

Position Description

Position Title:	Health Care Navigator
Classification:	Stream D - Direct Service Delivery, Band 2

Purpose of the Role

The Health Care Navigator (HCN) uses 'social prescribing' to enhance the effectiveness of health-based care coordination activities for participants of the Integrated Care Coordination Program (ICC) who are living with chronic health conditions and associated complexities.

The Health Care Navigator works with the ICC care coordinators to address and support the social needs which impact upon a person's health and wellbeing. The HCN will take a holistic approach to people's health and wellbeing, supporting people with a wide range of social, emotional or practical needs. These may include financial, transport, housing, physical inactivity, legal, service and package requirements as well as isolation issues. Participants will be referred from both the Murrumbidgee Local Health District (MLHD) and Marathon Health Care Coordination programs and will service the communities of Wagga Wagga and surrounds.

Key Relationships

The Health Care Navigator is an employee of Marathon Health and reports to the Portfolio Manager Primary Health and Wellbeing. The HCN will have close working relationships with both Marathon Health and the MLHD care coordinators who support clients in the agreed geographical location.

The HCN will be required to maintain effective working relationships with other staff employed or visiting to provide services within Marathon Health. The HCN will liaise as necessary with the Marathon Health board members, partner organisations and other service providers, community organisations or individuals who have an interest in Marathon Health

Position Responsibilities

Responsibilities for this position include, but are not limited to:

- Provide holistic support to participants living with chronic conditions and complex social support needs who are currently enrolled in the Integrated Care Coordination Program.
- Support participants identify the wider issues that impact on their health and wellbeing, such as inadequate housing, financial constraints, formal support needs and isolation.
- Co-produce a personalised support plans to improve health and wellbeing, introducing or reconnecting people to community based services.
- Manage and prioritise caseloads in accordance with the needs, priorities and any urgent support required by participants.
- In collaboration with the Care Coordinator refer appropriately back to other health professionals/agencies when the person's needs are beyond the scope of the Health Care Navigator role.

- Attendance and participation in regular meetings, client file audits and reviews to ensure quality service delivery.
- Capture and report on Minimum data set, client journeys and key outcome measures at the required intervals impact of the HCN role and the impact on their health and wellbeing.
- Follow Marathon Health Health Care Navigation and Integrated Care guidelines.

Other Duties

- Demonstrate and uphold our values at all times.
- Comply with the Work Health and Safety policies and procedures at all times.
- Undertake continuing professional development as required to ensure job skills remain current.
- Attend/participate in out-of-hours meetings and functions as required.
- Participate in staff activities and processes.
- Identify and participate in continuous quality improvement opportunities.
- Actively participate in annual performance planning and review activities.
- Maintain a working knowledge of all equipment used in the office.
- Other duties as directed from time to time.

Our Values

Staff are expected to demonstrate our **ICARE** values:

Integrity & Trust

Collaboration & Innovation

Achievement & Excellence

Respect & Empowerment

Empathy & Understanding

Special Job Requirements

1. National Police Check with a satisfactory outcome and Working With Children Check clearance for paid work
2. NDIS Worker Screening check, qualifications and professional registration as applicable to this role
3. Eligibility to work in Australia
4. Valid Australian Drivers Licence

Note:

This position description is not a duty statement; it is only intended to provide an outline of the key responsibilities of the position. Employees are expected to carry out any duties, within the scope of their ability, that are necessary to fulfil the position objectives.

It is expected that this position description will change over time due to the nature of Marathon Health activities. A flexible attitude to change is expected of staff. Any proposed changes will be discussed with you.

I, the undersigned, agree to be employed under the terms and conditions as detailed in this position description.

Signed _____

Date _____

Print Name _____

Selection Criteria

Essential

- Recognised qualifications in Community Services, Human Services, Social Work, or a Health-related discipline.
- Demonstrated experience in advocating and accessing local services (aged care/ NDIS/ Community services) to support participants reach their health and wellbeing goals.
- Demonstrated experience in providing a person-centred approach when working with participants and their families for support planning.
- In depth understanding of the wider determinants of health, including social economic and environmental factors and their impact on participants in their communities.
- Experience of partnership/collaborative working and of building relationships across a variety of organisations.
- Well-developed communication and interpersonal skills and ability to engage and communicate effectively with people from a culturally and linguistically diverse (CALD) background and First Nations communities.
- Sound computer skills and the ability to adapt to new software applications.
- Demonstrated commitment to professional development to maintain, improve and broaden knowledge, expertise and competence, capability and develop the personal and professional qualities required for the role.

Desirable

- Demonstrated competencies in and/or knowledge of the complexities and challenges involved in supporting participants living with chronic health conditions.
- Demonstrated understanding of behaviour change principles, social prescribing, coaching and/or motivational interviewing