BOLTON INTEGRATED DEMENTIA
EDUCATION & TRAINING DEMONSTRATOR
SITE PROJECT REPORT

Executive Summary

January 2013
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1. **Introduction**

1.1 The aim of the National Dementia Strategy\(^1\) is to ensure that significant improvements are made in dementia services in England in three key areas; improved awareness, earlier diagnosis and intervention and a higher quality of care. For these improvements to be achieved it is essential that there is:

- a greater awareness and understanding of the needs of people with dementia and their carers
- a coordinated education and training programme to equip carers as well as health and social care staff with the necessary skills
- an integrated approach to the delivery of training and support services that involves people with dementia, their carers, statutory health and social care agencies along with independent and voluntary sectors

1.2 The statutory agencies in Bolton (Bolton Council, Bolton NHS Foundation Trust and Greater Manchester West Mental Health NHS Foundation Trust), together with the private, independent and voluntary care sectors and the Dementia Support Group all provide dementia training for staff and carers.

There are excellent examples of good practice in each of these areas as well as a wide range of expertise. However, the training is provided separately by each agency to its own staff in the main, with the absence of an overall strategy. This can lead to a combination of duplication of effort, wasteful use of resources and gaps in provision, with numbers of staff receiving little or no dementia training.

1.3 A bid was submitted to NHS Greater Manchester in February 2012 for funding to provide a Dementia Demonstrator Site to develop the Bolton Integrated Dementia Awareness Education and Training Programme.

The overall aim of the project was defined as: *to empower people\(^2\) through awareness raising, providing comprehensive information and education and*  

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1. Living well with Dementia: A National Dementia Strategy. DH 2011

2. People – refers to people with dementia, their carers, staff working in the statutory and non-statutory sectors as well as the general public.
training relating to dementia in order to develop effective person-centred dementia support and care in Bolton.

The project objectives was to deliver a single Bolton standard for dementia training in a framework approach that has different levels according to the particular role and skill required. This standard can be used across the board by agencies and may be specified in contracts as a requirement. The intention will be to ensure that this is mainstreamed into the frail older people agenda such that it is everybody’s business and a general expectation rather than an “add on”.

1.4 The appendix to the report includes:

- A detailed scoping study which identifies workforce roles and statistics for health and social care staff who may provide services for people with dementia and their carers by statutory service provider, together with any contracted services. The report lists numbers of staff by role or cluster of roles and identifies the principal dementia training needs and related issues or constraints and conclusions. The study is designed to be used by service providers as a strategic planning tool for dementia education and training and for monitoring progress.

- A dementia education and training report, mapping current provision against relevant Qualifications and Curriculum Framework (QCF) dementia units, together with a gap analysis which identifies those areas where training provision needs to be developed.

2. **Integrating dementia education and training**

2.1 A key element in the approach to integrating dementia education and training has been a ‘whole system’ approach in Bolton, with a clear model of communication and governance between all agencies involved, linked to the Dementia and Mental Health Stakeholder Board, with representation on the Health and Wellbeing Board.

2.2 However, despite the fact that staff from different organisations may be working together, often training has not been integrated. A number of issues influence this:
• Budgetary issues – budgets are specific to individual commissioning organisations
• Organisational objectives sometimes differ from each other
• Boundaries are different – for example, GMW MHFT serves two other localities in addition to Bolton
• Employment terms and conditions differ between organisations
• Differing organisational constraints in terms of re-structuring, financial climate etc.

2.3 The situation outlined above, together with the issues and constraints, affects the integration of dementia education and training. However, in many cases staff from different service providers now work together and in some cases work across boundaries. Some joint training is happening successfully and training staff from different agencies are collaborating on a range of specific initiatives.

2.4 A further output is the Dementia Training Toolkit. It is designed to support the NHS and health and social care service providers and staff who care for people with dementia to continue to undertake dementia education and training to develop the service they provide. It underpins this approach by providing tools and resources which were developed to support an integrated education and training approach. The Toolkit includes:
   1. Guidance on ways to use the toolkit
   2. The Bolton dementia training standard and the dementia learning and development framework
   3. A dementia competency framework
   4. The dementia champions programme
   5. A catalogue of dementia learning resources
   6. Work sheets to help recording training needs, personal development planning, developing training plans etc.
3. **The Bolton integrated dementia education and training standard**

3.1 The Bolton dementia education and training standard is to make sure that everybody working with people who may have dementia and their carers has the knowledge, understanding and skills needed to achieve the goals set out in the Bolton Integrated Dementia Action Plan (2013) and to be compliant with the National Institute for Health and Clinical Excellence (NICE) Quality Standard³.

3.2 To do this, our goal is that:

- All staff who work in the NHS and adult health and social care or who provide services to older people will have a level of awareness and understanding of dementia appropriate to their role.

- Staff in the NHS and adult health and social care caring for people living with dementia and their carers will have an enhanced level of knowledge, understanding and skill in providing person-centred dementia care.

- Staff whose primary role is as a specialist working with people with dementia will have an appropriate and specialised level of knowledge, understanding and skill, with responsibility for ensuring that other staff are trained and supported.

4. **Recommendations**

4.1 *The Bolton Dementia Workforce Development Standard* should be formally adopted across the locality and included within service provider contract specifications.

4.2 The Integrated Training Group should become a *standing* group rather than a *task & finish* group. It would continue to review ways of developing the integration of training and collaborating on the development of programmes to ensure integration is considered as part of the process. It should continue to report back to the Dementia Partnership. Consideration should be given to broadening membership to

³ National Institute for Health and Clinical Excellence (NICE) Quality Standards – Care of People with Dementia – final edition April 2013 (currently in progress)
include Public Health, housing and representation of people with dementia and/or carers (e.g. Dementia Support Group)

4.3 Representation of people with dementia/carers. This can be achieved in two significant ways:
   1. Direct representation on the Dementia Partnership – of both people with dementia and carers
   2. Ensuring that people with dementia and carers have a voice in all training where this is appropriate – either in person (e.g. the Stockport Educate model) or by using video/audio representation.

4.4 Review in-reach team provision of coaching/training to introduce some structure so that it is recognised as a learning opportunity by staff and management of care homes. This would ensure that the provision is consciously included in the work done with all care homes rather than on an ad hoc basis where some staff undertake this but others do not have the opportunity.

4.5 Investigate more ways of integrating training provision in terms of shared resources. In many cases this is an information issue which could be addressed by both the partnership and the training group. An example is the reminiscence boxes developed by the Dementia Support Group which are available to other service providers but not generally known about.

4.6 When the current development of training for dementia champions has been piloted, all service providers and departments of larger organisations should be encouraged to identify a dementia champion or champions and to undertake their development. The training group should explore relevant and realistic ways of networking champions, with integration of development and service provision as one of the factors.

4.7 While the dementia champions’ programme is being developed and piloted, a considerable number of organisations have mentioned cascading dementia awareness training. This is seen as a solution to the major issues of lack of resource for providing training versus the large numbers of staff needing dementia awareness training. For this process to work additional (non-training) staff need some training in the basics of how people learn, presentation/training/coaching techniques etc.
Support for the process is critical to its success. There are a number of well-developed, tested and evaluated approaches to this nationally. If the approach is to be used the Training Group should delegate a person or a small team of trainers to develop this.

4.8 While all the main service providers have undertaken dementia training needs analysis at organisational level, it was apparent during consultation that this had not happened at operational level in all cases. Operational/departmental/ward managers should carry out individual dementia training needs analysis (see the Dementia Competence Framework within the toolkit), including identifying prior learning and experience in order to develop training plans for their staff, with indications as to priority.

4.9 Areas of dementia service provision which are contracted out, but where it is not known what dementia awareness education and training has been undertaken should be identified and included in the overall development process. This may be particularly important for Registered Social Landlords and for Personal Assistants. Both cases involve staff who are providing a level of domiciliary care, working to support people with dementia who are living in their own homes and working with less direct supervision than many other staff groups.

4.10 The formation and membership of the integrated training group has helped integration of training despite the differing approaches, structures and issues facing the constituent organisations. However the absence of any joint funding makes joint commissioning of training development or delivery difficult to achieve, and therefore limits the degree of integration. The integrated training group should keep this issue under review to identify any opportunity to jointly resource development.

4.11 Development of initiatives like the current life story work needs an integrated approach, both to service development and to training of staff in how to undertake this. The success of this and any similar initiatives depends on all involved in the pathway concerned taking an integrated approach. The integrated training group could be instrumental within the Dementia Partnership in coordinating this and similar approaches. The alternative would be for the Dementia Partnership to agree another working group to take this forward.
4.12 Evaluation of dementia training is a key part of successful training delivery. We should be looking to evaluate both the experience and changed outcomes for the learners and the impact on service delivery, where feasible. The integrated training group should take a strategic role in ensuring that this takes place and might keep the overall results under review.

4.13 Existing mandatory training courses (e.g. lifting and handling etc.) should be reviewed to identify any requirement for specific reference to dementia that might be needed. This process of ‘dementia proofing’ of existing training should be a part of mainstreaming dementia and may reduce the need for specific additional courses. For example, this might include considering whether patients with dementia have additional or different needs or characteristics that should be considered when developing staff skills in areas such as nutrition, hydration or continence.

Areas such as training in dignity or end of life care should be reviewed to ensure that the specific or additional needs of people with dementia are addressed and that staff are dementia aware.

4.14 Training should be developed to meet the gaps in existing training identified in Appendix 5. Recent development of specific training at Introductory (awareness) level means that comprehensive awareness training is available from the main statutory providers, including training leading to accreditation and an e-learning route.

At Intermediate level training to meet the following gaps should be developed:

- Understand & meet nutritional requirements of individuals with dementia
- Understand the administration of medication to individuals with dementia using a person-centred approach
- Sexuality & intimacy awareness
- Planning & providing recreational & social activities for people with dementia
- Knowledge and promotion of continence
- Reminiscence & life history development

At Advanced Level availability of the dementia learning pathway within the Foundation Degree in Health and Social Care should be identified and made available where appropriate (Assistant practitioner level).
The individual QCF Level 3 dementia units should form the basis for specialist modules at the Advanced Level – currently available from Bolton Council as an optional part of the Level 3 Diploma in Health and Social Care.