

Dementia Delivery Plan 2025–2029

About our plan

East Lancashire Hospitals Trust (ELHT) is committed to improving care for people living with dementia and underlying cognitive impairment. The purpose of this document is to set out a five-year plan for ELHT to improve the care and experience of people living with dementia and their carers. The focus of the plan is to ensure the safe, personal and effective delivery of treatment, care and support when accessing ELHT services.

This plan was produced by the ELHT Dementia Lead Nurse following consultation with key stakeholders in East Lancashire Hospitals Trust and dementia professionals, service user and carer groups from across East Lancashire. We strive to consistently deliver high quality care that meets the needs of our patients and their carers, many of which are frail, elderly and living with symptoms of dementia.

We offer health services at four hospital sites throughout Pennine Lancashire and deliver community health services across 13 neighbourhoods. The demographics of the communities we serve are vast and varied creating a vibrant, multicultural and diverse society.

The ELHT Dementia Delivery Plan 2025–2029 will be monitored through the ELHT Dementia Strategy Group Meeting. This group includes representation from: carers of people living with dementia, ELHT Dementia Lead Nurse, Clinical Lead for dementia, allied health professionals, education teams, estates and facilities leads, clinical audit and effectiveness leads, nursing and medical leadership and third sector organisations. The ELHT Dementia Strategy Group will report into the ELHT Patient Experience group and progress will be monitored against the aligned ELHT Patient Experience Strategy.

Contents

About our plan.....	2
Defining dementia and frequently asked questions (FAQs)	3–5
Dementia lead nurse and champions.....	6–7
Current service provision to patients.....	8–9
Drivers for this plan	10
Priorities for 2024–2027	11–16
ELHT reporting	17
Looking forward.....	18

Defining dementia and frequently asked questions

What is dementia?

Dementia is an umbrella term for a range of progressive neurological conditions that affect the brain. It occurs when the brain is damaged by diseases (such as Alzheimer’s disease, the most common subtype of dementia) or by a series of strokes. There are over 200 subtypes of dementia, but the five most common are: Alzheimer’s disease, vascular dementia, dementia with Lewy bodies, frontotemporal dementia and mixed dementia (Dementia UK, 2025, Alzheimer’s Society, 2021).

What are the symptoms of dementia?

The symptoms of dementia can include memory loss and difficulties with thinking, problem-solving, language and physical function. The specific symptoms that someone experiences depend on the parts of their brain that are damaged and the underlying cause of their dementia. The rate of progression will also vary from person to person (Alzheimer’s Society 2021).

Dementia can cause complex cognitive and behavioural symptoms and can often be unpredictable. Therefore the provision of appropriate care and support, across the entire dementia pathway, can often be complex (Alzheimer’s Society & Peter Sowerby Foundation 2020).



How many people are living with dementia?

It is estimated that one in three people born in the UK will develop dementia during their lifetime. There are an estimated 982,000 people living with dementia in the UK and this is expected to rise to **1.4 million by 2045**. (Alzheimer's Society/Carnall Farrar, 2024).

Dementia mainly affects people over the age of 65. However, younger people can develop dementia too, with an estimated **70,800** people living with young-onset dementia.

In 2024, NHS East Lancashire ICB registered **3,151** people diagnosed with dementia on the Quality Outcome Framework database. NHS Blackburn with Darwen ICB reported **1,095** people diagnosed with dementia. Across Pennine Lancashire, there are **4,286** people living with a diagnosis of dementia. However, there is still a gap between the number of people estimated to have dementia and those who have received formal diagnosis and support. Locally, there are an estimated **6,130** people estimated to be living with dementia across ELHT's footprint (**1,607** in Blackburn with Darwen and a further **4,503** across East Lancashire) (Alzheimer's Society, 2024).

Across Pennine Lancashire, it takes an average of **125.6 days** to get a dementia diagnosis after referral and assessment, compared with the national average of 156 days (Alzheimer's Research UK, 2025).

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How can acute admissions affect people living with dementia?

Around 6% of the total number of people affected by dementia are in acute care at any one time (Briggs et al. 2016; Aldridge et al 2020). Additionally, it is estimated that people with dementia occupy 25% of acute hospital beds at any given time (Alzheimer's Society, 2016). If admitted to hospital, people living with dementia are at higher risk of poor outcomes during and following a hospital admission (ADI 2016) such as:

- Mortality
- Delirium
- Falls
- Reduced mobility and functional decline
- Incontinence
- Increased length of stay
- Reduced quality of life
- Increased likelihood of discharge to a care home

Is dementia a terminal condition?

Currently, dementia is not curable. If diagnosed in a timely way, people with dementia and their carers can receive the treatment, care, and support (social, emotional, and psychological, as well as pharmacological) to enable them to better manage the condition and its impact.

Compassionate, personalised treatment, care, and support throughout the progression of the condition is essential. This includes timely and appropriate advance care planning so that those living with dementia and their carers can discuss their wishes, needs and preferences for their future care, to enable people with dementia to 'live well' and, one day, 'die well.'

ELHT's dementia lead nurse

The Dementia Lead Nurse's key role is to lead in the improvement of effective, accessible quality care delivery within East Lancashire Hospitals NHS Trust which is responsive to the needs of people with dementia. The Dementia Lead Nurse is responsible for providing specialist leadership, guidance and advice that supports the development of acute hospital service good practice. This will be through close collaborative working with healthcare and multi-agency professionals and managing the interface between mainstream services, specialist community services, private and voluntary services and families.

The Dementia Lead Nurse will support the formulation and implementation of the ELHT Dementia Delivery Plan.

Within working hours (Monday – Friday, 8am – 4pm), the Dementia Lead Nurse will respond to direct referrals and support clinical areas to meet the needs of people living with dementia and their carers using ELHT services.

The Dementia Lead Nurse will also work closely with the Outpatient, Emergency and Maternity departments to ensure patients with dementia and their families/carers are supported whilst accessing these services (Monday – Friday, 8am – 4pm).



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#Hellomynameis Will
"I'm from Morecambe, love being outdoors and I live with my fiancé, two children and energetic spaniel. I have always had a passion for improving the lives of those affected by dementia and feel very honoured to support this patient and carer group."

Links:
[ELHT website](#)
[Dementia SharePoint page](#)
[Delerium SharePoint page](#)

ELHT's dementia champions

ELHT has a vibrant and diverse group of professionals across inpatient facing and outpatient fac-ing settings identified as dementia champions. We meet four times a year face to face to provide dementia updates within the trust, review key themes from dementia reporting, deliver in depth training on specific topics and invite guest speakers to broaden our knowledge and signposting ability. We aim to have two champions in each clinical area but we are always looking to grow.

There are three main aims identified in the dementia champion terms of reference which are:

- To promote person centred care practices for those living with dementia and their carers in clinical areas across ELHT
- To signpost staff and provide support within their own working areas
- To educate colleagues and update staff with new changes and referrals

Roles and Responsibilities of Dementia champions

1. To attend Dementia Champion team meetings.
2. To have an up-to-date, accurate knowledge of dementia-related issues and the referral processes.
3. To act as a resource and support for practitioners seeking help and guidance in dealing with dementia issues.
4. Establish effective communications regarding dementia issues with colleagues and the Dementia Lead Nurse.
5. To lead on the dissemination of information quickly and efficiently.
6. To support staff in identifying people living with dementia and ensure that the appropriate action is taken in a timely manner.
7. To be aware of own limitations and seek further clarification/support from the Dementia Lead Nurse where necessary.
8. To be involved in audits as requested by the Dementia Lead Nurse
9. To be involved in current initiatives regarding dementia care
10. Challenge practice that dementia care practice into own nursing care and support colleagues in also doing this
12. To be the voice of own working areas and bring forward ideas and suggestions to improve dementia dare

Current team provision for patient care



Referrals

Referrals are made to the team in a variety of ways, including:

- CERNER (the Dementia Lead Nurse is automatically notified of all patients who have 'known dementia' selected on the dementia diagnostic assessment as well as those with no formal diagnosis and a 6CIT score >7). Staff can also refer directly to the Dementia Lead Nurse via Cerner.
- Phone call, email or MS Teams
- Face-to-face whilst in clinical areas or through liaison with wider safeguarding team (Safeguarding, Mental Health, Enhanced Care, Learning Disability and Autism teams)
- The Dementia Lead Nurse also picks up any queries arriving via Patient Advice and Liaison Service (PALS)/Incident reports, where Dementia is recorded.

Current service provision to patients

Support for patients with a dementia will include:

- Identification of people who have a dementia diagnosis or problems with their cognition utilising the dementia / delirium diagnostic assessment in Cerner
- Promoting person centred care
- Promotion and provision of person centred care plans
- Help for clinicians to understand the specific needs of the patient and identify unmet needs
- Ensure appropriate application of DNACPR
- Support clinical teams to discuss advance care planning/goals and priorities of Care discussions in hospital
- Support with Mental Capacity Assessment and Best Interests Decision making
- Liaison with wards and clinic areas
- Liaison with a patients' support network
- Support to ensure patients, and their carers understand their care and treatment needs
- Development of support plans incorporating positive behaviour support including distraction and de-escalation
- Support for patients to engage with care and treatment
- Signposting to community services including signposting patients to request an Annual Health Check with their GP, referring into third party services such as the Dementia Adviser Service from Alzheimer's Society or AGE UK BwD Dementia Wayfinder Service
- Seeking feedback from patients and people who support them
- Support to give feedback about care, raising concerns, complaints and complements
- Avoidance of potential diagnostic overshadowing



Commitments for 2025–2029

1

Improve identification of those with cognitive impairment and improve access to diagnosis, interventions and post-diagnostic support

Commitment statements:

- ELHT will ensure all patients receive a comprehensive assessment of physical health, mental health, functional and social needs, including information gathered from collateral history. Accurate information relating to cognitive impairment diagnosis and symptom management in place will be available to the wider MDT to support a person-centred approach to care.
- Delirium pathways will be digitalised and strengthened to ensure accurate identification management and prevention of reversible causes of delirium.
- All patients over 75 years will be offered a delirium screen (4AT) and if negative the Six item Cognitive Impairment Test (6CIT) via Cerner. General Practitioners will be informed of any patient scoring 8 or above on the 6CIT with recommendations on further assessment after discharge.
- ELHT will offer information, advice and signposting to appropriate services for people living with dementia and their carers.
- ELHT will improve recognition of those with dementia by relaunching the iconography/alert systems associated with dementia/issues with cognition

Measures of success:

- Data will be monitored via referrals to memory assessment services
- Regular Local Dementia Care Documentation Audit as well as National Audit of Dementia Data
- Signposting / referrals to third party sector support (Dementia Adviser Service Alzheimer's Society, Age UK, Carers Link Lancashire)

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Drivers for this plan

There are a number of national policy statements and pieces of legislation and stakeholder engagement reports that have formed the strategy's development including those listed below:

- NICE guidance, as appropriate: <https://www.nice.org.uk/guidance>
- [The NHS Long Term Plan](#) sets out the ambition to improve the care provided to people with dementia through a more active focus on supporting people in the community, working closely with the voluntary sector to improve advice and support for people following a dementia diagnosis
- The Prime Minister's Challenge on Dementia in 2020
- Dementia 'A state of the nation report on dementia care and support in England
- Dementia Well Pathway (2016)
- Dementia Training Standards, HEE (2018)
- Dementia-friendly hospital Charter DAA (2018)
- Alzheimer's Society reports: 'Worst hit – Dementia during coronavirus; Dementia diagnosis to end of life; Ethnic minorities increasing access to Dementia Strategy 2022–2027 6 diagnosis, Hospital and care homes – increasing access to diagnostics; Report on regional variations and access to diagnostics

Commitments for 2025–2029

2

Improve the quality of care and reduce harm for people living with dementia in hospital settings

Commitment statements:

- ELHT will develop key performance indicators (KPIs) to ascertain quality by monitoring important aspects of dementia care. These will utilise data related to patient and carer experience feedback, DATIX incidents related to harm free care, local audit of dementia care documentation, safe transfers, length of stay and delirium audit
- ELHT will improve opportunities for people living with dementia and their carers to participate in research and increase the capacity in the number of early phase trials conducted in relation to dementia
- ELHT will continue to utilise NAPF and PLACE assessments to promote dementia friendly environments
- Meaningful activity provision will be improved across ELHT's inpatient clinical areas, focussing on upskilling the workforce and securing further resources.
- Family/carers will be supported to create a healing environment in line with the principles of John's campaign – meaningful activity provision
- The design of new clinical areas will be underpinned by the Kings Fund Dementia Friendly Design Tool
- ELHT will aim to avoid the unnecessary and inappropriate transfer of people living with dementia wherever possible

Commitments for 2025–2029

Measures of success:

- A dementia dashboard will be created to monitor improvement and to benchmark data against the KPIs set out above.
- This dashboard will be monitored by the ELHT Dementia Lead Nurse and concerns will be escalated through the already established Dementia Strategy Meeting, as well as the Patient Experience Strategy Group.
- Both local and national audit will be supported by the Clinical Audit and Effectiveness Department and fed back regularly
- Comparison of dementia related research study recruitment figures with other Trusts across the UK
- Annual assessment of each area using an assessment tool incorporating the criteria defined by the Dementia Action org in its Dementia-friendly hospitals charter and the appropriate elements of the Patient-Led Assessments of Care Environment (PLACE).
- NAPF will also monitor dementia friendly environments through its regular accreditation assessments with each area evidencing the actions taken against this
- Dementia Dashboard data will monitor the number of incidents related to inappropriate / unsafe transfer of patients living with dementia across ELHT

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Commitments for 2025–2029

3 Listen, Involve and engage people with dementia and their carers to improve service delivery

Commitment statements:

- ELHT will continue to promote access to support for people living with de-mentia and their carers by strengthening relationships with third party or-ganisations in the community.
- ELHT will implement a carers’ strategy underpinned by John’s Campaign; providing a voice and championing the rights of those living with dementia and their carers
- ELHT will work towards breaking down barriers to accessing dementia support in line with the Equality Act (2010)

Measures of success:

- Patient experience data will be thematically analysed and included in the dementia dashboard
- Data from interpreting services will be monitored and services promoted
- Improved dementia referral and diagnosis rates for those from ethnic minority backgrounds

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Commitments for 2025–2029

4 Develop a skilled and effective workforce to champion compassionate, safe, personal and effective care

Commitment statements:

- All ELHT staff will complete Dementia awareness Tier 1 e-learning as a mandatory compliance
- All patient facing staff will complete Dementia Care Tier 2 e-learning as a mandatory compliance
- A face-to-face session in dementia awareness, identifying unmet needs, delirium training and person-centred care delivery to be included on the Safeguarding Adults Level 3 Day.
- All clinical areas to have an identified dementia champion who actively attends quarterly champion events, takes part in champion audit and feeds back updates to their colleagues

Measures of success:

- ELHT Learning Hub Data reports – Reported via ELHT Dementia Report and prospective dementia dashboard
- Dementia Champion attendance logs and cascade training data

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Commitments for 2025–2029

5

Improve Advance Care Planning, palliation and end of life care for people with dementia

Commitment statements:

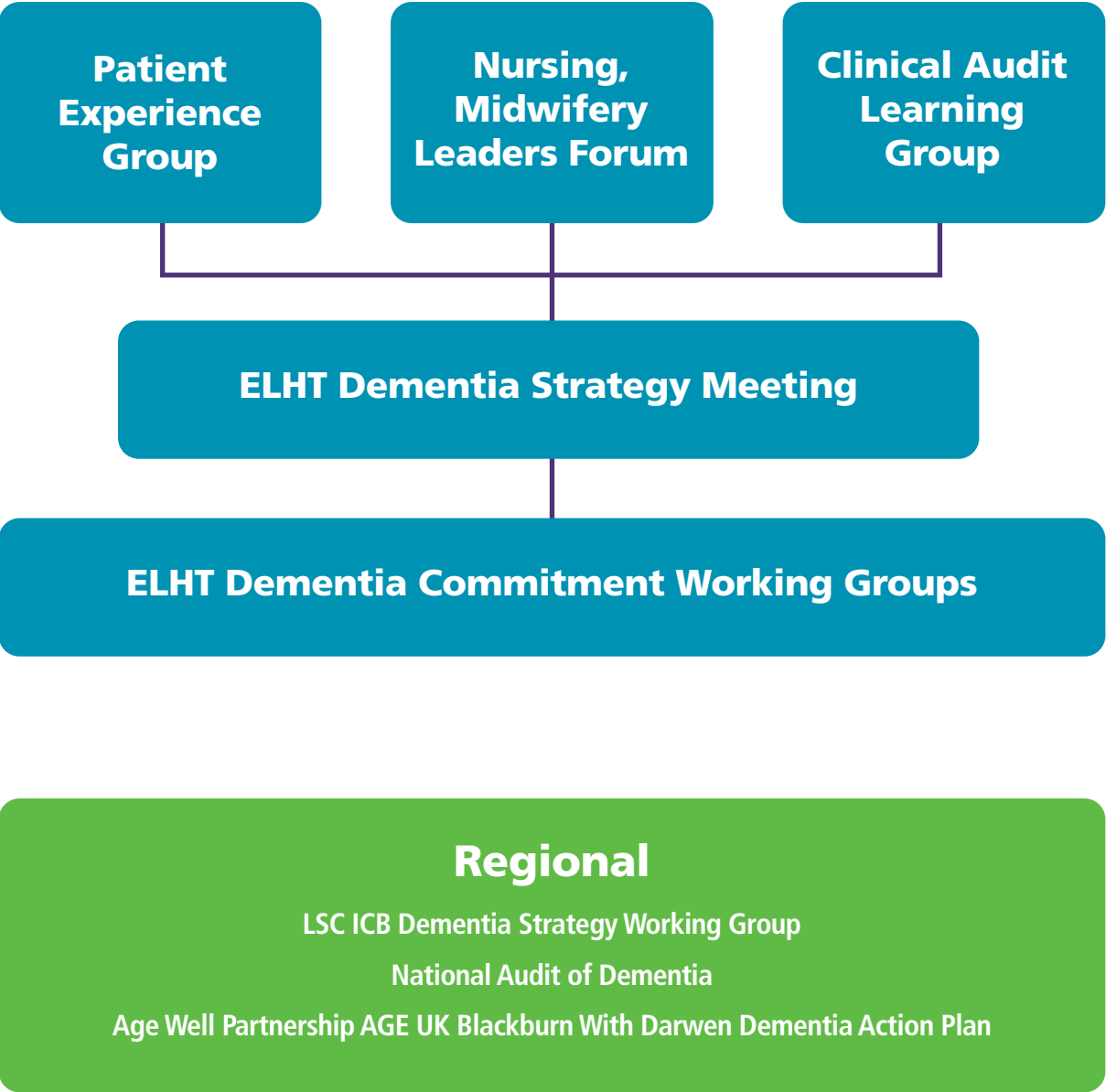
- ELHT will ensure that preferences of future care and advance decision making are prioritised proactively as part of dementia care across all services.
- People living with dementia who are identified as in the last days of life will be referred to the end of life and bereavement team and triaged within 24 hours.
- People living with dementia with complex palliative symptoms will be referred to the ELHT Specialist Palliative Care team for triage and advice
- If necessary, a multi-disciplinary team will be formed to support goals and priorities of care discussions.
- ELHT will improve community support towards recognising end of life care in dementia.

Measures of success:

- RESPECT / Advance Care Plan audit data
- Staff education data (Mayfly/ further advance care planning training)
- Patient experience data
- Palliative care and bereavement referral data

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ELHT reporting



Looking forward

Communicating our plan

An easy-read summary will be launched alongside the plan to allow for ease of reference. There will be an action plan outlining the steps and realistic timeline to achieve them.

Aligning our plan

This plan will align with the Lancashire and South Cumbria ICB Dementia Strategy 2025–2030, as well as the Age Well Partnership Age UK Blackburn with Darwen Dementia Action Plan to demonstrate commitment to the implementation and development of improved services for people living with dementia and their carers.

Measuring outcomes

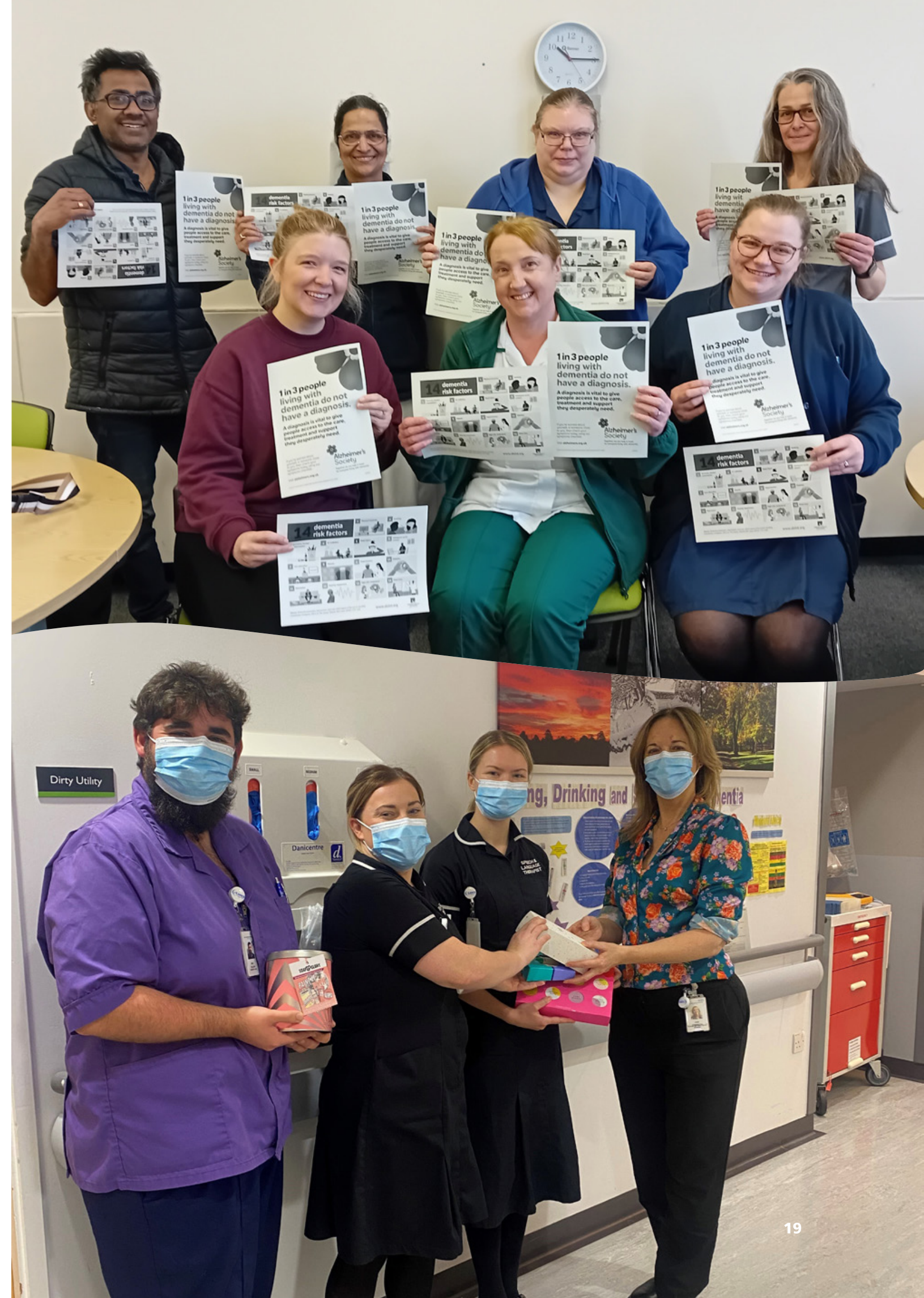
Outcomes against these standards will be measured against the National Dementia Toolkit Audit once established, as well as standards set through NICE Guidance and the National Audit of Dementia, with recommendations feeding back into the service.

Annual review

This plan is an evolving document which will be formally reviewed annually to ensure it is fit for purpose with further actions or steps to achieving our priorities and actions being identified if required. Commitment and effective implementation will also be measured through annual audit.

Maintaining progress

To ensure effective rollout and monitoring of progress quarterly reporting and review will be conducted at the Trust's Patient Experience Group. The Trust board will also be kept up to date through upward report via the Trust Quality and Safety Committee.



Thank you...

Thankyou to all ELHT colleagues, patients, carers and third party organisations that supported the creation of this plan.

