



Dementia Strategy 2017-20

Chair: **Sarah Boulton**
Chief Executive: **Robert Morton**



Dementia Strategy 2017 - 2020

CONTENTS

1. Introduction	2
2. Background	2
3. Strategic aims	3
4. Objectives and measuring outcomes	4
5. Monitoring and assurance of the dementia strategy and action plans	7
6. Appendices	9

Chair: **Sarah Boulton**
Chief Executive: **Robert Morton**



INTRODUCTION

Dementia is one of the greatest challenges facing our ageing society. There has been major progress in recent years in securing public and political commitment to responding more effectively to dementia.

There are nearly 900,000 people living with dementia in the UK now, and by 2021 there will be more than one million. In the East of England, 82,516 people are living with a diagnosis of dementia (*Dementia UK – Update Report*, Alzheimer’s Society, 2014).

Dementia is an incurable condition caused by diseases of the brain which, over time, seriously impair the ability of someone affected to live independently. Symptoms can include severe memory loss, mood and personality changes and behaviour that challenge others - such as serious confusion, agitation and aggression.

Two thirds of people with dementia live in their own homes and one third in care homes. One in four people in hospital have dementia (*Fix Dementia Care*, Hospitals report, Alzheimer’s Society, 2016) and 69% of people in care homes have dementia (*Dementia UK – Update Report*, Alzheimer’s Society, 2014). Many come into contact with the ambulance service – front line, patient transport services (PTS), and community first responders (CFR’s).

The purpose of this document is to set out East of England Ambulance Service NHS Trust’s (EEAST) three-year strategy for improving care and experience for people with dementia who use our services.

We recognise and welcome the opportunity to collaborate with health and social care statutory dementia care providers and voluntary agencies, as well as our clinical commissioning groups. These collaborations will aid and support our work and contribute to improving the health and outcomes of those with dementia and their carers living within our area.

This strategy is informed by national guidance on dementia care and has been created with support from Sue Putman, Chairperson National Mental Health Mental Health Group (AACE) and mental health lead for South Central Ambulance Service NHS Foundation Trust.

BACKGROUND

Dementia affects a large number of people; one in 79 people in the UK has dementia (Alzheimer’s Society website).

Dementia is a collective term for diseases of the brain that can affect reasoning, perception and memory (Banerjee 2009). Dementia is progressive and there is no known cure. It predominantly affects older adults with 7.1% (*Dementia UK Update report*, Alzheimer’s Society, 2014). This is an average of one in 14 people over the age of 65. Within acute hospitals, older adults occupy 60% of all beds and 40% of those are considered likely to have a dementia diagnosis (NAO 2007). Dementia however is not a normal part of growing old. 42,000 people (*Dementia UK Update report*, Alzheimer’s Society, 2014) will receive a diagnosis of dementia. This is one in 20 under 65. It can affect those of any age, ethnicity, gender or social class. We also know that having a learning disability such as Downs’ increases a person’s risk to one in three of developing dementia at a much earlier age (Alzheimer’s Society 2011).

The Government’s National Dementia Strategy’s primary aim is that all people living with dementia and their carers should live well with dementia (DH 2009). Its 17 key objectives are themed around three broad aims.

Chair: **Sarah Boulton**
Chief Executive: **Robert Morton**



These are:

- better knowledge about dementia and the removal of stigma
- improving dementia diagnosis rates
- developing a range of services for people with dementia and their carers which fully meet their changing needs over time

Our strategy reflects these aims (which have captured what people living with dementia should expect in terms of their health and social care). The strategy aligns with the Dementia Core Skills and Education Framework 2015 to support this.

STRATEGIC AIMS

Our strategic aims:

1. Deliver person-centred care that supports the patient living with dementia
2. Develop a skilled and effective workforce (employed staff and volunteers) able to champion compassionate person-centred care and recognise the early signs of dementia
3. Modernise our approaches to communicating: Seeking and acting on feedback from people living with dementia and their carers to improve the quality of service we provide
4. Become a dementia-friendly organisation with environments and processes that cause no avoidable harm to patients living with dementia
5. Develop effective partnerships with agencies (health, social care, third sector) to improve care and outcomes.

OBJECTIVES

Strategic aim 1. Deliver person centred care that supports the patient living with dementia

What we will do:

- Implement patient satisfaction surveys specifically for people living dementia and who have used EEAST within the previous six months (front line and PTS)
- Educate all of our people who have direct contact with patients about dementia (tier 1), relevant to their role, with an emphasis on this always being person centred
- Introduce Tier 2 training for identified staff groups across the Trust.

How success will be measured:

- By the end of year 1 patient satisfaction surveys from people living dementia will have been devised and tested
- By the end of year 2 –
 - patient satisfaction surveys from people living with dementia will have been implemented
 - Tier 2 dementia ambassadors will have been introduced to at least 50% of all localities

Chair: **Sarah Boulton**
Chief Executive: **Robert Morton**



- By the end of year 3 –
 - Patient satisfaction surveys from people living with dementia will have become a core part of the annual survey programme
 - Patient and carer feedback, related to dementia care, will be critically analysed to determine effectiveness and identify areas for improvements
 - Education/training records will demonstrate 100% of clinical/PTS staff will have done dementia awareness training, and have the necessary skills and values to care effectively using the Common Core Principles of Supporting people with dementia (DH, 2001). See Appendix 1.
 - Tier 2 dementia ambassadors will have been introduced to 100% of all localities
 - When surveyed, 90% of our patients and carers will feel supported.

Strategic aim 2. Develop a skilled and effective workforce able to champion compassionate person-centred care.

What we will do:

- Develop/procure a high quality awareness and training structure based on best practice and person centred care – role specific for each staff group (patient-facing and support)
- Ensure consistency of training across the whole Trust.
- Support the implementation of training
- Monitor and evaluate the implementation of the training.

How success will be measured:

- By end of year 1 – a suitable training resource for front line clinicians and emergency operations staff (EOC) will have been identified and procured
- By end of year 2 - a suitable training resource for PTS staff and CFR volunteers will have been identified and procured
- By year 3 – 100% of all staff and volunteers will have done dementia awareness training, and have the necessary skills and values to care effectively
- All clinical and psychological interventions will be based on the needs of the individual with dementia and will maintain their dignity and respect.

Strategic aim 3. Improve our approaches to communicating: Seeking and acting on feedback from people living with dementia and their carers to improve the quality of service we provide.

What we will do:

- By the end of year 1 – complete a small feasibility study for setting up Focus Groups in the three primary localities
- By end of year 2 – set up one pilot focus group in a primary locality
- By end of year 3 – Using the results of the study and pilot sites, set up focus groups (or similar) within selected localities across EEAST.

Chair: **Sarah Boulton**
Chief Executive: **Robert Morton**



How success will be measured:

- By the end of year 3 – when surveyed 90% of our patients and carers will feel supported and rate our dementia care as good/excellent
- By the end of year 3 – clear links between EEAST and dementia groups (statutory and/or voluntary) will have been established
- Also link to Strategic Aim 2 for patients satisfaction surveys.

Strategic aim 4. Become a dementia-friendly organisation with environments and processes that cause no avoidable harm to patients with dementia.

What we will do:

- Appoint a Dementia Lead Educate our people on the 'Standards for a Dementia Friendly Environment' approach to ensure that reasonable adjustments can be made when required
- Include dementia-friendly assessments for all new service developments and vehicle upgrades.
- Ensure that dementia-friendly aspects are included in equality impact assessments for new processes and procedures.

How success will be measured:

- By end of year 1 –
 - Dementia Lead appointed
 - Posters showing the Standards for a Dementia Friendly Environment will be displayed in all localities and this will be included in dementia and Equality and Diversity education.
 - Standards introduced for a Dementia Friendly Environment into assessments for all new service developments and vehicle upgrades
- By end of year 2 –
 - Standards for a Dementia Friendly Environment will be included in assessments for all new service developments, vehicle upgrades and will have been introduced into Equality Impact assessments..
- By end of year 3 –
 - All our care environments regularly used by those with dementia will be fully compliant with the Dementia Friendly Environment Standards (see Appendix 1)
 - Dementia-friendly aspects are evident in Equality Impact assessments for all new processes and procedures.

Strategic aim 5. Develop effective partnerships with local agencies (health, social care, third sector) to improve care and outcomes.

What we will do:

- We will review existing care pathways to improve any identified deficits to streamline care and avoid taking people to Emergency Departments when this is not necessary
- We will develop partnerships with dementia health/social care providers

Chair: **Sarah Boulton**
Chief Executive: **Robert Morton**



How success will be measured:

- By end of year 1 – all relative care pathways will have been reviewed and updated to reflect the needs of people with dementia
- By end of year 1 – a review of existing links with the relative health/social/care providers will have been completed and acted on
- By end of year 2 contacts will have been made with key groups in each locality
- By end of year 3 – communication/meetings with key groups will be attended and acted on

MONITORING AND ASSURANCE OF THE DEMENTIA STRATEGY AND ACTION PLANS

Progress will be monitored by the Patient Safety Group in conjunction with reporting to the Patient Experience Group on surveys.

Strategic aim

Nominated lead

- | | |
|--|--|
| 1. Deliver person-centred care that supports the patient with dementia | Consultant Paramedic |
| 2. Develop a skilled and effective workforce able to champion compassionate person centred care and recognise the early signs of dementia | Consultant Paramedic |
| 3. Modernise our approaches to communicating; seeking and acting on feedback from people with dementia and their carers to improve the quality of service we provide | Dementia Lead |
| 4. Become a dementia friendly organisation with environments and processes that cause no avoidable harm to patients with dementia | Equality and Diversity Lead |
| 5. Develop effective partnerships with agencies (health, social care, third sector) to improve care and outcomes | Locality directors, senior locality managers, and area clinical leads. |

The Clinical Lead for Mental Health & Learning Disability/Dementia Lead will advise nominated leads as necessary.

The lead of each work stream will report progress and exceptions to the Patient Safety Group annually.

Chair: **Sarah Boulton**
Chief Executive: **Robert Morton**



Appendix 1

Common Core Principles of Supporting People living with Dementia

Principle 1

Know the early signs of dementia.

Principle 2

Early diagnosis of dementia helps people receive information, support and treatment at the earliest possible stage.

Principle 3

Communicate sensitively to support meaningful interaction.

Principle 4

Promote independence and encourage activity.

Principle 5

Recognise the signs of distress resulting from confusion and respond by diffusing a person's anxiety and supporting their understanding of the events they experience.

Principle 6

Family members and other carers are valued, respected and supported just like those they care for and are helped to gain access to dementia care advice.

Principle 7

Managers need to take responsibility to ensure members of their team are trained and well supported to meet the needs of people with dementia.

Principle 8

Work as part of a multi-agency team to support the person with dementia.

Published by the Department of Health, June 2011

(Part of "Treating patients and service users with respect, dignity and compassion").

Chair: **Sarah Boulton**
Chief Executive: **Robert Morton**



Appendix 2

Standards for a dementia-friendly environment (patient-facing)

These standards are written in the first person to ensure that dementia-friendly design is understood from the perspective of the person with dementia, who may have all the impairments of old age combined with the cognitive and perceptual impairments of dementia. It is assumed that buildings and vehicles within EEA are Equality Act compliant, so only the details which are important for people with dementia are listed.

I will feel calm and relaxed.

- Keep noise to a minimum. Overstimulation from noise is very distressing for people with dementia. Consider reducing noise in whatever ways are possible
- People with dementia often like to be able to see staff/relatives all the time so try to facilitate this whenever possible
- Allow plenty of time to settle a person with dementia onto the ambulance. For PTS crews, try to ensure the person is able to sit in the same place for each journey as the familiarity will be reassuring for them
- Maintain dignity and respect

I am as safe as possible from falls

- Using dynamic risk assessment, ensure that potential hazards are identified before moving the patient; including the patient's normal level of mobility
- Ensure handrails and grab handles are clear and easy to grip
- The floor is kept free of trip hazards
- Lights are kept in good working order
- The general light level is good

I am as safe as possible from infection

- Normal infection prevention processes apply

I will be able to see as well as possible

- There is plenty of light – both natural and artificial

Based on The Stirling Standards for Dementia-friendly Design (30.04.2012).

Chair: **Sarah Boulton**
Chief Executive: **Robert Morton**