



# Dementia Strategic Plan - Remember Me

2016 - 2020

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# Executive Summary

The purpose of this document is to set out a 4 year strategic plan for Central Manchester University Hospitals NHS Foundation Trust (CMFT), to deliver high quality person-centred care for people living with dementia and their carers.

## Dementia Strategic Objectives

CMFT has integrated the National Dementia five year strategy into six key strategic objectives to improve care for people living with dementia and their carers within the Trust.

These are:

- Provide a comprehensive education and training framework for all staff working within the Trust to empower teams to deliver the best possible care
- Improve the Patient experience and journey in our hospitals and community services
- Create vibrant and positive dementia friendly environments
- Care for carers and friends of people with dementia
- Raise standards of care and promote activities that improve the wellbeing of patients and carers
- Improve communication to ensure appropriate information is collected and shared between healthcare staff, patients, carers and family members

Each of these key objectives has an associated work streams tasked with achieving year on year improvements to deliver a four year vision. We will deliver these by working with our patients, carers, staff, community groups and partner organisations to deliver services that support the wellbeing of all involved, create integrated care and maximising the impact of resources.

**The care delivered will reflect the Trust values of dignity, respect, compassion, pride, empathy and consideration and through these commitments and the delivery of the strategic plan demonstrate that these values are integral to our care.**



# Background

The term 'Dementia' is used to describe a range of conditions which affect the brain, the person can experience progressive decline in multiple areas of function, this may include difficulties with memory, reasoning, communication skills and the ability to carry out daily activities. Dementia is progressive and there is no known cure, although research continues to take place locally within Manchester, nationally and internationally.

The highest risk factor for Dementia is age, predominantly affecting 5% of people aged 65 years and over and 20% of those aged over 80 years. These figures are significantly higher for people with a learning disability (around twice as high) and greater still for people with Down's syndrome and from an earlier age (e.g. 1/10 people in their 40's and over half of those above 60 years of age).

Dementia however is not an inevitable part of ageing. Not everyone who is old has Dementia and not everyone who has Dementia is old. Two thirds of people with Dementia are supported at home by some of the 670,000 unpaid carers throughout the country.

As a result, Dementia has been identified by the Government as a major priority and challenge (Department of Health 2012, 2015).

The National Dementia Strategy 2013 identified the need for Dementia awareness to be improved in all local areas with a vision that all people with Dementia and their carers should be supported to live well.



# Context

Dementia affects an estimated 800,000 people in the UK and figures are said to be increasing with one in three people aged over 65 years going on to develop the condition.

The national 'Well Pathway for Dementia' is recognised as the focus to support patients, carers and families on their journey and reduce variation in health and care services.

The 'Well Pathway for Dementia' concentrates on five themes

- Preventing Well
- Diagnosing Well
- Living Well
- Supported Well
- Dying Well

These themes have been used to set the priorities within the Trusts strategic objectives linking to the key objectives of the National Dementia five year strategy. The aim is to provide a comprehensive framework to deliver better care and support from patients and carers from prevention through to end of life and bereavement care.



# Health Inequalities & Dementia

Health inequalities have become an increasingly important consideration as more is known about the potential for risk reduction in dementia

- **Gender:** In the UK, 62% of people with dementia are female and 38% are male. This is likely to be down to the fact that women live longer than men and age is the biggest known risk factor for the condition. While some studies have suggested that other factors may affect the number of men and women with dementia, there is no firm evidence that women are more likely than men to develop dementia at any given age.
- **Ethnicity:** There is a greater prevalence, up to 4 times greater, of dementia in Black and South Asian ethnic groups. In 2011, there were 25,000 people with dementia from black, South Asian and ethnic groups in England and Wales. This number is expected to double to 50,000 by 2026 and rise to over 172,000 by 2051. People in these groups are more prone to risk factors such as cardiovascular disease, hypertension and diabetes, which increase the risk of dementia and contributes to increased prevalence. People from ethnic minority groups are less likely to receive diagnosis of dementia for a number of reasons such as:
  1. difficulties in accessing health services
  2. poorer understanding and awareness of dementia
  3. stigma may be greater in some communities
- **Disabilities and pre-existing conditions:** The prevalence of dementia is four times greater among people with a learning disability. Dementia is much more common in people with Down's syndrome, and onset often begins earlier. People with other pre-existing health conditions such as diabetes, heart disease or depression are at greater risk of developing dementia.
- **Socio-economic gradients in risks:** There are a number of dementia risk factors related to socio-economic position such as a lack of physical activity and early year's education. There is a strong link between cigarette smoking and socio-economic group. Smoking has been identified as the single biggest cause of inequality in death rates between rich and poor in the UK. Smoking is one of the biggest risk factors for dementia and studies suggest that it can double the risk of developing the condition. Reduction in smoking for men has been noted as one of the factors impacting on the reduced diagnosis of dementia for men.
- **Sexual identity:** This is an area that is only beginning to be addressed in dementia research, but studies have shown that 41% of older lesbian, gay and bisexual people live alone compared to 28% of heterosexual people. Loneliness and social isolation are risk factors for dementia. Little is known about the risk of dementia among the transgender community.



# Strategic Aim and Oversight

The strategic plan is driven by the need to ensure all patients receive care that is safe, inclusive, effective and caring. To make this a reality requires clear procedures and protocols to oversee its delivery.

The Executive lead for Dementia is the Chief Nurse. The Lead Clinician is a Consultant in Elderly Care. Additionally a named non-executive Director is a Dementia champion.

Also playing an integral role in the above will be people with dementia, carers of people with Dementia, a Lead Specialist Dementia Nurse, Community Dementia Leads, Education Champions, Estates and Environment Leads, Medical Staff and Allied Health Professions (AHPs) as well as Senior Nurses including Ward Managers and Matrons and the Community Learning Disability Teams.

The Trust Dementia Group is formed from many of the pivotal staff named above plus with carer representation and third sector representation. The group meet on a monthly basis to manage the Dementia Strategy Work Plan.

Progress with the work plan will be shared and reported at the Trust Quality Committee.



# Strategic Objectives

**Training and education** - Provide services that address the specific personal and social care needs and the mental and physical health of people with dementia who use acute hospital facilities for any reason (NICE 2013). Developing a layered approach to dementia education to ensure something is available that is relevant to all staff.

**The Patient Journey** - To increase diagnosis rates and promote living well with dementia, transforming the patients' journey through, reduced length of stay and prevention of admission, early and safe discharge, good Mental Health liaison as well as ensuring the recognition of the need for palliative and end of life care.

**Improve the Provision of Dementia Friendly Environments** - To implement the recommendations from the National Audit of Dementia Care in General Hospitals 2011 which states "an environment which helps people with dementia to orientate themselves to their surroundings and guide themselves around the ward can provide reassurance, help maintain independence and avert distress."

**Caring for Carers** - Carers to be supported in their role, receive better information and advice, to provide peer support networks availability to all carers of people with dementia. For carers to be true partners in care, involved in decisions about care and also in designing the care and support that they and the person with dementia receive.

**Raising Standards of Care and Promoting Activities** - Improve the quality of care for people with dementia; by being clear who is responsible for dementia in general hospitals including community and integrated care and what their responsibilities are. To ensure care standards are monitored and patient activity is promoted

**Communication** - To raise awareness of the profile of dementia care, the focus of the Dementia Care Strategy and work streams celebrating achievements.



## Dementia Care – The Challenge

The National Dementia Strategy (2009) stated that to improve the quality of care for people with dementia, it must be clear who is responsible for dementia care and what these responsibilities are. All acute hospital trusts and community services should provide services that address the specific personal social care, mental and physical health needs of people with dementia (NICE 2013).

Diagnosis rates of dementia are low, the drive to increase diagnosis rates and promote living well with dementia is a national aim. The Find, Assess, Investigate, Refer and Inform (FAIR) driven by Commissioning for Quality and Innovation (CQUIN) was initiated to promote good dementia care. The National Dementia Strategy (2009) states “there are marked deficits in the knowledge and skills of healthcare staff who care for people with dementia. The Prime Minister’s Challenge on Dementia (2013) stated from April 2013, Trusts are being asked to appoint a Senior Clinical Lead for Dementia who will be responsible for ensuring that staff are trained in dementia care.

Quality health care requires a workforce with a real understanding of the challenges faced by people with dementia and their carers and families, education and development needs to develop skills and knowledge. Good quality training and education in dementia care should be delivered that is easy to access, practical, focuses on attitudes / approach and communication. Training should be made available to all staff based on an analysis of training needs and incorporate perspectives of people with dementia and carers.

Improved environments can transform the patient’s experience, improving the quality of care especially relevant for the care of people admitted to the acute hospital with dementia. The Healing Environment Dementia Project provided the Trust with a focus on the development of a design brief and resource recommendations to be compliant with: the recommendations from the National Audit of Dementia Care in Hospitals 2011 which states “an environment which helps people with dementia to orientate themselves to their surroundings and guide themselves around the ward can provide reassurance, help maintain independence and avert distress”.

There are estimated to be over 670,000 people in the UK acting as the primary carers for people with dementia (Alzheimer’s Society, 2012) caring can be an overwhelming experience, bringing irreversible changes to lives and relationships. When carers are well-supported, they provide better care to the person they care for and report better well-being outcome themselves.





The Dementia Action Alliance launched a 'Carers Call to Action' in November 2013 setting out goals to bring about real change for carers. It calls for a society where carers of people with dementia: have recognition of the unique experience of caring for someone with dementia; are recognized as essential partners in care – valuing their knowledge and the support they provide to enable the person with

dementia to live well. For carers they need support to identify their on-going and changing needs to maintain their own health and wellbeing; and have confidence that they are able to access good quality care, support and respite services that are flexible, culturally appropriate, timely and provided by skilled staff for both the carers and the person for whom they care.



# Strategic Plan

Where we are now	Year 1	Year 2	Year 3 + 4	What success will look like	How we measure our success
<p><b>Aim 1 – Training and Education</b></p> <p>To have identified a minimum of two Dementia Champions across all adult in-patient wards</p> <p>Dementia awareness events have been held annually during the Alzheimer’s Society dementia awareness week</p> <p>Dementia key trainers and dementia champions developed</p> <p>Evidence based Dementia care study day developed from Manchester University</p> <p>E-learning dementia awareness package made available</p> <p>Dementia awareness part of clinical divisional induction for all new starters</p> <p>Introduced Barbara’s Story a training programme launched by Guy’s and St Thomas’ NHS Foundation Trust to raise awareness of what it feels like to be a patient with dementia in the unfamiliar surroundings of a hospital. Barbara’s Story has the potential to influence change and the principles of respect, consideration, empathy, pride, compassion and dignity apply to all patients</p> <p>Developed activity training in partnership with the Whitworth Art Gallery/ Manchester Museum for volunteers and Dementia Champions an annual Champions day</p>	<p>To produce and implement a Training Framework to ensure all staff meet national requirements for training in dementia care</p> <p>2 dementia champions identified in each relevant ward / department</p> <p>E-learning included in mandatory training on a triennial basis</p> <p>Roll out plan for Barbara’s story across all divisions</p> <p>Delivery of and commitment to run annual training for volunteers and Dementia Champions</p>	<p>Provide peer support and education sessions through a Champion Network on every ward and department</p>	<p>All staff will have completed Dementia Awareness, including mental capacity act, education sessions appropriate to their role by 2020</p> <p>Dementia Friends 100% of staff on relevant wards</p>	<p>A skilled and effective workforce able and dedicated to champion compassionate, safe, personal and effective care</p>	<p>National Dementia Audit Feedback from our carers and families</p>



**AIM 2 – A Dementia Friendly environment**

Healing Environment Design Principles using King’s Fund guidance considered for all inpatient areas  
 ‘Dementia Friendly’ wards in development  
 Memory Lane installation on the Central site

Best practice  
 Integral to any environmental development work

Domestic seating and dining areas  
 Recognizable sanitary ware and traditional crockery and cutlery  
 Art work, calendars and clocks

Outside spaces, views of nature and Memory Lane provision increased  
 Even lighting  
 Noise reduction  
 Dementia friendly emergency and admission departments

All hospital departments designed with Dementia friendly principles in place

PLACE audit  
 Patient and family feedback  
 National dementia audit

**AIM 3 – An Improved Patient Journey**

IT systems have been developed and implemented to assist the process and Find people aged 75 years and over who have been more forgetful over the last 12 months. Monitoring the numbers of people that are then assessed and investigated for signs of cognitive impairment and referred for specialist care  
 The use of a specific nursing care plan to assist staff with providing care that is truly person-centred.  
 Antipsychotic medication follows guidelines and a protocol that requires a review every five days  
 Developing the use of Advanced Care Planning (ACP) and End of Care to promote dignity and a ‘good death’

IT system for the assessment and monitoring of cognitive impairment for all patients aged 75 years and over.  
 Data to identify how different vulnerable groups are being cared for/supported  
 Diagnosis and screening is the business of all members of the multi disciplinary team  
 Bespoke practice initiatives eg rounding to monitor hydration and pain requirements  
 Specific guidance to recognise ACP and End of Life Care

Ensure the assessment of cognition is culturally relevant for all patients, using the best available tools  
 Ensure prompt referral to GP services for further investigations, including a written plan of care  
 Ensure patients and carers have access to the information they require from the point of diagnosis in a format that is accessible  
 Clear delirium protocols and dementia pathways

The Emergency Department (ED) people with dementia must have access to their relatives/carers at all times  
 People with dementia should not be moved after 9pm at night and unnecessary bed moves avoided both around the hospital and ward following best clinical practice and the evidence base.

Ensuring we identify all our patients with Dementia by continually meeting CQUIN targets for over 90% of people assessed for cognitive impairment and flagged appropriately for dementia.  
 Providing Dementia friendly Emergency and Admission/Assessment Departments with appropriately trained staff

CQUIN measures  
 Patient and family feedback through surveys  
 Dementia audits  
 End of Life Care Audit  
 Review of patient complaints



#### Aim 4: Caring for Carers

A Trust wide Survey has been undertaken to assess whether the Trust has a supportive culture to help facilitate staff with caring responsibilities to combine their work and caring roles. And identify what aspects of their caring role created difficulties for them in the workplace and what kind of flexibility and support they would welcome at work

The Carers Focus Group have designed a leaflet for other carers "Sharing the Caring" with information about services available for other carers in Central Manchester  
The Carers Focus group, meet monthly to guide us with the changes in dementia care throughout CMFT

The Carers Focus group have guided the development of the dementia shared care plan, working in partnership to continue individualised planning where carers can advise what they want.

The Carers Focus group has also suggested improvements to create dementia friendly environments

Johns Campaign, for carers of people with dementia who are admitted to hospital to be welcomed to visit them at any time, has been implemented across all wards at Trafford Hospital. Ward 14 at MRI recently launched the campaign and other wards planning to roll this out

Develop a Staff Carers Strategy and effective Staff Carers Policy to support members of staff in their caring role

Implement Carer's assessment, notes and letters are kept in a separate section of the patient's notes.

Advice about advocacy, information and support services are made available to both the carer and the person with dementia

Establish a Carers focus group for Trafford Division

Establish process to identify carers early to ensure engagement and partnership working

Involve carers in discharge planning at the point of admission

Ensure support meets the cultural needs of patients and carers

Develop links with the local community to offer increased support at the time of discharge

Establish Carer leads/ champions who have an understanding of dementia.

Develop practice guidelines about information sharing with carers.

Provide the carer with an introductory letter that explains the service and points of contact on initial contact

Establish a Staff Carers Network and drop in sessions for members of staff who are caring for a relative with dementia will be in place to offer support and advice

Carers folders will be available for the carers of all patients with Dementia

Advocate open visiting for all dementia patients across the Trust supporting John's Campaign

Meet Triangle of Care standards on all wards

Establish end of life and bereavement support for carers who can feel isolation after loss of their loved one.

Develop an information pack, which explains practical matters, how to get involved, carer support, information about discharge and support services

Carers and families will be well prepared for discharge and the impact of their caring role to prevent them reaching crisis point

Carers and families expert opinion guiding and involved in planning the next stage of our Dementia care strategy

Access to Admiral Nurse support will be available

Develop Hospital web pages with information, support and links for carers, including staff carers

Develop training package for staff to work effectively with carers

Recognition as a national leader in the provision of care for patients with Dementia and their carers

National Dementia audit, benchmarking our services locally and nationally

Effective end of life and bereavement support will be available

Carer leads/Champions work closely with local dementia champions to provide support for carers

People with Dementia and their carers feel well informed.

Advice about advocacy, information and support services are made available

Carers of people with Dementia feel that they can share their experiences and receive feedback

Established groups for carers

People with Dementia will feel that god communication has been achieved with the Trust

Johns Campaign embedded across the Trust

90% of people with Dementia and their carers are satisfied with the care they receive

Triangle of Care action plans in place and regularly reviewed

The main carer or carers are routinely identified and their views sought within the assessment process to help inform care

All staff have received training about the needs of carers and their relationship with the person with dementia, and know how to work in partnership

Discharge procedures routinely include carers' wishes or preferences about future care, including consideration carers' wishes and those of the person with dementia are different



**Aim 5 – Raising standards of Care and Promoting Activities**

A Consultant Clinical Lead  
 A Dementia Champion who is the Director of Nursing for adults  
 A Dementia Nurse Specialist  
 A dedicated elderly care team  
 The Complex discharge team

Dementia key trainers

Dementia Champions a minimum of 2 per adult in-patient area

All patients receive a continence assessment and have the support of a Continence Specialist Nurse

All patients receive a falls risk assessment

All patients on admission have comprehensive nutrition assessment within the context of the Malnutrition Screening Tool (MUST)

Innovations of care for complex patients for example: all patients with a history of falls and ongoing confusion to be nursed on specialist low rise beds

Development of an activity co-ordinator role

Care plans will be person-centred, responsive to individual needs and support nutrition, dignity, comfort, continence, rehabilitation, activity and palliative care. This will be supported by: routine gathering of personal life story information "This is me" involvement of family and friends in care planning, use of mental capacity assessments, advance care planning, nutritional tools, pain assessments and safety tools provision of appropriate activity palliative care specialists

Produce Activity Co-ordinator Job Description and introduce role to Trafford site

Relatives to be invited in to support mealtimes

All patients to be offered snacks and finger foods provided

Wards with a higher proportion of people with dementia will have the correct staffing establishments for their patient acuity and dependency

We want to provide meaningful activity for all patients with cognitive impairment, including development of the special role to make "specialising special"

The shared care plan approach will follow a patient into the community

Have a Mental Health Older Peoples Liaison Service to offer advice and support for all inpatients aged 65 and over, this service should reduce length of stay and adverse incidents

Offer all patients with a new diagnosis of dementia access to Admiral Nurse support in the community

Offer a befriending service in conjunction with the Alzheimer's Society for patients on their discharge from hospital

Work with GPs and Commissioners to develop a dementia register

In partnership with care homes adopt a shared care approach to ensure "This is me"

To deliver individualised care that supports the person with dementia and their carer

Delivering the best standards of care in Greater Manchester, Northwest and nationally

National Dementia audit

Feedback through our patient surveys



**Aim 6 – Communication**

We have a dementia shared care plan that aims to provide true person-centered care with the help of those people that know the person living with dementia best, whether these are family members or carers from the home environment.

Care plans will be person-centred, responsive to individual needs and support nutrition, dignity, comfort, continence, rehabilitation, activity and palliative care.

This will be supported by: routine gathering of personal life story information “This is me”, involvement of family and friends in care planning, use of mental capacity assessments, advance care planning, nutritional tools, pain assessments and safety tools provision of appropriate activity to encourage social engagement, maintenance of function and recovery availability of dementia specialists/leads access to and availability of palliative care specialists.

Adopt a shared care philosophy with patients

The shared care plan approach will follow a patient into the community

Work with GPs and Commissioners to develop a dementia register

In partnership with care homes adopt a shared care approach to ensure “This is me” documentation comes into hospital and back out again

Work in partnership with care homes to plan care and reduce admissions into hospital.

Introduce Person, Interaction and Environment (PIE) observations PIE is a qualitative observational tool designed for use by staff in a national audit of care received by people with dementia in hospital wards. It aims to help staff understand and reflect on elements of patient experience and to develop ward action plans for person-centred practice.

To continually raise the profile of dementia care through the Communications Team, celebrating achievements



# How will we measure success?

Delivery of improvements in dementia care is an integral part of our core values through the Nursing and Midwifery commitments and inclusion through our Equality and Diversity agenda.

Success of this strategy will be indicated by year on year delivery against agreed actions:

- Feedback from people living with dementia and their carers
- Evaluation and audit from the environmental changes
- Increased knowledge of staff 100% of staff will have attended a dementia awareness session
- Reduction in length of stay for people with dementia
- Reduction in readmission rates
- Reduction in the number of inappropriate admissions for people with dementia

## Conclusion

The success of the delivery of the dementia care strategy will be measured by a change in dementia awareness across CMFT and its partners. Recognising that to deliver a clear care strategy to promote dementia awareness will need to develop and improve. The dementia care strategy will align with the CQUIN goals of continuous improvements.

The Trust Annual Report each year will identify the success in the delivery of the strategy and will then make a real difference to people with dementia, their carers and families.



# Key Documents

- Alzheimer's Society – Dementia 2012, A national Challenge (2012)
- Alzheimer's Society – End of Life Care (2013)
- Alzheimer's Society, Fix Dementia Care in Hospitals, Alzheimer's Society (2016)
- Common Core Principles for supporting people with Dementia Skills for health and social care (2011)
- Dementia CQUIN
- Department of Health, Prime Minister's challenge on Dementia (2012)
- Department of Health Prime Minister's Challenge on Dementia 2020 (2015)
- Health Education England, Skills for Health and Skills for Care, Dementia Core Skills Education and Training Framework (2015)
- National Audit Office (2010) Improving Dementia Services in England
- NICE Quality Standards for Dementia
- Royal College of Nursing Dementia National Strategies and Standards
- Royal College of Nursing – Dignity in Dementia – Improving Care in General Hospital Settings

