

ESSENCE SUMMARY 7

# Person-centred support for people living with dementia in care homes: economic evidence

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## KEY POINTS

- Almost all (95%) of the average cost of care home residence (£792 per week) is accounted for by room and board charges. Hospital contacts contribute the largest proportion of the additional healthcare costs. The absence of an association between cost and needs emphasizes the importance of a more needs-based service system which could result in clinical and economic advantages.
- Person-centred, integrated, and in-reach care home services responding to the needs of individual residents may improve health outcomes and quality of life at reasonable costs.
- Interventions providing good value for money, similar to the Wellbeing and Health for People with Dementia or Enhanced Care Home Outcomes interventions are good value for money.

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## BACKGROUND

Long-term support covers the majority of public spending on adult social care. Of the £15 billion that social care services allocated to long-term support arranged by local authorities during 2016/17, the majority was spent on local authority-arranged care home services for people aged 65 and older. Of the individuals in care homes, a diagnosis of dementia is associated with higher costs. As such, care homes represent a substantial cost to the public budget and a significant proportion of total expenditure on dementia care in England.

This summary looks at the effectiveness and cost-effectiveness of two new interventions with promising evidence for person-centred support for people living with dementia in care homes:

1. Wellbeing and Health for People with Dementia: Multiple interventions including training care home staff to increase social interaction, talking to residents about their interests and involving them in decisions around their care, as well as an exercise programme and antipsychotic review.
2. Enhanced Care Home Outcomes interventions for People with Dementia: An integrated care home support service delivered by a multidisciplinary team which consisted of specialist nurses, physiotherapists, occupational therapists, healthcare assistants in addition to mental health occupational therapists/nurses.

## CONTEXT

Long-term support makes up the largest contribution to adult social care expenditure arranged by local authorities (£15 billion (1)), with about 54% (£8.1 billion) spent on care home services. The majority of the spending on care home services (61%) goes towards supporting people aged 65 and over, who make up around 83% of all care home residents (1).

At least two-thirds of care home residents in the UK have dementia. For care home residents, having a diagnosis of dementia has been found to be associated with higher health and social care costs (2). On average, the care and support cost for each resident is £790 per week, which when

extrapolated across all care home residents living with dementia in the UK would cost the public purse about £12.8 billion annually (2). If we consider that a recent report puts the UK average of self-funders at 44%, the overall cost to the local authority would be around £7 billion (3).

Two recent projects, the Wellbeing and Health for People with Dementia (4) and the Enhanced Care Home Outcomes (5), explored the benefits of introducing person-centred, integrated, and in-reach care home services responding to the needs of individual residents that can cater for people living with dementia.

## WHAT ARE THE INTERVENTIONS?

**The Wellbeing and Health for People with Dementia intervention** (4, 6) is an optimised intervention for people living with dementia in care homes. It covered training care home staff to increase social interaction. It involved simple measures such as talking to residents about their interests and involving them in decisions around their care. Additional components of the

intervention included an exercise programme and antipsychotic review. The aim of the intervention was to improve mental health and quality of life in dementia; improve the quality of prescription of antipsychotic medicines in dementia; and reduce agitation for people living with dementia in care homes. Care homes assigned to this intervention had two staff members trained as 'Champions'

who then trained other staff in the care homes. The Champions were responsible for putting in place the intervention care plans for the study participants.

**The Care Home Support Service intervention for People with Dementia (5)** uses evidence-based ways to enhance care recipients' quality of care and health outcomes. Furthermore, it integrates the established care home support service with a new mental health in-reach service. In this way, it also aims to enable carers to feel more supported in their roles.

The Enhanced Care Home Outcomes project (5) combined a novel but proven and evidence-based way of working to enhance the quality of care and outcomes for people living with dementia in Oxfordshire care homes, and integrated an established care home support service with a new mental health in-reach service. The aim was to improve the quality of care and health outcomes for people living with dementia and enable family and paid carers to feel better supported to deliver

their caring role. The intervention – Integrated Care Home Support Service – was delivered by a multidisciplinary team which consisted of specialist nurses, physiotherapists, occupational therapists, healthcare assistants in addition to mental health occupational therapists/nurses (7). The Care Home Support Service team worked in partnership with care home staff in both nursing and residential care homes. As part of the study, the team visited care homes on a regular basis, and in doing so they were able to identify and better support residents who were unwell while also working proactively with the care home to plan appropriate care according to the care recipient's personal needs. The focus was on prevention and early intervention, as well as improving quality of life of residents. The Care Home Support Service combines two evidence-based approaches to deliver stepped care and treatment to meet both physical and mental health needs, called the BRlghTER DAWN programme (8).

## ARE THE INTERVENTIONS EFFECTIVE?

**The Wellbeing and Health for People with Dementia (WHELD) intervention (9):** A cluster randomised controlled study in 16 care homes with 277 residents, demonstrated that the combination of person-centred care training, social intervention and medication review (over a 9-month period) improved quality of life as well as other important symptoms including agitation, behaviour, and pain in people living with dementia. The study also found no meaningful difference in mortality between residents receiving the WHELD intervention when compared to those in the

treatment as usual group. These findings provide a clear evidence that an optimised intervention for dementia can improve outcomes for care home residents living with dementia.

**The Care Home Support Service intervention for People with Dementia (7):** Researchers have conducted preliminary analyses from a large implementation study in 81 care homes over an 18-month period. The analysis showed that the intervention improved residents' symptoms (as rated by staff) and dementia-related behavioural symptoms and pain.

## ARE THE INTERVENTIONS COST-EFFECTIVE?

**The Wellbeing and Health for People with Dementia intervention** (10): The WHELD intervention was more effective, reduced agitation and improved quality of life in care home residents living with dementia at a cost of £8,627 per home to set up, with about half this cost spent in staff training and supervision from therapists. Then an additional cost of £130 per resident per month. The study also found that it was cost-saving: on average, people living with dementia in the treatment-as-usual care homes had higher accommodation and healthcare costs compared to residents receiving the intervention.

**The Care Home Support Service intervention for People with Dementia** (11): Early analysis of this integrated care home support service implemented in Oxfordshire found that it is likely to be cost-effective. The Care Home Support Service resulted in £575 higher costs and 0.04 more Life Years than usual care. This translates into £13,886 per additional Life Year gained, which is considered to be cost-effective under conventional the National Institute for Health and Care Excellence (NICE)<sup>1</sup> thresholds (i.e. £20,000–£30,000).

## HOW ARE THE INTERVENTIONS IMPLEMENTED?

**The WHELD intervention** as successfully implemented in Oxfordshire (1).

**The Care Home Support Service intervention for People with Dementia** appears to be a feasible, clinically and cost-effective service to adapt and adopt (12). The team is working closely

with the Collaborations for Leadership in Applied Health Research and Care Oxford and the Academic Health Science Network Oxford on the implementation of the model (started in 2014). More information on the collaboration and the implementation of the service can be found on their website<sup>2</sup>.

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## OTHER INFORMATION

Following the success of the WHELD intervention in the initial trial, The Improving Staff Attitudes and Care for People with Dementia e-Learning study (conducted by the University of Exeter Medical School and King's College London in partnership with the Social Care Institute for Excellence) showed that it is possible to train staff to engage in meaningful social interaction so that wellbeing gets improved and that has also sustained benefits. In addition, it confirmed that e-learning works for delivering a training programme based on the WHELD training. Preliminary results were presented at the Alzheimer's Association International Conference 2018. More information on the study can be accessed online<sup>3</sup>.

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<sup>1</sup> [www.nice.org.uk](http://www.nice.org.uk)

<sup>2</sup> [www.clahrc-oxford.nihr.ac.uk/research/enhanced-care-home-outcomes-echo](http://www.clahrc-oxford.nihr.ac.uk/research/enhanced-care-home-outcomes-echo)

<sup>3</sup> [www.caremanagementmatters.co.uk/social-interaction-dementia-care](http://www.caremanagementmatters.co.uk/social-interaction-dementia-care)



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