NHS
North Tees and Hartlepool
NHS Foundation Trust

Dementia is just one part of me. Remember **ALL ABOUT ME.**

Dementia Strategy
2022 - 26

Excellence as our standard

Working to become Dementia Friendly

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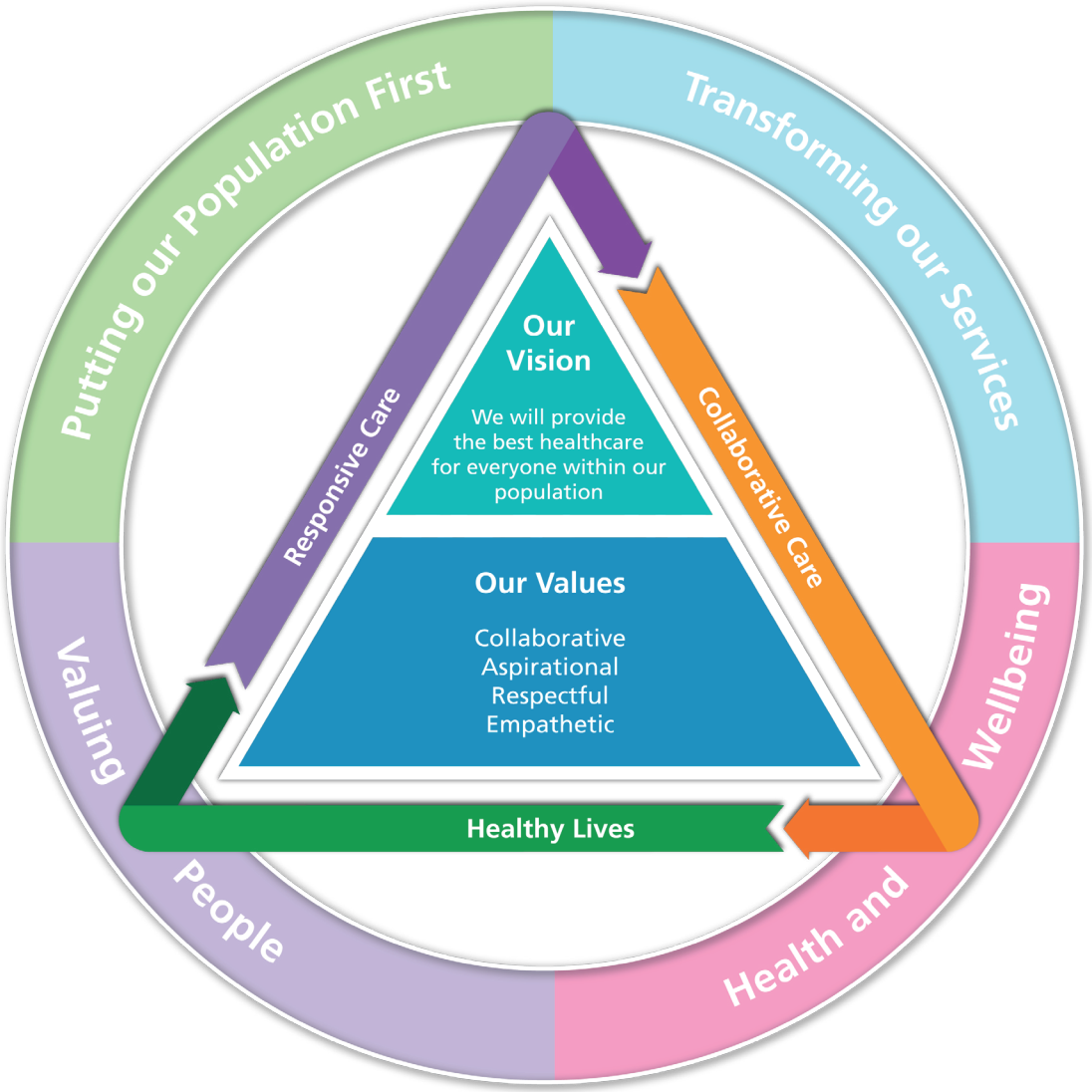
Putting our Population First
Transforming our Services
Wellbeing
Health and
People
Valuing
Responsive Care
Collaborative Care
Our Vision
We will provide the best healthcare for everyone within our population
Our Values
Collaborative
Aspirational
Respectful
Empathetic
Healthy Lives

INTRODUCTION

At North Tees and Hartlepool NHS Foundation Trust, we strive to provide the right care at the right time for all of our patients. This is even more important for the patients we care for who are living with dementia.

Our dementia strategy builds on what we have already achieved and sets out key areas that are the building blocks for the delivery of quality dementia care. These key areas have been identified by the dementia team, trust service users and their carers, trust staff, the National Audit of Dementia, Healthwatch and other local groups.

Our work within our own organisation and with external agencies and services, aims to provide the best holistic care possible.

The key areas that will be discussed within this document will set out the main focus of our work for the next five years, but we will continue to strive to embrace new ideas and new ways of working.

The actions that support the delivery of the strategy identifies how key target areas will be monitored.

Lindsey Robertson

Chief Nurse and Director of Patient Safety and Quality

National and local context

There is an estimated 850,000 people in the UK living with dementia

£1.3 billion estimated current cost to the NHS annually

Approximately half of those do NOT have a formal diagnosis

This number is expected to double in the next 30 years

- NHS Hartlepool and Stockton-on-Tees CCG identify the number of people with a diagnosis of dementia at 2833, and the region has an 85.8% diagnostic rate. This is significantly higher than the 66.7% national benchmark; which shows the progress the region has made in relation to accurate and timely diagnosis.

- Prevalence has prompted the Department of Health document, **'Living Well with Dementia: A National Strategy'** to be released. This was followed by the 'Prime Ministers challenge on Dementia 2020', which focuses on improving dementia care, raising public and professional awareness and boosting research.

- Dementia is a progressive condition, which currently has no cure. It causes memory loss, confusion, difficulty with thinking, problem solving and communication and can effect people's every day functioning.

- A Commissioning for Quality and Innovation target (CQUIN) was implemented to identify potential dementia in those that did not have an official diagnosis. Although this has now reached a conclusion, as a trust, we still complete a monthly audit of the abbreviated mental test (AMT) cognitive screening tool. This data supports the priorities set out by both the Department of Health 'Prime Ministers challenge on dementia 2020' and the National Dementia Strategy.

- As a Trust we work in partnership with local mental health teams from Tees, Esk and Wear Valley (TEWV) who provide liaison psychiatry and the mental health frailty and older person's team. We have weekly board rounds to discuss patients with complex issues, through a multi-disciplinary approach. We also communicate regularly with dementia networks, dementia leads and through collaborative meetings.

- Many support services exist within Stockton and Hartlepool to support someone living with dementia and their carers and families. This support is varied and flexible and can be accessed through local authority websites.

We are making progress

Here's how far we have come:

- Identification of a lead clinician in the acute setting for dementia care
- Re-development of the community dementia liaison service (commissioned on behalf of Hartlepool residents)
- Over 200 dementia champions trained throughout the Trust
- Reminiscence boxes and activity trolleys created for use on hospital wards
- Promotion and use of 'All About Me' document
- Supporting the national 'John's campaign' for carer and family support
- Trakcare alerts for patients digital medical records created for dementia, delirium, John's campaign
- More collaborative working with members of the multi-disciplinary team (MDT)
- Collaborative working with external agencies such as the 'Live well Hub' in Stockton and The Bridge in Hartlepool - dementia advocacy services to support families and carers
- National Audit of Dementia results – with the Trust achieving positive outcomes nationally and locally
- Purchase and utilization of two Reminisce Interactive Therapy Activities Units (RITA)
- Development of an enhanced care suite for therapeutic activities
- Involvement in the falls collaborative, resulting in the Trust implementation of a new dementia and delirium pathway, and the introduction of the 4AT delirium assessment tool in patient notes to accompany the abbreviated mental test (AMT)
- Facilitation of dementia awareness sessions, 'Dementia Friends', carer education and other targeted training

- Participation in national dementia awareness campaigns such as world alzheimer's day, world mental health day and world delirium day.
- Development of the enhanced care team
- Cognitive Screening tool (AMT) and 4AT delirium tool embedded into falls pathway as part of the falls collaborative
- Music for dementia project within the acute and community settings
- Development of cognitive toolkit using Allen's large cognitive level screen (LACLS), GEMS™
- Patient and family feedback satisfaction surveys - community dementia liaison service (CDLS)
- Collaborative working with the patient experience team
- Input at various steering groups such as; the nutritional group, treat as one and the falls collaborative
- Maintaining links with other external agencies such as; Dementia UK, Alzheimer's Society, Age UK , and the Dementia Link service, for the most up to date information
- Attendance at GP Gold standard framework meetings
- Partnership working with dementia leads and the dementia collaborative
- Volunteers offered dementia awareness training, regardless of role
- Dementia friendly status for University Hospital of North Tees and the community dementia liaison service
- Online referral form for acute dementia nurse via Trust SharePoint site
- Weekly board rounds with the enhanced care team, discharge liaison, frailty team, liaison psychiatry and mental health frailty team to discuss patients with complex care needs. This supports our personalized care planning and a collaborative working ethos.

Key area 1: Patient centred care

Our patients are at the centre of everything we do, and it is essential that their voices are heard and considered when planning and delivering their care.

Person-centred care is essential as what one person with dementia finds supportive, another may find upsetting.

We provide individualised care and flexible access for people and carers living with dementia. This is done using personalised documents such as ‘All About Me’ and the use of reasonable adjustments to ensure that the person being cared for is seen as an individual, and not just the diagnosis that they have been given.

This document can act as a voice for someone who may no longer have the ability to express their preferences due to cognitive decline or physical illness.

The aim is to look at what the person ‘CAN’ do rather than what they ‘CANT’ do.

How this will be achieved:

- Continued promotion of the ‘All About Me’ document in all areas
- The multi-disciplinary team (MDT) working with liaison psychiatry and frailty teams to plan and deliver individualised care tailored to a persons needs
- Promotion of a person’s skills and focus on enabling those skills, being conscious of not de-skilling patients with cognitive decline
- Liaising with families to gather information about a patients and the things that are important to that individual - supporting ‘see the person, not the dementia’

Key area 2: Education and training

An understanding of dementia, delirium, cognitive decline and how this can impact on the person is vital to ensure that staff have the skills to communicate with people affected by these issues. The delivery of quality, personalised and effective care relies on our ability to empathise with our patients and step into their world and reality. A skilled and competent workforce can be achieved through education, training and awareness sessions.

Dementia training will continue to be facilitated to ensure the staff focus on how best to support people living with dementia and their families. Compliance with dementia training at the Trust is currently 93% (as of October 2020). There are several ways to access training;- workbooks at various levels, e-learning and face to face sessions. We provide a two-day dementia champions course which is ran bi-monthly, in line with Health Education England tier 2 and tier 3 standards. The course features many examples of best practice and shares the most up to date information.

Our training is open to all disciplines and incorporates a variety of teaching methods such as media and PowerPoint presentations, interactive training through the use of sensory suits, case studies, guest speakers, quizzes, and role play.

The aim of our training is to develop a cultural change across the Trust in regard to dementia and those living with it and our achievements have featured in the local and national press.

We now have over 200 dementia champions trained within the Trust. All hospital wards and most departments and community bases have a designated dementia champion that can be approached by staff, patients and others who may need advice.

The champions are also encouraged to make local service improvements as part of their role and many areas have benefitted from this, for example:

- A room in the rear of the emergency and urgent care department has been specifically set up for patients with dementia. The area is quieter and less stimulating that the main waiting area
- Clearly accessible information boards on dementia and delirium
- Ward based fundraising for activities

We aim to continue to increase the amount of champions we have working across the Trust, while focusing on target areas.

How we will achieve it:

- Target areas with fewer dementia champions and increase the skill base
- Continue to upskill staff from all areas of the Trust regardless of role or qualifications
- Monitor training numbers through RAG report

We always receive positive feedback from the course:

> "Absolutely invaluable training that all staff need to have"

> "It gets a big ★★★★★ from me"

> "Before going on the course I had heard from around the Trust how amazing the training was - so I went with high expectations.
>
> I wasn't disappointed, this training was excellent in it's content and delivery. It provided a wealth of information, great practical application and a challenge to raise the way that we work, with people living with dementia.
>
> I feel this training really pushes and promotes standards of care and improves the patient/carer experience. If you haven't been on this training, get booked on."

Key area 3: Communication

Delirium TrackCare Alerts

Prone to delirium - please screen

To be added to patient's record on initial diagnosis of delirium as a reminder to screen on recurrent admissions (this icon will stay on the record after discharge)

Active delirium

To be added when patient has a current delirium on this admission. Add via EPR, this alert will automatically close on discharge

Communication is vital to every aspect of patient care and care delivery and must be timely, accurate and relevant. We aim to promote positive communication skills and the use of reasonable adjustments when talking to our patients, with communication in both written and electronic format. Most of the wards are now using an active clinical notes electronic recording system to enhance communication between all health professionals involved in the person's care pathway.

How we will achieve it

We will continue to promote dementia friendly communication and interactions across all areas:

- Continue to utilise personal information in the form of the 'All About Me' document, hospital passport and through 'This Is Me' documentation, on all wards
- We have introduced pictorial alert icons on our electronic records system (Trakcare) as a visual prompt for staff to ensure that accurate information regarding a diagnosis of dementia, or current and historical delirium is identified. Alerts have also been designed to identify if the person requires additional support in the form of enhanced care, deprivation of liberty (DoLS) or John's Campaign.
- Effective communication with families and carers, ensuring they have an active involvement in planning care and discharge
- Increased attention when summarising cognition in discharge letters, through promotion during training and staff study days.

Key area 4: Partnership working

Collaborative working is vitally important in influencing every aspect of ta person's overall experience of our services.

We use a multi-disciplinary approach to continually improve links and working relationships, utilising the strengths of relevant teams and specialities in the planning, implementation and seamless delivery of personalised care.

Examples of this include :

Vulnerability unit and committee
The dementia specialist nurse for the acute setting is also part of the vulnerability team which includes adult safeguarding advisors, and the learning disability specialist nurse. This has improved communication and integrated working.

The vulnerability committee meet regularly to discuss areas of good practice and areas for improvement. Members include individuals and teams such as; liaison psychiatry, senior staff from ward and community settings, Hartlepool and Stockton local authorities, deputy chief nurse, adults and children's safeguarding teams, enhanced care team and medical representation by consultants and medical staff. This forum ensures a Trust-wide approach, both strategically and operationally, to support our patients.

Enhanced care team (part of the trust frailty service)
The enhanced care team provides 1:1 care for those who may be exhibiting responsive behaviours as a result of delirium and/or dementia. We have enhanced care co-ordinators and a team of specialist staff to support the patients we serve who are living with dementia, who may require extra support while in hospital.

How we will achieve it

- Enhanced care board-rounds occur weekly, and include representatives from: the frailty team, mental health frailty and liaison psychiatry, dementia specialist nurse, discharge liaison service, adult safeguarding and an enhanced care co-ordinator. This supports complex case discussions, provides a forum for a multi-disciplinary team approach to patient care and improves communication between services.
- Work is ongoing with the local dementia services in the region: dementia networks, dementia collaborative and dementia leads. All are vital in providing a varied spectrum of support services and a consistent level of support for the person living with dementia and their family and/or carers.
- Continued links with inpatient and outpatient areas of the Trust, being visible, approachable and valued


Specialist Nurse Dementia
NHS
All about me
ARE THEY DIFFERENT TODAY?
Caring for a person with dementia
A practical guide
The dementia guide
Living well after diagnosis

Key area 5: Therapeutic activity, wellbeing and inclusion

The multi-disciplinary team is focused on using resources to promote meaningful activity for people living with dementia. The aim is to reduce under-stimulation, retain cognitive skills, increase a feeling of wellbeing, improve sleep patterns, minimize the risk of falls, help resolve delirium and reduce the length of hospital stay.

How we will achieve this

- We are in the process of creating a dementia friendly environment and activities room. This will support and focus upon what people with dementia can do, rather than what they are no longer able to do

  We will deliver therapeutic activities with patients open to the enhanced care team and support evidence based practice regarding the benefits on wellbeing, reducing length of hospital stay, and reducing falls by engaging patients in activities while in hospital

- We have two Reminiscence Interactive Therapy Activities (RITA) systems within the hospital. Patients can access a variety of activities using the RITA system with the help of our professionally trained staff members from the enhanced care team

  Predicted benefits of the system are: More meaningful activity for dementia patients, a change to break away from the ward environment, improved patient and family satisfaction and development and retention of our enhanced care staff

- The room is currently being redesigned—an exciting new project for the team, and a main focus for the coming year

- Continuation of the community dementia liaison service's iPod music therapies scheme, with the creation of individualized playlists made to order for the people we care for.

Key area 6: Supporting families and carers

The Trust recognises and values the contribution that carers make towards their relatives care, and we want them to feel supported, respected and included in discussions while their loved one is under our care.

John's Campaign has been implemented throughout the hospital. Our aim is that all wards should be consistent in implementing the campaign's key rights for all family and carers.

John's Campaign benefits families and carers of people with dementia who wish to spend more time with the person above and beyond the standard visiting hours - for the benefit of the patient and the ward. (Trust Guideline TW 14)

How we will achieve this

If a family signs up to John's Campaign, they should expect:

- Discounted meals or vouchers in the canteen
- Deals or offers at the hospital Costa Coffee shop
- Meals available to order from the ward menu to enable family members or carers to eat alongside the person staying in hospital, if they wish to
- Flexible or extended visiting times
- Posters and information explaining the purpose and benefits of the campaign clearly displayed on wards and communal areas

Also:

- Carer's resource packs which are locality specific to be provided to families and carer's of patients open to acute dementia nurse and the community dementia liaison service (CDLS)
- These can also be provided by ward staff and is supported by dementia champions
- Ongoing work with local dementia networks, including local organisations and local authorities
- Ongoing education to staff on where they can signpost families and/or carers who may need support in the community

John's Campaign

Key area 7: Living well at home

We work in collaboration with people living with dementia and their carers and families to maintain their independence within their chosen form of residence. The Trust offers support by working closely with the person, their families, other health professionals and social and voluntary services.

We will continue to promote services available for people with dementia and their families and/or carers upon discharge from hospital.

How we will achieve this

Commissioned for Hartlepool residents, Community Dementia Liaison service (CDLS) is comprised of an occupational therapist and a registered nurse.

Our aims are:

- Prevention of avoidable admission to hospital
- Improvement of general wellbeing and quality of life for those living with dementia, who may be at risk of losing their independence
- Provide teaching and education for health professionals, families and carers
- Carer and family support to enable them to continue to support the person with dementia within their chosen environment
- Offer advice and support to other health professionals involved in the person's care and assist hospital staff to ensure safe, timely discharge plans are in place
- CDLS to continue working as part of the Dementia Friendly Hartlepool Network, working with local support groups, and networking with GP practices

Key area 8: End of life care

It is acknowledged that having a dementia diagnosis can bring its own set of challenges in recognising a person's needs as they approach end of life - which can result in difficulties in identifying and managing symptoms.

The later stages of dementia can be distressing for families and carers, many have already been through the grieving process for some time and they may experience a feeling of loss for aspects of the persons cognitive changes and abilities.

We will promote reasonable adjustments and person centred end of life care to support the person and their loved ones.

How we will achieve this

- We will treat each person as an individual, with dignity and respect
- Where possible we will support people in familiar surroundings in the company of close family and friends, through the use of John's Campaign, good communication and ensuring that the right people and services are involved to support the person and their family
- Working with other members of the multi-disciplinary team, including palliative care and the chaplaincy service, to provide the right level of support for each individual situation
- Promotion of the 'abbey pain scale' in dementia champions sessions
- Continued promotion of the 'Amber care bundle' to promote individualised care for the patient and family when recovery of the patient may be uncertain