

MRS Awards 2015

Healthcare Research

Winner

IFF Research

**Improving dementia-friendly
health and social care
environments**

SUMMARY

In 2013, the Department of Health England (DH) launched a capital programme to create innovative health and social care environments for people with dementia. The programme provided £50m of funding to 116 pilot projects.

IFF Research, working in partnership with Loughborough University (LU), was commissioned in 2013/14 by the DH to provide knowledge sharing activities, monitor progress and evaluate the success of the 116 pilots. The results were analysed and used to develop recommendations for a wide range of stakeholders including, Ministers, the DH delivery board, and Health and Social Care providers.

The diversity of the measures introduced by the pilots led us to develop innovative solutions to engage with the projects teams and collect the necessary data to produce the final recommendations. These included developing a dedicated website through which pilots could share information, data and best practice and has the potential to be used in the future.

The collaboration between IFF and LU demonstrated our flexibility and ability to communicate effectively with partners in order to get the job done. We were able to pool our resources and skills to ensure the project delivered the best possible outcomes for DH and more importantly, for people living with dementia.

SYNOPSIS

Dementia is a memory loss condition affecting about 850,000 people throughout the UK and is predicted to be one of the major global health challenges over the next few decades. Worldwide, around 47.5 million people are living with dementia. The World Health Organisation (WHO) estimates that this will double to 90 million by 2040. A huge amount of work is being done to raise awareness around this condition given the ageing population both in the UK and worldwide.

IFF Research, in partnership with the Loughborough University (LU), was commissioned in 2013/14 by the Commercial Division at the Department of Health (DH) to evaluate the National Capital Investment Programme “Improving the environment of care for people with dementia”. The programme involved a network of 116 NHS and Social Care pilot projects with the aim of improving the quality of life for people living with dementia by creating innovative dementia friendly health and social care environments.

The goal of the research was to share best practice with this network, monitor progress, evaluate impact and provide recommendations. Indeed, DH required financial and efficacy progress reporting for each pilot project, a central website for the sharing of good practice, plus the use of other communication channels for sharing best practice. Ultimately, our end goal was to provide recommendations

for a wide range of stakeholders including, Ministers, the DH Delivery Board, and health and social care providers.

The IFF and LU project teams complemented each other well to devise what we believe was a cost-effective monitoring and information sharing solution that could be applied to other multi pilot project evaluations, be they built environment, service delivery or other types.

Methodologies used

We used a mixed research methodology, which combined qualitative and quantitative data analysis comprising: literature review; pre and post-pilot project impact data; interviews; focus groups; case studies; workshops; webinars; and consultation with expert stakeholders

IFF'S ROLE

IFF used a range of methodologies to collect the relevant data and enable LU to evaluate the pilots. We took a pragmatic approach and many innovative solutions were implemented based on feedback from the pilots. We had a clear appreciation of the fact their first priority was to their patients and/or residents, and we had to design, develop and implement solutions which reduced the burden on them while collecting the required data.

Monthly progress data collection

IFF designed and set up a bespoke online questionnaire for all 116 pilots to provide quantitative monitoring data securely on both a monthly and quarterly basis. The aim was to ensure it was as easy as possible for each pilot to submit the required information accurately and on a consistent basis. This enabled us to analyse spending progress throughout the Programme's 12 months duration, thus ensuring that the budgets assigned were being spent correctly and proportionately.

Quarterly impact data collection

The monthly progress data collection process was developed, in close collaboration with LU, and included:

- clarification of the definition of terms (especially in light of the wide variation in the 116 pilots);
- a questionnaire enabling pilots to provide reasoning for any imbalances in their financial updates;
- additional questions were included for NHS pilots to closely monitor the extent to which their pilot teams and financial departments understood and were able to confirm drawdown requirements; and
- data provided in previous month's collections were pulled through to the current month thereby reducing the each pilot's burden and allowing them to work through the exercise more efficiently

Some pilots faced more challenges in filling out the collections than others, with a number of common problems:

- the form completer being absent through leave or sickness – a dedicated helpline and ongoing relationships we developed with the pilots helped to pinpoint this and extensions were given where appropriate; and
- identifying and maintaining the correct contact from the outset - over the course of a year some personnel changed in terms of leaving the pilot or changing responsibilities – again the development of good working relationships and the helpline minimised the negative effects of such occurrences.

Whilst the monthly data collection became a relatively straightforward and ‘routine’ task, there were challenges with the more labour intensive quarterly collection. It was clear from feedback that the initial quarterly collections deadlines were too tight for some pilots which had been delayed in completing their physical works, and (after consultation with DH) the deadlines were extended accordingly.

Bespoke website

IFF also designed, set up and managed a bespoke “Improving the Environment of Care for People with Dementia” website to act as a platform for pilots to be updated with useful and relevant information and share good practice experiences. This site allowed pilots to access information, documents and resources such as PowerPoint slides and presentation recordings from 29 Detailed Case Study pilots to enable the sharing of good practice. Dedicated webpages were created for each event and four webinars were hosted. The website forum is something that we (and DH) envisage will be of significant value to future projects and something that will enable healthcare providers to continue to share best practice with regards to dementia.

Helpline and contact centre

In addition to the website, IFF hosted a helpline and contact centre, enabling pilots to communicate and ask questions via email or a Freephone line at any stage during the evaluation. Queries were frequently raised, especially in terms of the financial reporting on the monthly and quarterly forms. IFF initially responded to enquires and where appropriate referred them to the LU team. The helpline enabled us to engage more closely with the pilots and ensure data were collected in a timely and accurate fashion.

LOUGHBOROUGH UNIVERSITY'S ROLE:

As our key partner in this evaluation, LU's role focused on using their healthcare infrastructure expertise to produce the final recommendation report.

Case studies

Twenty-nine Detailed Case Studies (DCS's) were visited and interviewed by LU. The DCSs were qualitative in nature and provided a 360 degree view of how the pilots were being implemented ‘on the ground’.

Events

Four workshops were hosted as part of the data collection. The aim was to provide evidence and recommendations to support future best practice guidance. The workshops covered the pilots' data collection process, the built environment, supportive technology and integrated care delivery. Selected experts and all of the DCS presented their projects during the workshops. The information and outcomes of the workshops and DCS's were disseminated via the programme website to the other pilots.

Pilot project final reporting.

Templates and guidance were provided to enable pilots to submit: an individual final report (including appendices, videos and photographs); a two page summary report; and a self-assessment matrix.

OUTCOME:

Pilots demonstrated significant and marked improvements to the quality of life for people living with dementia, their families and the people who care for them (an increasingly growing population). Specifically, the pilots have witnessed:

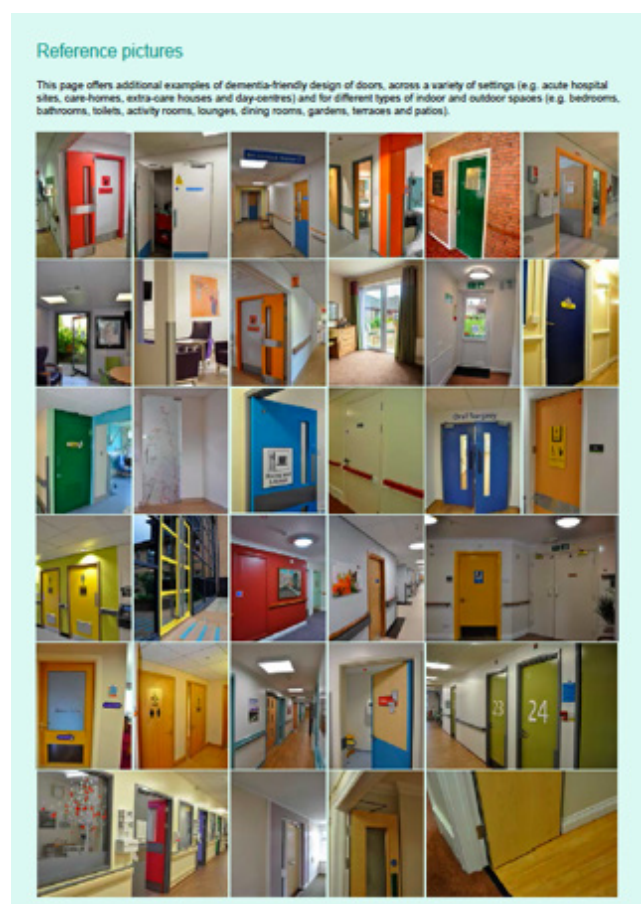
- a reduction in slips, trips and falls;
- a lessening of aggressive, challenging behaviour and the need to antipsychotic medications;
- improved sleeping and eating habits; and
- better participation and interaction between dementia sufferers and people around them.

The work conducted through the collaboration between IFF Research and LU censured that the pilots

justified the investment of £50 million from DH. This evaluation was a great success and we are proud to have been part of a project that has made a difference to the lives of people living with dementia in England, it is hoped that the lessons learnt are shared over time and built upon given the severity of the issues to be faced in the future.

In March 2015, the Health Building Note (HBN) 08-02 – Dementia-friendly health and social care environments was published based on the further literature review, Programme findings and additional expert consultations. In terms of impacts, it has been the first HBN to provide guidance for health and social care settings. HBN 08-02 includes design guidance based on 12 dementia-friendly design principles and 14 core design features:

- Acoustics
- Artwork
- Ceilings
- Colour
- Decoration
- Doors (as shown in the example below)
- Fixtures
- Flooring
- Furniture
- Lighting
- Reminiscence hardware/software
- Signage
- Walls
- Windows



HOW OUR RESEARCH MADE A DIFFERENCE

As a result of their hard work, LU and IFF were assessed as highly commended the Social and Cultural Impact award at the Loughborough Enterprise Awards 2015.

The team used a comprehensive mix of bespoke and innovative methodologies in their approach to this project and completed the task in a way that was satisfactory from both an outcome and cost perspective for DH. We feel that some of the methodologies implemented, such as the development of a dedicated website for which helpful information can be shared and add further value for healthcare providers and other research studies in the future. The collaboration between IFF and Loughborough University brought to light our level of flexibility and ability to communicate effectively with partners in order to get the job done. By working in partnership we were able to pool our resources and skills to ensure the project delivered the best possible outcomes for DH and perhaps more importantly, for people with dementia.