

THAMES VALLEY HOSPITAL NAVIGATOR SCHEME PHASE II EVALUATION 2024



Summary

The Thames Valley Hospital Navigator Scheme

As part of a public health approach to violence reduction within the community, the Hospital Navigator Scheme was commissioned by Thames Valley Violence Prevention Partnership (TVVPP).

The scheme partners 5 Hospital Trusts with 5 local Voluntary and Community Sector Organisations (VCSOs). Volunteer Hospital Navigators from the VCSO are located in the hospital emergency department (ED) and engage with vulnerable young people who present for emergency treatment. Early intervention mentorship starts with the Navigator in the ED and continues in the community, and facilitates the young person's access to support from community services.

Evaluation of the Thames Valley Hospital Navigator Scheme (HNS) has shown feasibility and acceptability. There is early indication of successfully supporting vulnerable young people onto positive pathways. The full report is available via this link: <https://tinyurl.com/38pjwb5n>

Headline evaluation findings

- 64% of the approx. 600 patients who engaged with the scheme over a 21-month implementation period were 24 years and younger.
- The three main reasons for being referred to the scheme were: 40% violence, 29% mental health, 18% substance use.
- The average age was 23/24 years for the three key areas of early support: violence, substance use, mental health.
- 70% of those referred via the hospital went on to engage with the scheme. Of these: 24% received signposting, 52% a brief intervention, and 24% ongoing support.
- 77% of young people who accepted HNS support did not re-attend the ED. Of those who did 40% were for mental health issues and 4% violence.

How does the scheme work?

Hospital Navigators rapidly develop and establish a trusting relationship and offer informal flexible follow-up support.

'Her mentor gave space for Jo to talk about what was worrying her and come up with what a realistic study/work/social life/rest balance would be. It was the simplicity of meeting every week for a coffee, a chat, and having clear goals to work towards, that had a positive impact'.

Hospital Navigators then support the young person to engage with wider services through motivational engagement and facilitative approaches including: accompanying, advocacy, working alongside the young person, formal referral.

'The Navigator mentioned a local programme which mentors young people in education, employment, and training. A few weeks after engaging with mentoring John secured a job interview'.

Positive outcomes for vulnerable young people

The young people experience a range of positive outcomes as a result of Navigator support. These include reengaging with education, securing employment, housing support, and positive emotional and psychological growth.

'Jenny, a vulnerable young woman, was referred to the scheme for mental health, social isolation, and domestic violence. She bonded well with her allocated Navigator. She attended the partner site and became involved with arts and crafts clubs. This helped with her confidence and anxiety levels'.

Resources

Two evidence-based resources have been developed through the evaluation:

1. A Navigator Scheme Implementation Framework

This 8-stage Navigator Scheme Implementation Framework encompasses vital aspects from planning to delivery and can inform other areas embarking on similar Navigator schemes. Available here: <https://tinyurl.com/52n67bkf>

2. An Early Intervention Integrated Delivery Model

The Early Integration Delivery Model is mapped across three stages: 1) identifying young people who may benefit from the scheme; 2) making timely contact with vulnerable young people; 3) engagement with the young person. This delivery model can be used in other acute settings. Available here: <https://tinyurl.com/3t8d7net>

Underpinning rationale for the HNS

Violence is an increasing international public health concern. In the Crime Survey for England and Wales 1.1 million violent offences were recorded for the year ending December 2022 [1]. . Consequences of violence have implications for the individual, community, and society. These include anxiety, depression, drug and alcohol use, the likelihood of reactive perpetration, and hospital re-attendance. Wider impacts include the financial cost for community health and rehabilitation services. A focus on vulnerable young people is an opportunity for early intervention and support to prevent or interrupt the cycle of violence, and promote positive pathways into adulthood.

Potential Cost benefit

Hospital

The cost of treatment in the ED as a result of physical harm and violence has been calculated at £1,254 per patient[2].

The figures in this evaluation indicate the potential for considerable cost savings for the acute sector. Similar ED-based violence reduction schemes to the HNS, have estimated the cost-benefit saving to be £4.90 per £1 spent [3], with financial benefits distributed across several public organisations and agencies including health services, police and the criminal justice system.

Mental Health

27% of young people were referred into the HNS for mental health reasons, and young people and care-givers reported positive outcomes. The rates of young people in England aged 17-19 years with a probable mental disorder rose from 1 in 10 in 2017 to 1 in 4 in 2022[4]. In addition, waiting lists are at an all-time high for children with mental health issues to be seen. The long-term impact of poor childhood mental health is believed to be costing the UK a total of £550 billion in lost earnings in later life. Mental health problems are estimated to cost the UK economy at least £118 billion a year [5]. A review of workplace interventions found savings of £5 for every £1 invested in supporting mental health [6].

Societal

The cost benefit of an initiative aimed at reducing and preventing violence-related injury on wider society has been estimated at £82 for every £1 spent [7]. Projects such as the HNS mitigate the need for longer term health support due to issues associated with injury and/or trauma. These issues include anxiety and depression, harmful alcohol use, illicit drug use; the negative economic impact on productivity through sickness, or absence or loss of engagement with education; or reduced quality of life for the individual and their family.

[1] Office of National Statistics. 2023. Crime in England and Wales: year ending December 2022. [https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/crimeinenglandandwales/yearendingdecember2022#:~:text=Estimates%20from%20the%20CSEW%20for,2020%20\(1.2%20million%20offences\).](https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/crimeinenglandandwales/yearendingdecember2022#:~:text=Estimates%20from%20the%20CSEW%20for,2020%20(1.2%20million%20offences).)

[2] Jones, L., Bigland, C., & Quigg, Z. 2020. Costs of violence to the healthcare system in Wales. Liverpool: Public Health Institute, 30621-8. <https://www.violencepreventionwales.co.uk/cms-assets/research/Costs-of-violence-to-the-healthcare-system-in-Wales.pdf>

[3] Outcomes UK. 2020. Redthread's Youth Violence Intervention Programme: A Cost Benefit Analysis and case for scaling across hospital Emergency Department locations. <https://www.redthread.org.uk/wp-content/uploads/2023/01/YVIP-CBA-report.pdf>

[4] NHS England. 2022. Mental Health of Children and Young People in England 2022. <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2022-follow-up-to-the-2017-survey>

[5] Centre for longitudinal studies. 2015. Counting the true cost of childhood psychological problems in adult life. <https://cls.ucl.ac.uk/counting-the-true-cost-of-childhood-psychological-problems-in-adult-life/>

[6] LSE & Political Science. 2022. Mental health problems cost UK economy at least £118 billion a year - new research <https://www.lse.ac.uk/News/Latest-news-from-LSE/2022/c-Mar-22/Mental-health-problems-cost-UK-economy-at-least-118-billion-a-year-new-research>

[7] Florence, C., Shepherd, J., Brennan, I., & Simon, T. R. 2014. An economic evaluation of anonymised information sharing in a partnership between health services, police and local government for preventing violence-related injury. *Injury Prevention*, 20(2), 108-114. <https://doi.org/10.1136/injuryprev-2012-040622>