Department of Health

Improving the environment of care for people with dementia

Final Recommendations Report

Executive Summary

March 2015

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Executive summary

This executive summary reports on the preliminary outcomes of the 42 NHS and 74 Social Care Pilot Projects delivered during 2013-2014 funded by the Department of Health's Dementia Capital Investment Fund which provided £50m to the pilots who contributed an additional £9,103,617 and substantial in-kind contributions. The initial call was oversubscribed and many fundable innovative projects were not able to progress due to the funding available. The pilots delivered innovative Dementia Friendly Care Environments including the use of Supportive Technologies and Integrated Care Pathways. The diverse programme has supported the transformation of dementia care delivery and empowered community-based settings. Considerable culture shifts have been reported by the pilots and demonstrated by calmer environments, and changes in attitudes, perceptions and awareness as to how people with dementia should be treated and cared for, thus leading to: reduced stigmatisation and institutionalisation; and increased privacy and dignity. Some of the interventions are of relatively low cost and easily implemented. There has been significant rollout of the acquired experience and knowledge onto projects not funded by this programme. The evidence developed will inform the production new Health and Care Building Note guidance for dementia friendly environments.

a) Programme Aim and Objectives

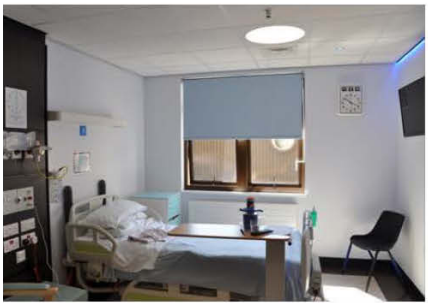
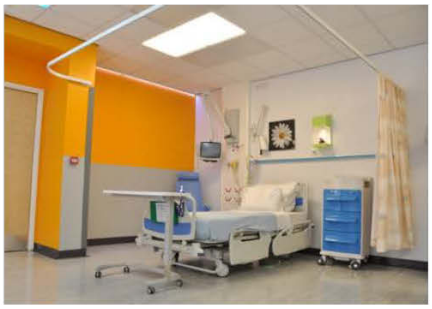
The Aim of the programme was to create custom designed care facilities for people with dementia in health and social care environments. **The Objectives** were to improve care environments for people with dementia by conducting a series of NHS and Local Authority (LA) national Pilot Projects; gathering evidence and findings from those projects; and informing the development of best practice guidance. These were successfully delivered by the Programme.

b) Scale, complexity and diversity of the problem being addressed

The 261 applications were assessed through a robust common approach and 116 pilots (i.e. 42 NHS and 74 LA) were selected.. The projects ranged from £10k to £1.5m. The diversity of the applications and the selected pilot projects demonstrated the complexity associated with delivering dementia friendly environments.

c) Care setting diversity

The funding was made available to NHS and LA (social care) thus leading to an extensive variety of care settings, including acute, teaching and general hospitals; care homes; day centres; respite centres; sheltered and extra care houses; specialist dementia care facilities; and GP surgeries. Many Pilot Projects included multiple settings. The main settings for the NHS and LA Pilot Projects were respectively different types of wards (64%), including acute, elderly care, rehabilitation, medical and orthopaedic; and care homes (73%)


d) Diversity of built environment spaces

Most of NHS and LA Pilot Projects focused on multiple spaces, many being communal such as lounges areas (43% NHS and 36% LA), thus emphasising the importance of helping people with dementia feel more connected to normal life and feeling part of a community. Half of the NHS and three quarters of the NHS Pilot Projects included gardens with others including

conservatories helping provide greater connectivity to the outdoors and promoting wellbeing through activity. The high prominence of bathrooms (assisted 38% of NHS and 34% of LAs and en-suite) and bedrooms reflects the importance of private space and dignity; entrances, corridors and pathways (36% NHS and 26% LA) demonstrates the importance of way-finding.


e) Diversity of built environment components

Many different types of built environment components can be modified as an intervention to create dementia friendly environments depending on what types of outcomes need to be achieved in a given setting; the funds available; decant and access to spaces; and if the intended improvements form part of routine maintenance, refurbishment or new build. Most of the Pilot Projects aimed to enhance multiple components, the five most common being improved by the NHS and LA were very similar and included flooring finishes, colour, signage, lighting, artwork (NHS) and furniture (LA).

- The NHS Pilot Projects focused on flooring, colour coding and signage with significant emphasis on way-finding in hospital setting for people with dementia.
- LA Pilot Projects focused on signage, flooring finishes, lighting and furniture, with noteworthy works on colour coding, reminiscence objects and artwork to support cognitive impairments.
- The Programme has also enabled care providers to explore the use of artwork in care settings: 81% of the NHS and 59% of the LA Pilot Pilots used artwork to enhance their environments.
- The Pilot Projects presented significant innovative aspects related to the use of technology (as a component): 45% of the NHS and 49% of the LA Pilot Projects included aspects relating to lighting (including “dynamic lighting”), which in the application stage was recognised as one of the major issues in the care environments.

f) Programme structure

The Programme was structured in two phases: the selection of 116 Pilot Projects; and delivery of the projects, evidence gathering and data analysis. Extensive engagement with the participant organisations and dementia experts took place throughout the Programme which enabled knowledge generation and dissemination, as detailed in the main report. Given the tight timeframe, the Pilot Projects’ progress was closely monitored on a monthly basis. The Pilot Projects were also required to demonstrate impact through quarterly reports, final project report, a self-assessment matrix and a two page summary report. Detailed case studies were selected across three categories: built environment; supportive technologies; and integration. These were used to support knowledge sharing and gather further information.

g) Stakeholder Engagement

There has been extensive and diverse stakeholder engagement through the programme with many different types of stakeholders being engaged during all stages of the Pilot Projects. Achieved through a wide variety of engagement mechanisms including representation on steering and working groups during project consultation and design processes. The Pilot Projects engaged extensively with people with dementia (77% NHS and 98% LAs), with family and carers (83% NHS and 90% LAs) and with staff (80% NHS and 79% LAs) predominantly during the consultation stage.

h) DH 14 Core Outcomes and the need for core design principles

The DH identified 14 core outcomes that the Pilot Projects were required to achieve within the Programme, to promote service user wellbeing and foster a healing environment, with particular emphasis on high quality Value-for-Money schemes to maximise impact within the available resources. Discussions with the Pilot Projects suggested that more robust and universally accepted assessment frameworks and metrics need to be developed; and future guidance needs to be based on design principles aligned with the needs of people with dementia.

i) Programme benefits

The Programme has developed and gathered considerable new knowledge and improved stakeholders' understanding of how the characteristics of the care environments can positively impact on patients' and residents'. There has also been extensive rollout of acquired experience and knowledge onto projects not funded by this programme. The benefits of the programme and its core outcomes have been reported according to the main stakeholder groups: dementia patients and residents; carers and care staff; care organisations; health and social care system; and DH and Delivery Board.

j) Benefits to people with dementia and carers

The benefits to people with dementia and staff have been presented according to the type of intervention categorised as indoor built environment; technological environment; and outdoor built environment. The Pilot Projects have reported the following benefits.

Benefits	To people with dementia	To staff
From internal built environment interventions	Reduced tension, stress, anxiety; aggression and disturbed behaviour; reduced length of stay and the increased number of discharges to usual residence; reduced slips, trips and falls; educed incontinence episods; improved patient experience; and improved sensory stimulation; and inproved access to sunlight.	Improved working environments which have increased staff retention and reduced staff sickness and absence levels.
From supportive technology interventions	Improved dignity; improved interaction between staff and patients/residents; improved medical outcomes; reduced agitation; and improved mood.	Improved communication and better understanding of residents' and patients' needs.
From external environment interventions	Improved independence and encouraging involvement in activities; reduced falls; reduced incidents and violence; and improved quality of life.	Improved service delivery through provision of addition resources. Improved staff morale.

k) Benefits to Health and Social Care Providers and DH and Delivery Board

The Pilot Pilots have demonstrated how Dementia Friendly Care Environments can improve QoL; supported the transformation of dementia care delivery; and empowered community-based settings. The pilots have reported cultural shifts characterised by changes in attitudes, perceptions and awareness as to how people with dementia should be treated and cared for, thus leading to: reduced stigmatisation and institutionalisation; and increased privacy and dignity. The programme has provided pilots with the unique opportunity to encourage a culture of innovation, change and the adoption of new technologies. Institutional barriers have been removed, thus encouraging integrated solutions and teamwork through improved co-operation among various care providers. Some solutions that impact positively on people with dementia are of relatively low cost. However, the impacts need to be determined over a longer timeframe along with better tools for assessing future demand, quality of life and value for money. The main benefits have been summarised below (see full report for further details).

- Benefits to Health and Social Care Providers: improved dementia strategies; improved organisational dementia awareness; considerable culture shifts; increased care staff empowerment; introduction of new working roles; improved asset and space utilisation; and reduced energy consumption.
- Benefits to Health and Social Care System: transformed care delivery; improved communication between care providers; increased empowerment in community settings; and enhanced knowledge transfer and dissemination.

- Department of Health and Delivery Board: capital gearing; value for money and return on investment; long-term environmental, economic and social impact.

l) What should we do in the future?

Recommendations for Ministers
Promote data driven and evidence based decision and policy making based on more universally agreed definitions, metrics and assessment methods for improved long-term strategic planning of dementia care environments based on: Quality of Life, Social Return on Investment; and Value for Money.
Adopt a strategic long-term approach, learning from the current programme focusing on core design principles; regional dementia prevalence; facilities with high critical infrastructure backlog maintenance with potential increase space utilisation; and projects with high rollout potential within their organisations and local community.
Encourage increased integrated NHS and LA working to achieve full national coverage where funds are limited; and maximise inter-organisational and inter-regional learning and knowledge sharing with respect to dementia friendly environments.
Implement a greater use of the emerging technologies to provide the most effective support for personalised care delivery given the expected future demand; and enable dementia care providers to be more responsive to the individual needs of people with dementia.
Recommendations for Department of Health and Delivery Board
Dementia friendly core design principles need to be developed from the Programme's 14 Core Outcomes to guide future planning, design and operational processes; align with reporting mechanism such as PLACE and Care Quality Commission (CQC) inspections; and guide funding and remuneration.
Future design guidance should be dementia specific; account for the different types and stages of dementia; and take into account new evidence, long-term studies and contextual changes. It should achieve impact, change behaviour and have a designated audience.
The selection criteria for future programmes should apply high weightings for completion certainty, taking into account how well developed the proposals are (e.g. planning consent); long-term sustainability and plans for further rollout; financial gearing through additional cash or contribution in kind; leadership; and team composition.
Funding mechanisms need to be more flexible regarding NHS drawdown and LA upfront capital allocations. Phased LA drawdown should be considered, subject to timely submission of acceptable reports and receipt of planning consent with incentives and penalties aligned to delivery.
Time frames and delivery processes need to ensure timely release of funds; take account of Pilot Project size and complexity; include mitigation strategies for potential delays; and encourage long-term impact monitoring.
Recommendations for Health and Social Care System
Transform care delivery based on cost effective quality enhancing strategies needs supported through: early stakeholder consultation; and the appropriate community-based settings, such as extra-care houses and day centres.
Improve communication between care providers for a wider dissemination and transfer of effective design, integration and technology solutions.
New knowledge and competencies need to be developed as part of any innovation process as demonstrated by this programme. These should be embedded in future Programmes as CPD with accredited professional institutions.
Recommendations for Health and Social Care Providers
Culture, attitudes, perceptions and awareness play crucial roles and have significantly improved during the capital programme and should form key outputs of future programmes.
Future change oriented programmes need to consider care environments working in harmony with innovative but well aligned changes in technology; organisational culture; process (care pathways); and organisational structures (integrated NHS and LA networked with others to defuse the innovation).
New knowledge and competencies need to be developed as part of any innovation process and embedded as CPD with accredited professional institutions. There is a need to continue raising awareness of dementia friendly design principles and their potential impact on quality of life and cost effective care delivery. Develop and apply more effective impact assessment and reporting practices and cultures.
Staff empowerment needs to be supported through engagement and consultation, knowledge dissemination and new working roles at local level.
Adopt supportive technologies including lighting, especially the LED interventions to improve quality of life; encourage independence and better nutrition; reduce slips and falls; and promote dignity and relationships.
Encourage strategies and therapeutic intervention, such as gardens, pathways and conservatories to make greater connection to external environments.