



INTEGRATION JOINT BOARD

Date of Meeting	24 August 2021
Report Title	Navigator - Unscheduled Care
Report Number	HSCP.21.086
Lead Officer	Alex Stephen, Chief Financial Officer
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Consultation Checklist Completed	Yes
Directions Required	Yes
Appendices	Appendix A - Direction to NHS Grampian

1. Purpose of the Report

- 1.1. To ask the Integration Joint Board (IJB) to support and approve a Navigator service to be embedded within the Emergency Department as a test of change.

2. Recommendations

- 2.1. It is recommended that the Integration Joint Board:

- a) Approve the Business Case for the development of a Navigator Service in the Emergency Department of Aberdeen Royal Infirmary.
- b) Makes the Direction, as attached at Appendix A, and instructs the Chief Officer to issue the Direction to National Health Service Grampian (NHSG).



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3. Summary of Key Information

- 3.1. As part of supporting the Emergency Department (ED) and Unscheduled Care during Covid a proposal had been developed and agreed by the Risk Audit and Performance Committee (RAPC) on 3 November 2020 to establish a GP Link Worker in the Emergency Department / Unscheduled Care.
- 3.2. Funding was from Alcohol and Drugs Partnership (ADP) for a period of 12 months from 3 November 2020 as a test of change. However, due to the ongoing pressures of the pandemic it has not been possible to establish this project.
- 3.3. During the elapsed time, a number of new developments and opportunities have arisen which has caused the revisit and repurpose of this work stream and suggested a proposal to establish the Medics Against Violence “Navigator Project” in Grampian.
- 3.4. “Unscheduled Care” is defined as NHS care which cannot reasonably be foreseen or planned in advance of contact with the relevant healthcare professional, or is care which, unavoidably, is out with the core working period of the NHS. This includes the Emergency Department (ED). Patients attend the ED for many reasons; for example, accidents on the road, at work or at home. The ED also provides immediate care for patients who take unwell with a range of different acute medical and surgical conditions, for example a heart attack.
- 3.5. Whilst fast access to emergency care is essential many attendances may be caused by underlying social or personal difficulties. People with multiple-complex needs can often rely on emergency services more than other sections of the population, for example, self-harm, emotional distress, domestic abuse, alcohol, drug use, violence and rough sleeping. Many of these presentations will have underpinning stressors of social isolation, housing issues, deprivation, financial issues, and relationships. For many, deep rooted trauma will be a key underlying factor.
- 3.6. Hard data from the ED in relation to community demand is an area for service development to allow appropriate demand management strategies to be implemented in the community. The approval of this approach will support



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that overall improvement. Some data to support the development is outlined below:

- Over three-quarters (77.3%) of completed suicides in Scotland had contact with at least one of nine healthcare services (general acute hospital inpatient/day case care, psychiatric inpatient care, psychiatric outpatient care, drug services, mental health drug prescribing in the community, Accident & Emergency (A&E), Scottish Ambulance Service, NHS 24 and GP Out of Hours) in the 12 months prior to death (three months for A&E attendances) (SCOTSID, 2021)
 - Pre COVID the Aberdeen average weekly presentations to ED with alcohol related attendance was 40 – this has reduced to 30 during COVID but has increased with on-licence premises re-opening. Irrespective of on-licence premises opening there has continued to be an alcohol related demand on the Emergency Department
 - Twenty-seven (57%) Aberdeen postcode areas are above Scottish average for generating alcohol related admissions (deprivation)
 - In Aberdeen people with mental health problems are 3 times more likely than the general population to attend the Emergency Department (ED). Local data indicates that there are significant numbers of people that do not require clinical or statutory services but do require support and signposting to assist them to manage their situation.
- 3.7.** To invest in a support service embedded within the ED as a test of change would be with the aim to help reduce the underlying causes of potential admission / re-admission, by following up with people in the community and link them into appropriate services. Currently seven Scottish ED's run a service called "Navigators". Navigators is a project that has been developed by medics working in ED's who have become concerned about the deep-rooted social issues that create demand on emergency services.
- 3.8.** Navigator launched in 2015 as a joint programme between Medics against Violence (MAV) and the Scottish Violence Reduction Unit in partnership with local NHS Boards and the Scottish Government Community Safety Division. MAV now has sole responsibility for management and running of the programme. The initial aim was to target patients attending ED due to violence.



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- 3.9.** They aim to connect people with community supports both statutory and third sector that will work best for them and help them to address some of the social issues they face including support for the whole family.
- 3.10.** Navigators are support workers with a combination of lived and professional experience who work alongside hospital staff to provide support to their target groups of patients while they are in hospital, and they continue that support in the community on discharge.
- 3.11.** For some people support can be some company or a coffee to help people feel less isolated and distressed but could also be help with practical things like housing issues, benefit claims and essential supplies like food.
- 3.12.** Navigators will work towards supporting people to connect with community partners who can provide expert help to address addiction, domestic abuse, sexual assault, violence.
- 3.13.** The overall aims of the development are to ensure that people have the appropriate community-based support to help reduce harm and potential demand on emergency services.
- 3.14.** A quantitative evaluation carried out at Glasgow Royal Infirmary showed that the Navigator intervention, if accepted by patients, can result in reduced ED attendance for these individuals. Of the 100 patients looked at in detail, those who engaged with the Navigator service (67%) were significantly less likely to attend the emergency department in the 12 months after meeting Navigator than they had been in the 12 months prior to meeting Navigator.
- 3.15.** A worked case study by Medics Against Violence estimated the cost to health (ambulance, ED, Acute Admission, Primary Care) and justice services (police, court, custody) of one person was £488,203 during the ages of 14 – 27.
- 3.16.** From an ADP perspective there is the opportunity to engage with people having difficulties with alcohol and drugs and ensure they are linked to appropriate services and to reduce harm. Data generated from the



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improvement work will help sharpen and drive community prevention strategies. Specifically, outcomes in the ADP Delivery Framework:

- 7) increase the uptake of support for alcohol-related treatment and support;
- 8) We will ensure we are fully compliant with available evidence on reducing drug-related deaths and will seek to identify innovative approaches to reducing the number of deaths;
- 10) increase the uptake of drug treatment services across the city and specifically in the priority locality areas.

- 3.17.** The proposal has links with Aberdeen City Community Planning Local Outcome Improvement Plan (ACC LOIP) particularly around enhanced early intervention and preventions for those at greatest risk of harm from drugs and alcohol.
- 3.18.** Aberdeen, along with other areas in Scotland has seen an increase in drug related deaths. Evidence shows that there is also an increase in non-fatal overdoses at our ED. Transition from hospital to community and non-fatal overdose are both indicators of higher risk to future fatal overdose.
- 3.19.** The Navigator model of using professionals and people with Lived Experience creates a potential pathway for people in recovery into volunteering and employment. This model sees recovery as an asset rather than a deficit. We will work with our Lived Experience Organisation (LERO) to develop pathways into Navigators.
- 3.20.** Operationally, this development will work with people in lower tiers of social/clinical risk. There is a need to develop pathways for people at higher risk of overdose, harm and morbidity who would be in the higher tiers of risk.

There are a number of other similar parallel developments that this service will “dovetail” with including:

- Action 15 First Contact Services which will support ED with specifically timed provision during the out of hours periods.
- Third Sector Interface Community Supporters who will link people into community support to facilitate hospital discharge processes.



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- Hospital Addictions Care Team funded by the Drug Death Taskforce that will improve care and through care for people admitted to ARI.
- 3.21.** A stakeholder engagement session was held on the 23 July 2021 that involved people with Lived Experience of Drug/Alcohol issues, Police Scotland, Scottish Ambulance Service and ACVO third Sector interface. Partners involved in the session provided universal support for the proposed development
- 3.22.** An improvement group will be formed to:
- Develop appropriate risk profiles and tiers of support
 - Develop demand and outcome data
- 3.23.** A project group will be formed to:
- Co-ordinate and implement Navigator's development
 - Develop and report demand and outcome data.
- 3.24.** Proposed outcome measures include:
- Reduction in repeat ED admissions
 - Reduction in alcohol related admissions
 - Reduction in drug related admissions
 - Increase in the number of people supported to appropriate services
- Process Measures
- Number of hours Navigators operating.
- 3.25.** The draft business case was supported and approved by the ADP at their meeting of 30 July 2021.

4. Implications for IJB

- 4.1. Equalities, Fairer Scotland and Health Inequality** – it is expected that there will be a positive impact on those people who access the service. Individuals who present often have complex needs and with the proposed role in place there will be a positive impact by connecting them to the appropriate service(s) promptly and reducing further harm to themselves.



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- 4.2. Financial** - The cost of the Navigators project is £72,000 in year 1 and £74,160 in year 2 and £76,385 in year 3. This is cost is for two Navigators including all on-costs and equipment.

It is proposed that Aberdeen City ADP will fund the first two years of the Navigators project as a test of change for two years. Depending upon the success of this test of change we will work with City partners to identify recurring funding sources for year 3 and beyond.

- 4.3. Workforce** – by directing individuals and providing support from the appropriate services as early as possible this will reduce the demand on our emergency services workforce in the longer term.
- 4.4. Legal** – no direct implications.
- 4.5. Covid-19** – no direct implications.
- 4.6. Unpaid Carers** – indirectly supported where individuals care been improved by prompt access to the appropriate service.

5. Links to ACHSCP Strategic Plan

- 5.1.** This proposal links to all our strategic aims Prevention, Resilience, Personalisation, Connections and Communities.

6. Management of Risk

6.1. Link to risks on strategic or operational risk register:

Risk 4 There is a risk that relationship arrangements between the IJB and its partner organisations (Aberdeen City Council & NHS Grampian) are not managed to maximise the full potentials of integrated & collaborative working. This risk covers the arrangements between partner organisations in areas such as governance; corporate service; and performance.

Risk 6 There is a risk of reputational damage to the IJB and its partner organisations resulting from complexity of function, delegation and delivery of services across health and social care .



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Risk 7 Failure to deliver transformation at a pace or scale required by the demographic and financial pressures in the system.



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6.2. How might the content of this report impact or mitigate these risks:

The introduction of Navigator role will provide individuals with greater awareness of the services available to them across Aberdeen City within their reach to support their issues to prevent further harm.

Approvals	
	Sandra Macleod (Chief Officer)
	Alex Stephen (Chief Finance Officer)