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PRIFYSGOL BANGOR UNIVERSITY

Dementia Care Mapping

Implementation Guide

2022

GIG CYMRU NHS WALES
Iechyd Cyhoeddus Cymru
Public Health Wales

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Contents

1 Introduction

This implementation guide represents a commitment that all people living with dementia should experience care, which is person-centred, safe and supports their well-being when using care services in Wales. Dementia Care Mapping (DCM) in Wales is used to understand the experience of care from the perspective of people living with dementia and to inform positive actions to promote person-centred approaches.

This guide illustrates a process for health services in Wales to embed DCM into practice. Whilst it suggest actions and interventions to embed the use of DCM, it is also recognised that health boards may have already taken different approaches to DCM and should adapt and align the guidance to their own localities.

Information about DCM, including case study examples can be found in the DCM national strategy.

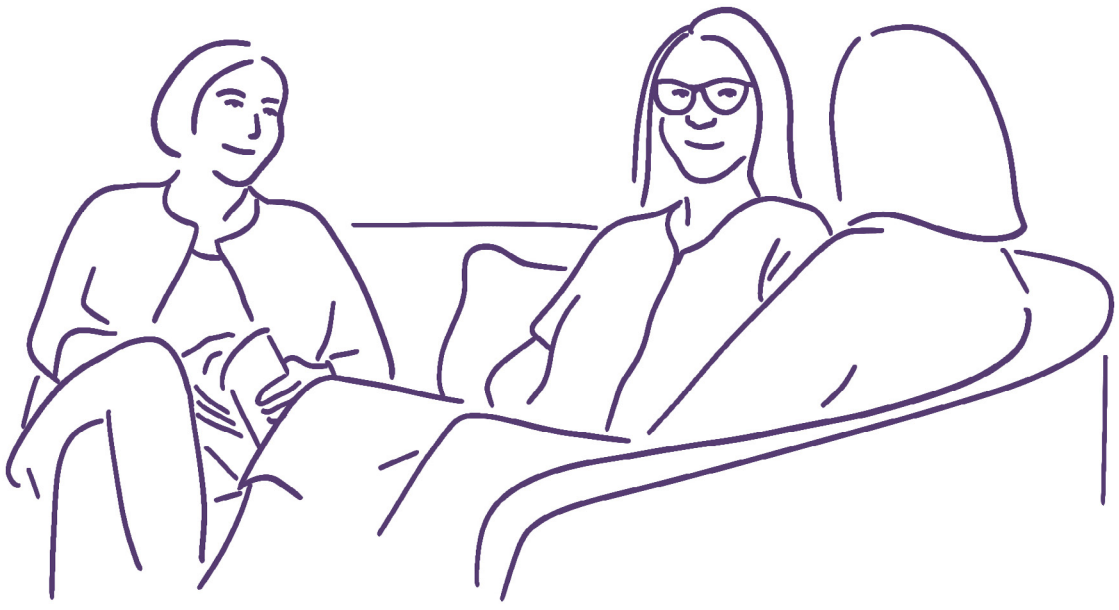
2 Dementia Care Mapping Implementation Guide

DCM is included in the *All Wales Dementia Care Pathway of Standards* (Improvement Cymru and Welsh Government, 2021). The delivery of the standards is expected in 2023 with a focus on readiness and self-assessment prior to the delivery period. This provides an opportunity to align existing work and interventions, review systems, review resources and engage with communities and partners to develop a regional integrated approach to implementing the dementia standards.

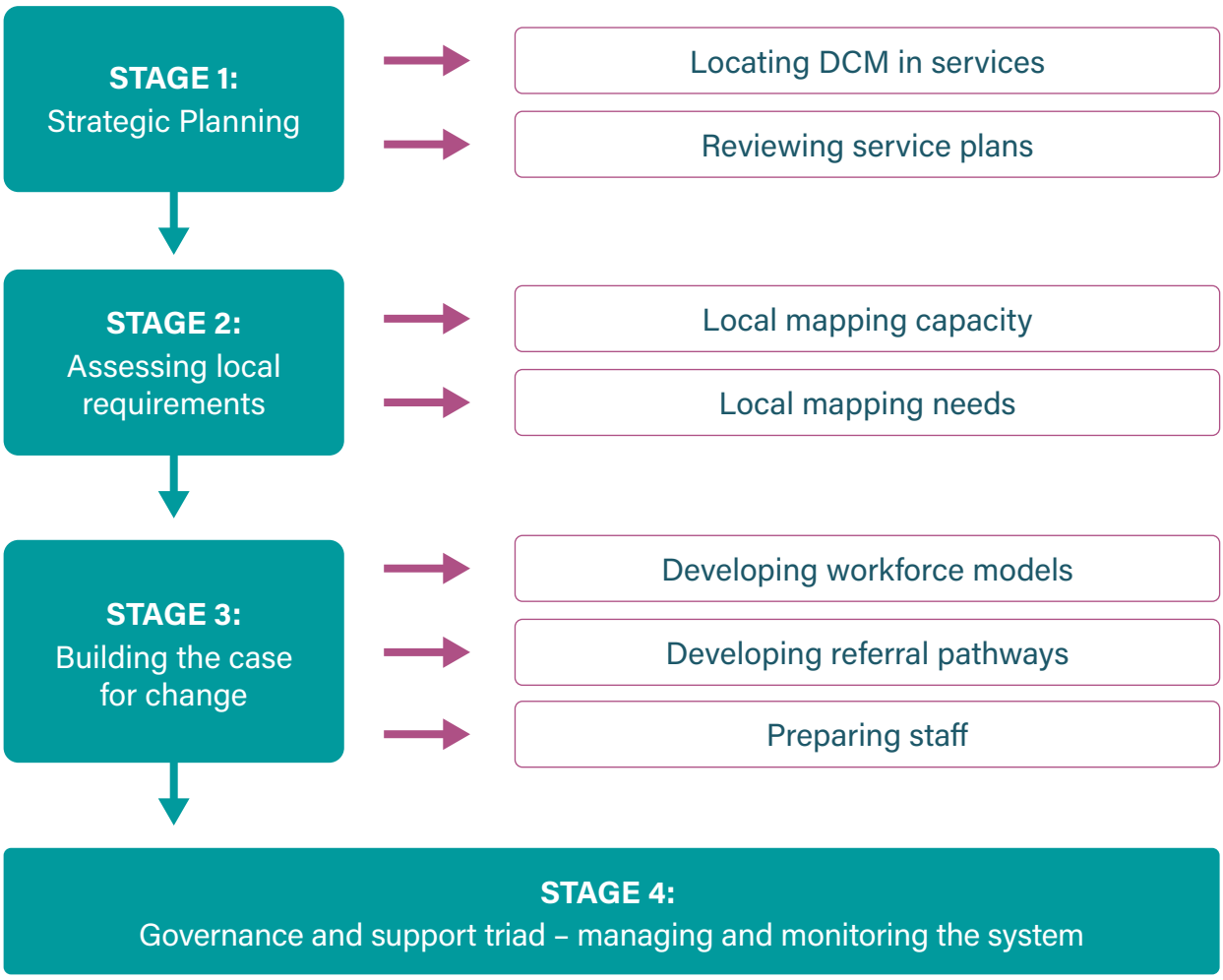
This document presents a step-by-step guide for health boards to consider the current provision of DCM within their locality, develop a service model and deliver change.

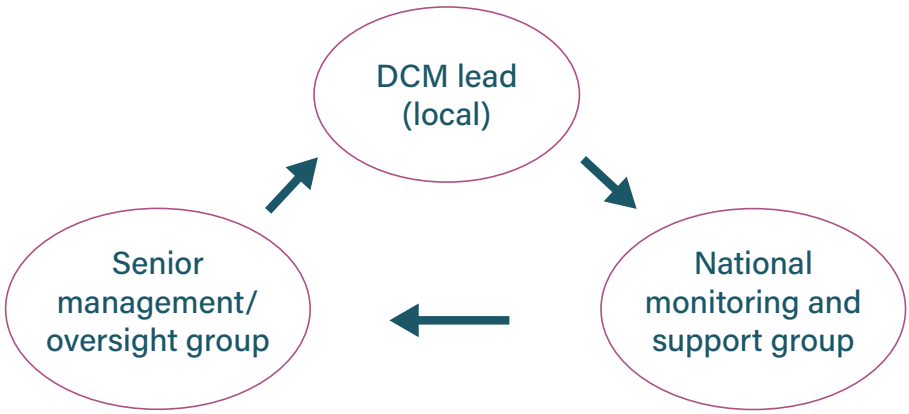
2.1 Strategic planning (stage 1)

- A local strategic plan must be developed for DCM in each health board in Wales.
- Service plans must recognise DCM as an integral part of services for people living with dementia.
- Work plans and job descriptions must ensure that mappers have protected time to implement DCM.
- Full-time mappers must be supported to lead the DCM provision within the service.



Implementation Guide for the Dementia Care Mapping Process





Local health services should develop a clear outcome-focused strategic plan to identify the short, medium and long-term goals to embed DCM into routine practice. These plans should be co-developed with key partners, including people living with dementia, their families and carers, DCM mappers and the wider public.

The strategic plan and the provision of DCM should be embedded in an appropriate service within the health board. Whilst DCM can be used in any health setting, the delivery of dementia specific care (from diagnostic memory services to inpatient acute older person's mental health wards) supports the location of DCM within mental health services, however this should not prevent other services from accessing DCM.

The strategic plan states that DCM is located within health board service planning and is recognised as a mandatory element within mental health services. DCM should not be considered as an optional activity or an activity, which can be delayed or cancelled in favour of other service provisions. DCM should be highlighted as an integral and routine practice of the mental health service.

DCM should be embedded in work plans. The strategic plan recognises that embedding DCM into mental health practice requires staff who are not only qualified mappers but who are also allocated the time, within their job roles, to undertake mapping exercises. This protected time in work plans and job descriptions must be mandatory for all trained mappers involved in the delivery of DCM in the service.

The plan should recognise that changes within the mental health service itself may be required to support the goal to embed DCM practice. Considerations should include whether the DCM goals can be supported within existing service frameworks or whether new service requirements need to be developed. DCM mappers should be classified as a health team and will therefore require the same service frameworks and support as other teams within the service.

Changes in work plans and job descriptions should be made to allow mappers to allocate appropriate time for mapping activities. This should also include the employment of full-time DCM mappers who should have no managerial responsibilities but lead the provision of mapping and change within the service. A service without a full-time DCM mapper to lead the service is unlikely to embed DCM as routine practice within its health board.

2.2 Assessing local requirements (stage 2)

To realise the goals of the strategic plan, the health board should develop a complete picture of the current DCM provision within its services and the future DCM needs of the local population.

As part of this assessment, health boards should look to:

- Understand the current provision of DCM locally. This should include the identification of qualified DCM mappers currently employed by the health board. Each DCM mapper should report their previous and current application of the tool, regarding both time and location.
- Identify any current programmes of regular DCM mapping, which are currently being undertaken within the health board. This assessment should also include other tools currently used in the health board to promote person-centred care.
- Estimate the overall incidence of people living with dementia referred to inpatient services. These estimates should inform the planning of workforce requirements to meet the strategic goals.
- Understand the local provision of inpatient care for people living with dementia across the health board.

2.3 Building the case for change (stage 3)

From the assessment of local requirements, the health board should continue to work with the identified stakeholders to agree an outline for the future DCM service model. The service model should be agreed within the context of current national plans and standards:

- Dementia Action Plan for Wales 2018-2022
- All Wales Dementia Care Pathway of Standards

Once an outline of the future service has been developed, objectives should be co-produced, which address the short, medium and long-term requirements to move the existing DCM service to the future model in 2023 (in line with the All Wales Dementia Care Pathway of Standards readiness and delivery timescales).

The health board should:

- Apply their understanding of local need to inform the development of a DCM workforce model. The service model should identify the number of full-time mappers who will act as DCM leaders, the number of part-time mappers, the number of DCM teams across the health board and management.
- Develop a referral pathway for DCM. The mechanism for referral should vary between the services requesting a mapping exercise. It must be observed that mappers who have achieved either basic or advanced DCM status are only permitted to map in care environments directly related to their care organisation. Basic and advanced DCM mappers should not accept referrals from care environments, which are disconnected from their own care organisation.
  - For inpatient mental health services with people living with dementia, mapping should be regularly completed as part of routine practice. A referral pathway for mapping outside of the regular routine should be developed. Referrals from other health services could be made directly to the DCM service.
  - The health board's general inpatient services should have a separate referral process. If mental health services lead the provision of DCM, liaison psychiatry services may be well positioned to review the need for DCM within these services and may be well placed to refer services or individuals for mapping.
  - Care home services, which are linked to the health board through their liaison teams and nurse practitioners, may be referred through these links to health services. When identifying workforce members to train as mappers, members of these teams should be considered.
  - Prison services, linked to the health board through liaison services, should also have a referral pathway for DCM provision. This could also be addressed through any links to health services.
- Ensure that all services linked to the health board's provision of care for people living with dementia are able to request input from the DCM service.
- Promote further research into the application of DCM, potentially in partnership with external collaborators.
- Include the frameworks underpinning DCM in dementia education programmes for health board staff. Embedding DCM into routine practice should also include raising awareness about the tool and service with staff who are not directly involved in the provision of the service.
- Consideration should be given to a local public awareness campaign. The wider public should be aware that DCM will be a routine practice in the health board. A campaign should provide an understanding of what DCM is and how it is used in the health board.

2.4 Managing and monitoring the local system (stage 4)

Once the service model, including workforce development and recruitment has been outlined, the mechanism for appraisal and support should be considered with stakeholders. This appraisal should identify routinely collected assurance data to ensure the objectives from the service model are being achieved.

The collection of data and overall project management should be led by the DCM team lead, to ensure that the objectives are achieved. This aligns with the All Wales Dementia Care Pathway of Standards measurement handbook as detailed in Standard 20.

The Dementia Care Mapping (DCM) lead(s) should:

- Oversee all DCM activity within the health board. This would include responding to referrals, managing waiting lists and arranging DCM exercises throughout the health board.
- Collect all DCM mapping data conducted within the health board. This should include the locations of completed maps and the mappers involved.
- Report DCM results to the senior management team. DCM should be included in the health board's clinical governance strategy. A schedule for reporting the performance of the health board's DCM strategic plan against the objectives in the service model should exist within current performance monitoring systems.
- Share non-confidential DCM data with the national DCM monitoring and support group.
- Support less experienced mappers. This would include ensuring that DCM data is interpreted correctly, supporting feedback sessions and providing supervision.

The health board should:

- Ensure that all mappers are provided with protected time to engage with locally held supervision. Whilst the DCM lead should facilitate supervision for mappers, the management team must ensure that mappers are given time to access this support. A suitable supervisor for the DCM lead should also be identified.

Care environments should:

- Take full responsibility for the development and delivery of action plans during the DCM process. Propositions must be developed by staff, which are time-focused and measurable during action planning. Processes must be developed by care environment managers and leads to ensure that all staff are aware of the developed action plan and the actions required to achieve this.
- Ensure that the DCM process is transparent. Feedback and action plans should be available to key stakeholders, with confidentiality of all parties upheld.

2.5 Managing and monitoring the national system (stage 4)

For DCM to be embedded throughout Wales, national support networks and oversight must also be mandatory.

National organisations (including Improvement Cymru and NHS Wales) should support the development for a national DCM monitoring and support group. This group should include stakeholders from health boards (including DCM leads) and people living with dementia and their families and carers.

The national group should:

- Collate the data shared by health boards and compare this to the health board's objectives on an annual basis. The national team should design a feedback template, which should be completed for each health board. This feedback should report the national group's reflections on the health board's progress and suggest improvements to the local DCM provision.
- Create a mechanism for networking at a national level for DCM mappers and particularly DCM leads. This networking system should encourage the national perspective that the local provision of DCM should lead to national success.
- Arrange an annual conference for DCM mappers and stakeholders to share good practice, research activity and support.
- Support the connections between the DCM network and the overarching national programme of dementia care improvement. The network must be connected to the Wales Dementia Friendly Hospital Charter 2022 as both support improvements for the in-patient experience. Connections must also be supported between the DCM network and the dementia learning and development network and its alignment to the work of the national dementia steering group as outlined in the Wales dementia pathway of standards delivery framework that supports readiness and implementation of the standards.

Abbreviations

DCM	Dementia Care Mapping

References

Improvement Cymru and Welsh Government (2021) All Wales Dementia Care Pathway of Standards. Improvement Cymru and Welsh Government

Welsh Government. (2018). Dementia Action Plan for Wales. Welsh Government.

Acknowledgements

Dr Ian Davies Abbott

Lecturer in Healthcare Sciences (Mental Health Nursing), Dementia Studies Course Lead, School of Medical and Health Sciences, Bangor University, has developed the strategy and implementation guide with key partners, in support of the Improvement Cymru Dementia Care Programme and the Dementia Care Pathway of Standards.

We would like to express our thanks to members of the Dementia Voices and CABAN groups for their input into the development of the national strategy and implementation guide.

We would also like to thank for their valuable feedback, guidance and suggestions during the development of these documents:

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DCM leads from across Wales

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Published March 2022

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