



UNIVERSITY OF
LEICESTER

Associate Teaching Hospital



Northampton General Hospital
NHS Trust

Dementia Strategy

Living Well with Dementia
in our Hospital
2019-2022



Providing
the **Best
Possible
Care**



Executive Summary

The purpose of this document is to set out our three year strategy for improving care and experience for people with dementia to live well when they are in our hospital. This support could be as an in-patient, attending our out-patient services or as family members or visitors.

The strategy describes our ambition and standards for excellent, compassionate care for people with dementia and recognises the vital role that carers and family members provide.

For people with dementia, coming into hospital can be a frightening and distressing time. It can also be an anxious experience for the family and carers.

The relationship with the person with dementia, the health care professional and the carer/family member are fundamental to how we can support people with dementia when they are in our hospital. This is often referred to as the triangle of care (Carers Trust 2015).

We have listened to what the carers of people with dementia have said through our monthly carer's survey and the National Audit of Dementia (2018). This direct link to our patients reinforces the triangle of care.

Our strategic aims are to:

- Modernise our approaches to communicating, seeking and acting on feedback from people with dementia and their carers
- Become a dementia friendly organisation with environments and processes that minimise the risk of avoidable harm to patients with dementia
- Deliver person centred care that supports the patient with dementia and their carer
- Develop partnership to improve care and outcomes
- Develop a skilled and effective workforce to champion compassionate person centred care





Introduction

Many of you reading this strategy will have met or cared for, either personally or professionally, someone who has a diagnosis of dementia. Potentially one in three patients in our hospital will be aged 65 or above and potentially one in four experience symptoms of confusion or are known to have dementia.

Acute hospital admission can be disorientating and hospital environments can present challenges. Here at Northampton General Hospital (NGH), we strive to consistently deliver high quality care that meets the needs of our patients with dementia, for whom care is often complex and admissions to hospital can be both frightening and life changing.

A positive experience is about getting good treatment in a comfortable, caring and safe environment delivered in a reassuring way. It is about having information to make choices, to feel confident and in control. It is also about being listened to as an equal and treated with honesty, respect and dignity.

That is why we believe our staff caring for patients with dementia should be as aware as they can possibly be of their needs, through training and focussed support.

Our dementia strategy presents the rationale for action and encompasses our values as an organisation. To do this and achieve the best possible care requires strategic planning, commitment and leadership at all levels within our organisation and the contribution of our entire workforce so that we can provide care that we all have confidence in, should we or our loved ones need help and support.



Sheran Oke

Director of Nursing, Midwifery and Patient Services

September 2019





About Dementia

Dementia is a long-term condition affecting memory, cognition, health and behaviour experienced by the person and their family/ carers that can benefit from proactive planning, timely treatment, support and compassionate care (Department of Health 2016). It is not a normal part of ageing. Currently there are 40,000 people in the United Kingdom under the age of 65 with dementia.

The word dementia is used to describe a range of cognitive disorders. It is used as an umbrella term to group the many different types of dementia. According to the Alzheimer's Society there are over a hundred different types of dementia and although there are differences in the causes and the development of each one, there are many similarities in how they affect the person diagnosed with a form of dementia. The most common are Alzheimer's disease and vascular dementia. All forms of dementia cause changes to the structure and chemical balance of the brain.

Dementia affects all genders, ethnicities and social classes. Around two thirds of people living with dementia are women. It is a progressive disease. The symptoms people experience will become worse over time and currently there is no cure. Research into

dementia continues, aiming to understand the disease and develop treatments.

Each person's experience of dementia is unique to them and many people lead full and active lives for years after a diagnosis of dementia. A timely diagnosis is a key objective.

The Prime Minister's Challenge of Dementia (2015) states 'If diagnosed in a timely way, people with dementia and their carers can receive treatment, care and support (social, emotional and psychological as well as pharmacological) to enable them to better manage the condition and its impact.'

In support of the Government's commitment to early diagnosis, if you are over seventy-five years old when you are admitted to one of our in-patient wards, a doctor will screen you to check for the early signs of dementia.





The National Context

Dementia is a global phenomenon and is recognised as one of the most important health and social care challenges of our generation. Age is one of the risk factors for developing dementia. Figures from the Alzheimer's Society state that one in 14 people with dementia are aged 65 and over, rising to one in 6 people aged 80 years and over (Alzheimer's Society 2016).

Age UK (2016) states that there are 11.6 million people aged 65 years and over in the United Kingdom and the number of centenarians living has risen by 72% in the last decade. There were 18 million people admitted to hospital in 2015 and 41% were over the age of 65 years, with many people having existing and complex medical conditions. Age UK (2016) states that 'dementia is one of the main causes of disability in later life, ahead of some cancers, cardiovascular disease and stroke and is the leading cause of death for women in the United Kingdom.'

Alongside the number of people with dementia are the families and carers. There are some 540,000 carers of people with dementia in England. It is estimated that one in three people will care for a person in their lifetime (Department of Health, Prime Minister's Challenge on Dementia, 2020).

The importance of dementia care has been highlighted in recent government policy and has reflected the need for increased awareness of healthcare professionals to effectively support people living with dementia and their carers. The importance of this has been reflected by the appointment of a national clinical director for dementia and the publication of the first national dementia strategy in 2009.

To support the implementation of the national dementia strategy and the development of improved services for people living with dementia and their carers there has been a number of national publications:

- In 2011 the Royal College of Nursing (RCN) reinforced its commitment to the care of people living with dementia in acute settings with a particular focus on: staffing, partnerships, assessment, and individualised care and environment
- In 2012 the Dementia Action Alliance and the NHS Institute launched a 'Call to Action' to improve the care of people living with dementia in acute hospitals
- In 2012 the Prime Minister launched the 'dementia challenge' to ensure improvements in dementia care and research by 2015





- The 2012/13 NHS Operating framework placed a renewed emphasis on implementing the Dementia Strategy (2009) with a new Commissioning for Quality and Innovation (CQUIN) goal of improving diagnosis of people with dementia in acute hospitals.
- In February 2015, the Prime Minister published the successor to his 2012 challenge on dementia; the Prime Minister's Challenge on Dementia 2020. This focusses on boosting research, improving care and raising public awareness about dementia
- The National Audit of Dementia led by the Royal College of Psychiatrists was established in 2008 and the Trust has submitted audit data on four occasions (last time in 2018-19). Action plans are developed in light of the audit's recommendations
- In 2016, the Department of Health published a refreshed version of 'Making a Difference in Dementia: Nursing Vision and Strategy' (October 2016). Building on the previous version this refreshed edition supports all nurses to be responsive to the needs of people with dementia, 'to develop their skills and expertise and improve the contribution they make in achieving best outcomes for people with dementia, their carers and families, and communities.'
- In 2017, NHS England identified the quality of care and access to dementia services as one of their ten priorities as part of the 'Five Year Forward View.'
- Apart from Government policies and guidelines, there are other groups who support and promote the concerns and well-being of people with dementia such as the Alzheimer's Society and the Dementia Action Alliance.





The Local Picture

Northamptonshire's population aged 65 years and over stands at 117,400 (2015 JSNA). Growth has been high in this group but proportionally it represents a lower share of the population than found at the national level. The distribution is highly focused in rural parts of the county, although a shift back to urban areas occurs in the population after the age of 85, most likely, due to people moving into residential care.

In Northamptonshire there are estimated to be more than 8,200 people living with dementia. The majority of those people are living in their own homes or sheltered housing, rather than care homes. Northampton town has the largest population of people living with dementia.

Having a shared vision on dementia care in partnership with other health and social care providers within Northamptonshire is a key component for providing high quality safe care that focuses on the needs of people living with dementia and their carers.

The Joint Northamptonshire Dementia Strategy 2016-19 aims to re-focus investment and resources to improve:

- Public information to reduce the risk of dementia

- Timely access to high quality diagnosis and treatment
- Good post diagnosis support for all people living with dementia and their carers
- These three elements are prerequisites in order to improve quality of life from diagnosis to end of life for people living with dementia and their carers. These elements are reflected within our strategy

Our Dementia Steering Group meets on a quarterly basis and has representation from our own staff and external agencies such as the Alzheimer's Society and Northamptonshire Carers. The purpose of the group is to oversee developments within the hospital that will improve care for patients living with dementia and their carers.

We have five strategic aims which will improve the care provided to our patients with dementia, their families and carers across our hospital. These are in response to the feedback we have received from our monthly carer surveys and from the National Audit of Dementia. These will be monitored at our Dementia Steering Group and reported quarterly to our Patient and Carer Experience and Engagement Group. This will provide evidence of progress and strategy development.



The strategy for dementia care makes it clear that everyone can make a difference to the care of people with dementia and collective action and collaboration is required to achieve our shared purpose.





About Dementia

Strategic Aim: 1

Modernising our approaches to communicating, seeking and acting on feedback from people with dementia and their carers.

Objectives:

- critically analyse patient and carer feedback, care planning and delivery and outcomes related to dementia care to determine effectiveness and action improvements
- refer our carers to Northamptonshire Carers for support who are on site within our Trust and as per the NGH carers policy
- when surveyed 85% of our patients and carers will rate our dementia care as good/excellent
- have external representation at our Dementia Steering Group
- have John's Campaign in place to ensure that carers/families are welcome on all inpatient wards outside of our usual visiting hours
- when surveyed 85% of patients living with dementia who are admitted to our in-patient wards will have a patient profile in place
- when surveyed 85% of patients living with dementia will have a butterfly on the electronic patient board to indicate that they may require extra support





Strategic Aim: 2

We will become a dementia friendly organisation with environments and processes that minimise the risk of avoidable harm to patients with dementia

Objectives:

- aim for all our care environments that have high numbers of patients living with dementia admitted to them to be fully compliant with best practice recommendations
- all service and environmental improvements/ developments will consider the impact of change on patients with dementia
- have John's Campaign in place to ensure that carers/families are welcome on all inpatient wards outside of our usual visiting hours
- utilisation of rem pods and reminiscence in clinical environments
- when surveyed every in-patient ward will have a dementia champion in place
- keep ward moves to a minimum and related to the clinical need of the person with dementia
- when surveyed 85% of patients living with dementia will have a butterfly above their bed/on the ward board to indicate that they may require extra support
- improve facilities and signage to support patients living with dementia, accessing charitable funds if appropriate
- protect the best interests of the patient, ensuring that where a patient's liberty is restricted, this is proportionate and that Deprivation of Liberty Safeguards (DoLS) are applied in accordance with legislation
- when surveyed 85% of appropriate staff across the Trust will be dementia trained as per Health Education England's competency framework





Strategic Aim: 3

The care we deliver will be person-centred, supporting the patient with dementia and their carer

Objectives:

- when surveyed 85% of our patients and carers will rate our dementia care as good/excellent
- critically analyse patient and carer feedback, care planning and delivery and outcomes to dementia care to determine effectiveness and action improvements
- have John's Campaign in place to ensure that carers/families are welcome on all inpatient wards outside of our usual visiting hours
- refer our carers to Northamptonshire Carers for support who are on site within our Trust and as per our Carers policy
- When surveyed 85% of patients living with dementia who are admitted to our in-patient wards will have a patient profile in place
- when surveyed 85% of patients living with dementia will have a butterfly above their bed/on the ward board to indicate that they may need extra support
- when surveyed every in-patient ward will have a dementia champion in place
- when surveyed there will be a 20% increase year upon year in the recruitment of volunteers for dementia patients
- audit the use of anti-psychotic medication on an annual basis to ensure that prescribing good practice is embedded





Strategic Aim: 4

Developing partnerships to improve care and outcomes

Objectives:

- develop partnerships and processes to streamline care, prevent admission and support and enable the discharge planning process
- when surveyed 90% of people over the age of 75 who are admitted to our in-patient wards will receive a cognitive assessment
- people in our hospital can access specialist assessment and treatment from older people's mental health services which is able to respond to their needs
- refer our carers to Northamptonshire Carers for support who are on site within our Trust and as per our Carers policy
- when surveyed 85% of our patients and carers will rate our dementia care as good/excellent
- ongoing assessment and support from specialist services will be provided via the discharge summary information to the patient's GP
- each year we will increase the number of volunteers who will engage in care activities for patients with dementia and provide social support and interaction
- when surveyed every in-patient ward will have a dementia champion in place
- when surveyed 85% of patients living with dementia who are admitted to our in-patient wards will have a patient profile in place
- have John's Campaign in place to ensure that carers/families are welcome on all inpatient wards outside of our usual visiting hours





Strategic Aim: 5

To develop a skilled and effective workforce, with recognised levelled competency and able to champion compassionate person centred care

Objectives:

- 85% of all clinical staff will have undertaken dementia awareness training and have the necessary skills and values to care effectively (Health Education England 2013)
- 85% of all clinical staff will have undertaken Mental Capacity Act (2005) training, which includes consent and the Deprivation of Liberty Safeguards (DoLS)
- All clinical and psychological care will be based on the needs of the individual with dementia and will maintain their dignity and personhood
- when surveyed every in-patient ward will have a dementia champion in place
- we will seek to ensure that a carer of a person with dementia is approached to be involved with training to speak about their hospital experiences



Delivering the Strategy Year by Year

Each strategic aim has been aligned with the five workstreams of the dementia strategy.

Each work stream will be led by the Head of Safeguarding and Dementia, the Clinical Lead for Dementia and the Dementia Liaison Nurse within NGH. The work streams will progress service improvements and the clinical change required to achieve the strategy objectives and markers of good practice.

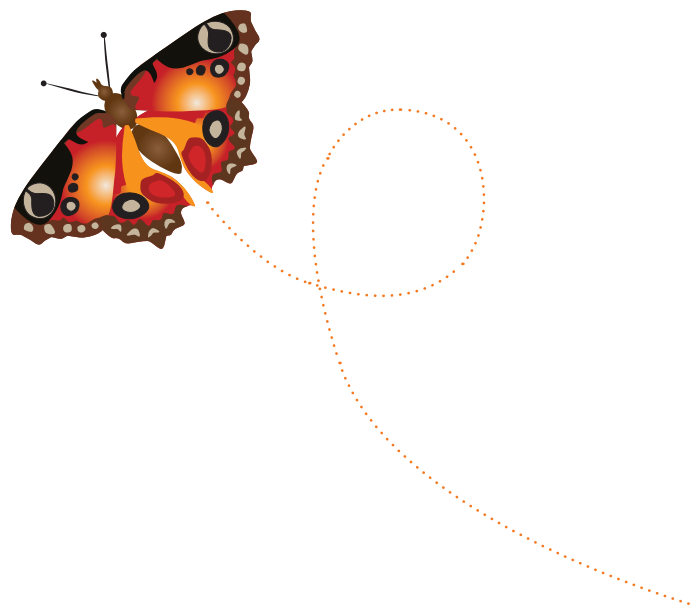
The strategy is a living document and will be monitored quarterly at our Dementia Steering Group and reported to the Patient and Carer Experience and Engagement Group.

This will provide evidence of progress and strategy development. The work plan will be evaluated at year end and priority actions agreed for the subsequent year.



Our progress and success must be transparent to our patients with dementia and their carers, the staff and the public. Progress will be published through a RAG rating of the measures of good practice published annually on the NGH dementia webpage.





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