

HOMERTON UNIVERSITY HOSPITAL NHS FOUNDATION TRUST

Dementia Strategy 2015 - 2017



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Introduction

“Awareness of dementia is at its highest and this reflects the importance of the condition for individuals, their families, health and social care services and the wider community. While we have made significant advances in the care for people with dementia and their families, there is much work yet to be done.” (Alistair Burns 2014, National Clinical Director for Dementia, NHS England)

Dementia is recognized nationally as an illness that cannot be ignored as its devastating impact poses significant challenges. The prevalence of dementia in the general population increases exponentially with age, doubling approximately every 5 years, e.g. age 80-84years 10%, ages 85-89 20%, 90+ yrs 40%. It is estimated that there currently are approximately 850,000 people who live in the UK with dementia – 1.3% of the UK population, 17,000 of whom are under the age of 65. There are over 12,000 people with dementia from black and minority ethnic groups in the UK. As the population ages the prevalence of dementia is anticipated to increase. By 2021 there will be over a million people living with dementia in the UK and this number is predicted to rise to 1,700,000 by 2051 (Alzheimer’s Society 2012). The cost to the UK economy is currently £23 billion a year (National Audit Office 2012). Despite the financial costs, the real impact affects the person who develops it and their carers.

Approximately 42% of people over 70 years old admitted to hospital as acute medical admissions have dementia and conservative estimates indicate that 1 in 4 acute hospital beds are occupied by someone with dementia. Patients with dementia often have multiple and complex needs and being in hospital can be unsettling and for some, a very frightening experience. People with dementia are at increased risk of a variety of adverse outcomes when admitted to hospital.

The management of dementia is an issue that Homerton University Hospital Foundation NHS Trust has embraced. We have listened to and talked to patients, carers and our partners in the community, other local NHS Trusts and voluntary organizations. This strategy document outlines the key objectives for dementia care on a local level in Hackney.

Dementia care remains one of the key priorities for the Trust and this strategy will encompass the Homerton Hospitals values as an organization and the contribution from the entire workforce. Our goal is for the care we deliver to patients with dementia to be exemplary



National Context

Prime Minister's Challenge on Dementia, May 2013

"We want to ensure that people with dementia and their carers receive high quality, compassionate care whether they are at home, in hospital or in a care home. We want the person with dementia, and their family and carer, to be at the heart of everything we do. We also want their wellbeing and quality of life to be first and foremost in the minds of those commissioning and providing services for them."

The National Dementia Strategy

In 2009, The Department of Health launched the first ever National Dementia Strategy for England. The Strategy plan explained what needed to happen to radically transform the quality of life for people with dementia and their carers over five years.

- Raising awareness and understanding
- Early (timely) diagnosis and support
 - The emphasis on 'early' diagnosis has since been modified to a more person-specific 'timely' diagnosis reflecting the variable nature and impact of dementia diagnosis in each person's clinical and social context.
- Living well with dementia

Dementia Diagnosis

Many people with dementia have not been diagnosed and therefore may not be able to access information, services, care and support. There is considerable variation nationally and within London in dementia diagnosis rates. Recorded diagnoses as a percentage of the expected local prevalence ranging within London from 35% to 70%. Improving diagnosis rates is a key priority nationally and locally. NHS England set a target for dementia diagnosis rate of 67% by March 2015.

The All Party Parliamentary Group on Dementia: Building on the National Dementia Strategy

In 2014, The APPG recommended a new long term dementia strategy incorporating three areas

- Strong Leadership – from Government, Local Authorities, CCG's and service providers
- Integrated Health and Social Care Services
- Engaging and Involving People with Dementia



The Royal College of Nursing: highlighted the top five priorities that hospitals needed to adopt to support good dementia care

- Staff who are skilled and have time to care
- Partnership working with the Carer
- Assessment and early identification of dementia
- Care plans that are person centred and individualised
- Environments that are dementia friendly

The Right Care: a Call to Action on Improving the Care of People with Dementia in Acute Hospitals

In 2012 Chief Executives were invited by the Dementia Action Alliance to answer the call to action and pledge their organisation's commitment to becoming dementia-friendly.

The Dementia Action Alliance is a movement with one simple aim: to bring about a society-wide response to dementia. It encourages and supports communities and organizations across England to take practical actions to enable people to live well with dementia and reduce the risk of costly crisis intervention

Acute trusts were advised to focus on:

- The environment in which care is given
- The knowledge, skills and attitude of the workforce
- The ability to identify and assess cognitive impairment
- The ability to support people with dementia to be discharged back home
- The use of a person centred care plan which involves family and carers

The Homerton University Hospital has recently applied to become a member.

National Audit of Dementia

The National Audit of Dementia (general hospitals) was established in 2008.

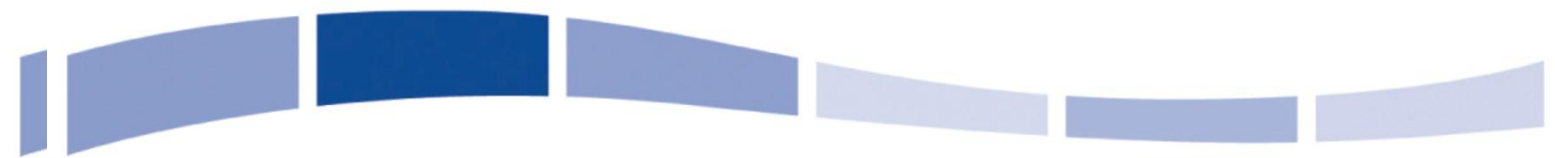
The first round of audit was carried out in 2010/2011 and a second round took place between April and October 2012.

Each round consisted of:

- an Organisational Checklist to examine structures, policies, key staff and care processes that impact on service planning and provision for the care of people with dementia within a general hospital
- Case Note Audit of 40 sets of notes for compliance with a checklist of standards that relate to their admission, assessment, care planning/delivery, and discharge.
- The audits provided the opportunity to examine the quality of care received by people with dementia in general hospitals and allow Trusts to track their progress with meeting the standards as well as benchmarking against other Trusts.

The Trust took part in the 2010/2011 audit. Areas identified as needing improvement were addressed in a work plan (1)

The trust will be enrolling in the next round of the National Audit of Dementia, 2015-17.



Local Context

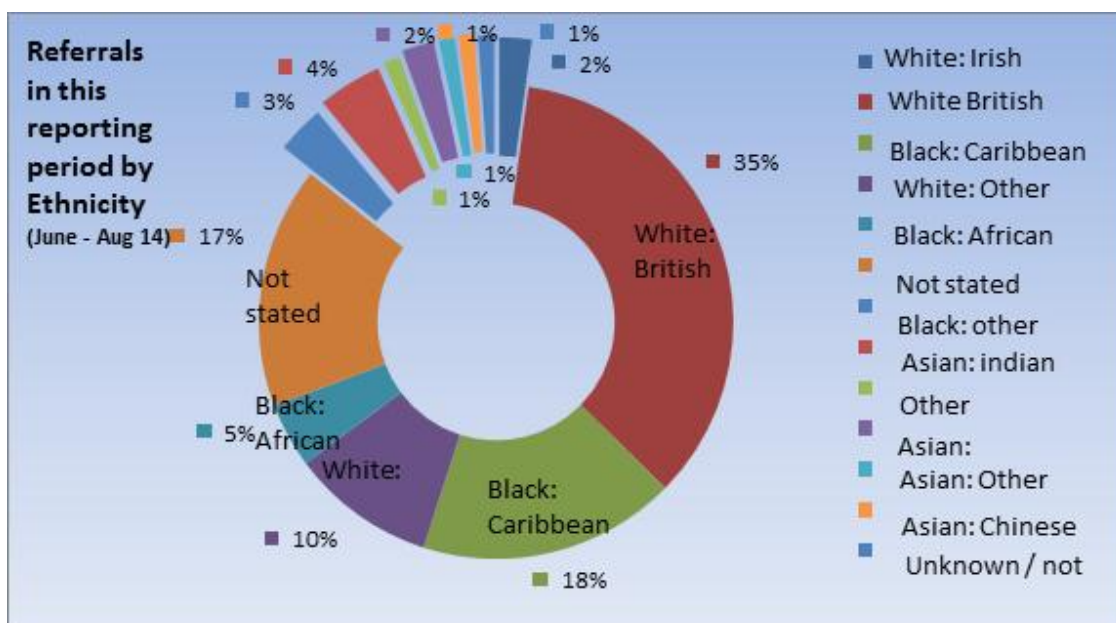
Hackney's Population

The 2011 Census estimated Hackney's population to be 246,270, reflecting a 20% increase in the population since the last Census estimate in 2001. The working age population has grown by 27% in the past decade, with the 25-29 age group demonstrating the most dramatic increase (13,000). The estimate for number of people over 65 is 24,600 (2011)

The national dementia prevalence calculator estimates that there are approximately 1,280 people with dementia living Hackney. To date two thirds of this number have been recorded as having a dementia diagnoses in their GP records.

As well as an increasing working age population, the profile of Hackney is one of continued increasing diversity, with sizable White British (36.2%) and Black African communities (11.4%) but also a large and increasing group of residents from mixed ethnic backgrounds, emphasising the hyper-diversity of the borough. Although at 36.2% the White British population remains the single largest ethnic group in Hackney, this group has decreased significantly as a proportion of the borough from 44.1% in 2001 especially in the context of 20% growth. Out of the broader ethnic groups, the White group (which includes White British, White Other, Irish and Gypsy and Irish Traveller communities) is the largest at 59.4% with 60% growth in the White Other group. The second largest broad ethnic group is Black/Black British at 23.1% followed by Asian/Asian British at 10.5%, Mixed Ethnic Groups at 6.4% and Other Ethnic Groups at 5.3%, a figure that represents a 222% increase from 2001.

The referrals to the City and Hackney branch of the Alzheimer's Society from June to August 2014 show the diverse range of ethnic minorities that the Borough supports.



Hackney's Black and Minority Ethnic People with dementia



Hackney has witnessed immigration from a wide variety of communities from all over the world, including the Indian Subcontinent, the Caribbean, Africa, Eastern Europe, East Asia and the Middle East.

Some of these communities are now in their second and third generations and have an ageing population. But despite the fact that there are now 7,600 people from Black and Minority Ethnic BME communities with dementia in London, they remain under-represented in dementia services. (Alzheimer's Society).

Making a diagnosis of dementia in some people who do not speak English or those from a 'non-western' country can be challenging due to language, educational and cultural differences.

The current evidence base on supporting BME people with dementia and their carers is limited. Lower levels of awareness about dementia and the existence of stigma within BME communities help explain why BME people are currently under represented in dementia services. An increase in the number of older BME people in the UK is likely to lead to an increased need for dementia services. (Social Care Institute for Excellence)

City of London



The local authority for the City namely the City of London Corporation, is unique in the UK and has some unusual responsibilities for a local council, such as being the police authority. It is also unusual in having responsibilities and ownerships beyond its boundaries. The Corporation is headed by the Lord Mayor of the City of London, an office separate from and much older than the Mayor of London.

The City of London is unique in terms of its population as it has a very small residential base 7,400 (2011 Census) in comparison to the number of people who work in the square mile 400,000, mainly in the financial services sector.



Homerton Hospital inpatients with dementia

It's estimated that currently approximately 1,280 residents in Hackney have dementia at the moment, about 5% of the population over 65 years.

People with dementia may have other multiple co-morbidities and have a high rate of admission to acute hospitals, including the Homerton. They also often have contact with other multiple services, including social, voluntary and NHS services, such as mental health services. Unfortunately fragmentation and lack of co-ordination between services can impair care for some patients, especially patients with dementia where accurate information from the patient may more difficult to obtain.

There is a high prevalence of dementia in general hospital, and the Homerton is no exception. Dementia and/or delirium are commonly the main clinical problem for patients in the Elderly Care Unit. Data for in-patients is collected and subject to further analysis and adjustment for quality and coding. Patients with dementia are present in all other areas in the trust, inpatients, outpatients and community services.

For those with dementia over the age of 75, the risk of dying during a hospital stay is 18% compared to 8% for those without (NHS overall).

Living with dementia at home

More than 520,000 in the UK people are living with dementia at home (Alzheimers Society), a significant proportion of the 850,000 with the condition overall and there are thought to be 670,000 carers of people with dementia.

Not all people who have dementia currently have a diagnosis. Diagnosis rate refers to the number of people who have received a diagnosis as a percentage of those estimated to have the condition. NHS England had a commitment to have 67% diagnosed by March 2015. In Hackney 68% of patients have received a diagnosis (Health and Social Care Information Centre).



Local Context

Homerton University Hospital: Where are we now?

Though we recognise that we have further work to do in order to improve the patient experience and satisfaction of staff, patients and carers in caring correctly for our patients with dementia; the Homerton University Hospital has already successfully developed positive initiatives for patients with dementia and their carers.

To date we have progress in the following areas:

- The Trust has a Consultant Lead for Dementia to enable the Trust to deliver both local and national dementia strategies.
- The appointment of a lead nurse for dementia care in November 2014.
- Continued joint working with Hackney Social Services, who assess and fund care for many people with dementia in the community and care homes.
- The consultant lead for dementia is a member of the London Dementia Strategic Clinical Leadership Group which is hosted by NHS England.
- Memory services for Hackney are fully integrated between Homerton Trust and East London Foundation Trust
- A geriatrician from the trust is a member of the multidisciplinary team Diagnostic Memory Clinic. All referrals for suspected dementia, memory clinic assessment, whether received by mental health or Homerton elderly care department are assessed by the integrated memory clinic team.
- There are well established links between Homerton Elderly Care and ELFT Mental Health Care for Older People, including the Dementia Care Team, facilitating co-ordination and enhanced care for people with dementia who commonly have contact with both trusts and services.
- Close links with the local Hackney branch of the Alzheimer's Society, including sharing of clinical information (with patient/family consent) of patients with dementia. Among other support the Alzheimer's Society deliver awareness raising sessions in the hospital.
- Co-ordination of patient care between ELFT and HUHFT has been further improved by the Homerton Psychological Medicine team.
- The introduction of the 'RAID' (Rapid Assessment Interface and Discharge) model in Homerton. The Homerton Psychological Medicine (HPM) is the Hackney version and includes innovations such as the inclusion of consultant geriatricians alongside old age psychiatrist as members of the team. Specialist HPM out-patients clinics designed to follow-up of patients who had delirium while in hospital are in process.
- Successfully achieving the dementia CQUIN in 2013/2014 which involved undertaking the Abbreviated Mental Test on at least 90% of patients admitted over 75 years old
- The impact of the CQUIN has been audited and the audit will be repeated following the introduction of the Homerton Psychological Medicine team.



- Palliative care, advance care planning and end-of-life care are increasingly recognised as an important component of dementia care.
- In partnership with UCL Partners, the training of 15 medical, nursing and therapy staff in a 'train the trainer' course in 2013.
- The training of 650 medical, nursing and therapy staff on dementia awareness and care in the acute and community setting with a goal of 1244 set for 2015.
- A rolling programme of education and teaching for juniors doctors on Dementia (and Delirium) as they rotate through their posts in the Homerton
- A programme of education for nursing staff to include dementia simulation training.
- Established Band 2 dementia care support workers on the Elderly Care Unit to offer additional support to those with dementia.
- Participation in the National Audit of Dementia and plans established to work on the recommendations.
- Establishing dementia champions both in the Acute and Community settings.
- Developing a revised carer questionnaire to actively encourage carers to give us feedback.

In addition to this, our Friends and Family Test (FFT), which all inpatients have the opportunity to use, produced positive results on our Elderly Care Unit. 89.23% of respondents said they would be likely to recommend the ward to a friend or family member. Work is underway to adapt the FFT to identify people with dementia and their carers. The aim is to use this feedback to address themes that lead to improvements in our quality of dementia care.



STRATEGIC PRIORITIES

Our strategy at Homerton University Hospital has four main aims:

- To become a Trust that is confident in offering evidence based, patient centred care for people with dementia to include timely diagnosis, treatment and care.
- To create a dementia friendly Trust with environments that support appropriate care.
- Supportive and compassionate relationships of care throughout the departments.
- Partnership working with carers.

The strategy will incorporate the values of the Homerton University Trust

- Safe
- Personal
- Respectful
- Responsibility

These values will be embedded in all of the work that we undertake. Our aims are ambitious and require hard work, the contribution of all staff and ongoing evaluation to ensure we are providing the best quality care to people with dementia and their carers to improve health and wellbeing, whilst a patient in our care.



Delivering the Strategy

- **To become a Trust that is confident in offering evidence based patient centred care for people with dementia to include timely diagnosis, treatment and care.**
 - The Homerton University Hospital will offer competent, specialist assessments to those in our care and will support diagnosis in a timely way.
 - All patient admissions to the Homerton over 75 years old receive an abbreviated memory test. Where clinically indicated, this will generate a rapid referral for comprehensive assessment of cognition.
 - The Homerton Psychological Medicine team will undertake this assessment and arrange further follow-up as in-patient and post discharge if indicated
 - We will offer sensitive care and support when communicating diagnosis to patients and their carers, involving support from The Alzheimer's Society advisory workers.
 - Patients will be confident in receiving the best care and support and evidence based treatments and therapies in line with NICE guidelines.
 - Clear delirium and dementia pathways will be developed to support patients appropriately throughout their stay in hospital. (see appendix for ECU Dementia Care pathway)
 - The Homerton will adopt the 'forget me not' identification system. A forget me not flower is the recognised emblem for dementia friendly communities and hospitals and will help identify patients who may require extra support. With carer consent, a forget me not symbol will be placed on bed boards and on the front of their notes. Staff who have had specific training in dementia care will wear the emblem on their uniforms.
 - The Homerton will 'skill-up' an entire workforce across all areas from admin and portering to outpatients and community teams on dementia awareness. We will increase our number of dementia champions across the acute and community teams and offer regular in depth teaching and learning days.
 - The Homerton will offer personalised care plans to those with dementia focussing on the right care and interventions to meet unmet needs and behaviours that challenge.
 - The Homerton will facilitate life profiling in the form of 'This Is Me' for all patients admitted. 'This Is Me' is a simple and practical tool that people with dementia can use to tell staff about their needs, preferences, likes, dislikes and interests.
 - Palliative care, advance care planning and end-of-life care are increasingly recognised as an important component of dementia care. Improving skills and training in this sensitive issue will continue (e.g. simulation training)



Delivering the Strategy

2. To become a dementia friendly Trust with environments that support appropriate care.

- The Homerton will promote a positive emotional environment with clear orientation and signage.
- Carers and relatives on discussion with staff will have more open access to visiting patients.
- Where possible, environments will be de-cluttered.
- Mobility will be encouraged every day and patients, where possible, encouraged to dress in their own clothing.
- Regular daily therapies will be offered on the Elderly Care Unit – facilitated by Older Adults Occupational Therapy staff and delivered by dementia care support workers, the Lead Nurse for Dementia Care and staff from Homerton Psychological Medicine. Specific dementia related therapies will be offered across all the wards at the Homerton, so that everyone with dementia has access to therapies. The Trust will set up a reminiscence area on the ECU and have a portable pod that can be used on other wards.
- Patients when well enough, will be encouraged to eat together in the therapy area to help improve nutrition and hydration. Volunteers and dementia care assistants will support meal times.
- Bathrooms will be adapted to support those with visuo spatial problems for example toilet seats are easier to see if they contrast with the colour of the toilet bowl and walls. Colour can also be used to highlight important objects and orientation points – the toilet door and to camouflage objects that do not need emphasising e.g. light switches or doors that the person doesn't need to use.



Delivering the Strategy

3. Supportive and compassionate relationships of care throughout the departments.

- With a lot of hard work it is possible to change the way a hospital stay is experienced by a person with dementia. The Homerton will build on staff development so that nursing, medical and therapy staff recognise the unaddressed needs of patients with dementia in the acute hospital setting. Community staff will build on their current training in order to best care for patients suffering from dementia and living at home.
- The Homerton will deliver person centred care with the involvement of carers and relatives. Staff will communicate with patients, relatives and carers in a way that is compassionate and personalised. Care planning will include the 'This Is Me' (2) document highlighting a person's preferences, topics of interest and life history. An algorithm (3) for dementia care will be instituted for each new admission and those diagnosed whilst an inpatient.
- Care planning will include non –pharmacological interventions for the management of behavioural and psychological symptoms of dementia such as agitation, aggression and wandering.
- The Homerton will expand the number of dementia champions across the acute and community sites, so that there is a champion on every ward, team and department. Specialist training and learning will be commissioned for the champions to attend.
- All new staff who attend the Trust corporate induction will have an introduction to dementia awareness.



Delivering the Strategy

4. Partnership Working with Carers

- Relatives and carers of patients with dementia in hospital are an under used resource and can provide invaluable information about their relative for care planning. The Trust will ensure that carers are consulted about the patients likes and dislikes, behaviour - changes in mood, distress, pain and general wishes. This will help shape care and can be used in order to facilitate shared care decision making in the persons best interests.
- It is important that carer burden is recognised as we know that approximately two thirds of people with dementia are cared for in their own homes by unpaid carers. Depression in carers can go undetected, have an impact on the patient and can lead to unplanned admissions. The Homerton will establish a regular carer support group facilitated by our Trust Lead for Carers and staff from Homerton Psychological Medicine. Referrals will be made where indicated to the local branch of the Alzheimers Society for additional support around specific issues eg – Lasting Power of Attorney.
- The Alzheimers Society in conjunction with the Homerton will offer information sessions throughout the hospital at regular intervals where information, advice and signposting will be offered.

The delivery of this strategy will be led by the Dementia Steering Group, developing work streams to progress service improvements and the clinical change required to achieve the strategy objectives and markers of best practice.

Each work stream will meet independently of the steering group to implement clinical and organisational change. Progress will be reported back to the steering group and then onto the Patient Experience Forum, Adults Safeguarding Board through to the Trust Board.

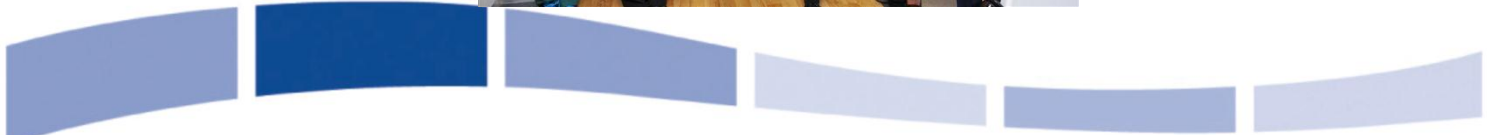


Measuring and Improving our Dementia Care

We will know that we are achieving our standards by regularly measuring the differences we are making to patients with dementia, carers and staff. In addition to the 'Friends and Family Test', we will also use a set of key performance indicators that we will share with our patients, our staff, our commissioners and the public.

- Quarterly Dementia CQUIN report
- Twice yearly Carers CQUIN report
- Quarterly review of progress and evaluation with the annual dementia work plan via the Dementia Steering Group
- Re-audit of the impact of the Dementia CQUIN, post HPM
- HPM performance indicators
- Annual PLACE report
- Increasing the numbers of staff trained in dementia awareness
- Increasing the numbers of dementia 'champions'
- Increasing Carer satisfaction rates
- Reduction in Complaints related to care of patients with dementia
- Reduction in length of stay
- Reduction in delayed transfers of care
- Reduction in patients admitted with 'Dementia Crisis'
- Reduction in number of falls
- Reduction in incidents of violence and aggression
- Reduction in prescribing of antipsychotics for patients with dementia
- Increased Nutritional Intake

We will listen to our patients, carers and staff and continually strive to improve our care for patients with dementia. We will expand membership of the dementia steering group to include members from acute and community groups, The Alzheimer's Society and actively encourage carers to attend to ensure we have a focus from every perspective.



Conclusion

Caring for people with dementia is an essential component of the service we provide, both in the community and the hospital. Dementia and its related complications is one of the commonest, if not the most common medical condition resulting in hospital care or contact with community health services throughout the NHS. The Homerton and City and Hackney are no exceptions and the importance of dementia care is certain to increase in years to come. For many of such patients hospital admission can result in unintended adverse consequences. Providing care for people with dementia, whether in hospital or the community can be challenging due to the nature of the illness itself, the common co-morbidities and complications, and not least negotiating complexities of health and social care systems.

Ensuring high quality care for people with dementia, many of whom are frail or vulnerable, is a major priority for the Trust, correctly so. Getting it right for patients with dementia serves as an exemplar of quality of care and indicates we can be confident of the care for all patients.

**District Nurses
Cluster 4**



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Appendices

(1) National Audit Dementia 2011/12 work plan

(2) 'This Is Me'

(3) Dementia Care Algorithm

