Ashford and St. Peter's Hospitals
NHS Foundation Trust



ASPH
Dementia Care Strategy
2023-2028

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'When the day comes that I have got to start asking for help…[and]…if that independence is taken away…then I hope it's only taken away from me in the right way…I would like to think that I could still be consulted and still have some say in my independence'…

Taken from: My name is not dementia: People with dementia discuss quality of life indicators

Foreword

This strategy is a plan for how everyone in health and social care will work together at Ashford & St Peter's Hospitals NHS Foundation Trust to improve the lives of people with dementia and those who look after them. The risk of getting dementia increases with age, and the number of people being diagnosed with dementia is rising within the United Kingdom. The number of people with dementia in the UK is predicted to increase to over 1 million by 2025 and over 2 million by 2035. We at Ashford and St Peter's NHS Foundation Trust are committed to improving patient experience and delivering improvements in clinical outcomes. In doing so we recognise that people with dementia admitted to hospital have longer lengths of stay (on average twice the length of stay) and are likely to be readmitted. As a result, we need to ensure we have systems, processes, and a skilled workforce competent in dementia care in place to meet the needs of people with dementia and improve their health and wellbeing.

As the Chief Nurse, I am delighted to propose the updated Dementia Care Strategy for Ashford and St Peter's NHS Foundation Trust, detailing how we will work with our colleagues within the Trust and with our community partners, to deliver exceptional and high-quality care to our patients with dementia and their families.

The COVID 19 outbreak saw implementation of restrictive measures to prevent and control infection within our hospital's premises. This had significant impact and presented challenges for people living with dementia and their carers. Furthermore, people who have dementia are more likely to be older and have underlying health conditions, which puts them at higher risk of developing severe complications from COVID-19. Our staff have been highly creative in rapidly formulating new ways of working to maintain safety as well as continuity of care of specialist support to our patients, carers, and staff. Telephone and videoconference were used to facilitate collaborative work and care planning with carers and wider Team. At ASPH each of our staff member within our organisation is committed to achieving this strategy and in doing so, work towards becoming a centre of excellence for dementia care.



Andrea Lewis
Chief Nurse

With advancement in modern technology and medicine, we have not only noticed an improvement in our overall quality of life, but also, we are living longer, hence an increase in the ageing population. Undoubtedly, the tendency for various types and degree of dementia to become noticeable or surface is inevitable in some cases. These challenges or hurdles are faced most especially by the individuals affected, followed by their loved ones who may struggle to come to terms with this transition or change in cognitive decline. Being part of the ASPH dementia team, it is our duty of care to continually raise awareness and increase the understanding of this condition to our staff members, patients and the general public, whilst working with a multidisciplinary team on a strategy to improve our short and long-term management of dementia patients in hospital and in the community.



Dr Peter Enwere
Clinical Lead

Introduction

In 2012 the National Dementia Action Alliance (NDAA) launched the Right Care: in which all acute trusts were encouraged to make a public commitment to becoming dementia friendly. Ashford & St Peter's Hospitals NHS Foundation Trust (ASPH) signed up to this charter and made a public commitment to become a dementia friendly hospital.

The Dementia-Friendly Hospital Charter

The charter is to enable hospitals to create a dementia-friendly environment for people with dementia, their families, and carers in England. Its purpose is to:
Act as a short, accessible, and visible statement of the principles that contribute to a dementia friendly hospital
Provide a minimum set of standards that focus on the needs of people with dementia and their families/carers and what they can rely on when they access a dementia-friendly hospital
Build on the foundation offered by the Royal College of Nursing's Staff, Partnership, Assessment, Care and Environment (SPACE) principles by including the latest developments and signposting resources that hospitals can use to embed dementia-friendly principles in their organisations
Offer a framework to assist hospitals in their self-assessment against the dementia-friendly principles

Since the launch of the ASPH Dementia Strategy in 2015, dementia care has been a clear focus of the Trust with significant improvements to the hospital environment, training, staff awareness and carer support. We have seen a steady rise in the number of admissions at ASPH for people with dementia over recent years from 2300 (2015) to 2620 (2018), to 4765 in 3 years (2022). More than 12.4% of patients with dementia were reviewed by the specialist Dementia Team during their hospital stay and during this period there has been an associated reduction in the length of stay for patients with dementia from 9.10 days (2015) to 7.47 days (2018).

However, we recognise that there is always room for improvement and with this in mind, this strategy will build on our previous success enabling us to continue offering the best care to patients with dementia, their carers and family members, with dedicated and well-trained staff.

National Context

Dementia is a key priority for the NHS as identified in the five-year forward view in 2014, 2017 and again in the 2021 progress review. As the population ages and people live longer, it has become one of the most important health and care issues facing the country. It is estimated that 944,000 people have dementia in the UK; this is projected to reach 1 million by 2025 and 1.6 million people in the UK living with dementia by 2040. 1 in 6 people with dementia will be over the age of 80 and over 45,000 people living with dementia will be under the age of 65 (10 Year Plan for Dementia, 2021). 34.5 million people, 52% of the UK public, know someone who has been diagnosed with a form of dementia.

The impact of caring for a loved one with dementia can have an overwhelming negative effect on relationships and the psychological and physical health of carers. It can lead to social isolation and increased financial burden (Alzheimer's research, 2015). The pandemic has seen a rise in the number of informal carers with an estimated 700,000 informal carers for people living with dementia in the UK; 48.4% of these carers have a longstanding illness or disability themselves.

There is a considerable economic cost associated with dementia, with the cost to health and social care (£11.6bn) more than the cost of both cancer and chronic heart disease care and treatment combined (Luengo-Fernandez et al, 2015). The estimated cost of dementia in the UK in 2021 was £25 billion which is expected to almost double to £47 billion in 2050 {Alzheimer's Research, Dementia Statistics}

The national average of unplanned admissions to an acute hospital of people over 70 with dementia is 42% and in 2014/15 almost half of all those admitted to hospital with a previous diagnosis of dementia were not recorded as having a diagnosis of dementia while in hospital. Alzheimer's Research UK (2018).

The Government launched the Major Conditions Strategy, with call for evidence on how to tackle the main causes of ill-health, ensure care is patient-focused and relieve stress on the health and care system. Dementia is considered as one of the six major group of conditions that contribute to disease in England. One of the aims of the Major Condition Strategy for dementia a drive to ensure people's experiences of dementia are heard and acted upon, and finds ways on how best to prevent, diagnose, treat, and manage this disease and associated risks by provision of evidence-based care.

Local Context: What we have achieved

Since the launch of our dementia strategy in 2015 we have made considerable progress in the care we provide for our patients with dementia and their carers:

- Since 2015 all wards have access to 'This is Me' booklets to support individualised care. This is also available electronically via the ASPH Dementia Team intranet pages. The National Audit of Dementia (NAD) data from 2017 showed that 40% of patients audited (N=30) had information pertinent to caring for a person with dementia recorded in their notes.

- Wards continue to use blue crockery since a previous project in 2017 saw significant improvements in nutritional intake and patients' mood during mealtimes.
- Ongoing collaborative work with interfacing teams including the Psychiatric Liaison Service, inpatient Older People's Advice and Liaison (iOPAL) service, community frailty hubs, Integrated Discharge Bureau (IDB), Senior Adult Medical Services (SAMS) clinics, community mental health teams for older people (CMHTOPs), Action for Carers, Dementia Navigators, the Technology Integrated Healthcare Management (TIHM) monitoring service.
- Quarterly Dementia Team newsletter
- Development of resources on the Dementia Team pages on the intranet
- The complex nature of dementia can result in the person with dementia becoming frightened and unsettled, which can be challenging for staff. In 2022 a bespoke training package for conflict management (MAYBO) was re-introduced since the launch for the training was suspended during the pandemic.
- Previously, a small team of dementia volunteers were working across our Senior Adult Medical Services (SAMS) wards. Unfortunately, this was not possible during the COVID-19 pandemic. Recruitment has begun with a view to restart this scheme with specialist training in dementia care. Volunteers play a key role in supporting patients with dementia, and their families, to have the best possible experience when they are in hospital. Taking the time to get to know patients and engaging them in activities that suit their individual interests and abilities can significantly improve the patient's wellbeing and help prevent functional decline.
- A bespoke delirium module delivered by the Trust Clinical Lead for Delirium & Dementia, and Consultant Psychiatrist for Older People is part of the junior doctors' Foundation Teaching programme.
- The Trust recognises the importance of supporting the families of patients with dementia and has made this one of the key priorities within this strategy. In 2015 the Dementia team began running weekly 'carers meetings' to support families and despite a rigorous advertising campaign attendance at these meetings has been sporadic and alternative methods to offer support to families are being pursued.
- Surrey Safe Care/Cerner includes information on dementia which is easily accessible within the organisation
- PLACE (Patient-Led Assessments of the Care Environment) conducted in 2016-17 within St Peter's site scored above the national average in 2016 and slightly below in 2017. Our Ashford site has shown consistently above national average scores in both years. Our Clinical Assessment Unit, Acute Medical Unit, Ambulatory and Emergency Care Unit (AECU), the outpatient department at Ashford Hospital and one bay in both Holly and Swift ward have been designed to be dementia friendly. Dementia friendly environments are discussed in Tier 1 & Tier 2 dementia training.

  A group of dedicated volunteers continue to provide knitted 'twiddle muffs' for our patients with dementia and/or delirium. This has grown not only in numbers of volunteers, but also the creativity of these inspirational knitters who produce a range

of therapeutic knit wear including, muffs, blankets, cushions and even handbags. All our wards have a supply of therapeutic knitted items with extra supplies available from our Dementia Team.

Separate dementia and delirium policies have been developed in line with the previous strategy vision to identify the clear distinction between the diagnosis, treatment and aftercare for patients who have a diagnosis of dementia, patients without dementia who have a diagnosis of delirium and those patients with a diagnosis of dementia and delirium.

The Dementia Team and Psychiatric Liaison Team continue to have weekly interface meetings in order to collaborate and foster close working relationships

National Audit of Dementia (NAD) 2016-17

Ashford & St Peter's hospitals participate yearly in the National Audit for Dementia (care in general hospitals) which examines the quality of care received by people with dementia in general hospitals in England and Wales. This audit is commissioned by the Healthcare Quality Improvement Partnership on behalf of NHS England and the Welsh Government looking at quality of care received by people with dementia in general hospitals (Royal College of Psychiatrists (RCPSYCH, 2018)). Similar audits took place in 2011, 2013 and 2021; due to changes made to the audit toolkit on this occasion, it is difficult to directly compare the results however we can compare against the national average. The NAD was cancelled for 2020 due to restrictions posed by the pandemic. The audit for 2022/2023 will measure performance against the following criteria:

Components of NAD for 2022/2023
Prospective identification of patients with suspected or confirmed dementia
New patient-level audit measures- focussing on new standards
Annual Dementia Statement- identifying approaches to care
Patient feedback- on dementia care experience
Carer questionnaire

Feedback received internally via PALS, complaints and via consultant geriatricians has showed that communication is still an area that needs to be improved on.

Key findings and recommendations

Delirium
Initial screening and clinical assessment of delirium was found to be below the national average. There was suggestion in the National Audit for Dementia report that inconsistency in the recording of assessments may explain the low score.
Recommendations from the audit: Full clinical delirium assessment at the point of admission Cognitive tests on admission and pre discharge where possible Delirium assessment results fully documented in medical notes regardless of outcome
Trust Improvements made post audit
The 4AT (clinical assessment tool for delirium detection) is included in Medical/Surgical clerking, in Surrey Safe Care/Cerner; Mini-ACE form is also included on Surrey Safe Care/Cerner.
The 'dementia/delirium' form on the discharge summary provides information regarding delirium and cognitive testing. Delirium does not formally form part of the Dementia Teamwork-plan; however, this is included as context due to overlapping conditions and work streams.
A scoping review was carried out by the Dementia Lead which found gaps in recognising and assessing delirium within the Trust. A proposal to deliver Delirium Training Tier 1 to upskill certain group of staff was accepted, and Delirium Tier 1 training via MS Teams was rolled out, facilitated by the Dementia & Delirium Clinical lead and the Dementia Team.
Information cards on delirium have been updated and shared at teaching sessions, junior doctors' induction and on the wards
Referral to iOPALS for support with comprehensive geriatric assessment for delirium
Teaching sessions – Tea Trolley Teaching, huddles training, informal training
Teaching in A&E dept & CAU to be rolled out again
Teaching sessions offered online as well as in person
Links to E-learning on Dementia Training Tier 1 and Delirium Tier 1

Personal information about the person with dementia
The use of 'This is me' documentation within the Trust was below the national average, although it was identified that personal information regarding the person with dementia was found in patients' notes during audits carried out 140 patients) across care of the elderly wards within the hospital. Only 2 % of patients audited were found to have This is Me completed within their notes, a marked reduction from the previously recorded 40%.
Recommendations from the audit
Quarterly audit on use of 'This is Me' Feedback of the audit findings to clinical leads and dementia champions to improve use of the documentation available

Trust Improvements made post audit
All wards have 'This is Me' document holders on display, the impact of this will be re-audited
Dementia training includes teaching on 'This is Me'
This is Me' is discussed at sub-group dementia meetings and clinical leads are encouraged to ensure compliance

Nutritional needs of people with dementia

Views on patients' hydration and nutrition were recorded through the staff questionnaire and showed that two thirds of staff thought that the nutritional needs of patients with dementia were met at least most of the time, leaving one third of staff thinking that patients' needs were not met most of the time.
Recommendations from the audit
Promote the attendance of key carers to support care Carer feedback should be used to monitor carer satisfaction
Trust Improvements made post audit
Organisational commitment to John's Campaign (supporting carers staying with/visiting patients whilst in hospital).
Re-audit of carer satisfaction planned

Support for staff

When surveyed, 47.9% of staff (N=23/48) felt they were better prepared to provide care/support to people with dementia after their training which was slightly higher than the national average. When staff were asked if they felt supported by specialist dementia services during office hours the figures were better than the national average with almost three quarters of staff feeling supported most or all of the time (N=50/68). The amount of support available out of hours was comparable with the national average with 50% (N= 22/44) of staff reporting that no support from specialist dementia services was available.
Recommendations from the audit
A dementia champion should be available 24 hours a day, 7 days a week. Plan of care in place to support in dementia care
Ensure ward and department managers, clinical staff or site practitioners have received appropriate dementia training
Trust Improvements made post audit
A dementia care study day**,** Dementia Training Tier 2, has been developed for appropriate clinical staff i.e. nurses and health care assistants, who work with people with dementia.
Recruitment of more dementia champions from each department is ongoing

Carers' Feedback

When carers of patients with dementia were asked if the person they care for was treated with respect, 100% (significantly higher than the national average) responded "yes, definitely" (the number of carers who responded to the questionnaire was 23). Almost 90% of carers were 'satisfied' or 'somewhat satisfied' with the support they received as a carer, and over three quarters of carers rated the care received for the person with dementia as 'very good' or 'excellent'. Whilst these figures are positive, we must recognise that several carers were not satisfied with the support they (the carer) received and supporting carers remains a strategic priority for the Trust.

In most cases, where an undiagnosed dementia is suspected the patient will be reviewed in the community, and/ or post hospital discharge by their local memory clinic. In the rare cases where a 'working diagnosis' in hospital is required, the patient and their family will be referred to Psychiatric Liaison Team, and then to the specialist inpatient dementia team for post diagnostic support, including support and information for carers.

The clinical management of our patients who have a diagnosis of dementia will be improved including the use of pharmacological and non-pharmacological interventions for behavioural and psychological symptoms of dementia

To help achieve this vision a team of dementia champions have been recruited from the staff at ASPH with aim to train, support and upskill in dementia care. The champions will receive enhanced dementia training, enabling them to support people with dementia, recognise and support the needs of carers and share current research and role model best practice with their colleagues. The dementia champions will play an integral role in the vision to become a dementia friendly Trust.

The priority standard of care for year one will be to recruit and train staff from all of our SAMS wards, Orthopaedics, A&E and representation from Ashford hospital. Throughout the following years we will also be recruiting staff from non-clinical departments as dementia champions.

To respond to the needs of people with dementia and their carers, and for ASPH to become a dementia friendly Trust, our workforce needs appropriate, accessible training. The Dementia Training Standards Framework (Department of Health, 2018) is a resource detailing the essential skills and knowledge necessary across the health and social care spectrum. The Dementia Tier 1 & Tier 2 training pack is based on this framework covering a range of core modules focusing on early diagnosis, patient centred care, carer support and end of life care.

Since the launch of our original dementia strategy in 2015, a gap in service provision between the levels of professional support that people with dementia and their carers receive in hospital and the support available in the community has been identified. We aim to continue

to improve with a joined-up approach to managing both patient and carer needs and expectations.

The hospital Dementia Team structure has been reviewed to ensure that the Team is better equipped to meet this need, alongside our partner agencies in mental health and community care.

Planning will take place across each agency and will be supported by Dementia UK to ensure that the proposed changes will meet the needs of the dementia population locally and provide resilience in regard to future requirements. This will need to take into account projected increases in dementia patients over the next five years.

TIHM Monitoring Service

The Dementia Team now supports referrals for support on discharge via the Technology Integrated Health Management (TIHM) monitoring service is provided by Surrey and Borders Partnership NHS Foundation Trust to older people living in Surrey. It is available for those diagnosed with dementia or mild cognitive impairment, and for people over the age of sixty-five with a diagnosis of anxiety and/or depression. Carers are also given the opportunity to be monitored alongside patients. This service involves easy to use remote monitoring devices to record information about their health and well-being from their own home. The measurements include temperature, oxygen in the bloodstream, pulse rate and levels of movement in the home. This is monitored daily using a digital dashboard, whereby a dedicated and clinically led monitoring team respond to health issues flagged by the technology. This enables the team to provide prompt support to patients that may be at risk.

The main aim of the service is to reassure people about their health, alert them to potential health issues and, where necessary, ensure they receive prompt advice and support. In hope to reduce hospital admissions, improve people's quality of life and give them the confidence and reassurance they need to live independently.

Positive Behaviour Support plans (PBS)

Dementia can be associated with behaviours that healthcare staff and carers may find challenging. Application of PBS plans facilitates the understanding of such behaviours, using a person-centred approach. The PBS framework allows proactive approaches in the understanding, prevention/reduction, and management of difficulties. Staff as well as carers have found PBS plans to be supportive and effective in promoting safe planning of care. PBS is a collaborative tool within a person-centred framework for understanding the person and reducing distressed responses and behaviours that challenge. This necessitates information from the patient, and collateral history from their family/carers, on their background history, observations on the ward, staff working with the patient, behavioural charts, and ideas from the Dementia Team. It shows how the patient presents in stages of wellbeing, escalation,

distress and calming down, and reflects the various approaches in the manner the patient was supported at each stage.

Supporting Carers Well

Our strategic objective is for ASPH to understand and support the individual needs of carers where they are recognised as having a unique understanding of the person with dementia, they provide care for and where they contribute to, and play an active part in, delivery of person focused care. We plan to set up carer support groups, and for the Dementia Team to collaborate more closely with both PALS and Action for Carers.

Dementia Tier 2 training includes supporting carers, and we aim for all health care professionals to have access to this, prioritising staff who have greater contact with people with dementia (e.g. SAMS wards, CAU, orthogeriatric and A&E staff).

We will re-launch John's Campaign in line with the Trust carer strategy with greater emphasis on training staff to recognise people as carers, and how we as an organisation are equipped to support their needs; whether by concessions with food and parking, signposting to community-based carer support organisations, staying overnight or emotional support based in the hospital in the form of support groups or 1:1 support with our specialist dementia team.

ASPH is undergoing significant capital improvements in the near future, and we will ensure that the needs of carers are taken into consideration in any physical infrastructure works undertaken. We propose the development of a dedicated space to support all carers, with information and advice materials, and drop-in and bookable clinics with specialist practitioners including dementia specialists. We also wish to reinstate team drop-in support sessions.

Young Onset Dementia

Age remains the biggest risk factor for dementia; however, people in their 50s and 40s (and even 30s and 20s) can also develop dementia. Approximately 70,800 adults are estimated to be living with dementia in the UK. The term ‘young onset dementia,’ or 'early onset dementia', or 'working life dementia' refers to people diagnosed with dementia under the age of sixty-five. Young onset dementia accounts for an estimated 2% to 8% of all dementia cases. Around one in three cases of young onset has Alzheimer’s disease type of dementia, and 5 in every 100 people with Alzheimer's disease are under sixty-five. The majority, approximately70%, of those affected in this younger age group are men. Dementia can be more severe in a younger person and is often associated with physical symptoms and rapid progression. Evidence suggests that young onset dementia is poorly recognised and misdiagnosed, which this leads to delays in accessing crucial information, treatment, and advice. Support for this group is provided by Dementia Team at ASPH and by Young Onset Dementia Team which works across each Community Mental Health Team for Older People in Surrey & Borders Partnership NHS Foundation Trust **https://www.sabp.nhs.uk/**

Childhood Dementia

Dementia has been known to be only associated with the elderly. Tragically, hundreds of thousands of children also live with dementia and there are an estimated 700,000 children affected around the world. This is caused by more than one hundred neurodegenerative disorders, many of which are not yet understood. The diagnosis and prognosis, understandably, must come as a complete shock to parents and families. There may be developmental delays, but no one expect to hear that a child is terminally ill with dementia. Or that there is no cure. Focus is to increase awareness to the fact that unfortunately that can happen to children too. Research is required to foster the study of multiple conditions at one time, raise funding and to enable sharing of resources, and to explore the commonalities between adult and childhood dementia that could indicate new, mutually beneficial collaborations and develop treatments

Our Vision



The Ashford & St Peter's Dementia Strategy 2023-26 is based on The Well Pathway for Dementia which is supported by the NHS England Transformation Framework. This aims to incorporate an innovative, personalised, and adaptable approach to the dementia journey which will meet the needs of all communities in Surrey. The Health & Social Care Secretary in May 2022, at the time did propose a new 10-year plan to tackle dementia and increase funding into research to better understand neurodegenerative diseases, with a primary focus on preventative options. Up to 40%, i.e. 1 in 3 cases of dementia are considered potentially preventable, and the expression 'What is good for the heart is also good for the brain' has been promoted.



Our Commitment		
Aims	**Challenges**	**Actions**
Increase people's knowledge of the ways in which dementia can be prevented and ensure that the risk of people developing dementia is minimised	Lack of knowledge that dementia is preventable	Promotion of awareness of healthy lifestyle choices and key dementia prevention messages
Increase the awareness of dementia and the importance of early diagnosis in all our communities	Stigma preventing individuals coming forward for assessment when symptoms are first noticed	Advertise currently available dementia training to health and social care professionals
Increase people's knowledge of available dementia Services, supporting information and safe places that can guide and support assessment and diagnosis	Reduced contact and access to dementia services in the community due to Covid 19	Deliver services that diagnose in a timely manner so that patients and their carers can access support and make decisions and plan for living with dementia Clear, systemwide, easy to access signposting to services, support groups and referral pathways, with supporting information on care, legal requirements, finances, and well-being.
Increase knowledge of dementia services and referral pathways post COVID 19	Covid-19 has hindered a clear system dementia pathway being communicated consistently	Clear communication to staff and Partners on agreed Dementia Pathway and referral routes

Improve access to dementia education and training programmes for staff, family, and volunteer workers		Access to mandatory training on dementia based on Dementia Education & Training Framework for Level 1 Implementation of a broader dementia awareness and information programme



Our aim is that all patients who do not have a diagnosis of dementia but are showing signs of cognitive deterioration have a comprehensive dementia screen. A dementia diagnosis at an early stage can help people have access to relevant information, resources, and support, make the most of their abilities and potentially benefit from medication and non-medication treatments available.

Our Commitment		
Aims	**Challenges**	**Actions**
Provision of pre-diagnostic support and information to offer all those referred for a memory assessment	Lack of knowledge and understanding surrounding interventions to delay the progression of dementia	In-patients with suspected cognitive impairment will receive a comprehensive assessment of mental and physical health issues as part of the diagnostic process Provision of clear referral pathway information pack to all health and social care professionals to ensure quick and easy referral for memory assessment and are signposting routes for pre-diagnosis support People with dementia will receive information and signposting to peer support group(s) and networks that are appropriate to their needs and preferences Enable a streamlined pathway from dementia diagnosis to support services for both the individual affected by dementia and the individual's loved ones and/or carers
Offer all individuals diagnosed with dementia access to support services which are personalised to their individual needs		
Ensure equity in access to diagnostic and support services to all carers/family of those suspected or diagnosed with dementia		

SUPPORTING & LIVING WELL



Recognition that a person has dementia is important because it helps to support treatment needs of the individual. A dementia diagnosis enables an individual to be treated with dignity through access to the right care, support, and information; explain changes in behaviour to carers, family and friends: knowledge of the condition helps them to respond supportively; and plan for future care needs to reduce any chance of reaching a crisis as the condition advances. Our vision is to create a truly dementia friendly Trust with suitable environments, as outlined in the NHS England Patient-led assessments of the care environment (PLACE) and clinical pathways to facilitate all types of abilities and functioning; providing evidenced based dementia care delivered by trained staff creating a culture of compassion and understanding.

Our Commitment		
Aims	**Challenges**	**Actions**
Clinical management of our patients with suspected or confirmed diagnosis of dementia	Inappropriate referrals to Dementia Team	Increase clinically appropriate referrals for cognitive assessment, assessment, and support People with dementia should have the same access to specialist services as others with complex support needs
All people diagnosed with dementia should have access to pharmacological, non-pharmacological and support services to enable them to live well with dementia	High rate of late diagnoses prevents individuals accessing treatment and support services, which can lead to family, carer, and placement breakdown	increase identification of people with dementia from across all our diverse communities through culturally appropriate service provision.
Pre-diagnostic support information for staff, patients and carers who are awaiting a memory assessment	late or lack of diagnosis which prevents access to dementia support services and carer support services	Dementia Policy, with clear referral pathway and guidelines
Clear referral pathway in policy and EPR/Cerner for support once diagnosis is received	Uncoordinated system approach to dementia care	improve communication and collaboration across wards and departments for patients, carers, and professionals to enable a seamless dementia pathway for patients
post-diagnostic support service which enables holistic support and signposting for the patient and their loved ones, to include physical, psychological, financial, and emotional support	Possible inequality in accessing current service provision	Work in close collaboration with partners in Surrey to ensure equity of access to dementia services in the community
Strengths based approach to dementia where we support to keep people as independent as possible for as long as	Uncertainty post Covid-19 in availability, and proper use of, dementia services	Maximise usage of the enablement approach, focussing on maintaining skills, particularly for those with early diagnosis

possible using all the current resources and services available		access to activities and/or structured group cognitive stimulation programme based on individual needs Maximise referrals to the Dementia Team for support and guidance with referrals, assessment, and care planning
Carers of patients living with dementia will be able to access appropriate multi-disciplinary support at times of crisis		Carers will be offered signposting and information to peer support groups that are appropriate to their needs and preferences Carers will be able to access appropriate multi-disciplinary support at times of crisis Carers will be offered multicomponent interventions suited to their differing circumstances as carers Carers will be signposted to community services such as Action for Carers for continuity in support following discharge National Dementia Audit Feedback from our carers and families



This strategy aims to support specialist services to provide early intervention through providing timely information, advice and support to individuals and their family, friends, or carers throughout their journey with dementia. It also enables them to live well as long as possible, with planned, co-ordinated care at the end of life in line with the person's wishes. Our ambition is to provide the best possible care for people with dementia who are at the end of their life, and to support their family and friends at this time. We will be working closely with our colleagues in the palliative care team to help achieve this ambition. The Trust also has a dedicated spiritual care team, and this service will be available to patients/carers as alternative end of life care support and develop a closer link with palliative care team to work with fast tract pathway.

The End-of-life care module in the Tier 2 dementia training has been expanded to include Mental Capacity Act and Best Interest Planning, Advanced Care Planning (ACP), last year of life, early recognition of deterioration and last days of life. This also links well with the work that the spiritual care team are undertaking within the Trust to ensure that no one dies alone. We plan to promote this updated Tier 2 training widely to increase uptake which has been poor due the pandemic.

ReSPECT forms used to inform clinicians of the patient's or families' wishes regarding end-of-life care; easy access on electronic records can help to avoid delaying important decisions or pressing family members for decisions at challenging times. We plan to maintain this good practice and continue to work collaboratively with MDT colleagues and families.

Our Commitment		
Aims	**Challenges**	**Actions**
Provide caring and sensitive end-of-life care to patients to all those diagnosed with dementia, to include a discussion of cardiopulmonary resuscitation (CPR), and to encourage and record the involvement of their loved ones where appropriate	Systemwide Personalised Care and Support Planning Infrastructure Provision of culturally appropriate of end-of-life care across our diverse communities	education and Training for people, communities and health and social care providers about Dementia, including planning for care at the end of life
Increase awareness that Dementia can reduce life expectancy - is a life limiting condition	planning for care at the end of life commenced when patient is no longer able to communicate their needs and wishes	Dementia Training tier 2 and Palliative care training to increase awareness of Dementia as a life limiting condition which shortens life expectancy
Promote planning for care at the end of life to take place whilst the patient can communicate their needs and wishes	Electronic recording and communication challenges	Developing Shared Care Record across Surrey

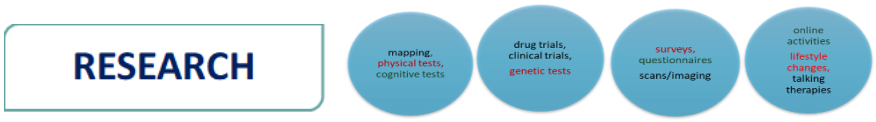
Patients to be cared for and die in their preferred place with respect and dignity	Lack of awareness of dementia as a life limiting condition	integrated collaborative approach of systemwide partners to enable and support End of Life Care in Dementia which enables patients to have a preferred place of death recorded in their care record
Bereavement support for all family and carers involved in care of patients	Consistent pre- and post-bereavement support for carers	Bereavement support by palliative team, counselling services and spiritual team.

NUTRITION IN DEMENTIA



It is important for a person to have a balanced diet to maintain health and strength. An unhealthy diet can also increase risks of dementia and Alzheimer's disease. Poor nutrition may increase behavioural symptoms and cause weight loss in people living with dementia.
We recognise that the needs of people with dementia and their families are multi-faceted and often complex, crossing both professional and social boundaries. Therefore, some elements of care such as nutritional needs, care, and support at the end of life is included in the Trust's Nutrition and Hydration strategy and End of Life Care Strategy as these teams will be leading on this in close collaboration with the Dementia Team.

Commitment		
Aims	**Challenges**	**Actions**
Ensure patients living with dementia have a healthy and balanced diet	Lack of flexibility in mealtimes for patients who may be distressed and refuse to eat or drink at a particular time	Specialist referral to Catering, Dietician & Nutritionist to ensure balanced diet based on individual need Flexibility in accessing food & drink outside fixed mealtimes For staff to ensure adequate provision of meals based on individual needs
Ensure provision of resources, information, and leaflets on nutrition appropriate for patients living with dementia	Accessibility reduced due to Covid-19 infection control measures in place	Promote resources via platforms such as ASPIRE, MDT meetings, mandatory training, Trust Net/ Dementia Web Page
Meet dietary needs of patients who may be restless and agitated, and unable to sit for meals	Shortage of staff to provide 1:1 during mealtime and assist patient High risks of choking when walking and eating at same time Unable to re-heat meals provided for in-patients	Provision of finger food appropriate for patients living with dementia Explore heated plates to keep food warm



Research is an important aspect of dementia care at ASPH, joining teams across UK to identify new ways to help diagnose, treat, and possibly prevent Alzheimer's disease and related dementias. We join in the endeavour to find new and safe interventions and treatment for Alzheimer's and other dementias. This allows application of tested and effective evidence-based interventions designed to improve the quality of life of patients living with dementia and carers.

Our Commitment		
Aims	**Challenges**	**Actions**
For ASPH to ensure a dementia-friendly environment in both hospitals using King's Fund guidance	Temporary halt towards initiatives due COVID 19 restrictions in place	All hospital wards and departments renovations to be designed with Dementia friendly principles in place Regular PLACE assessment/audits Patient and family feedback National dementia audit
Reduce use of psychotropic medication and rapid tranquilisation in dementia care	Staff not consulting policies or consulting specialist teams Lack of use of de-escalation techniques before considering rapid tranquilisation Poor handover	Raising awareness via formal and informal trainings, ASPIRE, Dementia Web Page, 1:1 discussion with staff, MDT meetings Resources and information on de-escalation techniques by specialist teams Staff to consult Delirium Policy, Dementia Policy, and Rapid Tranquilisation Policy MAYBO and Conflict Resolution Trainings to staff who work mostly with patients living with dementia
Provide evidence-based care to patients living with dementia	Lack of access towards appropriate trainings for staff Lack of protected time for learning, impeded more due to the pandemic Cancellation of CPD and non-mandatory trainings during pandemic	Staff to provide safe and quality care based on latest research and evidence person-centred care based on respect and dignity People with dementia will be referred to specialist services for assessment for evidence based assistive technology and/or necessary personal 'reasonable adjustments' on discharge Regular surveys and audits to determine the experience of in-patient and their carers.

Delivery of Strategy: Governance

We are passionate that the 2023 Dementia Strategy is a working document and a driver for change to improve the experience for people with dementia and their carers in our organisation. Our commitment detailed in this document sets out what is required and how and when this will be achieved.

The delivery of our strategy is currently overseen by the Dementia Team, which reports into the Subgroup Committee for Safeguarding/Learning Disability/Dementia & Safeguarding Committee. The Dementia Team also work in partnership with the Psychiatric Liaison Team for review and support in the delivery of our strategy. The function and frequency of this meeting will be reviewed during year one of this strategy.

Governance is via the Safeguarding Committee chaired by the deputy Chief Nurse and attended by divisional and departmental clinical leads. Previously the Dementia Care Group was meeting to support in the delivery of the strategy, but this is no longer taking place. We plan to reinstate this group to meet less often as part of stakeholder engagement to feedback on and inform strategy going forwards.

Delivery of Strategy: Resources

To build on the achievements of the last 3 years and to ensure delivery of our strategy we need the continued commitment, energy and passion of our staff, volunteers, partner organisations and patient and carer representatives. Our vision is ambitious and is likely to require further investment in the development of the Dementia Team in terms of resource and expertise.

We take this opportunity to thank our colleagues at Surrey & Borders Partnership NHS Foundation Trust (SABP) for their involvement in the initial development and review of the first strategy, and their contribution through education and training, policy and systems and joint working with our patients and carers to help to ensure delivery of our aims and visions.

We are grateful for the important contribution of the Alzheimer's Society for their advice and support, with particular regards to carers' whilst developing the strategy, and the passion and commitment of the dementia navigators to support people with dementia and their carers when they leave the hospital.

In order to improve on the care, we can provide, two separate work streams must be pursued. Firstly, we will need to build on our current team successes to better support people with dementia whilst in the hospital and secondly, in partnership, as outlined above, improve community support availability to help keep patients well within their own environment.

Conclusion

Whilst we at Ashford & St Peter's Hospitals Foundation Trust have made significant improvements in the way we care both for people with dementia and their carers we recognise the need to make further improvements in dementia care. The success of the delivery of the dementia strategy will be measured by a change in dementia awareness across ASPH and Surrey Partners.

We are sure that with the passion, commitment, and energy of all our staff we will deliver compassionate, evidenced based dementia care.

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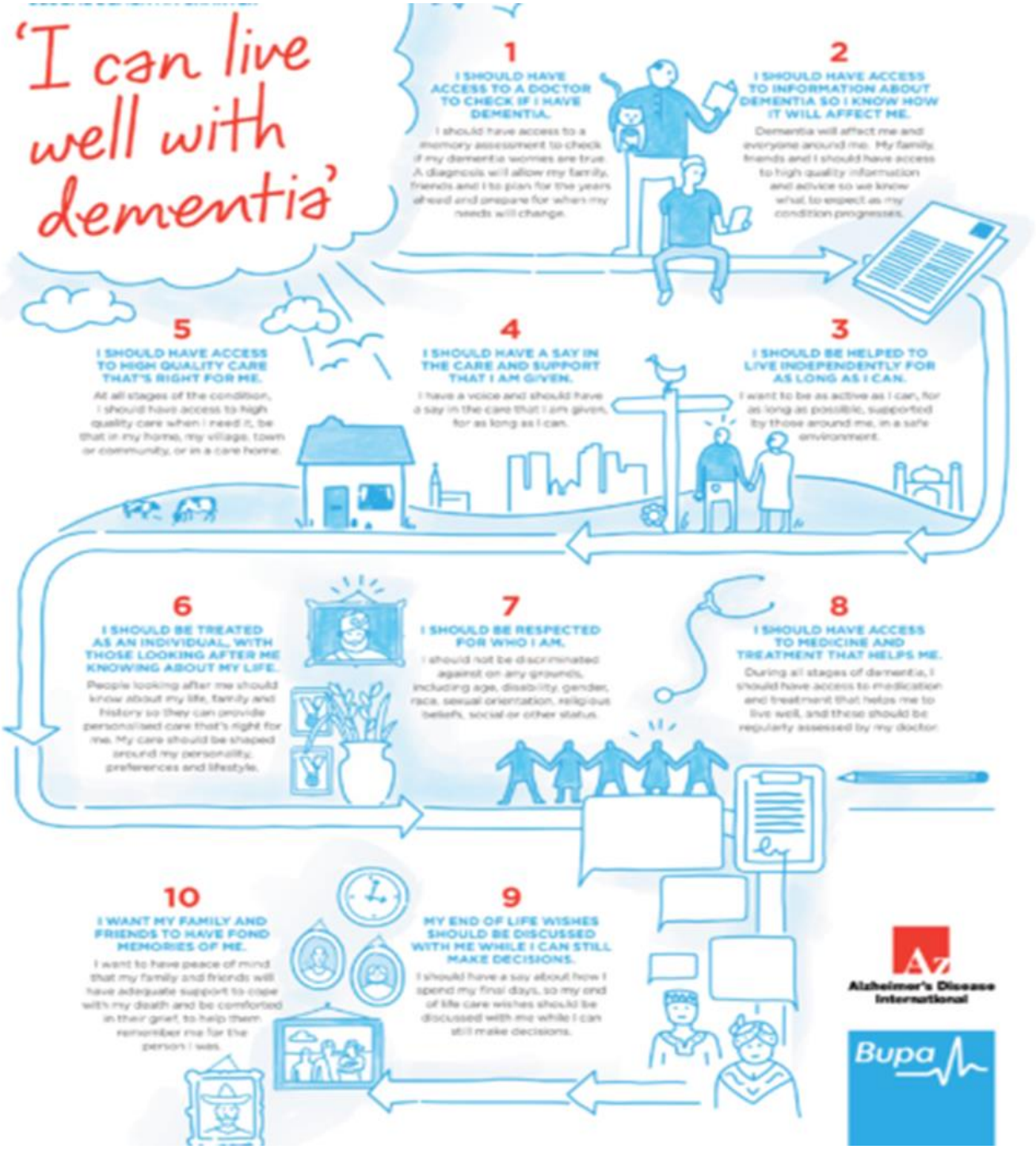
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Stakeholders

Action for Carers Surrey	Action for Carers Surrey	Action for Carers Surrey is led by carers, whose aim is to raise awareness of carers' needs and concerns
Alzheimer's Society	Alzheimer's Society	Alzheimer's Society is a United Kingdom care and research charity for people with dementia and their carers.
carersUK making life better for carers	Carers UK	Carers UK is the main membership charity in the United Kingdom for carers.
DAA Dementia Action Alliance	Dementia Action Alliance	Dementia Action Alliance are the alliance for organisations across England to connect, share best practice and take action on dementia
DementiaUK Helping families face dementia	Dementia UK	Admiral nurses provide expert practical, clinical and emotional support to people with dementia and their families and is supported by Dementia UK.
#EndPJparalysis	End PJ Paralysis	A major national campaign to encourage patients to change from their pyjamas into clothes and get up and moving around
John's Campaign	Johns Campaign	John's Campaign is a campaign for extended visiting rights for family carers of patients with dementia in hospitals
DEMENTIA CCQI	National Audit of Dementia (NAD)	The National Audit of Dementia audits quality of care received by people with dementia in general hospitals.
SURREY COUNTY COUNCIL	Surrey County Council	Surrey's social care and health services
NHS Surrey and Borders Partnership NHS Foundation Trust	Surrey and Boarders Partnership (SABP)	One of the leading providers of mental health, learning disability and drug and alcohol services for people of all ages in Surrey
Surrey Heartlands HEALTH AND CARE PARTNERSHIP	CCG – Heartlands	Surrey Heartlands is a partnership of health and care organisations collaborating with residents and patients to improve services for local people.


'I can live well with dementia'
1
I SHOULD HAVE ACCESS TO A DOCTOR TO CHECK IF I HAVE DEMENTIA.
I should have access to a memory assessment to check if my dementia worries are true. A diagnosis will allow my family, friends and I to plan for the years ahead and prepare for when my needs will change.
2
I SHOULD HAVE ACCESS TO INFORMATION ABOUT DEMENTIA SO I KNOW HOW IT WILL AFFECT ME.
Dementia will affect me and everyone around me. My family, friends and I should have access to high quality information and advice so we know what to expect as my condition progresses.
3
I SHOULD BE HELPED TO LIVE INDEPENDENTLY FOR AS LONG AS I CAN.
I want to be as active as I can, for as long as possible, supported by those around me, in a safe environment.
4
I SHOULD HAVE A SAY IN THE CARE AND SUPPORT THAT I AM GIVEN.
I have a voice and should have a say in the care that I am given, for as long as I can.
5
I SHOULD HAVE ACCESS TO HIGH QUALITY CARE THAT'S RIGHT FOR ME.
At all stages of the condition, I should have access to high quality care when I need it, be that in my home, my village, town or community, or in a care home.
6
I SHOULD BE TREATED AS AN INDIVIDUAL, WITH THOSE LOOKING AFTER ME KNOWING ABOUT MY LIFE.
People looking after me should know about my life, family and history so they can provide personalised care that's right for me. My care should be shaped around my personality, preferences and lifestyle.
7
I SHOULD BE RESPECTED FOR WHO I AM.
I should not be discriminated against on any grounds, including age, disability, gender, race, sexual orientation, religious beliefs, social or other status.
8
I SHOULD HAVE ACCESS TO MEDICINE AND TREATMENT THAT HELPS ME.
During all stages of dementia, I should have access to medication and treatment that helps me to live well, and these should be regularly assessed by my doctor.
9
MY END OF LIFE WISHES SHOULD BE DISCUSSED WITH ME WHILE I CAN STILL MAKE DECISIONS.
I should have a say about how I spend my final days, so my end of life care wishes should be discussed with me while I can still make decisions.
10
I WANT MY FAMILY AND FRIENDS TO HAVE FOND MEMORIES OF ME.
I want to have peace of mind that my family and friends will have adequate support to cope with my death and be comforted in their grief, to help them remember me for the person I was.
Alzheimer's Disease International
Bupa

When I wander
don't tell me to come and sit down.
Wander with me.
It may be because I am hungry, thirsty, need the toilet.
Or maybe I just need to stretch my legs.
When I call for my mother
(even though I'm ninety!)
don't tell me she has died.
Reassure me, cuddle me, ask me about her.
It may be that I am looking for the security
that my mother once gave me.
When I shout out
please don't ask me to be quiet…or walk by.
I am trying to tell you something,
but have difficulty in telling you what.
Be patient. Try to find out.
I may be in pain.
When I become agitated or appear angry,
please don't reach for the drugs first.
I am trying to tell you something.
It may be too hot, too bright, too noisy.
Or maybe it's because I miss my loved ones.
Try to find out first.
When I don't eat my dinner or drink my tea
it may be because I've forgotten how to.
Show me what to do, remind me.
It may be that I just need to hold my knife and fork
I may know what to do then.
When I push you away
while you're trying to help me wash or get dressed,
maybe it's because I have forgotten what you have said
Keep telling me what you are doing
over and over and over.
Maybe others will think
you're the one that needs the help!
With all my thoughts and maybes,
perhaps it will be you
who reaches my thoughts,
understands my fears,
and will make me feel safe.
Maybe it will be you
who I need to thank.
If only I knew how....



