Dementia Strategy
2018 - 2021
Foreword

The Hillingdon Hospitals NHS Foundation Trust is committed to improving the experience of all patients with dementia, and their carers, who access our services. The Dementia Strategy provides a robust framework that will ensure a cohesive approach to our continuing journey towards being a dementia-friendly organisation.

The Trust's vision is “to put compassionate care, safety and quality at the heart of everything we do”. This strategy supports achievement of that vision: it is designed to ensure we provide comprehensive, person-centred care for people living with dementia, delivered by a knowledgeable and compassionate workforce. It has been produced with the guidance and support of key clinical and non-clinical leads and dementia champions working at all levels in and outside the organisation. The objectives support achievement of improvements that our patients, carers and staff tell us are important, and are aligned to priorities identified at a national, regional and local level including the Prime Minister’s Challenge on Dementia 2020 (Department of Health, 2015), Making a Difference in Dementia: Nursing Vision and Strategy (Department of Health, 2016) and areas of focus identified through the successive rounds of the National Audit of Dementia (Royal College of Psychiatrists), it also supports compliance with the Equality Act 2010.

We have a strong track record of delivering positive changes in dementia care and I am confident that the objectives identified in this document, and the work that will be progressed via the associated annual action plan, will build upon our previous achievements. As Executive lead for dementia I look forward to reporting continued delivery of high quality, compassionate and culturally competent care for those with dementia.

J. A. Walker

Jacqueline Walker
Executive Director of the Patient Experience and Nursing
1. Background

Defining dementia

Dementia is a term used to describe a syndrome with progressive decline in memory, reasoning, communication skills and the ability to carry out daily activities. There are over 100 diseases that cause dementia, the most common being Alzheimer’s disease and vascular dementia. All forms of dementia cause changes to the structure and chemical balance of the brain.

Risk is increased in the presence of factors such as vascular disease, Parkinson’s disease, learning disability or advanced age, but anyone can develop it. Recent advances in understanding causes of have highlighted the role of minimising avoidable risk factors through healthy life choices such as keeping active, stopping smoking, reducing alcohol and eating a well-balanced, nutritious diet.

Impact of dementia

Dementia affects all genders, ethnicities and social classes. It is a life-limiting diagnosis whose natural course leads to increasing dependence and vulnerability. It impacts on all aspects of life for those diagnosed and their families.

Dementia is progressive and there is currently no known cure however there are drugs available that can reduce symptoms for a time, and non-drug therapies such as activity, person-centred care and talking therapies have been shown to be beneficial. Research into finding a cure continues on an international and national basis.
Delirium

Delirium is a serious medical condition whereby a person experiences an acute decline in mental functioning with confusion. Unlike dementia which develops gradually, delirium develops over a short period of time and symptoms tend to fluctuate.

Signs and symptoms include:

- Distractibility - difficulty concentrating or poor attention
- Disorientation – difficulty knowing who or where one is or the time of day
- Disturbed cognition and memory impairment
- Incoherent speech
- Disruption to the normal sleep/wake cycle and eating patterns

Delirium can be hyperactive, characterised by restlessness, agitation, hallucinations, delusions and inappropriate behaviour. Conversely hypoactive is characterised by lethargy, drowsiness and withdrawn behaviour. Mixed delirium is a combination of the two.

Delirium is usually caused by a medical condition such as infection, constipation dehydration, pain, surgery or severe illness. Whereas dementia is a chronic and progressive irreversible condition, delirium usually resolves in days to weeks, if recognised and any underlying cause is identified and treated.

Older people are at increased risk of developing delirium; the risk is greatest in those who have a pre-existing dementia. Delirium can have long term impact on a person’s physical and mental function, and is associated with increased risk of falls, increased length of stay and, in some cases, premature death. For people living with dementia, experiencing and episode of delirium can lead to an increased rate of cognitive decline.
2. National context

Prevalence of dementia

There are approximately 850,000 people in England living with dementia. This is expected to reach one million by 2025 and two million by 2051. There is a higher risk for those with learning disabilities than in the general population, with a 1 in 3 chance of developing dementia for people with Down's Syndrome.

Dementia is predominantly a disorder of later life, for every 5 year age group the proportion of people with it doubles; one third of people over 95 years of age have dementia. There are however at least 17,000 people under the age of 65 who have the condition.

Dementia affects both men and women and all ethnic groups and social classes. Around two thirds of sufferers are women; 25,000 people with dementia in the UK are from Black and Minority Ethnic groups.

There are 540,000 carers of people living with dementia in England, half of which are in employment.

The Department of Health estimates that 25 per cent of hospital beds are occupied by someone living with dementia.

National Dementia Strategy

In 2009 the Department of Health published “Living well with dementia: A National Dementia Strategy” which identified improving dementia care and services as a key national priority. In the foreword Alan Johnson, the then Secretary of State for Health, states: “Dementia is not a natural consequence of ageing and it is not true that nothing can be done for people with the condition. In reality, a great deal can be done to help people overcome the problems of dementia, to prevent crises and to improve the quality of life of all involved”.

The current national context is shaped by the Prime Minister’s Challenge on Dementia 2020 (Department of Health, 2015) which set out the vision for England to be, by 2020:

- the best country in the world for dementia care and support and for people with dementia, their carers and families to live; and
- the best place in the world to undertake research into dementia and other neuro-degenerative diseases.
Right Care: Dementia Friendly Hospital Charter
In 2012 a ministerial call to action requested that NHS Trusts pledge their organisation’s commitment to becoming dementia-friendly. Driven by the Dementia Action Alliance, 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 Trust signed the National Dementia Declaration pledge in 2013.

The second phase of the initiative is underway with Trusts now asked to support the Dementia Friendly Hospital Charter. This identifies eight key standards of care that a person living with dementia or their carer can expect to be met when accessing services from a hospital within the realms of:

- Staffing
- Partnership
- Assessments
- Environment
- Governance

National Audit of Dementia
The National Audit of Dementia (general hospitals) was established in 2008, and has taken place in 2010-11, 2012 and 2016-2017, with the Trust taking part every time. The audits provide 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.

Patient Led Assessment of the Care Environment (PLACE)
Annual PLACE assessments were introduced in 2013. PLACE assesses the patient environment, privacy and dignity, food, cleanliness and general building maintenance. Compliance with dementia-friendly design elements, such as signage, colour-coding toilet doors and non-slip, pattern free flooring has been included since the 2016 audit.
3. Local context

Dementia in London Borough of Hillingdon

The under-reporting and low diagnostic rates discussed earlier mean that definitive data on local prevalence of dementia are not available. Estimates based on applying national prevalence rates to local population figures consistently predict year-on-year increase in incidence of dementia. There are currently around 2,600 people within Hillingdon living with dementia; this is expected to rise to over 3,000 by 2020.

Commissioner Priorities

The Commissioning for Quality and Innovation (CQUIN) framework is designed to secure improvement in the quality of services for patients; prior to 2016/17 there was a national dementia CQUIN designed to drive screening and assessing patients over 75 years, admitted as emergency, for potential dementia. Hillingdon Clinical Commissioning Group (HCCG) has mainstreamed the associated dementia performance indicators into the Trust’s contract. Performance data regarding timely screening, assessment and onward referrals to appropriate services continues to be reported to HCCG via the Unify system.
4. **Strategy**

**Our Vision**

"The Hillingdon Hospitals NHS Foundation Trust will be a dementia-friendly organisation where every patient with dementia, together with their families and carers, receive high quality, compassionate and culturally competent care."

**Aim**

To improve care and experience for those with dementia, and their carers, across four key domains:

- Diagnosing Well
- Living Well
- Supporting Well
- Dying Well

This will be supported by an underpinning training framework in line with Health Education England recommendations.
Objectives

For each of the domains there is a series of key objectives. These have been drawn from the national and local drivers and in response to feedback we have received from patients, their carers and via stakeholders. Objectives have also been identified for the training strategy.

Diagnosing Well

We will:

- Ensure patients at risk are screened for potential dementia and, where indicated, offered comprehensive assessment and diagnostic investigations
- Where appropriate, access expert opinion and support from the Psychiatric Liaison service
- Robustly apply processes to ensure early identification of delirium and its underlying cause
- Facilitate ongoing assessment and support from specialist services through direct referral and/or via discharge summary information to the patient’s G.P.

Supporting Well

We will:

- Deliver person-centred care that recognises the unique experiences and needs of every individual
- Embed the use of life story profiles such as “This Is Me” and “Important Things About Me” across all relevant clinical areas
- Provide therapeutic activity, relaxation and reminiscence resources
- Expand the “Carers Welcome” approach at all times and across all areas
- Provide finger foods and snacks for those not able to eat full meals, available throughout the day and night
- Involve patients and carers in care planning, supporting patients to make decisions where able, seeking views of those close to them when unable to do so for themselves
- Provide information resources and signposting to organisations for ongoing support for patients and carers
- Actively seek feedback from patients and carers
- Incorporate dementia-friendly design principles in site improvement projects
Living Well

We will:

- Ensure that patients with dementia receive effective pain management and appropriate therapy input including Speech and Language Therapy and Dietetics
- Minimise the use of antipsychotic medication and where this is prescribed ensure referral to the Psychiatric Liaison team
- Protect the best interests of the patient, ensuring that where a patient’s liberty is restricted, this is proportionate, appropriate and that Deprivation of Liberty Safeguards are applied in accordance with legislation
- Deliver care in line with evidence base where assessment of symptoms indicates presence of delirium
- Work collaboratively with patients, carers and the wider multidisciplinary team to develop integrated discharge plans
- Record results of cognitive tests, administered on admission and prior to discharge, on the discharge summary to facilitate ongoing care and treatment

Dying Well

We will:

- Work collaboratively with the Palliative Care Team to provide high quality care in line with the Trust’s End of Life Strategy
- Increase use of the Co-ordinate My Care to initiate and record advanced care planning and to improve communication across the healthcare team
- Support patients to receive care in their preferred place of care that can provide care and support appropriate to their personal needs
- For patients spending their last days of life at the Trust, ensure individualised care is planned and delivered via the Comfort in the Last Days of Life care plan
- Ask patients and carers about their spiritual and pastoral needs and wishes, accessing the support of chaplaincy staff and volunteers if requested
### Training Strategy

**We will:**

- Develop a dementia - aware workforce that delivers compassionate, appropriate and effective care to all patients and their carers.
- Implement a structured training programme delivered via a tiered approach based on the Dementia Core Skills Education and Training Framework (Skills for Health, Health Education England and Skills for Care, 2015)
- Ensure all staff, irrespective of role, undertake dementia awareness training as a minimum
- Ensure that staff caring for patients with dementia are appropriately trained for their role
- Deliver training in delirium, its causes and treatments and its relationship to dementia, pain and behavioural symptoms
- Develop Dementia Champions across all wards and clinical areas
- Develop further training and resources in relation to the Mental Capacity Act, Consent and Deprivations of liberty Safeguards
- Set training targets in line with local need and any Commissioner requirements
- Evaluate training and learning, referencing quantitative and qualitative outcome data

### Tier 1

- Raising dementia awareness, in terms of knowledge, skills and attitudes for all those working in health and social care settings
- Relevant to the entire health and care workforce including ancillary staff.

### Tier 2

- Knowledge, skills and attitudes for roles that have regular contact with people living with dementia
- Relevant to all health and care staff in settings where they are likely to have regular contact with people affected by dementia.

### Tier 3

- Enhancing the knowledge, skills and attitudes for experts working with people living with dementia
- Relevant to staff working intensively with people affected by dementia including those who take a lead in decision making and developing or disseminating good practice.
5. Implementing the Strategy

The strategy will be delivered via an outcomes-based annual work plan. Delivery of the plan will be overseen by the Lead Nurse for Dementia with individual streams of work being progressed by specified groups, departments or individuals.

Collaboration with stakeholders including service users, colleagues in mental health and Social Services and local voluntary agencies will be to ensure the implementation plan remains relevant and appropriately prioritised in response to emerging issues throughout the lifetime of the strategy.

6. Monitoring and Evaluation

Progress against milestones to deliver the objectives will be reviewed on a quarterly basis by the Dementia Strategy Steering Group; the work plan will be evaluated at year end and priority actions agreed for the subsequent year.