

I really enjoy helping people and building professional, trusting relationships with them. Sometimes it can be challenging if people are reluctant to engage. The best bit is when you have supported someone who was isolated and they have engaged, made changes and you see them at a community session like the Seagull Café and they are smiling ear to ear and have formed connections.

Top tips for people wanting to become a Care Coordinator:

You really need to be a people person and have experience working with people from different backgrounds. Being able to work closely with other partners and build professional relationships is also key.