Job Title: Care Navigator / Peer Support Worker
Responsible to: Head of Healthier and Stronger Communities
Responsible for: As assigned
Salary: £27,527 - £30,831 pa + 6% pension
Hours: 36 Hours per week
Holiday: 25 days plus bank holidays per annum
Based at: Community Venues and Whittington NHS
Contract: Fixed term until 31 March 2025, with possible extension

Background

Our Enhanced Health Management of People with Long-Term Conditions (LTCs) is an initiative that sees us identifying, managing and intervening with adults at risk of developing or living with LTCs in Haringey's more deprived neighbourhoods.

The programme is delivered within the community via a Multi-Disciplinary Team (MDT), and is led by Whittington Health clinicians and comprised of NHS, GP Federation/Primary Care Networks, Haringey Council, The Bridge Renewal Trust and other local multi-sector agencies.

This programme focuses primarily on congestive heart failure (CHF)/cardiovascular disease (CVD) and diabetes, including voluntary sector support to work with people at risk of/with respiratory conditions and multi-morbidity. This will aim to address underlying need associated with high Non-Elective admissions/complications.

The purpose of the programme is to develop a strengths-based model to:

- Support people at risk of developing /have LTCs to adopt healthier lifestyles;
- Identify, diagnosis and support people to better manage LTCs and mitigate impact;
- Build on/connect to existing resources/initiatives/assets eithin the community;
- Improve LTC professional/voluntary and community sector education/training/ coaching

The Care Navigator role is a key element of this model.

Purpose of Job

The Care Navigator/Peer Support Worker will provide support to adults at risk of developing/with Diabetes and/or congestive heart failure (CHF)/cardiovascular disease (CVD) in Haringey's deprived neighbourhoods.

The overarching aim is to support the vulnerable adults to optimise the management of their diabetes or CHF/CVD by accessing the right care at the right time in a mode that suits them, wherever possible. The post holder will work with primary and secondary care clinicians to improve engagement with services, care achievements and outcomes for the people with diabetes and/or CHF/CVD.

The Care Navigator/Peer Support Worker role will work primarily in the East of Haringey, so knowledge of this geographical area would be beneficial.

As a Care Navigator/Peer Support Worker, you will support people by carrying out basic needs assessments, follow up and support people to access information and/or education, improve their ability to navigate the health and care system and improve their confidence to self-manage their condition.

You will enable people to better utilise resources in the voluntary and community sector. This will in part be by direct work with individuals, and also by collating information about voluntary and community resources locally, to share with individuals and health professionals within the MDT. Specifically, you will:

1. Focus on helping adults at risk/with diabetes and/or CHF/CVD to make full use of local community based resources in Haringey, as well as those provided by health and social care providers.
2. Be familiar with voluntary and community services, and also with relevant statutory services, so that they can respond holistically to patients' needs.
3. Produce a summary of these resources, so that residents, family, the Multi-Disciplinary Team (MDT), general practice teams and other agencies are fully informed of the full range of local opportunities available, to increase their uptake.
4. Regularly update yourself and the resources researched so that information is accurate.

Principal Tasks

Service delivery and co-ordination

1. Take referrals from Community Heart Failure and Diabetes Teams for individual patients who are in need for further support to access community and voluntary care services.
2. Develop lines of communication with primary care, secondary care and community and voluntary care services to increase awareness of this service and ensure that there is cross-communication regarding service users.
3. Follow up people who have not attended their diabetes and/or CHF/CVD related appointments, in order for them to re-engage with specialist diabetes and/or CHF/CVD services.
4. Discuss with the person their needs, based on their individual care plan, and to direct them to appropriate services. In addition to sources of direct support and help, this includes wider services and activities that may help to promote patients' health, wellbeing and independence. Services may be open access or require payment through a personal budget.

5. Provide the person and their carer (where appropriate) with a plan on what is recommended and how to access it.
6. Develop knowledge of local services, using existing databases and developing links with service providers, keeping up-to-date with service changes and developments.
7. Inform healthcare professionals about the holistic range of services available in the community and how they can access them directly.
8. Keep accurate and up-to-date records of contacts with clients (including use of EMIS).
9. Contribute towards the development of the project, attending meetings and doing presentations as requested by their line manager or Locality Service Lead.
10. Work collaboratively with the other Care Navigators supporting each other and meeting regularly as a team.

Leadership and management of people

11. Support and supervise volunteers (where assigned) to ensure performance targets are met.
12. Lead by example, upholding Bridge codes of conduct, policies, working practices.
13. Lead by example by modelling healthy living practices whilst at work.

Wider Community involvement

14. Increase the participation and involvement of service users in the activities of the service and other Bridge activities.
15. Contribute to work with local communities to build and sustain community capacity and seeking local solutions to community identified issues and priorities; and ensure that the Trust acts as a 'voice' for local residents.

Wider Partnership working

16. Contribute to initiatives to develop partnerships including developing and maintaining effective working relationships with local residents, Trust service users, voluntary and community groups, statutory and public sector organisations, businesses and funding bodies.
17. Work collaboratively with internal and external partners to identify and secure funding streams and resources to support delivery of the Trust's objectives.

Team working

18. Take part in The Bridge Renewal Trust events and activities as agreed with your line manager.
19. Promote a positive team environment and work well as part of the Trust staff team to co-ordinate activities and resources in order to meet Trust charitable purpose.
20. Use and contribute to the effective use of: outlook, shared drives and the website to ensure good internal communications and a team approach

Customer care

21. Be responsible for promoting high levels of customer care within your own areas of work.

Equality

22. Understand, promote and implement the Trust's equality policy, recognising social and cultural diversity in the delivery of services, access to facilities and volunteer supervision

Safeguarding

23. Understand, promote and implement the Trust's safeguarding policy, recognising that safeguarding is everyone's responsibility.

General

24. Comply with the statutory provisions of all Health and Safety, associated legislations and all Trust policies and procedures including commitment to ethical and environmentally sustainable practices.
25. Be able to work flexible hours to meet the service needs including working occasional evenings and weekends.
26. Undertake appropriate training as and when required.
27. Recognise that the above-mentioned responsibilities are neither exclusive nor exhaustive and the post holder may be required to carry out other duties commensurate with the grade of the post.

Disclosure & Barring: This post will require a DBS check at Enhanced level.

Person Specification – Care Navigator / Peer Support Worker (Diabetes/CHF)

	Criteria	Essential/ Desirable	Assessment Method
1. **Qualifications and special requirements**	a) Nationally recognised qualification in social care, social prescribing or similar	Desirable	AF
	b) Commitment to/evidence of continuous professional development	Essential	AF
2. **Experience**	a) Experience of working with people with diabetes and/or CHF/CVD	Desirable	AF/I
	b) Experience of recovering a meaningful life including lived experience of diabetes and/or CHF/CVD.	Desirable	AF/I
	c) Experience of project or service delivery including performance monitoring and reporting.	Essential	AF/I
	d) Experience of partnership working, preferably within a multi-disciplinary team working	Essential	AF/I
3. **Skills, Knowledge & Abilities**	a) Understanding of the social determinants of health inequalities.	Essential	I
	b) Excellent listening, verbal and written communication skills.	Essential	I
	c) Excellent team working skills including being tactful and diplomatic, and ability to build relationships with people from a wide range of backgrounds.	Essential	I
	d) Ability to plan, organise and prioritise work to meet tight deadlines.	Essential	I
	e) Understanding and knowledge of the equality legislation, safeguarding and health and safety regulations.	Essential	I
	f) Understanding and up-to-date knowledge of policy and practice in Adult Social Care and Health, including the principles of personalisation and social prescribing.	Essential	AF/I

	g) Proficient in the use of Information Communications Technology including MS Office and social media tools. h) Readiness to work flexibly, recognising the need to work occasional evenings and weekends. i) Language skills in one or more Haringey community languages j) Understanding of East Haringey geography, demography and needs.	Essential Essential Desirable Desirable	AF/I I AF/I AF/I
4. **Other requirements**	a) Willingness to undergo enhanced CRB/DBS Disclosure.	Essential	I

- AF – application form / supporting statement
- I – interview