

APPENDIX 1

Extract from Business Case for Dementia-Friendly Bungalows in Broxtowe**1.1 Background**

According to Alzheimer's Research UK, 850,000 people are estimated to be living with dementia in the UK. 1 in 14 people over the age of 65 have dementia in the UK. The number of people with dementia in the UK is expected to grow rapidly over the next several decades. As age is the biggest risk factor for dementia, increasing life expectancy is the driving force behind this projected rise.

Dementia itself is not a disease – it is actually caused by lots of different diseases. The word 'dementia' is just an umbrella term for the symptoms caused by these diseases such as memory loss, confusion and personality change. Alzheimer's disease is the most common cause but other dementias include vascular dementia, dementia with Lewy bodies and frontotemporal dementia.

Dementia is more than just memory loss – most people associate dementia with memory loss, but the condition affects people in a wide variety of ways. That might include changes in behaviour, confusion and disorientation, delusions and hallucinations, difficulty communicating, problems judging speeds and distances and even cravings for particular foods. Everyone's experience of dementia is different.

Dementia not only devastates lives, but creates enormous cost to the economy. The cost of dementia care is spread across three main sectors, with a majority of costs falling on informal carers.

Healthcare: these costs mainly fall on the NHS and are due to hospitalisation of people living with dementia, which can be due to a variety of causes.

Social care: relates to the cost of services such as care and nursing homes, homecare, and respite care.

Informal care: relates to the family and friends providing unpaid care for people living with dementia.

For people living in the community, the average annual cost per person with mild dementia is £26,000. This compares with a cost of £31,000 per person if they are in a residential care setting.

Details are shown in the tables below:

People with dementia living in the community (average cost per annum)

	Healthcare	Social care	Unpaid care	Other costs	Total costs
Mild dementia	2,751	3,121	19,714	137	25,723
Moderate dementia	2,695	7,772	32,237	137	42,841
Severe dementia	11,258	10,321	33,482	136	55,197

People with dementia living in residential care (average cost per annum)

	Healthcare	Social care	Unpaid care	Other costs	Total costs
Mild dementia	4,504	24,737	1,067	136	30,444
Moderate dementia	9,438	25,715	2,901	136	38,190
Severe dementia	8,689	25,874	2,119	136	36,817

As can be seen, the cost to the NHS and Social care is far higher where people with dementia are living in residential care as opposed to living in the community.

In terms of numbers of people diagnosed with dementia, the figures for Nottinghamshire are shown below:

Ashfield	1498
Bassetlaw	1583
Broxtowe	1569
Gedling	1612
Mansfield	1356
Newark and Sherwood	1664
Rushcliffe	1664

However, research has indicated that only 43% of people with dementia have been diagnosed. This would indicate the actual number in Broxtowe with the condition is over 3,000.

Two thirds of people with dementia in the UK live in their own home in the community, with one third living on their own. Approximately one third of people living with dementia are in a housing-with-care setting.

Housing and housing-related services can play an important role in ensuring that people living with dementia and their families and carers, live happier, healthier and more independent lives.

Essentially, all housing and housing-related services can help to ensure that people living with dementia and their carers can reach the outcomes outlined in the National Dementia Declaration.

In order to see this happen, it is vital for the housing sector to ensure that policies incorporate the need to provide suitable housing for people living with dementia.

By way of example, Selwood Housing has 5,500 homes across Wiltshire and Somerset and also offers floating support to people in their own homes which helps people to live independently as well as offering community alarm and telecare services. An example quoted from this organisation is of a lady who lived alone and was diagnosed with dementia. She was suffering with burns to her legs as a result of sitting too close to the gas fire and she also got disorientated sometimes when she went out. She had exit and temperature extreme sensors installed and this had a very positive outcome, enabling her to continue with her preferred choice of living alone.

Housing is one factor that can affect the quality of life for someone with dementia. Good quality, properly designed or adapted housing with appropriate assistive technology can be hugely beneficial in extending the time an individual can remain in their own home with dementia.

1.2 BUSINESS REQUIREMENTS and SUCCESS CRITERIA

The requirement is for the provision of two bungalows which have been built to specifications which mean they are particularly suited for occupation by tenants with dementia. The bungalows would be two-bedroom which means that a separate bedroom can be occupied by a partner who in many cases will be acting as the carer.

The “dementia friendly” design will also mean that the accommodation is ideal to cater for the requirements which are also likely to exist along with dementia (see above) and so will assist in preventing falls.

The provision of such accommodation will allow Broxtowe Borough Council to have purpose built accommodation for some people with dementia. It will provide those people with the opportunity to live at home in safe accommodation.

The success of the project will be the occupation of the bungalows by people with dementia, meaning they do not need to live in a residential care setting.

1.3 CURRENT POSITION

Broxtowe Borough Council has already established its commitment to assisting those with dementia. The Council has an approved Dementia Action Plan, and in 2015 and 2016, built six dementia-friendly bungalows. If this business case is successful, the intention will be to have detailed discussions with the existing tenants of those bungalows to establish what could be improved when building new ones. We are already aware of certain factors which would be altered for any new accommodation.