

# Evaluation of the Recovery Navigator Programme in the North East North Cumbria Integrated Care System: A Mixed Methods Study

Emma-Joy Holland<sup>1</sup>, Amy O'Donnell<sup>1</sup>, Sarah Hulse<sup>2</sup>, Ryan Swiers<sup>3</sup>, Anna Pickford<sup>4</sup>, James Crosbie<sup>5</sup>, Floor Christie<sup>6</sup>, Kat Jackson<sup>1</sup>, Domna Salonen<sup>1</sup>, Fiona Tasker<sup>7</sup>, John Macleod<sup>8</sup>, Simon Coulton<sup>9</sup>, Matt Hickman<sup>9</sup>, Eileen Kaner<sup>1</sup>

<sup>1</sup>Newcastle University <sup>2</sup>North East & North Cumbria ICS (c/o North East Commissioning Service (NECS)) <sup>3</sup>South Tyneside & Sunderland NHS Foundation Trust <sup>4</sup>North East Commissioning Support (NECS) <sup>5</sup>North East & North Cumbria ICS (c/o South Tyneside & Sunderland NHS Foundation Trust) <sup>6</sup>University of Sunderland, <sup>7</sup>Recovery College Collective, <sup>8</sup>Bristol Medical School, <sup>9</sup>University of Kent



## Background

### The population health challenge

- North-East England suffers disproportionately from alcohol harms<sup>1</sup>.
- People who come to emergency departments on a regular basis with alcohol problems have multiple support needs, often due to their mental ill-health<sup>2</sup>.
- Most face the challenge of having to navigate a complex health and social care system alone to access help.
- Inaccessible help comes with an intangible personal cost to these people's recovery, and a high financial cost to the NHS.

### References

1. Public Health England (2021) Alcohol consumption and harm during the COVID-19 pandemic <https://www.gov.uk/government/publications/alcohol-consumption-and-harm-during-the-covid-19-pandemic>
2. Blackwood R, et al. (2020) Prevalence and patterns of hospital use for people with frequent alcohol-related hospital admissions, compared to non-alcohol and non-frequent admissions: a cohort study using routine administrative hospital data. *Addiction* 116 (7) 1700-1708 <https://doi.org/10.1111/add.15354>

## The Intervention: The Recovery Navigator programme

A new Recovery Navigator role is being introduced across the North East and North Cumbria Integrated Care System (NENC ICS) [Figure 1] to help support individuals in their recovery journey from emergency care into the community.

Recovery Navigators will provide support to heavy drinking adults by addressing what matters to the individual patient. This might include: housing, benefits, or welfare.

The Recovery Navigator will support the person at hospital and in local communities.

### Aim

This practitioner-led study seeks to evaluate a new North East and North Cumbria (NENC) Integrated Care System (ICS)-funded model of care (Recovery Navigators) that will provide enhanced support regarding transition back into the community for a vulnerable population with high health needs..



Figure 1. North East North Cumbria Integrated Care System regional map where the Recovery Navigator programme will be implemented

## Methods

A mixed-methods study based in five Acute Hospital Trusts and their associated community services with four work packages:

### Work Package 1: Cost-effectiveness analysis

We will compare the costs and outcomes of Recovery Navigator intervention with the costs and outcomes of a comparable group

**Inclusion:** An alcohol specific admission to a North East acute provider from 2019 onwards. Alive at the time of data extraction

**Comparison groups:** In contact with a Recovery Navigator versus No contact with a Recovery Navigator, stratified for age, gender, IMD and number of previous contacts

### Work Package 2: Review of key performance indicators (KPIs)

We will focus upon demand, delivery and variation in need based upon inequalities and additional demographic factors

**Inclusion:** All individuals who have received contact from Recovery Navigators during the identified period

### Key outcome measures for Work package 1 and 2:

- 1) Increased engagement in specialist Alcohol treatment
- 2) Increased referral and engagement with mental health services
- 3) Reduction in acute hospital contacts or admissions

### Work Package 3: Understanding experiences

**Aim:** Explore patient, carer and staff views on the Recovery Navigator role and its perceived impact on health and wellbeing

**Methods:** Series of semi-structured interviews across 5 acute NHS Trusts within NENC ICS. We will purposively sample:

- 20 staff based in a range of settings e.g. emergency care, community, commissioning services,
- 20 patients who have been supported by Recovery Navigators
- 6 of their carers

**Analysis:** Reflexive thematic analysis<sup>3</sup> and further analysis guided by Normalisation Process Theory<sup>4</sup> (NPT) constructs

### Work Package 4: "Hearts and Minds" survey

A recent 'hearts and minds' staff survey will be repeated to staff based in the health service. We will examine whether the Recovery Navigator programme has made a difference to staff attitudes to alcohol as a health problem and their role in providing alcohol care.

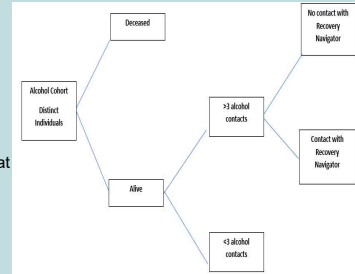


Figure 2. Evaluation design and cohort allocation

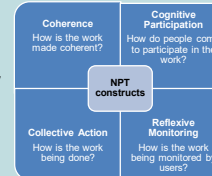


Figure 3. Normalisation Process Theory constructs.

## Patient and Public Involvement

- Two regional groups including members with lived experience of alcohol dependence, carers and support staff.
- Virtual group including a carer of someone with alcohol dependency and mental health difficulties and a member of public.
- Two members with lived experience of heavy drinking on the project management group that meets every month.

## Results

The project is in set-up phase and NHS ethical approval is currently being sought. Early findings will be presented in December regarding the recruitment and profile of the Recovery Navigators, including how they will be operationalised within Trusts.

### Baseline analysis

A sample based upon alcohol related acute admissions highlights a potential cohort of 2,565 individuals who would meet the Recovery Navigator Criteria.

There are 80% more males than females within the cohort, with the majority residing within the 20% most deprived Lower Super Output Areas nationally. Similar methods will be applied to Urgent Care data.

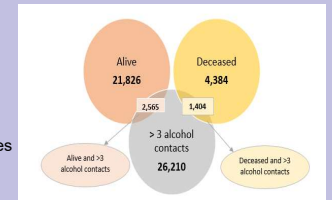


Figure 4. Baseline cohort information

## Conclusion

Reducing the harm experienced by those with problematic alcohol use is a key policy priority for the tertiary prevention of alcohol-related harm. Given the scale of alcohol harm across this region, and the relatively low cost of these posts, findings from this evaluation will help inform further roll-out of the model in NENC and beyond.

## Funding/Declarations

This evaluation is funded by the National Institute for Health Research (NIHR) Three Research Schools Mental Health Practice Evaluation Scheme

### References:

3. Braun V & Clarke C (2019) Reflecting on reflexive thematic analysis, *Qualitative Research in Sport, Exercise and Health*, 11:4, 589-597, DOI:10.1080/2159676X.2019.1628806
4. May C, et al. (2011) Evaluating complex interventions and health technologies using normalization process theory: development of a simplified approach and web-enabled toolkit. *BMC Health Services Research* 11 <https://doi.org/10.1186/1472-6963-11-245>

