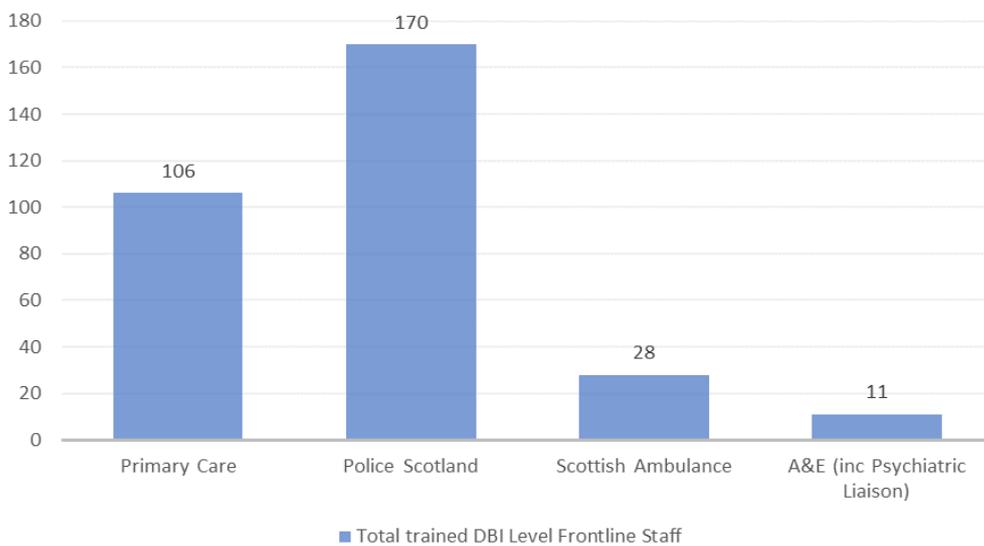


Charter 11.11 Increasing Distress Brief Intervention opportunities

Improvement Project Title: Increasing Distress Brief Intervention opportunities for people experiencing distress
Executive Sponsor (Chair of Outcome Improvement Group): Sandra Ross, Chief Officer, Aberdeen City Health and Social Care Partnership
Project Lead: Rachel Middleton, Service Manager, Penumbra
Aim statement - Increase the number of Distress Brief Interventions opportunities for people presenting to frontline services in distress by 10% by 2021.
Link to Local Outcome Improvement Plan: The project is within the Stretch Outcome 11 “Healthy life expectancy (time lived in good health) is five years longer by 2026” and key driver “11.1 Supporting vulnerable and disadvantaged people, families and groups” The original improvement project aim for this project is ‘Increase the number of distress brief intervention opportunities for people with mental health issues by 10% by 2021.’ It is proposed that the aim is revised to include not only people who have mental health issues, but also those who are experiencing distress due to other contributory factors. This is critical to taking an early intervention and preventative approach. Therefore it is proposed that the aim is amended to ‘Increase the number of Distress Brief Intervention opportunities for people presenting to frontline services in distress by 10% by 2021’
Why is this important The aim of the DBI Programme is to provide a framework for improved inter-agency co-ordination, collaboration and co-operation across a wide range of care settings, interventions and community supports, towards the shared goal of providing a compassionate and effective response to people in distress, making it more likely that they will engage with and stay connected to services or support that may benefit them over time. This initiative supports the Scottish Government’s Mental Health Strategy 2017 – 2027, and Scotland’s Suicide Prevention Action Plan 2018, in that it delivers on the principle of “ask once, get help fast”, and offers access to support to people in distress and/or at risk of suicide. The service in Aberdeen is funded through Scottish Government national Action 11 monies and not local funding streams at this time. During the development of the DBI Programme an Evaluability Assessment was completed by NHS Health Scotland http://www.healthscotland.scot/media/1316/evaluability-assessment-of-the-distress-brief-intervention-programme-in-scotland_mar2016_english.pdf

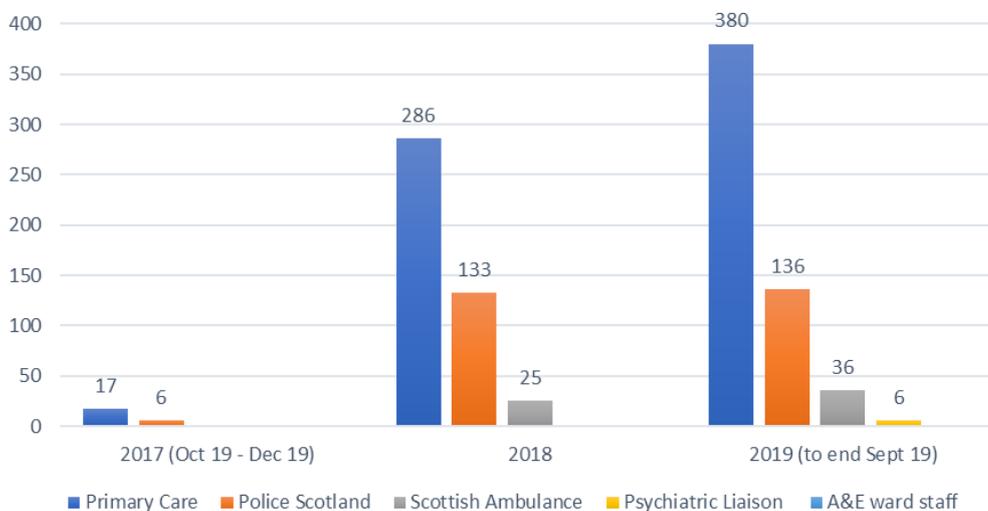
Throughout the assessment they established a theory of change model and these can be viewed by following the hyperlink. DBI Aberdeen is already achieving 13 outcomes within the test of change that align with the Local Outcome Improvement Plan.

For the duration of the pilot (Nov 2016 – Mar 2021) DBI referral pathways are established with four set frontline partners; Primary Care, Police Scotland, the Scottish Ambulance Service and Accident & Emergency including the Psychiatric Liaison Service. Referral opportunities are increasing across all four partners as the scaled implementation progresses. However, the level of referral opportunities is less within the A&E due to smaller numbers of referring professionals.



DBI Aberdeen receives a high volume of referrals per month and achieved the 1,000th referral in September 2019. By the end of September 2019, the service received 1025.

Total Referrals to date and referral source

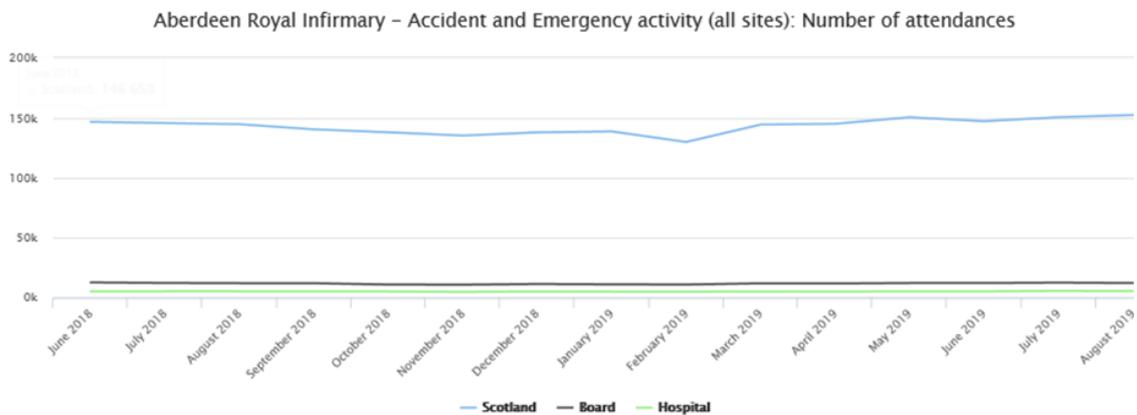


You can see in the above graph that Primary Care and Police Scotland are referring the highest number of people. This aligns with the number of DBI Level 1 trained staff from the four frontline partnership agencies.

Accident & Emergency have the least number of DBI Level 1 trained staff and therefore, are making the least number of referrals.

The identified area of improvement is the DBI pathway with the A&E department. The graph below further supports this focus of improvement.

Accident and Emergency activity (all sites)



Month	Hospital	Board	Scotland
August 2019	5,424	12,180	152,353
July 2019	5,588	12,514	150,492
June 2019	5,169	12,204	147,187
May 2019	5,184	12,166	150,483
April 2019	5,000	11,730	145,022
March 2019	5,132	11,873	144,358
February 2019	4,893	10,921	129,841
January 2019	4,971	11,113	138,626
December 2018	5,091	11,385	137,879
November 2018	4,723	10,788	135,166
October 2018	5,076	10,929	137,905
September 2018	5,125	11,940	140,369
August 2018	5,247	12,043	144,638
July 2018	5,221	12,228	145,651
June 2018	5,127	12,658	146,653

The above graphic is taken from the NHS Performs website - <https://www.nhsperforms.scot/hospital-data/indicator-hospital?hospitalid=3&indicatorid=6>

It is clear from the most current figures shown above that a large proportion of the population in Aberdeen present to Accident and Emergency with health concerns. This

gives context in the DBI project aim focussing on improving the DBI Accident and Emergency referral pathway. Importantly this improvement also links and supports the early intervention, prevention and reduced waiting times strategies and approaches.

Additionally, this project links with other LOIP projects as the DBI Service works across a wide band of people experiencing distress with no restriction of the contributing factors triggering their distress. We are confident that throughout the DBI project charter and service delivery there will be support given to other LOIP projects.

There is a specific link to Project Charter 11.8 Reduce suicide rates amongst men in Aberdeen to below 2016 levels (16) by 2021. The DBI project connect with people in distress this includes suicidal thoughts, behaviours and self harm. The two projects together aim to reduce suicide and increase options of support for people. There is a crossover of project team partners and a plan is in development to arrange meetings to ensure the projects compliment, support and work alongside one another to achieve the best outcomes.

Measures:

- **Outcome measures** – The DBI service collects outcome data for every person accessing and engaging with the service. A distress rating scale is facilitated with the person in distress at DBI Level 1 initial presentation of distress and then again at the beginning and the end of DBI Level 2 intervention. This data can be gathered in regards to A&E DBI referrals to measure personal outcomes and if a person's distress was improved through the DBI pathway.
 - Confidence rating of ED staff in making DBI referral (before and after DBI Level 1 training)
 - ED referral DBI Distress Rating Scale – Level 1 presentation to the end of support
 - Number of DBI ED referrals engaged/not engaged
 - Number of DBI ED referrals with a planned exit and completed Distress Management Plan

- **Process measures** – As lead agency Penumbra gathers data on all referring partners, the number of referrals and the referral source. This can be gathered to track and focus improvement activities and the percentage increase of referring staff from A&E and number of referrals from A&E.

For the purposes of this project we will also gather the data on what staff are making referrals or not, and use this information to implement improvements and provide intelligent support in order to increase referrals and where appropriate develop training approaches.

Our data collection also can provide the time (in-hours/out of hours), length of DBI intervention and engagement rate.

- Number of DBI Level 1 trained ED staff
 - Number of referral received from ED
 - % increase of total DBI referrals
 - % increase of DBI referrals from ED
 - Number of ED staff trained and referring
 - Number of ED staff trained and not referring
 - Number of DBI referrals made in-hours
 - Number of DBI referrals made out of hours
 - Length of DBI intervention time from Level 1 to Level 2
- **Balancing measures** – Penumbra will monitor risk by tracking the volume of frontline staff requesting DBI Level 1 training. Penumbra will track, measure and manage this to ensure that the DBI Level 2 service has capacity to meet the demand of increased referral numbers.
 - Number of referrals offered (declined and accepted)
 - Number of trained ED staff and the percentage increase of total referrals
 - Number of ED staff requesting training
 - Number of onward referrals to Third Sector and other agencies
 - **Independent Evaluation** – The DBI Programme (Nationally) is currently undergoing an independent evaluation being led collaboratively by the Nursing, Midwifery and Allied Health Professionals Research Unit, ScotCen, the Mental Health Foundation and Glasgow Caledonian University. The evaluation process will run until April 2020 and then reporting and recommendations will be disseminated across the programme. This will further measure the improvement project.

Change ideas

Increasing the number of DBI Level 1 trained ED staff will increase Distress Brief Intervention opportunities for people experiencing distress who present to A&E. The change ideas will focus on three main areas; training approaches, maintaining numbers of DBI trained staff and future sustainability of the service.

Training:

- **To what extent does DBI Level 1 training being facilitated through an NHS employee increase the number of DBI Level 1 ED staff?**
 Currently 11 frontline staff are DBI Level 1 trained within Accident & Emergency including the Psychiatric Liaison Service. This is typically facilitated through the Penumbra Service Manager. Challenges have been arranging for the Penumbra Service Manager to be on site to deliver training. Through training NHS employee as a DBI Level 1 facilitators this will increase the scope and opportunity for ad-hoc and flexible training. We will identify a staff member from the Psychiatric Liaison Service who is already DBI Level 1 trained and actively making referrals.

We plan to increase awareness of the DBI referral pathway through staff team meetings and attendance at team meetings/morning set up meetings within A&E.

- **To what extent will the new training approach and awareness raising increase the number of ED DBI trained staff?**

Throughout the training process we measure ED staff's confidence level to make a DBI referral before and after the training. This will measure the effectiveness of the training approach. We will then measure the number of referrals from the ED as a whole and individual ED trained staff.

- **To what extent does an increase in the number of DBI Level 1 trained ED staff increase the opportunities for people to have a DBI referral when presenting to the ED in distress?**

We will measure the number of trained ED staff and likewise measure the number of referrals received by ED staff. This will inform the increase in DBI referrals from the ED through the changed training approach.

Maintain the current levels of DBI Level 1 trained staff across the four frontline partners of ED, Police Scotland, Scottish Ambulance Service and Primary Care:

- **To what extent does maintaining the original number of trained referring professionals across the four DBI frontline partners increase the percentage of referrals?**

We will maximise the DBI opportunities when there is a drop in the number of DBI trained staff when identifying new staff to train. The focus will be to identify the staff who are in the best positions to provide DBI opportunities to people presenting to them in distress. We will measure the number of referrals through this process and evidence if this increases the number of overall referrals from each of the frontline partners.

Sustainability of the DBI Service in Aberdeen City: Penumbra DBI Aberdeen and the National Programme will work with the local partnerships at strategic level to work towards embedding DBI within local funding streams.

Further change ideas that are ongoing are around Action 15. Action 15 developments are currently underway for Aberdeen City – An out of hours Custody and A&E Hub business plan has been developed and soon to be commissioned. DBI will support this development and ensure that DBI Level 1 training is explored with appropriate staff within this new development. This will be a new change idea as this will add another DBI referral pathway and partnership.

Capacity: In July 2019 the DBI Programme extended the service to accept referrals for people aged 16 and over. This was resourced by the Scottish Government. This has allowed the staff team at Penumbra Level 2 service to be expanded. This expansion has resulted in capacity for a larger number of referrals. This capacity will be afforded to support the 10% increase of DBI opportunities for people in distress presenting at A&E.

Potential risks and/or barriers to success & actions to address these

1. Limitations of National Pilot providing strict framework and referral pathways.
2. Capacity limitations within Penumbra and also A&E settings
3. If referral numbers reach capacity for delivery, any further training would have to wait until capacity increased or further resource is secured
4. DBI is not a self-referral system, and therefore is not widely publicised – this is needed to prevent capacity being overloaded for the Pilot partners, therefore change ideas cannot be around public awareness.
5. Sustainability – the DBI service in Aberdeen is a pilot being resourced until March 2021 directly by Scottish Government funding. Action 11 in the Scottish Mental Health Strategy 2017-27 states – “Complete an evaluation of the Distress Brief Intervention by 2021 and implement the findings from that evaluation.” Implementing the DBI locally in Aberdeen post pilot will have to be explored locally.

Project Team:

The DBI Implementation Partnership Group has been established since January 2017. This group will be used for the LOIP DBI Project. Members are:

Rachel Middleton – Service Manager Penumbra
 Ian McKinnon – Inspector Police Scotland
 Brian Cumming – Police Sergeant Police Scotland
 Louise Officer – Service Manager ACH&SCP
 Nick Simpson – Paramedic Scottish Ambulance Service
 Valerie Fox – Manager Emergency Department
 John Lee – Medical Director Emergency Department
 Alasdair Jamieson – GP Primary care

Further project team members for the ED specific changes are:

Michelle McGunnigle – LPN Psychiatric Liaison Service
 Dr Fiona Mair - Emergency Medicine Dept
 Mr James Ferguson Consultant Emergency Medicine

Collaborate LOIP focussed team:

Project Charter 11.8 Reduce suicide rates amongst men in Aberdeen to below 2016 levels (16) by 2021.

Liam Yule – Suicide Prevention Manager, SAMH
 Ian McKinnon – Inspector Police Scotland

Outline Project Plan

Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	- Forming the improvement/project team	September 2019

	<ul style="list-style-type: none"> - Project team and individual initial meetings - Developing the project charter - Submitting project charter - Gathering and analysing baseline data - Understanding the current system 	<p>October 2019</p> <p>October 2019</p> <p>November 2019</p> <p>January 2020</p> <p>January 2020</p>
<p>Designing and Testing Changes (Project Score 4-7)</p>	<ul style="list-style-type: none"> - Develop driver diagram - Identifying changes and prioritising - Engagement with customers & colleagues - Identify the people, place to start testing - Project implementation plan to be developed and completed - Commence project - Collaborative LOIP Project meeting with 11.8 Reduce suicide rates amongst men in Aberdeen to below 2016 levels (16) by 2021. 	<p>December 2019</p> <p>December 2019</p> <p>Ongoing until March 2021</p> <p>December 2019</p> <p>December 2019</p> <p>January 2020</p> <p>March 2020</p>
<p>Implementing and sustaining changes that demonstrate improvement (Project Score 7-10)</p>	<ul style="list-style-type: none"> - Project review, revise project, forward planning according to findings 	<p>March 2021</p>
<p>Spreading Changes (Project Score 9-10)</p>	<ul style="list-style-type: none"> - Project review, revise project, forward planning according to findings 	<p>August 2021</p>