Improving the Environment of Care for People with Dementia
DoH Capital funding 2013

Oxfordshire Dignity Plus Programme
Provider Event
Oxfordshire Dignity Plus Programme - Provider Event

• Context of the DoH Funding Announcement
• Best Practice?
• The Kings Fund ‘Enhancing the Healing Environment’
• The Kings Fund Design Principles
• The Oxfordshire Dignity Plus Programme
  – The aims
  – The projects
  – The assessment process
  – Getting paid
Providers – Attendance list on the rear of the agenda

Tricia O’Leary – Manager, Jane Goodgame - Admin, Vale House

John Pearce – Commissioning Manager, OCC (programme head)

Sarah Beal – Skills and Learning Commissioning Officer, OCC (programme training)

Jane Fossey - Associate Director of Psychological Services, OHFT (& Oxfordshire Health Academic Consortium) (programme evaluation)

Mel Osman – Project Manager, OCC (programme manager)

Laurence Dowden – Commissioning/Major Programmes, OCC (programme lead)
In Feb 2009 the DoH published a ‘National Dementia Strategy’ (Living well With Dementia), which detailed 17 primary outcomes including high quality and appropriate environments for treatments at all stages of the condition.

This was followed up in 2010 with the publication of ‘Outcomes for People with Dementia’ (Building on the Work of the NDS), the purpose of which was to set out for health and social care localities and their delivery partners an outcomes focused implementation plan to achieve the aims of the NDS. Key outcomes included:

- Improved quality of care in general hospitals
- Living well with dementia in care homes

The Improving the Environment of Care for People with Dementia funding is aimed at organisations that will use the capital to adapt care homes and hospitals using design principles that have outcomes benefits that are proven through research.
Main Points of The Announcement from the Secretary of State, Jeremy Hunt

ENVIRONMENTS OF CARE FOR PEOPLE WITH DEMENTIA

• Builds on the achievements of the National Dementia Strategy

• Deliver the Prime Minister’s Challenge on Dementia, launched in March 2012, an ambitious programme of work designed to make a real difference to the lives of people with dementia.

• In 2013, launched a £50million dementia-friendly environments investment to support the NHS and social care to create dementia-friendly environments.

• Will deliver physical improvements and knowledge-based evidence through a range of national pilot projects.

• Will build on work already undertaken by The King’s Fund to improve knowledge and evidence about the aspects of the physical care environment which can be used to improve the care of people with dementia.
People with dementia and carers tell us time and again that when it comes to hospitals, care homes and other health and care settings, it’s often small things make a big difference. Things like:

• making places light and airy;
• being able to go outside;
• installing handrails;
• using design and colour to help people find their way around;
• making sure that the floor doesn’t shine and look slippery.

Simple things that can help keep people feel more relaxed when they’re in an unfamiliar place. Making hospitals and care homes feel less... “Institutional”. It’s about seeing places from the point of view of someone with dementia and applying a good dose of common sense.
As well as improving the quality of NHS and social care environments for people with dementia, this far reaching initiative will gather knowledge and evidence to help the NHS and the social care system really change how they deliver care to people with dementia, supporting my priority of making England one of the best countries in the world to grow old.
What is Best Practice?
There are numerous researched ‘models’ of dementia care, which are available to providers to adopt, partially-adopt or adapt to their preferences and budgets. Models range from standard concepts (use of colours, circular walk-ways, etc.) such as the Stirlings University model to contentious concepts (no staff uniforms, domestic style ‘clutter’, fabrics and activities) such as the Dementia Care Matters model. Typically, the capital funding could be used for:

- hi-tech sensory rooms using lighting, smells and sound
- photos and items from the past to prompt people’s memories
- technology such as day/night clocks and controllable mood lighting to emulate day and night, which can help with sleep patterns, orientation and safe movement
- calming colours, non-reflective surfaces, large-print signs and the creation of zones to help people know where they are and find their way back to their rooms
- specially adapted outside/sensory space to allow residents to wander
- raised garden beds to facilitate the opportunity to be involved in gardening

Improving the Environment of Care for People with Dementia – DoH Capital Funding 2013
1. Improving quality of life
2. Promoting dignity
3. Enabling improved privacy
4. Encouraging independence
5. Increasing the therapeutic value of garden areas
6. Enabling greater responsiveness of staff to needs
7. Encouraging better nutrition
8. Supporting cultural diversity
9. Enabling better ability to meet complex needs
10. Enabling people to be better cared for in a comfortable and safe environment
11. Reducing stress and anxiety
12. Reducing aggressive and disturbed behaviour
13. Reducing slips, trips and falls
14. Reduce inequalities
Enhancing the Healing Environment

From The King’s Fund’s Enhancing the Healing Environment Programme 2009-2012
MEANINGFUL ACTIVITY
Can be encouraged by providing
Books and games
Drinks and snacks
Gardens
Handrails
Interactive artworks
Memorabilia
Places to walk
Resting points
Social spaces
FAMILIARITY
Can be enabled by
Domestic scale seating and dining areas
Personal and self care items
Photographs and memory boxes
Recognisable sanitary ware
Traditional crockery and cutlery
LEGIBILITY
Can be aided by ensuring
Clear sight lines
Discrete security measures
Even lighting
Matt, even coloured, flooring
Noise reduction
Uncluttered spaces
ORIENTATION
Can be supported by
Artworks that reflect the seasons
Calendars
Large face clocks
Natural light
Outside spaces
Photographs of local scenes
Signs denoting ward and hospital name
Views of nature
Visible staff
WAYFINDING
Can be helped by using
Accent colours
Artworks
Identification of bays, bed and social spaces
Signage - pictures and text
• The funding is for capital expenditure only
• The funding cannot be applied to capital projects that are already funded and underway (but can it be used to enhance existing projects?)

It would be inappropriate for the capital to be used for a purpose that does not directly benefit the person, e.g.
• Refurbishment of staff rest rooms or other facilities not used by residents
• Staff training or any other revenue activity
• Medical equipment such as syringe drivers, monitors etc., which do not have an impact on the physical environment
• Routine maintenance that offers no noticeable improvement in the care environment (e.g. boiler replacement
• Cinema seating
• Use of artwork
• Dynamic lighting (awake during day, asleep at night) – Need to establish what works best (KEY, Philips?)
• Use of assistive technologies
• New partnership (community, colleges, schools)
• Staff training – specialist training to understand the impact of the environment and the benefit to the individual as a consequence (DoH have a training package)
Oxfordshire Dignity Plus Programme
Improving the environment of care for people with dementia in Oxfordshire

Improving care environments

Changes to the physical environment

Dementia Friendly Communities

OCC & OCCG are leading work on build environment awareness raising (health, care and community)

Dementia mapping and training programme

Training, awareness

Dignity Plus
Improving outcomes for people with dementia

Dignity Plus Learning Partnership

Development of a joint acute, community hospital and social care pathway

Pathway development & re-design

Share the learning experience across all stakeholders and facilitate learning events

OXFORDSHIRE COUNTY COUNCIL
The partnership and bid

Who’s involved in the Programme?

• Partnership bid: Oxfordshire County Council, Oxfordshire Clinical Commissioning Group, NHS providers, voluntary and private social care providers

• Partner providers:
  • 15 care homes
  • 8 community hospitals
  • Ward 7c at John Radcliffe Hospital

• Awarded 1.53M of capital funding from the Department of Health
Aim of the Programme

What does the Programme set out to do?

• Funding will be used by the partner providers to change and develop their premises
• To raise the standard of care for people with dementia in care homes and acute and community hospitals across the county
• Achieved by delivering step change improvements in caring and healing environments
• Improve navigation and promote social interaction and independence
To get in:

January 2013 – Expression of interest

April 2013 – Extensive questionnaire re understanding of the Programme and willingness to comply with Programme requirements

May 2013 – Supply of DoH baseline data, KF toolkits, project details, quotes/estimates, design drawings

July 2013 – Assessment Panel

August 2013 – Project milestones (will continue throughout Programme)

September 2013 – Funding Agreement

March 2014 – Project completion

Up to at least September 2014 – Evaluation

Post Oxfordshire Programme – DoH Case Study
Assessment Panel

Engagement and model of care:

How have you actively involved people with dementia and their families in design of the work/project?

Do you intend to involve them in all stages of the work/project and how?

Demonstrate how you are already showing commitment to providing high quality care and support for people with dementia (models of care)

Design criteria (against the 14 core outcomes):

The funding is to be used in connection with improving the physical environment in which care is provided

The funding is to be used to enable people with dementia live with dignity

The funding is to be used to enable care settings to be more responsive to the needs of residents

The funding is to be used to support improvements that will make the greatest difference to the quality of life people in care with tangible outcomes

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4.2

OXFORDSHIRE COUNTY COUNCIL
The Oxfordshire projects

1. The Albany
2. Brooklands 1
3. Brooklands 2
4. Coxwell Hall & Mews
5. Glebefields
6. Green Pastures
7. Heathfield House
8. Lashbrook
9. Middletown Grange
10. Rosebank
11. Southerndown
12. St Andrews
13. Watlington & District
14. Westgate
15. John Radcliffe
16. Community hospitals (8 wards)

Increase access to outdoor and indoor garden spaces
The Oxfordshire projects

1. Abingdon Court
2. The Albany
3. Brooklands 1
4. Brooklands 2
5. Coxwell Hall & Mews
6. Glebefields
7. Green Pastures
8. Heathfield House
9. Lashbrook
10. Middletown Grange
11. Rosebank
12. Southerndown
13. St Andrews
14. Watlington & District
15. Westgate
16. John Radcliffe
17. Community hospitals (8 wards)

Improve access and quality of space and light
The Oxfordshire projects

1. Abingdon Court
2. Brooklands 1
3. Brooklands 2
4. Glebefields
5. Green Pastures
6. Heathfield House
7. Lashbrook
8. Rosebank
9. Southerndown
10. St Andrews
11. Westgate
12. John Radcliffe
13. Community hospitals (8 wards)

Promote dignity and reduce confusion
The Oxfordshire projects

1. Abingdon Court
2. The Albany
3. Brooklands 1
4. Brooklands 2
5. Coxwell Hall & Mews
6. Glebefields
7. Green Pastures
8. Heathfield House
9. Lashbrook
10. Middletown Grange
11. Rosebank
12. Southerndown
13. St Andrews
14. Watlington & District
15. Westgate
16. John Radcliffe
17. Community hospitals (8 wards)

Improve quality of life and independence
The Oxfordshire projects

Memory aid and reminiscence

1. Abingdon Court
2. Brooklands 1
3. Brooklands 2
4. Coxwell Hall & Mews
5. Green Pastures
6. Glebefields
7. Lashbrook
8. Middletown Grange
9. Rosebank
10. Southerndown
11. St Andrews
12. Westgate
13. John Radcliffe
14. Community hospitals (8 wards)
Improving environments

What sort of improvements will take place?

• Changes to flooring, wall colours, furniture and signage
• Creation of quiet spaces and social areas where meaningful experiences can take place
• Reduce carers, family and friends’ concern and uncertainty about the quality of life for people with dementia
• Encourage them to visit more often and stay longer, enjoying more interesting environments and gardens
Wider benefits of the Programme

How will the Programme benefit a wider community?

• Aim to raise the standard of care for all people with dementia in care homes and community and acute hospitals in Oxfordshire
• Wider benefit than just those directly impacted by the initial capital investment
• Learning gained will be shared with all settings across the county
• Build on existing local developments and expertise
Allocation of Funding

- All Oxfordshire projects received an allocation of 92% of the funding they requested
- That allocation is ringfenced for each provider
- Any surplus may get redistributed
- Funding Agreements have been sent out
- Providers need to gather proof of expenditure
- Send to OCC with a summary/covering invoice to OCC to draw down funds from the allocation
- Payments will be made end Oct, Jan, & March
What the changes can look like

Example of changes to an entrance/waiting area

From Lincolnshire Partnership NHS Foundation Trust