



INTEGRATION JOINT BOARD

Date of Meeting	10 September 2024
Report Title	Aberdeen Royal Infirmary Navigator Service
Report Number	HSCP.24.016
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Consultation Checklist Completed	No
Directions Required	No
Exempt	No
Appendices	None
Terms of Reference	7

1. Purpose of the Report

This report sets out learning from the a test of change using a navigator service funded by the Alcohol & Drug Partnership and based in Aberdeen Royal Infirmary.

2. Recommendations

2.1. It is recommended that the Committee note the content of the report

3. Strategic Plan Context



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- 3.1. This report links to the Strategic Plan - Preventing Ill Health: Tackle the top preventable risk factors for poor mental and physical health including: - obesity, smoking, and use of alcohol and drugs

4. Summary of Key Information

- 4.1. On 24 August 2021, the Integration Joint Board (IJB) approved a proposal from the Chief Officer and the Alcohol and Drug Partnership (ADP) to fund a two-year test of change to establish a Navigator Service within the Emergency Department (ED) at Aberdeen Royal Infirmary (ARI). The detailed business case was presented to a meeting of the Integration Joint Board on 24 August 2021.
- 4.2. The primary objective of this initiative was to introduce a support service complementing the work of the Drug and Alcohol Care Team (DACT) based at ARI.
- 4.3. Medics Against Violence (MAV), a third-sector charity founded by medical professionals in Glasgow, developed the Navigator Service in 2015 as a collaborative programme involving the Scottish Violence Reduction Unit, local NHS Boards, and the Scottish Government Community Safety Division. Originally aimed at assisting patients attending EDs due to community based violence, the Navigator Service evolved to address not only immediate needs but also social factors contributing to repeated ED visits. MAV has since worked to expand the Navigator Service to various locations across Scotland.
- 4.4. The Navigator Service positions staff with lived experience in Emergency Departments during peak times to establish voluntary connections with patients, potentially followed by community engagement and sign posting to relevant services.
- 4.5. Following the IJB's approval on 24 August 2021, the service commenced in Aberdeen in August 2022 and continued until November 2023. The intended outcome measures included:
- Reduction in repeat ED admissions: Aimed at addressing underlying issues to reduce the frequency of patient returns to the ED.
 - Reduction in alcohol-related admissions: Focused on decreasing admissions related to alcohol use.
 - Reduction in drug-related admissions: Focused on decreasing admissions related to drug use.



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- Increase in the number of individuals supported to appropriate services: Ensured that patients were linked with suitable community services for ongoing support.

Process Measures

- Number of hours Navigators operated: Monitored to assess the service's availability and accessibility.
- 4.6.** The ADP provided grant funding to MAV, totalling £80k per annum, to deliver the project. Initial challenges related to authorising payment, defining the service specification, and finalising the contract were encountered, leading to an initial delay in the project's launch.
- 4.7.** MAV employed two staff members and volunteers who worked during peak times within the ARI Emergency Department. The Navigators collaborated closely with the Drug and Alcohol Care Team (DACT), also based at ARI, to provide additional support to individuals engaging with the ED due to drug and alcohol-related harm. This partnership aimed to create a comprehensive support system within the ED, ensuring that patients received immediate assistance and were guided towards long-term support.
- 4.8.** During its 15 months of operation, the service reported engaging with 139 individuals, 91 of whom were from Aberdeen.

Demographics:

- Male: 111
- Female: 28
- Average age: 45

Primary Presenting Issues:

- Alcohol: 98 cases, underscoring the issue of alcohol misuse.
- Drugs: 30 cases, highlighting the need for drug-related interventions.
- Mental Health: 67 cases, indicating the strong connection between mental health issues and ED visits.
- Violence: Fewer than 10 cases, focused on targeted violence-related interventions.
- Domestic abuse: Fewer than 10 cases, addressing specific support for victims.
- Medical presentation: 22 cases, representing a variety of medical issues requiring immediate attention.



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Mode of Transport to Hospital:

- Ambulance: 105 cases
- Police: Fewer than 10 cases, indicating law enforcement involvement.
- Self-presented: 14 cases, showing patients seeking help independently.
- Friend or family: 15 cases, where support networks played a role in transporting individuals to the hospital.

Interventions at Presentation:

- Harm reduction related to alcohol: 23 cases, showing proactive measures at the point of care.
- Harm reduction related to drugs: Fewer than 10 cases, indicating similar efforts for drug misuse.
- Naloxone: 0 cases
- Alcohol Brief Intervention: 0 cases

Navigator Support Acceptance:

- Immediately: 53% of cases accepted support right away.
- Refused: 4%
- Unknown: 43% were unable to confirm due to intoxication or injury.

Referrals to Other Services:

- Women's Aid
- Integrated Alcohol Service
- Alcoholics Anonymous
- Fulton Clinic
- Alcohol and Drugs Action
- Social Work
- Cornhill

4.9. Turnover of Navigator staff meant that in October 2023 the service ceased operations at ARI, with staff no longer in post. After discussions with MAV, it was mutually agreed to conclude the test of change, as it was unlikely that MAV would be able to recruit staff for the remaining 6 month period.

4.10. During the period of the project, for the whole of Grampian, there were 1,367 hospital admissions due to alcohol and drugs. Ninety seven percent of these were non-elective. There were 99 readmissions within 7 days and 200 readmissions within 28 days. Fourteen percent of admissions (372



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people) had more than 1 admission. Comparing data for the equivalent preceding time period showed comparable rates.

4.11. Operational Challenges:

- Establishment of regular reporting: Challenges in regular reporting limited data on activity levels and outcomes, making it difficult to assess the service's effectiveness.
- Funding and Support: In 2024, national funding for the DACT service ended, and NHSG was not able to continue funding the DACT Team. The fixed term for the Navigator test of change funding also concluded.

4.12. While the Navigator Service were able to provide some data on operational activity, there was limited information available regarding the achievement of outcomes. Due to information sharing challenges and analyst capacity it was not possible to demonstrate reductions in repeat ED admissions, alcohol-related admissions, or drug-related admissions. Although community service referrals were reported, data from community services on referral rates to specialist drug or alcohol services didn't appear to increase.

4.13. Key Learning Points from the test of change include:

- Future Provision: NHSG Public Health is conducting a full review of the needs of people with drug and alcohol issues who engage with acute hospital settings. The Aberdeen Health and Social Care Partnership is also working on improving community-based supports for people both before and after hospital admission.
- Pathway Improvements: Enhancing and redesigning pathways from acute settings to community-based support is essential, incorporating third-sector peers, lived experience, and whole-system approaches. This work is ongoing within the HSCP following the service's conclusion.
- Lived Experience: Evidence suggests that peer-led initiatives can be beneficial in engaging people and providing community support. We are exploring opportunities to reinstate this with existing commissioned services
- Grant Funding and Contractual Processes: Normally, third-sector services are procured through standard competitive processes. Grant funding specific organisations can be more complex due to the lack of standard legal and contractual infrastructure and this to delays and



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clarity on legality of contracts, indemnity, PVGs and Honorary Contracts and Information Sharing agreements

- Remote Management: Remote management can present challenges in the operational delivery of services, emphasising the importance of robust on-site management and support.
- Project and Performance Management Capacity: Staff turnover and operational pressures can impact the ability to sustain ownership, project, and performance management within the 'host' services. This impacted on ability to gather and report health intelligence, clinical and management leadership

5. Implications for IJB

5.1. Equalities, Fairer Scotland and Health Inequality

There are no Equalities, Fairer Scotland and Health Inequality implications arising from the recommendations set out in the report.

5.2. Financial

There are no direct financial implications arising from the recommendations set out in the report.

5.3. Workforce

There are no direct workforce implications arising from the recommendations of this report.

5.4. Legal

There are no direct legal implications arising from the recommendations of this report.

5.5. Unpaid Carers

There are no direct implications arising from the recommendations set out in the report.



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5.6. Information Governance

There are no direct information governance implications arising from the recommendations of this report.

5.7. Environmental Impacts

There are no direct environmental implications arising from the recommendations of this report.

5.8. Sustainability

There are no direct sustainability implications arising from the recommendations of this report.

6. Management of Risk

[Risk Appetite Statement](#)

6.1. Identified risks(s)

There are no identified risks associated with this report.