

Putting NICE guidance into practice

Resource impact report: Learning disabilities and behaviour that challenges: service design and delivery (NG93)

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Summary

This report focuses on the recommendations from NICE's guideline on [learning disabilities and behaviour that challenges: service design and delivery](#) that we think will have the greatest resource impact nationally (for England), and will need the most additional resources to implement or potentially generate the biggest savings. They are:

- Provide a local, personalised response to children, young people and adults who need intensive support during a crisis. (**recommendation 1.4.10**)
- Giving people a choice of housing (**recommendation 1.5.1**)
- Provide short break services (**recommendation 1.7.1**)

NHS England has made £100 million available between 2016 and 2021 to support [Transforming Care housing options](#). This funding is available as capital grants, which can be given using standard NHS capital grant processes.

We encourage organisations to evaluate their own practices against the recommendations in the NICE guideline and assess costs and savings locally. Organisations can input estimates into the local resource impact template to reflect local practice and estimate the impact of implementing the guideline.

Learning disability services are commissioned by local authorities and clinical commissioning groups (CCGs). Services may be jointly commissioned as part of an integrated approach. There are a number of providers including NHS hospital trusts, local authorities, community providers and not-for-profit social enterprises.

1 Introduction

- 1.1 The guideline offers best practice advice on services for people with a learning disability and behaviour that challenges, and their family members and carers¹.
- 1.2 This report discusses the resource impact of implementing our guideline on learning disabilities and behaviour that challenges: service design and delivery in England. It aims to help organisations plan for the financial implications of implementing this NICE guideline.

- 1.3 Implementing the guideline may result in the following additional costs:

- providing additional capacity for people who need intensive support during a crisis
- providing additional suitable housing needs
- providing additional respite options

Implementing the guideline may also result in the following benefits and savings:

- lower rates of placement breakdown due to effective respite care and suitable housing
- complementing the transforming care programme which aims to shift emphasis from inpatient care in mental health hospitals, towards care provided by general and specialist services in the community

- 1.4 We encourage organisations to evaluate their own practices against the recommendations in the NICE guideline and assess

¹ Learning disability and behaviour that challenges, and their family members and carers will be referred to as 'learning disability' throughout the rest of this report

costs and savings locally. Organisations can input estimates into the [local resource template](#) to reflect local practice and estimate the impact of implementing the guideline.

- 1.5 We have considered direct costs and savings to the NHS and local authorities and not those for the individual, the private sector or the not-for-profit sector. Any cost savings arising from a change in practice have been offset against the cost of implementing the change.
- 1.6 Learning disability services are commissioned by clinical commissioning groups (CCGs) and local authorities. Services may be jointly commissioned as part of an integrated approach. Providers are NHS hospital trusts, local authorities, community providers and not-for-profit social enterprises.
- 1.7 Local areas are likely to configure their learning disability service in different ways, to meet local circumstances and needs. People may be referred into the services either by health or social care practitioners.

2 Background

- 2.1 An estimated 1.2 million people in England have a learning disability, and of these it is estimated that 10–17% behave in a way that challenges ([Predictors, costs and characteristics of out of area placement for people with intellectual disability and challenging behaviour](#) Allen et al. 2007). A more recent report suggested that there are over 40,000 children with learning disabilities who display behaviour that challenges ([Estimating the number of children with learning disabilities in England whose behaviour challenges](#) Emerson et al. 2014).

- 2.2 The [NHSE England](#) Learning disabilities and behaviour that challenges: service design and delivery Transforming Care programme aims to improve services for people with a learning

disability and behaviour that challenges, by shifting emphasis from inpatient care in mental health hospitals towards care provided by general and specialist services in the community. This guideline takes into account the direction of travel in Transforming Care. It aims to complement this work by providing evidence-based recommendations to support children, young people and adults with a learning disability and behaviour that challenges to live their lives in the community.

3 Recommendations with potential resource impact

3.1 Provide a local, personalised response to children, young people and adults who need intensive support during a crisis (recommendation 1.4.10)

Background

- 3.1.1 Timing of support is crucial and will need to be available at home when a crisis occurs in order to prevent a placement from breaking down.
- 3.1.2 Commissioners will need to have 24/7 multi-disciplinary crisis support, and services should be developing in this way to meet the requirements of the Transforming Care agenda.

Assumptions made

- 3.1.3 The unit cost per case of £31,296 for a crisis resolution team for adults is taken from the [unit costs of health and social care 2017](#).
- 3.1.4 No national data exist for the current number of people being provided with intensive support during a crisis.
- 3.1.5 These assumptions can be varied in the [resource impact template](#) which accompanies this report.

Benefits and savings

- 3.1.6 People from a wide range of groups were at more risk of being placed out of area, especially people that had more complex support needs, and providing intensive support during a crisis will reduce the likelihood of people being placed out of their local area.

Other considerations

- 3.1.7 The local [resource impact template](#) can be used by organisations to model any local costs and savings associated with implementing this recommendation.

- 3.2 **Commissioners should work with local housing providers to identify the specific housing needs of people with a learning disability and behaviour that challenges. They should ensure areas have a range of housing options available that meet these needs and cater for different preferences and support needs (recommendation 1.5.1)**

Background

- 3.2.1 One of the key ambitions of [Transforming Care](#) is to significantly increase housing options for people with learning difficulties.
- 3.2.2 [Building the right home](#) has guidance for commissioners of health and care services for children, young people and adults with learning disabilities and/or autism who display behaviour that challenges.

Assumptions made

- 3.2.3 No indicative costs have been included in the resource impact products, as the guideline committee took into account that there is no single housing model to recommend and people have different

preferences and support needs which may impact on the type of housing that is suitable for them.

3.2.4 Capital funding is anticipated to be available. This is because NHS England has made £100 million available between 2016 and 2021 to support [Transforming Care housing options](#). This funding is available as capital grants, which can be given using standard NHS capital grant processes.

3.2.5 The resource impact template allows the revenue costs of capital, depreciation and interest to be input at local level.

Benefits and savings

3.2.6 Individuals receive housing and care that matches their needs and preferences.

Other considerations

3.2.7 The local [resource impact template](#) can be used by organisations to model any local costs and savings associated with implementing this recommendation.

3.3 **Local authorities must, in line with [the Breaks for Carers of Disabled Children Regulations 2011](#) and the [Children and Families Act 2014](#):**

- **provide a range of short breaks for children and young people with a learning disability and behaviour that challenges, and**
- **publish as part of their Local Offer a statement of the range of services available and how eligibility will be assessed (recommendation 1.7.1)**

Background

3.3.1 The guideline committee highlighted the importance of respite, and the role it can play in helping to prevent people moving to costly residential placements, including out-of-area placements. The view

of the committee was that, in line with other discussions about services, both respite and short breaks should be tailored to meet the needs of individuals and should be a positive experience for the person supported.

- 3.3.2 When respite care is provided, [guideline appendix C3: economic report](#) suggests that additional respite care, at various intensities, is plausibly a cost-effective and potentially cost-saving option (from a public sector perspective) for both child and adults with learning disabilities.

Assumptions made

- 3.3.3 The average cost of £38,949 for children receiving respite care is taken from the [guideline appendix C3: economic report](#) which illustrated 7 example respite care packages for children. This included 2 low-intensity, 3 medium-intensity and 2 high-intensity respite care packages, with the range of respite care package costs for children between £5,249 and £72,649 per child per year.
- 3.3.4 The average cost of £149,318 of placement breakdown for children is taken from the [guideline appendix C3: economic report](#). Lemmi et al. (2015) found the cost of 38-week and 52-week residential education placements to be £116,900 and £181,735 per year, respectively.
- 3.3.5 Local costs can be inserted using the [resource impact template](#) which accompanies this report.

Benefits and savings

- 3.3.6 Lower rates of placement breakdown due to effective respite care.

Other considerations

3.3.7 The local [resource impact template](#) can be used by organisations to model any local costs and savings associated with implementing this recommendation.

3.4 **Commissioners in health and social care should provide sufficient, reliable, flexible and varied short break options, including both breaks away and support at home, for adults with a learning disability and behaviour that challenges (recommendation 1.7.2)**

Background

3.4.1 The guideline committee highlighted the importance of respite, and the role it can play in helping to prevent people moving to costly residential placements, including out-of-area placements. The view of the committee was that, in line with other discussions about services, both respite and short breaks should be tailored to meet the needs of individuals and should be a positive experience for the person supported.

3.4.2 When respite care is provided, [guideline appendix C3: economic report](#) suggests that additional respite care, at various intensities, is plausibly a cost-effective and potentially cost-saving option (from a public sector perspective) for both child and adults with learning disabilities.

Assumptions made

3.4.3 The average cost of £19,120 for adults receiving respite care is taken from the [\(guideline appendix C3: economic report\)](#) which illustrated 10 example respite care packages for adults. This included 2 low-intensity, 4 medium-intensity and 4 high-intensity respite care packages, with the range of respite care package costs for adults between £5,011 and £33,229 per adult per year.

3.4.4 The average cost of £73,040 of placement breakdown for adults is taken from [\(guideline appendix C3: economic report\)](#). Lemmi et al.

(2015) found that the cost of 38-week and 52-week residential care and supported living is £57,747 and £88,332 per year, respectively.

- 3.4.5 Local costs can be inserted using the [resource impact template](#) which accompanies this report.

Benefits and savings

- 3.4.6 Lower rates of placement breakdown due to effective respite care.

4 Implications for commissioners

- 4.1 Learning disabilities falls under programme budgeting category 06X (problems of learning disability)
- 4.2 Learning disability services could be commissioned by either health or social care commissioners, or jointly as part of an integrated working approach.

5 Assumptions made

- 5.1 If a national tariff price or indicative price exists for an activity, this has been used as the unit cost. The resource impact template can be used to amend unit costs to account for any local market forces factor.
- 5.2 Using these prices ensures that the costs in the report are the cost to the local authority or CCG of commissioning predicted changes in activity at the tariff price, but may not represent the actual cost to individual trusts of delivering the activity.
- For services for which there is no national average unit cost, various sources have been used to provide unit costs including [Unit Costs of Health and Social Care](#) and the [guideline appendix C3: economic report](#).

About this resource impact report

This resource impact report accompanies the NICE guideline on [learning disabilities and behaviour that challenges: service design and delivery](#) and should be read in conjunction with it. See [terms and conditions](#) on the NICE website.

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