



University of Essex



**East Suffolk and  
North Essex**  
NHS Foundation Trust

# Working together in Dementia Care

Partnership Event

School of Health and Social Care

University of Essex

15<sup>th</sup> May 2025

Summary: This report is a summary of the partners involved in this event, overview of the presentations, the workshops, discussions and a presentation of the feedback.

Project Team: Prof. Camille Cronin, Dr Rachel Marrow, Victor Ashby, Rebecca Impson,  
Marie Alexander, Thomas Currid.  
Email: [demfocas@essex.ac.uk](mailto:demfocas@essex.ac.uk)

## List of Partners

East Suffolk and North Essex NHS Foundation Trust (ESNEFT)  
Essex Partnership University NHS Foundation Trust (EPUT)  
Healthwatch Essex  
Healthwatch Suffolk  
CVS, Tendering  
The Health, Wellbeing and Care Hub, University of Essex  
Institute of Health and Wellbeing University of Essex  
Carers of People Living with Dementia (PLWD)  
Older Adult Mental Health, Dementia & Frailty Service, South East Essex, EPUT  
School of Health and Social Care, University of Essex,  
School of Computer Science and Electronic Engineering, University of Essex  
Research & Enterprise Office (Impact), University of Essex  
#Dementia Research Network, University of Essex  
DemFoCAS Research Team





## List of attendees

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Victor Ashby	va23558@essex.ac.uk
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Caroline Szabo	caroline.szabo@cvstendring.org.uk
Mary Kennedy	mary.kennedy@essex.ac.uk

## Programme of the Day – 15<sup>th</sup> May 2025.

Agenda		
0930-0950	Arrival, registration, refreshments & networking	
0950-1000	Facilitator	Welcome & structure of day
1000-1015	Speaker 1	Rachel Marrow DemFoCAS (Dementia – Fundamentals of Care in Acute Settings)
1015-1030	Speaker 2	Smruti Busari IPHW
1030-1045	Speaker 3	Nancy Smith, MSE
1045-1100	Speaker 4	Rebecca Impson – Magic-DemFoCAS
1100-1115	Break	Refreshments
1115-1230	Activity	Discussion on dementia friendly patient info, website, and environments
1230-1300	Break	Lunch and networking
1300-1315	Speaker 5	Victor Ashby DemFoCAS - mapping
1315-1400	Activity	Interactive discussion & feedback on patient mapping
1400-1415	Break	Refreshments
1415-1525	Activity	Discussion and planning - How do we collaborate further?
1525-1530	Close	Part 4 - Round-up

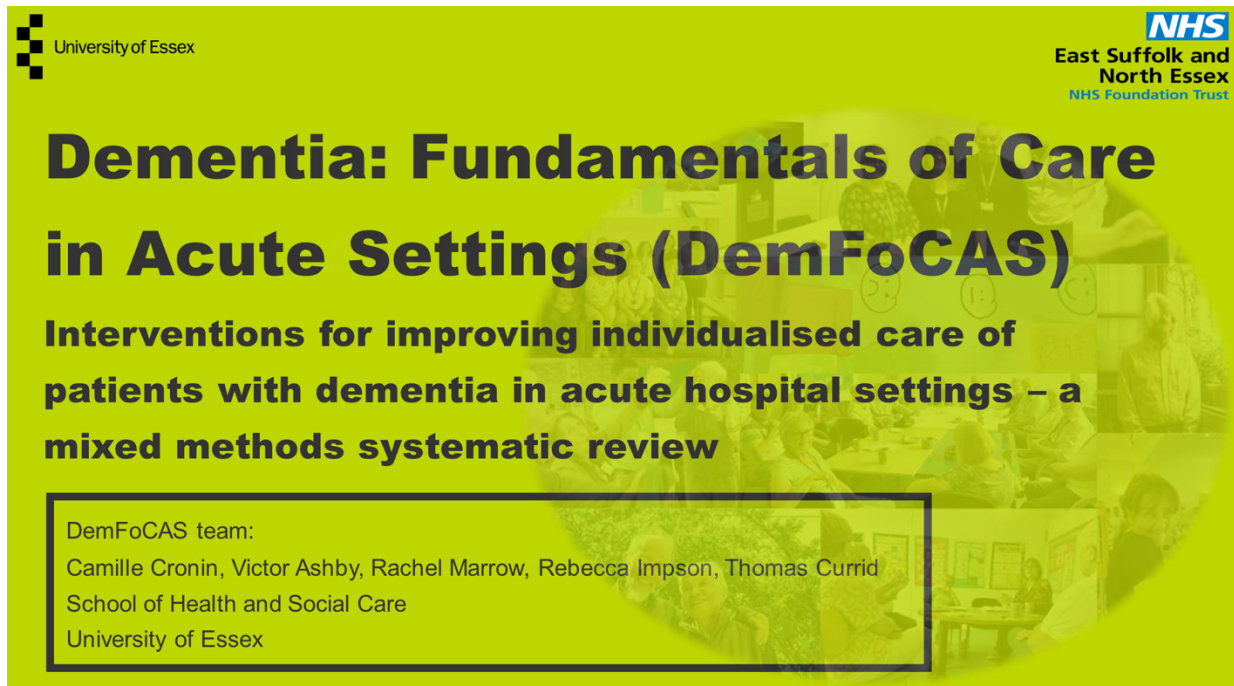
### Aim of Event


The *aim of the event was to provide an update* on the project DemFoCAS (Dementia – Fundamentals of Care in Acute Settings), a partnership with East Suffolk and North East Foundation Trust (ESNEFT) and the University of Essex. We also wanted to share related research and activities on and around dementia care in the local area.

Other objectives were to meet and work with our partners, stakeholders, carers and People Living with dementia (PLWD) and share ideas and activities whereby we could present, discuss, and get critical feedback to inform the project. Working with our partners, stakeholders, carers and PLWD is an important part of the DemFoCAS project, and we want to make sure we have opportunities to work together and together with our steering group ensure the project continues to be co-designed, co-produced and co-evaluated.

The event was planned in four sections: presentations, discussing dementia friendly outputs of project, presentation and activity around patient journeys, and finally an activity on collaborative mapping essentially focusing on the next steps.

## Presenters Session (Slides presented in the appendices)



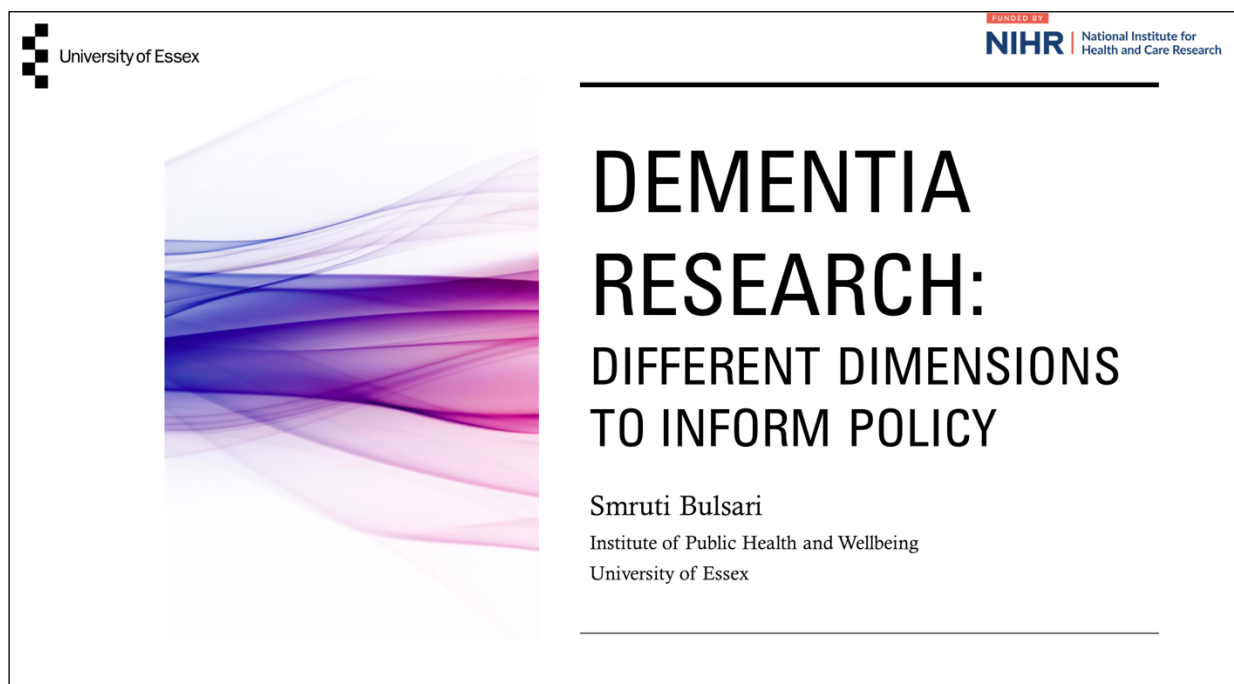
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# **Dementia: Fundamentals of Care in Acute Settings (DemFoCAS)**

**Interventions for improving individualised care of  
patients with dementia in acute hospital settings – a  
mixed methods systematic review**

DemFoCAS team:  
Camille Cronin, Victor Ashby, Rachel Marrow, Rebecca Impson, Thomas Currid  
School of Health and Social Care  
University of Essex



 University of Essex

 **NIHR** | National Institute for  
Health and Care Research

# **DEMENTIA RESEARCH: DIFFERENT DIMENSIONS TO INFORM POLICY**

Smruti Bulsari  
Institute of Public Health and Wellbeing  
University of Essex



Essex Partnership University  
NHS Foundation Trust

# South East Essex Ageing Well Carers Intensive Support Team

**15<sup>th</sup> May 2025**

***Nancy Smith - Carers Intensive Support Lead***  
***nancy.smith9@nhs.net***

EPUT



University of Essex



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## Exploring the use of “Magic Tables” \_for people living with dementia \_admitted to the acute hospital setting

Proposed PhD Project 2023 – 2026

**Rebecca Impson Greenleaf**

MSc (Gerontology), BSc HONS (Physiotherapy)

Extended scope Physiotherapist Older People/Frailty at Colchester Hospital & Clinical Academic  
Research Lead for AHPs at East Suffolk and North Essex NHS Foundation Trust (ESNEFT)

PhD student at University of Essex with the ESNEFT commissioned Dementia - Fundamentals of  
Care in Acute Settings project (FoCAS) in the School of Health and social care

### Presentations



# Round Table Discussions

## Activity 1

### Workshop Exercises - *dementia friendly patient info, website, and environments*

Camille to introduce activity with 3 areas (use poster or A3) where groups discuss, add to paper and move around adding to the themed discussion

#### 1. Website

Please could you look at the [ESNEFT website](#) before the event

Can you find the following:

- Ward visiting times
- How to get to a ward
- Support for a carer
- Support for a PWD – If I have dementia what support is there for me?
- Going for a cup tea
- What food are you serving? On the ward? For me as a visitor?
- How do I park my car



Based on this activity discuss ...

- Website being redesigned
- provision of what's available in the community for people living with dementia and their carers
- difficult where to find things, the menus are a bit unclear
- extended visiting hours very unclear and not updated
- Accessible drinking water - unclear information about taps that water can be drank from
- link to AccessAble (assessment of access to each ward) is an improvement
- support for people with dementia - there is a telephone number, making stays better and support chaplaincy, volunteers, butterfly
- parking - good easy to find
- wards - individual wards, locations, hours, visiting, phone number, direction, hospital maps
- PALS - contact numbers, e-mail, hospital map
- meal times
- virtual tours of community hospitals at Ipswich being updated





## 2. Patient Information

What do patients need?

What do carers need?

In what form should information come in?

Any other ideas

- Options for information (tech), QR codes, written, pictures, video and verbal
- Not to overwhelming
- Communication an information needs to be easy to read and site specific i.e. use yellow paper and use first language
- It should be open and welcoming to manage expectations
- Who to contact - up to date details
- Opportunities
- Information and use of “This is me” and how to use it
- Regular contact
- Active involvement and personalised information
- Point of contact on the ward
- Promote patient independence
- Staff to follow instinct on dealing with patients
- Symptoms to be recognised and followed up
- Carers need to understand how the wards work
- Different staff members which is unclear - uniforms/lanyards need to be clearer and more understood
- Information point on the ward
- Information pack if discharged to the virtual ward
- Discharge letter to be provided on discharge and not later on
- Carers’ pack to be provided
- Easy access to specialist services
- Follow up phone calls
- Patient/carers survey forms
- Provision of crisis line ... to call if in need



## 3. Environment(s)

How do you feeling when walking in a hospital?

- **Seems so big in the hospitals**
- feeling hopeful to be able to help
- feeling small and not understanding
- feeling lost
- feeling grateful for the supporters
- Feels trust broken but can rebuild (had a different experience after the first bad experience)



- not being familiar with the environment and what to expect
- feeling **overwhelmed** and concerned about being late
- feels anxious about doing her best
- **Directions** sometimes not very clear, need more visuals
- not being able to understand what the PLWD is thinking or feeling

**PLWD are usually admitted via the ED – what can be improved?**

- Listen to care of concerns
- listen to family/carers as they can advise the sudden changes and symptoms
- better training for Triage staff
- Better staff understanding about dementia
- less information provided to carer/family waiting
- extra training offered to ED staff re: dementia
- extra staff to support on ED
- Staff to be aware of different types of delirium
- indication how long people have to wait
- consider the environment - possible alternative environment
- is signage designed with input from patients and family living with dementia
- Make ED dementia friendly - EG bus stop wall paintings reduce noise separate room where possible
- CVST/ Dementia Nurse



**Patients (PLWD) often have many ward moves – can we do anything about this?**

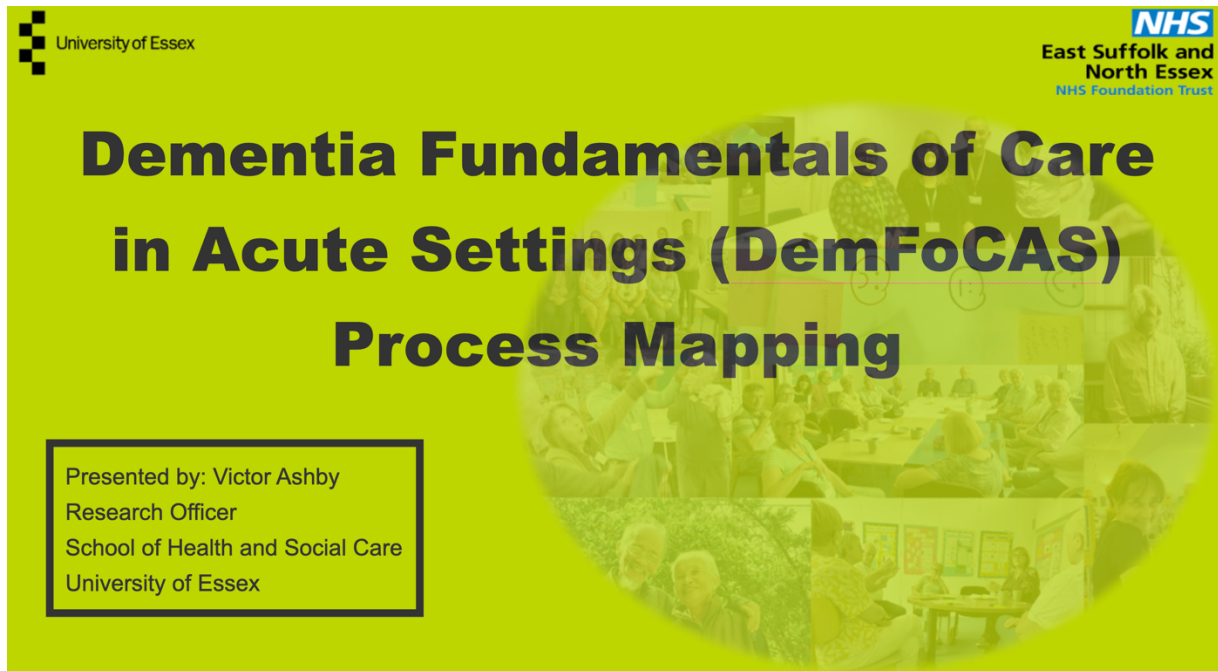
- Ward moves patient is at risk assess for suitability
- ward environment upgrades some upgrades are old and do not meet needs
- use of tech in areas with no windows
- follow lines to follow

**Anything else to add?**

- GoPro - video of different wards department upload to website to provide reassurance
- wall murals of local landmarks
- Ensuring safety on wards for PLWD
- Personal items/glasses/teeth/hearing aid
- Explore opportunity to have young volunteers in ESNEFT

## Speaker 5 and Activity 2 (Victor)

Presentation and introduce a table focused activity to each group



The slide features a green background with a collage of images showing healthcare professionals and patients. The title is in large, bold, black text. Logos for the University of Essex and NHS East Suffolk and North Essex are in the top corners. A text box on the left identifies the presenter.

**Dementia Fundamentals of Care  
in Acute Settings (DemFoCAS)  
Process Mapping**

Presented by: Victor Ashby  
Research Officer  
School of Health and Social Care  
University of Essex

### Interactive discussion and feedback on patient mapping

<b>1. How can we reflect the usage of 'This is me' in care notes?</b>	Ensure it is provided and completed. It should be taken with patient on their care journey Epic will store this information Will be linked to my NHS record It should be used
<b>2. What does a 'usual place of residence' mean to you?</b>	Own home, where someone lives Causes problems with telephone communications It is important to get this right for discharge planning Notes need to be updated/addressed and communication of admission/death system doesn't link May get better with NOVA
<b>3. What are the differences/similarities between a patient bed move and a ward move?</b>	Bed moves are used to meet need. Ward moves are done to meet specific medical needs The reason for admission may be the priority and there may not be a bed available The move can be related to the primary condition Probably used interchangeably: Bed move – patient is moved nearer for observations if deteriorating in the ward; Ward move – move from one ward to another based on bed pressure or speciality PWD should not be moved/should be avoided

<b>4. Are patient care notes checked at discharge?</b>	Should be checked Notes should be summarised for discharge summary Notes do not usually reflect the patient's status How do we know the notes are being checked
<b>5. How does EPR change the way we collect case notes?</b>	Store all information in one place Improve accuracy in the Trust for notes Epic is the leading global pt record Epic has taken over "Marie's life" Red flags and issues will be time stamped – no more written notes The interface will be used for primary care for ESNEFT only
<b>Scenario for question 6</b> <p>Jill, aged 82 is a lady living with dementia, her husband Jack aged 83 is the primary carer. Jill has a fall and is admitted to the 'Fundamentals of Care Hospital' with a minor head injury. Upon admission, Jill expresses with aggression and violent behaviours, these behaviours continue whilst Jill is in hospital. On day 3 when Jill's head injury is no longer apparent, the consultant prepares for discharge at Jack's request. Jack shares that Jill does not usually behave with aggression and violence when staying at their private dwelling. The MDT team persuades Jack who stayed the entire day with Jill in hospital to go home and rest. On the morning of day 4 the MDT team discusses safeguarding issues for the husband Jack, they agree that Jill needs more appropriate care. Jack is then told that afternoon that Jill needs to complete some tests to ensure that she is fit for discharge. Over the next few days Jill is medicated and cared for. She is eventually discharged to a temporary place of residence.</p>	
<b>6. Was this the best outcome for Jill and Jack?</b>	Include Jack in the process. Were Jill and Jack consulted. Is this behaviour temporary? All agreed no Did they ask Jill? Sent Jack home while making decision Did they include Jack in the prep for home Assumption vs safeguarding – did they listen to Jack? Need a more PCC approach – more communication was needed Capacity + best interest for patient Preferences were not considered Could Jill go home? What community services were involved? Was the aggressive behaviour temporary? Can we influence patient behaviour in hospital? Need to review the behaviour charts Include Jack in the process

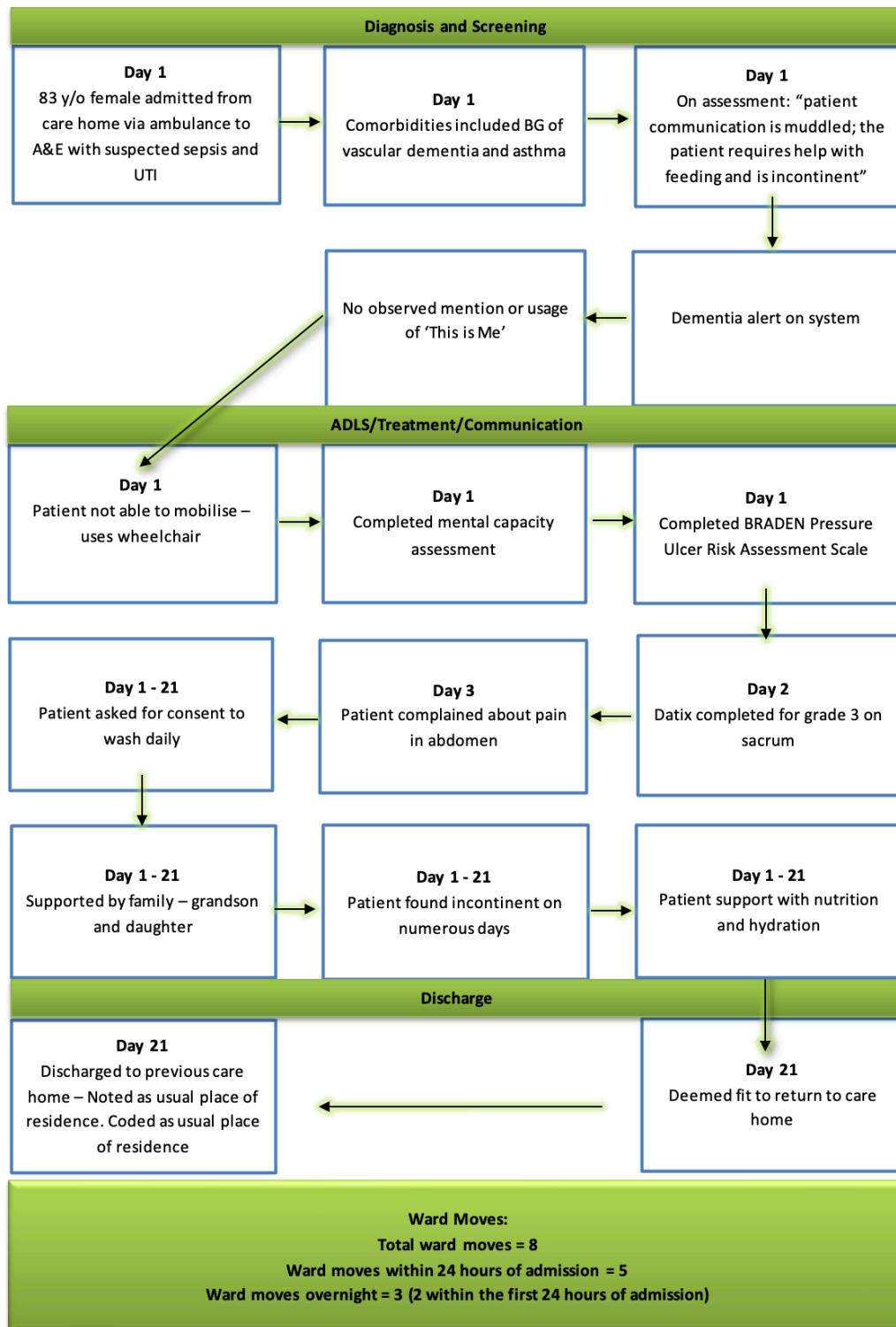
## Conventional Process Mapping

### Case 4 – what does muddled mean?

Suspected sepsis and UTI but the reader is unaware of the outcome of these presentations

Day 3 “pain in abdomen” needs further investigation

Too many ward moves within the first 24 hours



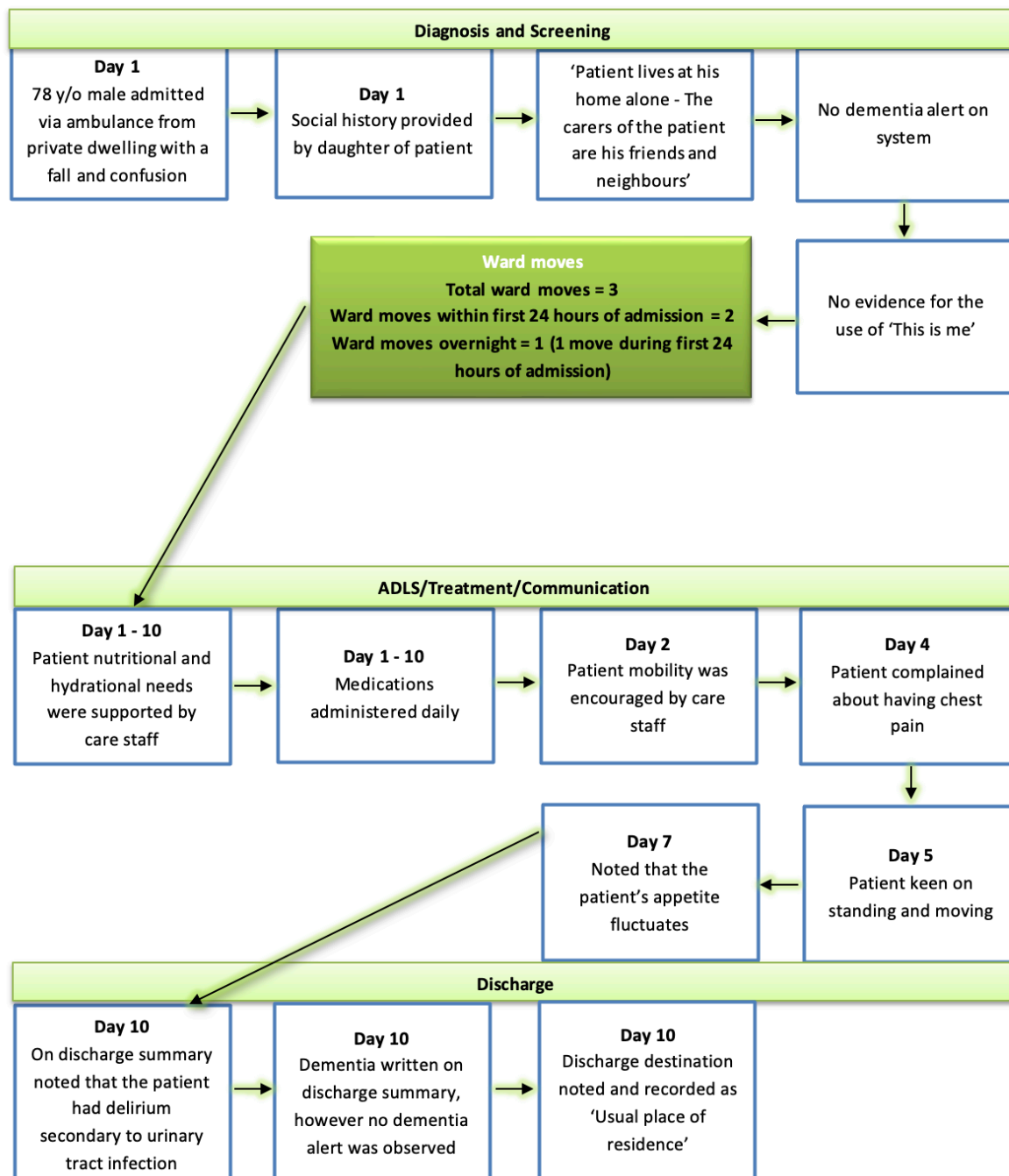


## Case 5

"This is me" - should be a digital passport

Need to know what support was needed for the patient during their stay

Where did the dementia diagnosis come from?

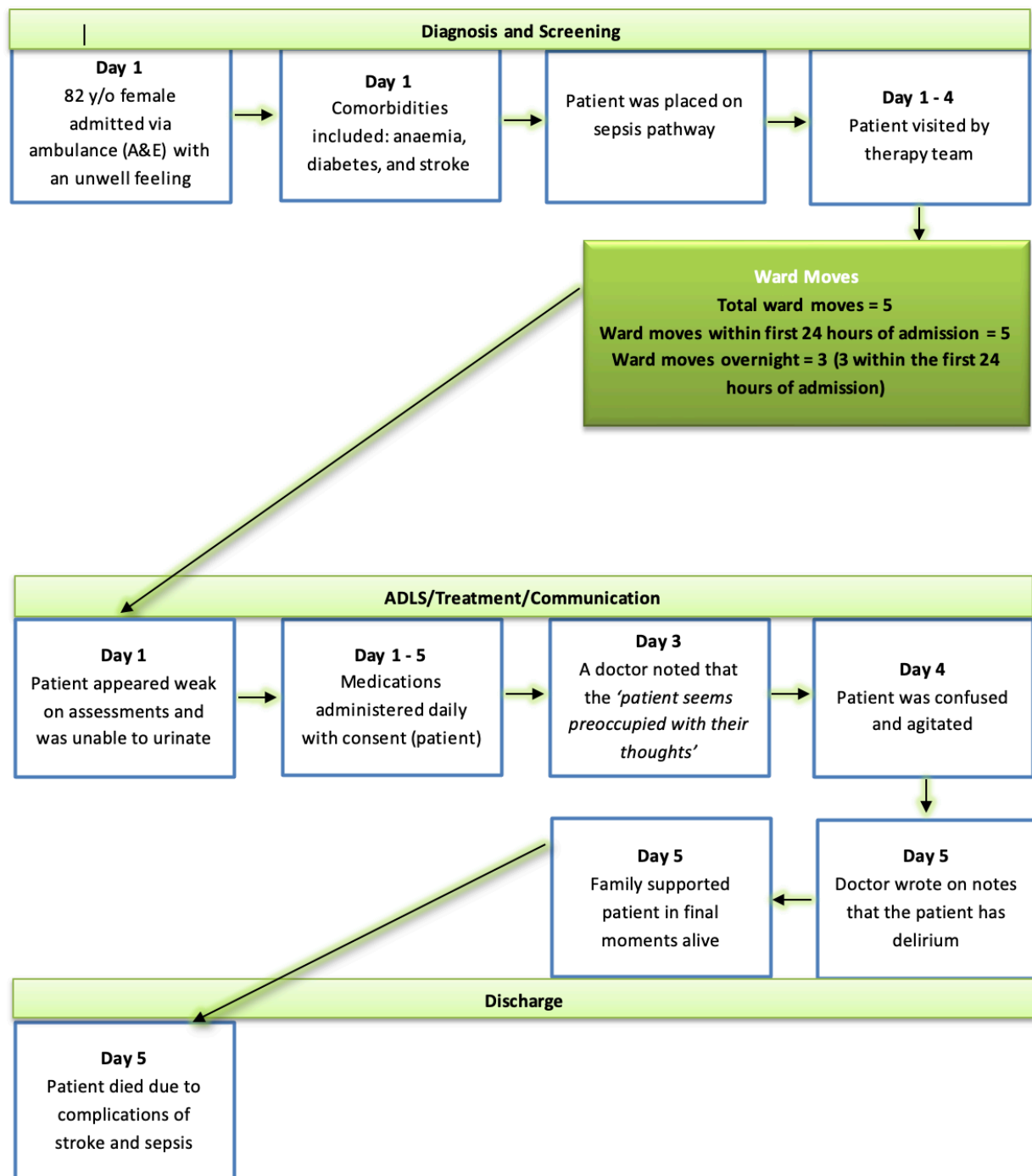


## Case 6

Too much time taken trying to figure out the problem

Ward moves may have been necessary

Not enough information provided



## Activity 3 - Collaboration Roadmap

How do we collaborate further?

### Purpose:

To help mixed stakeholder groups (researchers, clinicians, academics, service users) reflect on what's next, identify shared goals, & outline steps for future collaboration.



### Group Work: Collaboration Roadmap (30 minutes)

Each group fills in the roadmap collaboratively, answering and discussing the following:

#### 1. Shared Vision (5 mins):

*What do we want to achieve together in the next 1–2 years?*

(Focus on shared values and outcomes)

Evidence DemFoCAS has contributed to change

Review care records and changes after EPIC

Holistic approach to health

Review service by ECC as wrong contract strategy

Health model GP accessible/confident referral to Kingswood

Increase support for Ness and Holly for adequate support on wards

Dementia services to have bigger teams and more oversight

Delirium as a separate group

High volume of patience in ESNEFT cohort versus number of staff

Supporting patients in the right place and admissions avoidance, appropriate diagnosis  
invest in services i.e. CIS signposting

#### 2. Challenges & Barriers (5 mins):

*What could get in the way of collaboration? How might we address it?*

Changes in personnel

Organisational changes

Government decisions

There are no robust Essex dementia strategies in place

Dementia being de-prioritised

Funding

Linking community in to NHS

Reorganising & funding to reopen Colchester helpline

Set patient expectations with GP and hospital in advance

Money, time, awareness of service, staffing levels, resources and demographics

#### 3. Opportunities & Strengths (5 mins):

*What assets or opportunities do we bring individually and collectively?*

Diverse experience

We are a collective voice with similar values and beliefs

Using good practise from other areas to influence ESNEFT is an area of opportunity

People present today

ECC contracts for carers support

They have a competitive collaborative model

Carers voice at Healthwatch

Basics EG pain and Constipation how do we get this right and support patients to communicate

**4. Who Does What (5 mins):**

*Who is interested in being involved, and what roles might they take?*

Volunteer roles for Magic tables (CS)

Ambassador role (NS)

View on procurement strategy ECC

Health and Wellbeing at the University

Ness already involved

**5. Next Steps (10 mins):**

*What are 1–2 concrete next steps or pilot ideas we can explore together?*

Keep in touch (how?) Email list, LinkedIn, zoom calls/meetings, t

Task and finish group

Involve ECC

Carers Voice needed at hospital,

More volunteers in the community hospitals and volunteering initiatives

**Part 4 - Round-up**

Bring everyone together, thank and advise how feedback will be given

- We will collate evaluations, draw up a summary report and circulate presentations.
- We will follow up with an online meeting.

## Evaluation

After the Working Together in Dementia Care Event, a QR Code was shared with the audience to gather an evaluation of the event, and a further email together with circulating the presentation slides.

### Summary of the evaluation – feedback from 12 attendees.

1. Overall, how satisfied are you with the event?



2. Is this your first time attending events like this?



3. How would you rate the following for the facilitator?

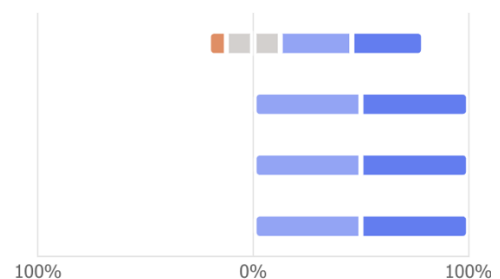
Not well at all   Not very well   Somewhat well   Very well   Extremely well

Explained the purpose of the event

Maintained my interest throughout the duration of the event

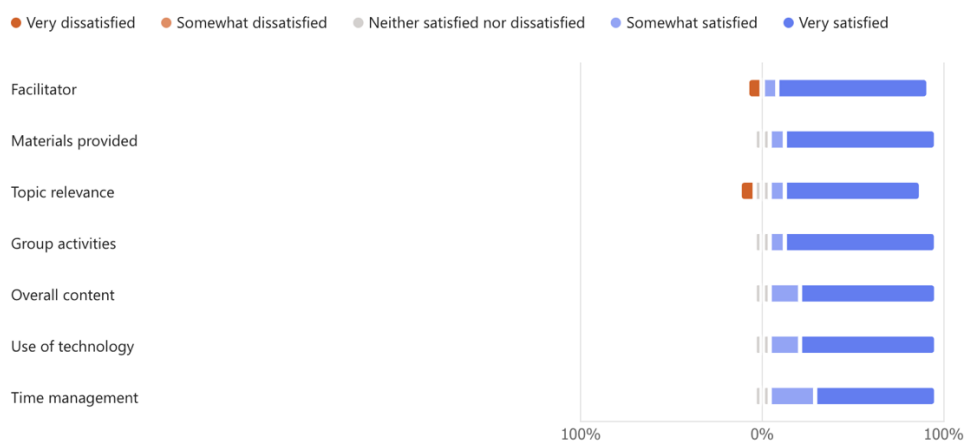
Encouraged attendee participation

You felt that you had enough time to participate



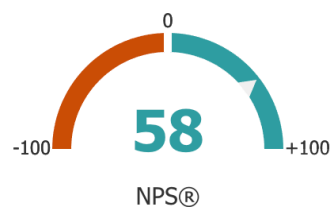


4. How satisfied are you with the following aspects of the event?



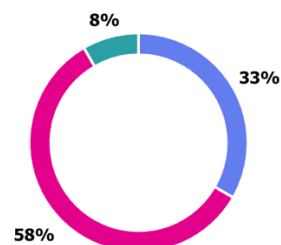
5. How likely are you to recommend the event to a friend or colleague?

Promoters	9
Passives	1
Detractors	2



6. Were your expectations of the event met?

Beyond my expectations	4
Met as expected	7
Below my expectations	1



7. How could the event be improved?

5 Responses

ID ↑	Name	Responses
1	anonymous	A proper lunch
2	anonymous	Let's have more meetings like this
3	anonymous	Cant think of any improvements at this time
4	anonymous	Perhaps having discussion forums designed to answer specific questions. This could help engage the audience more and give them more room to share.
5	anonymous	Action Plan

## Summary

The "Working Together in Dementia Care" event, held on 15 May 2025 at the University of Essex, brought together researchers, clinicians, carers, and people living with dementia to share progress on the DemFoCAS project and explore wider dementia-related research and care initiatives. The programme included presentations, interactive workshops, and in-depth group discussions around patient information, hospital environments, and collaborative care mapping. Feedback from participants highlighted the importance of accessible information, personalised care, better communication, and continued multi-agency collaboration. The event fostered a strong sense of shared commitment and created a space for generating practical ideas to enhance dementia care across hospital and community settings.

## Conclusion

This event underscored the value of partnership, co-production, and shared learning in addressing the complex needs of people living with dementia. Participants identified several systemic challenges—such as fragmented services, unclear care pathways, and under-resourced environments—but also recognised significant opportunities to drive meaningful change through collaboration. The DemFoCAS project continues to provide a vital platform for innovation and feedback-led improvement in acute care for people with dementia. Maintaining this momentum will require sustained engagement, cross-sectoral leadership, and inclusive planning that prioritises the voices of carers and those with lived experience.

## Recommendations

1. *Improve Accessibility of Information*  
Ensure dementia-friendly design of hospital websites and physical environments; provide clear, simple, multi-format information for carers and patients.
2. *Strengthen Communication at All Stages of Care*  
Prioritise clear roles, consistent staff identification, and proactive updates throughout a patient's journey—especially during transitions like ward moves or discharge.
3. *Promote the Use of Tools Like "This is Me"*  
Standardise use of patient-centred documentation to personalise care and improve continuity across settings.
4. *Enhance Dementia-Specific Staff Training*  
Increased awareness and specialist training in frontline services, including emergency departments, to better respond to dementia-related behaviours and needs.
5. *Foster Collaborative Research and Practice*  
Continue engaging stakeholders in co-design and co-evaluation of services; build on the strengths and experiences within the network.
6. *Increase Visibility and Engagement of Carers*  
Include carers more actively in decision-making and provide accessible, tailored resources to support their role.
7. *Leverage Technology Thoughtfully*  
Explore digital tools like QR codes, virtual tours, and patient portals to support information sharing and engagement.

## Next Steps

- Collate and share this summary report and presentation materials with attendees and partners.

- Establish a regular follow-up forum (email group, Zoom check-ins, or LinkedIn group) to maintain communication.
- Form a “Task and Finish group” to explore key pilot ideas, such as a volunteer support initiative or the digitalisation of the “This is Me” passport.
- Engage local authorities and community providers, including Essex County Council and Healthwatch, in strategic planning discussions.
- Plan a future Dementia Network conference, involving people with lived experience, to review progress and deepen collaboration.
- Monitor and evaluate the implementation of these recommendations through regular stakeholder input.

## **Acknowledgments**

Thank you to Event Essex

## **Thank you**

A big thank you to all that attended.