NHS INNOVATION CHALLENGE PRIZE FOR DEMENTIA IN COLLABORATION WITH JANSSEN HEALTHCARE INNOVATION

Application Form

Please complete all of the questions below, keeping to the word limits specified.

Once you are ready to submit, please send this application form, and up to three supporting documents, to ChallengePrizes@nhsiq.nhs.uk with the subject title **"NHS Innovation Challenge Prize for Dementia Application Form"**. You will receive a confirmation email receipt within 24 hours of submitting.

The deadline for submission is **midday on Wednesday 4 September 2013** and applications received after this date will not be considered.

Guidelines for completing this form are also available to download on our website together with our **Terms and Conditions**. Please ensure you have read and understood these before submitting your application.

Section 1: About you

Title

Give your innovation project a short title (**limited to 140 characters** – as long as a twitter feed): Promoting Well Being in Dementia through Sharing Effective Care

Lead Applicant

Name: Melanie Place
Job title: Consultant Clinical Psychologist
Organisation: Oxleas NHS Foundation Trust
Email: melanie.place@oxleas.nhs.uk
Telephone number: 01689 892336

Lead NHS organisation

Oxleas NHS Foundation Trust,   *Anne Waterworth, Service Manager, Older Peoples' Directorate*

Current team running the programme:
Sheila Bishop (full time) *Oxleas NHSF Trust Occupational Therapist*
Iolanta Stefanovitch *(brief sessional input) Oxleas NHSF Trust Clinical Psychologist*
Melanie Place *(sessional input) Oxleas NHSF Trust Clinical Psychologist*
Tamsin Williams (full time) *Assistant Psychologist*
CPN (vacancy)

The following are people who have at any time been involved since the outset of the project, developing the tool and the workshops:

Ophelia Ankrah – Raymond *Oxleas NHSF Trust Community Psychiatric Nurse*
Hugh Baldwin *Oxleas NHSF Trust Memory Nurse*
Sheila Bishop *Oxleas NHSF Trust Occupational Therapist*

Yvonne Chapman *Oxleas NHSF Trust Community Psychiatric Nurse*
Patricia Higgins *Oxleas NHSF Trust Memory Nurse*
Edward Jay *Oxleas NHSF Trust Community Psychiatric Nurse*
Melanie Place *Oxleas NHSF Trust Consultant Clinical Psychologist*
Karen Saini *Oxleas NHSF Trust Community Psychiatric Nurse*
Iolanta Stefanovitch *Oxleas NHSF Trust Clinical Psychologist*
Carolyn Tilbrook *Oxleas NHSF Trust Assistant Psychologist*
Tamsin Williams *Oxleas NHSF Trust Assistant Psychologist*

The following are people who manage the Homes into which we have an input. This list is continuing to grow.
Glebe Court Nursing Home – **Gillian Davies**
Oatlands Residential Home – **Rishi Jawaar**
Fairmount Residential Home - **Riet Seward**
Greenhill Nursing Home - **Dee Gumbo**
Elmstead Residential Home – **Emma Staples**
Park Avenue Care Centre – **Arlette Beebeejuan**
Caloma Court –**Maria Covington**

The commissioner particularly involved with this project is:

Claire Lynn Strategic Commissioner- Mental Health and Substance Misuse

How you heard about us

Tell us how you heard about us e.g. Twitter, our Comms team, DH Bulletin, Media, Charity Newsletter etc
From the Director of the Oxleas Older Peoples Service

Section 2: Your innovation

a) Please briefly summarise your innovation, to explain what it is and how it meets the Challenge.

This innovation is a system for understanding the communication of a person with dementia who is unable to communicate clearly. It is currently known as the" Oxleas Dementia Care Tool".

The system is straightforward and uses guidelines from NICE on challenging behaviour in dementia. The tool allows care staff to use their knowledge of an individual to help them care for that person in a way which promotes wellbeing and aims to reduce challenging behaviour without the unnecessary use of medication. However it is also reducing the number of people with fairly straightforward problems, (such as pain or infection, boredom etc.) from being inappropriately referred on to other services .As the work develops we have seen people with challenging behaviour who formerly would have been sent into hospital as an acute admission being effectively cared for without an admission.

The tool and its workshop programme are now manualised. It is currently being brought into the acute dementia ward because we realise that it can be used wherever there is work being done with people with dementia, from informal care to highly specialist hospital care wards.

(185/200 words)

b) Indicate which best describes your innovation (please delete all that don't apply)

*- **Service Improvement***

- ***Implementation of good practice***
- ***Development of a new technique***
- *Adoption of new technology*
- *New model of care*
- *Other (please describe in **30 words or less**)*

Section 3: Innovation

Innovation is defined as 'an idea, service or product that is new to the care of people with dementia, or applied in a new way'.

- Does your project comply with this definition?

This project is based on the solid foundations of the Person Centred Care approach in dementia first put forward by Tom Kitwood, (1990) and expanded on by others since such as Buz Loveday, Dawn Brooker, Graham Stokes, Esme Moniz-Cook. It has also used the principles put forward in the NICE Dementia guidelines covering challenging behaviour in dementia.

But it applies these ideas in a new way to create a practical and effective clinical tool which has the potential to be used across any care setting. It allows carers to use the knowledge they already have in their heads about the people they care for, in an effective way, and can be universally used across all settings where there are people with dementia.

- Is it unique in the care of people with dementia?

I think the tool and the workshops are unique as they are not aimed at teaching carers how to implement Person Centred Care but aimed solely at learning about and applying the tool.

- Do you know of others who are using a similar approach?

There is similar but slightly different work being reported from Newcastle by Ian James and also work reported in the PSIGE Journal of April 2013, (Journal by and for Psychologists working with older people.)

(189/200 words)

Section 4: Context

Briefly summarise what prompted your innovation. Please include what the specific problems were which you were seeking to address and over what timescale the project was undertaken

Concern about the use of anti-psychotic medication in 2009 brought into the focus the issues around challenging behaviour in dementia. The local secondary mental health teams said they were often getting phone calls asking for help with people in care homes where either it did not really seem to need the skills of a mental health team, (for example, the person had an infection), or the problem was so advanced that little could be done except admission to an acute dementia ward. The teams did not feel their expertise as experienced mental health workers was being well utilised.

Information from colleagues in Care Homes strongly indicated that the one issue where they wanted help from mental health teams was in challenging behaviour in dementia.

The initial aim was to find a method that would systematically address the inappropriate use of mental health service resources while supporting four Homes in the borough in their difficulties in caring for people with challenging behaviour in a

pilot project lasting a year. (2011-2012). Following the initial project a further two years funding was supplied to bring the total number of Homes in the scheme to 20.

(192/200 words)

Section 5: Meeting the Challenge

c) *Explain how your innovation meets the Challenge; does it address the specific wording of the Challenge? (You can provide evidence of this in response to Sections 6 and 7 below)*

Our innovation is bringing together health and social care agencies into more effective communication around people with challenging behaviour in dementia. It uses existing ideas to create an individualised practical working document and allows for a stepped care approach. Through the systematic investigation of the attempt to communicate by the person with dementia, the carer can make more effective and efficient use of resources for the person with dementia. Meanwhile the person will benefit from an appropriate intervention which is person centred and based on the knowledge that the carer has built up through their relationship with that person.

(99/100 words)

b) What did you do to make a difference?

We talked, and listened, to the people in the Care Homes who phoned the secondary mental health teams most often to ascertain what they felt they needed most help with. We based the input around their replies. At this point we put in a bid for some money.

We employed an assistant psychologist and part time CPN's.

We devised a programme of workshops based on NICE guidelines on challenging behaviour and delivered 6x4 hour workshops and then follow up sessions to 4 Care Homes.

We evaluated the outcomes, applied the learning to the next round of workshops and set off to provide more workshops.

Once ten weekly follow up meetings had been completed we instituted a system in each Home for an on-going monthly consultative visit when residents are discussed with a CPN or OT using the tool.

And what made the difference? Core to our input is that the carers, not the secondary care team, are the experts in caring for their residents with people with dementia. People with dementia are still communicating, we just had to listen to the people who pick up on those communications and provide them with a means of making sense of them.

(199/200 words)

c) What was the key enabler for you to make the change?

A huge interest and then willingness to look at alternatives to the use of anti-psychotic medication in the care of people with dementia which was fostered by the work around dementia led by Dr Sube Banarjee and NICE guidelines. That shift in attitudes to the care of people with dementia, supported by the media and recently by the Prime Minister was the key. Locally it was our service manager Helen Jones who took the opportunity to apply for and gain funding from the PCT with further input from the London Borough of Bromley in the following year.

(97/100 word limit)

Section 6: Outcomes Achieved for People with Dementia

Please give quantified, as well as qualified, evidence:

a) Provide evidence of what you have actually achieved in terms of outcomes for people with dementia and their carers (for example, hospital admissions avoided, number of reduced admissions to care homes, more timely diagnosis, improved experience for people with dementia, or other outcomes)

At the end of each four Care homes input measures are taken to find out whether there are any discernible benefits from the programme. Mostly these measures seem to show positive results.

People in Care Homes who were brought to case discussion in the follow up sessions with the Care Homes team over the last 6 months have not ended up in acute dementia care wards. Out of the 25 discussed only 1 was subsequently admitted to an acute hospital.

None of the people presented to the Care Home Team with challenging behaviour have been put on anti-psychotic medication over the past 6 months with other inputs, pain medication, activities etc. producing beneficial change. Of those 19 already on medication, 11 were brought to the attention of the Care Home team and reviewed. 1 resident had their medication stopped and 1 resident's was reduced. The other 9 remained the same. It is important to note that anti-psychotic medication can be appropriate and this work is aimed at preventing its inappropriate use not its use.

None of the 15 people with challenging behaviour in residential care who were discussed were moved into Nursing Homes across the time of the project. (18 months).

There are therefore savings in the use of hospital care and also savings in Nursing Home Care as people with challenging behaviour are treated more holistically and individually. Apart from them benefitting from more appropriate care, avoiding the upsetting disruption of a move, Care staff are gaining confidence in their ability to manage challenging behaviour.

Reports from the Care Staff, (see attached report) also demonstrate that they increase in confidence to work with people with dementia although this is not a training programme on dementia but a method for using person centred care.

(294/300 word limit)

b) What was the local baseline for these outcomes before your innovation was implemented?

Baseline measures on carers understanding of challenging behaviour and their confidence in working with it all increased over all the Homes according to the self report scales used. (See attached report). We also asked them about their definitions of "challenging behaviour" at the beginning of the work and then again at the end. The changes, (see report) demonstrate marked and positive changes in their approach to the issue. We think this self reported change in carers results in measurable benefits for the residents.

We have a baseline audit in the Homes followed by a later audit which shows, using the NICE audit tool, a positive improvement in the care plans of residents with challenging behaviour after the workshops.

We have tried to capture this improvement in the Homes by measuring the number of the referrals to the Community Mental Health Team from the Care Homes. This is showing a steady but not yet significant decline over the 6 monthly intervals (17,16,15). Interestingly though CPN's are reporting that they have noticed a decrease in the number of urgent phone calls they are dealing with from Care

Homes. Disappointingly, this was not a measure we had thought to take at the outset.

(200/200 word limit)

Section 7: Achieved Value for Money

a) Please give quantified evidence where possible: What results did you actually achieve in terms of value for money (e.g. cash released savings and reduced costs)?
We have addressed this in the evaluations completed to date and 24 out of 25 people avoided hospital over the most recently evaluated 6 months. This is a saving of the cost of 24 acute dementia admissions.

15 people with challenging behaviour in Residential Homes have been discussed as part of the project and none of these then needed to be moved into Nursing Home Care but were able to stay in residential care. In those Residential Care Homes where the tool has become established there seems to be greater confidence on the part of the staff that they have the skills to manage challenging behaviour.

(106/250 word limit)

b) What investment did you have to make to achieve these savings or reduced costs, in terms both of people and other resources?

The Care Home Team currently costs £55,000 to run annually. In the last six months of the project we think we avoided hospital admission of 24 people with challenging behaviour. Please see the Outcome report for the case studies of people who looked destined for a move to hospital at the point of case discussion in follow up. The current average length of stay in the acute dementia ward is 8 weeks.

Savings over the last 6 months are therefore:

(Cost of acute dementia ward care per week) x 8 x 24 - £55,000/2

(94/250 word limit)

Section 8: Impact

A high impact innovation would affect a large number of people with dementia and/or deliver a substantial health benefit. We would like to understand the impact of your innovation.

a) What is the population (or number of cases per annum) that benefits locally and could benefit regionally and nationally?

The most immediate benefactors from this scheme are those in Care Homes where the work has been introduced. At the last outcome report this was 427 people with eight Care Homes being added each year.

The number of people with challenging behaviour discussed over the last 6 months in those homes was 24.

The aim is to build up to visiting all 60 Care homes in the Borough, approximately 1,800 people. The advantage of the tool is that it does not just need to be applied to people with challenging behaviour but can be used as the basis of the care plan for all care home residents. The care home staff only need to bring the residents where there is challenging behaviour to the consultative sessions with the secondary mental health team.

However we have also discovered, (through the memory nurses) that the tool can be useful for informal carers too and we are also using it in the acute dementia ward. We therefore think it can potentially be used for all people with dementia. This means about 3,000 people locally, about 9,000 across the whole of the Oxleas area and 700,000 across Britain.

(194/200 word limit)

b) To what extent is this impact sustainable?

Once the Care Home Project team have completed the workshops and the 10 follow up meetings there is a need for a monthly visit lasting 2 to 3 hours by a Community mental Health team member until "the end of unrecorded time". While we think this is "new work" or "extra" currently and will need resourcing as the number of Homes builds up we think this is going to result in a more sustainable model of consultative work from the team in the long term.

This is a model for the long term and aims to become self sustaining as the staff reap the benefits of the approach. However we have also understood after the first four Homes that the manager of the home is a key figure in this work. We are looking to encourage managers to form a "managers' group" to help them to maintain the work.

We had positive comments from CQC who inspected one of the Homes running the model and this also helps its interest for managers and its sustainability.

When all care Homes have the system we would like to run twice yearly refresher courses for new Home Care staff across the borough.

(199/200 word limit)

Section 9: Diffusion

How easy would it be for your innovation to be spread to other systems caring for people with dementia?

The tool we are now using is very easy to use across a number of different systems. In some of the Care homes it is called the "Bus Stops" as it has been devised as a bus journey on which the care worker embarks with their resident. In others it adopted the title of the detective tool. The question the carer is invited to ask by the tool is, "What is the person with dementia trying to tell us?" The tool provides a systematic investigation of the possible answers. If at the end of the pathway the challenging behaviour is still present the resident is referred to the secondary mental health team.

What would you have to do to codify what you did?

The tool is already ready for dissemination. It may need to be presented slightly differently in different settings but the breaking down of the investigations into the challenging behaviour remains in the same seven categories.

Have you already been able to spread your innovation to other systems?

The tool started in the Care Homes but is currently being introduced to the acute wards so that a tool is filled in as people leave, improving communication with the Care Homes. We think it could also be used with informal carers as a way of supporting people at home.

(197/200 word limit)

Section 10: Other Remarks

Please feel free to add any other relevant comments about your achievement that are not covered above:

This was work which has been firmly rooted in the every day care of people with dementia who show challenging behaviour but actually we are aware the tool could be used for every person with moderate to advanced dementia and not just those with challenging behaviour. It addresses the need for all people with dementia to have fun and fulfilment in their lives just like the rest of us.
(69/200 word limit)

Once you have completed your application form you can email it to: challengeprizes@nhsiq.nhs.uk. You are also able to add up to three attachments to support your application including: journal articles, measurement reports, images and photographs etc.

Don't forget to look at our FAQs on: www.nhschallengeprizes.org and guidance notes for tips on a successful application.

Good luck!