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DEMENTIA CARE RESEARCH AND PSYCHOSOCIAL FACTORS

POSTER PRESENTATION

DEMENTIA CARE RESEARCH

Innovating Dementia Support: An Evaluation of Cost-Effectiveness and Wellbeing Outcomes of the Sage House Model

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Abstract

Background: Today, nearly one million people live with dementia (PLWD) in the UK, a number projected to rise to 1.7 million with estimated costs of £90 billion by 2040. [1–4] These projections highlight the necessity to develop cost-effective solutions to providing care.

Multicomponent supportive care approaches (MSCA) integrate tailored support and psychosocial interventions to enable a personalised support package, [5] showing promise in enhancing wellbeing for PLWD and care partners, while offering cost-effective care solutions. [5,6] However, these approaches are underutilised due to the additional implementation complexities inherent with multifaceted intervention strategies.

The Sage House Model is a MSCA that has overcome these challenges by utilising a collaborative approach between the voluntary and healthcare sectors, integrating a range of specialised dementia services into an accessible community-based centre. The present study aimed to investigate the wellbeing and economic impact of the Sage House Model of dementia support.

Method: A natural experiment was run comparing wellbeing (QoL, Wellbeing, Life Satisfaction) and economic outcomes (Health and Social Care Engagement) between a group of participants with access to the Sage House Model and a group receiving standard care. The sample included 132 PLWD (M_{age} 74.64, SD 8.30) and 129 care partners (M_{age} 67.23, SD 9.84).

Result: It was observed that PLWD with access to the Sage House Model reported higher QoL (p = .004, ω^2 = .06), wellbeing (p = .044, ω^2 = .03) and life satisfaction

($p = .004$, $\omega^2 = .07$) as compared to the group receiving standard care. Care partners with access also reported greater needs-based QoL ($p = .005$, $\omega^2 = .07$) relating to improved access to support and information. It was also observed that participants with access to the Sage House Model cost health and social care less over a three-month period ($p = .038$, $\omega^2 = .02$) and had greater Health Related QoL ($p = .004$, $\omega^2 = .03$). After incorporating costs associated with funding access, the model continued to demonstrate cost-effectiveness.

Conclusion: Overall, this study provides initial evidence that suggests that the Sage House Model offers a scalable, community-driven approach to improving dementia care outcomes and supporting PLWD and care partners, while reducing economic strain on health systems.