

SELF FUNDED PHD OPPORTUNITY

Evaluating an enriched care management approach to improving quality of life for people living with dementia in the community.

Supervisory Team

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The Project

Applications are invited for a self-funded PhD that evaluates the effectiveness of a new outreach approach to the successful extra care housing based EOP (enriched Opportunities Programme) for people living in the wider community.

Background

A growing body of research evidence has demonstrated the potential of extra care housing to promote quality of life and wellbeing for older people (Atkinson et al 2014). Residents value a range of aspects of this later life setting, including independence, privacy, security and the availability of flexible care packages (Baumker et al 2012). However, it is also the case that, despite a common aspiration to provide a 'home for life', extra care housing often struggles to support residents with dementia. The only UK longitudinal study looking at how people with dementia fared in extra care housing over a three-year period showed that residents with dementia and their relatives were very positive about extra care as an experience (Vallelly, Evans, Fear, & Means, 2006). Nevertheless, over half were admitted to other care settings during the first two years. Reasons for moving on included 'challenging' behaviour, conflicts with staff and other residents. and increased distress.

However, one study has shown that the implementation of an intensive person-centred approach to supporting people at risk of exclusion in accommodation and care settings can have a substantial impact on their quality of life while at the same time reducing the level of moves to care homes and hospital admissions (Brooker et al, 2009, 2011). The Enriched Opportunities Programme (EOP) was developed from a review of the published literature, expert opinion from practice, service user perspectives and an action research programme in four practice development sites (Brooker & Woolley, 2007; Brooker, Woolley & Lee, 2007) including three specialist nursing homes and one extra care housing scheme. In line with the Medical

Research Council (MRC) sequential framework for Complex Interventions (MRC, 2000), the intervention was further developed and its effectiveness in improving the quality of life for people with dementia and related mental health problems was evaluated through a randomised controlled trial across 10 extra care housing schemes belonging to the Extra Care Charitable Trust (ECCT).

The EOP enables people with dementia and other significant mental health issues to remain active and engaged, aiming to reduce the disabling effects of their condition. The focus for implementation is through specially trained support workers – the “EOP Locksmiths who focus on “unlocking potential”. However, the term Enriched Opportunities Planning Leader (EOPL) is a more generic description of the role, which will be adopted for this proposal. The cluster RCT evaluation (Brooker et al, 2011) demonstrated that the EOP had a positive impact on the quality of life of people with dementia in well-staffed extra care housing schemes, with respect to several measures including: reduced depression; residents being half as likely to move out into a care home and spending significantly less time in hospital as an in-patient; increased contact with community health professionals; mental health problem more likely to be diagnosed; less decline in cognitive function; residents rating their quality of life more positively, being more active, having more fun and a greater variety of things to do. A review of the data by the National Audit Office (Xu, 2010) concluded that, by providing a proactive and integrated service between health, social care and housing services, the EOP demonstrates that people with dementia can be effectively cared for in extra care housing and if the EOP is implemented in all extra care scheme in England, savings of around £21 million could result over a two year period , shared between Local Authorities and the National Health Service (net present value of £89 million over 10 years) through reduced inpatient care and less use of more intensive housing care provision.

Since the evaluation study, the EOP has been fully and successfully implemented across the whole of the ECCT extra care schemes and remains active 10 years after its inception. The ECCT have now developed a community-based service in order to extend the benefits of the EOP to a wider group of older people living with dementia in their own home. Clients with dementia are referred to a community-based EOPL via different routes, who will make home visits and work with the person and their support network to navigate a way through the changes and challenges created by dementia. Currently there are two community EOPLs in Coventry with three referral routes: Dementia Promoting Independence Project (supporting people to remain at home following hospital discharge); Care Navigator Support (GP surgeries refer clients to the Coventry Care Navigator service who include an EOPL for any clients living with a dementia or symptoms); ad hoc referrals from the Adult Community Social Care team. There are also two EOPLs in Solihull with two referral routes: Dementia Home First service – similar to Coventry’s Dementia Promoting Independence, (supporting people following hospital discharge; ad hoc referrals from the Adult Community Social Care team

Aims and Objectives

To evaluate the effectiveness of a community-based approach to EOP (community-based Enriched Opportunities Planning Leader) in supporting people with dementia to live well in their own home for as long as possible, promoting independence and creating choice.

Research questions:

- Will a community-based Enriched Opportunities Planning Leader approach lead to positive outcomes for people with dementia and other significant mental health issues living in the local community?
- What are the cost benefits of adopting a community-based approach, in terms of use of health and social care services?

Indicative Methodology

The successful PhD candidate will be responsible for formulating the detail of this proposal. However, it is anticipated that the study will adopt a mixed methods approach, where possible adopting the same measures that were used in the original EOP pilot (Brooker et al 2011) e.g. a sample of consenting clients living with dementia will be asked to complete quality of life and depression assessment tools and will be invited to take part in research interviews. Interviews with other stakeholders, such as the EOPL lead and appropriate managers from the referral teams are likely to be included. Furthermore, it will be possible to draw on monthly reports provided by the ECCT that include data on referrals, waiting list, number and profile of people using the service, case studies, primary and secondary health service visits, hospital stays, antipsychotic medication and reasons for any moves on.

The ECCT are fully in support of this research proposal.

References

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Qualifications

The successful applicant will have knowledge of Extra Care Housing or similar settings and experience of working with people with dementia.