

Putting NICE guidance into practice

Resource impact report: Care and support of people growing older with learning disabilities (NG96)

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Summary

This report focuses on the recommendations from NICE's guideline on [care and support of people growing older with learning disabilities](#) 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:

- Having access to age-appropriate community support services and resources for family members, carers and advocates of older people with learning disabilities. **(recommendation 1.2.3)**
- Introducing schemes to make transport easier for older people with learning disabilities. **(recommendation 1.2.14)**
- Make reasonable adjustments to people's home as they grow older. **(recommendation 1.4.10)**
- Offer an annual health check to older people with learning disabilities. **(recommendation 1.5.12)**

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

- Lower rates of people going into residential or nursing care because of effective community support services, suitable transport and housing.
- The annual health check offers an opportunity for protected time for a comprehensive "head to toe" health check with a person's GP and practice nurse.

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 care and support of people growing older with a learning disability.
- 1.2 This report discusses the resource impact of implementing our guideline on care and support of older people with learning disabilities in England. It aims to help organisations plan for the financial implications of implementing this NICE guideline.
- 1.3 We encourage organisations to evaluate their own practices against the recommendations in the NICE guideline and assess costs and savings locally. There is likely to be significant variation in services across the country and organisations can input estimates into the template to reflect local practice and estimate the impact of implementing the guideline.
- 1.4 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.
- 1.5 Learning disability services are commissioned by clinical commissioning groups (CCGs) and local authorities. Providers are NHS hospital trusts, local authorities, community providers and not-for-profit social enterprises.
- 1.6 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 The purpose of this guideline is to help commissioners and providers identify, plan and provide for the care and support needs of people growing older with learning disabilities and their families and carers.

- 2.2 Many older people with learning disabilities, especially those with milder disability, are not known to health or social services ([People with learning disabilities in England 2013, Public Health England 2014](#)), while others may find it difficult to express their needs and be heard. Management of their needs will therefore be more complex than for other populations. This will create substantial pressure on services which has not yet been fully quantified.
- 2.3 Based on mortality estimates the expected number of adults (age 50+) with learning disabilities, who will be using social care services, will increase by 14% in the time period 2011-2030. This is equivalent to a compound annual growth of 0.7%. The estimates were based on the number of people using social care services at present. ([Estimating future need for social care among adults with learning disabilities in England: An update, Emerson and Hatton 2011](#))

3 Recommendations with potential resource impact

- 3.1 **Commissioners and service providers should ensure family members, carers and advocates of older people with learning disabilities have access to age-appropriate community support services and resources (recommendation 1.2.3).**

Background

- 3.1.1 The guideline committee agreed that providing respite opportunities was very important in ensuring that carers were able to continue caring. There was a great risk that if carers did not get the support they needed that this could cause a family breakdown, which could lead to the person and/or their carer having to move into residential care.

Assumptions made

- 3.1.2 No national data exists for the costs of providing age-appropriate community services.
- 3.1.3 The [local resource impact template](#) can be used by organisations to model any local costs and savings associated with implementing this recommendation.

Benefits and savings

- 3.1.4 By providing age-appropriate community support services and resources, the risk of the carer not getting the support they need and this resulting in a family breakdown, would reduce. If a family breakdown occurred it could lead to the person and/or their carer having to move into residential care.
- 3.2 **Local authorities should consider introducing schemes to make transport easier for older people with learning disabilities (recommendation 1.2.14).**

Background

- 3.2.1 The guideline committee agreed that based on evidence, people with learning disabilities lack access to independent transport, preventing them from engaging in social activities. The committee recognised this as a major barrier and therefore recommended that local authorities consider schemes to make transport easier for older people with learning disabilities.

Assumptions made

- 3.2.2 No national data exist for the costs of providing transport schemes.
- 3.2.3 The [local resource impact template](#) can be used by organisations to model any local costs and savings associated with implementing this recommendation.

Benefits and savings

- 3.2.4 By providing suitable transport schemes older people with learning disabilities will have improved access to volunteering, employment and adult learning, social and leisure activities.
- 3.3 **Make reasonable adjustments to people's homes as they grow older to make it possible for them to stay in their current home if they want to. For example, consider a support phone line, daily living equipment, telehealth monitoring and home adaptations, such as shower room conversion, wider doorways or a lift between floors (recommendation 1.4.10).**

Background

- 3.3.1 The guideline committee agreed that providing support so that the person could stay at their home was a key priority. The guideline committee agreed that the person was likely to have better mental health if they could stay in their own home.

Assumptions made

- 3.3.2 No national data exist for the costs of reasonable adjustments to peoples' homes.
- 3.3.3 The [local resource impact template](#) can be used by organisations to model any local costs and savings associated with implementing this recommendation.

Benefits and savings

- 3.3.4 The guideline committee recognised that although providing the appropriate care package (including adaptations) might be linked to additional costs, it is extremely important. The committee believed that on average this was less costly than paying for the alternative, which usually involved large public expenditure for paying for nursing home or residential care for the person with learning disability as well as potentially another family member (if the person was caring for someone).
- 3.4 **Offer annual health checks to older people with learning disabilities as long as these are followed by prompt referral to specialist services wherever needed. Explain what annual health checks involve and how to arrange them. Record any actions identified by the annual health check in the person's health action plan (recommendation 1.5.12).**

Background

- 3.4.1 In England, [annual health checks \(AHCs\)](#) for all adults with learning disabilities were introduced nationally in 2008 in the form of the Learning Disabilities Health Check Directed Enhanced Service (DES).
- 3.4.2 The committee believed that there are additional health dis-utilities linked to the discrimination experienced by this population. In particular, The committee view that a person with a learning

disability would experience lower health-related quality of life compared with a person without learning disabilities even if they had otherwise similar characteristics in terms of age and health conditions. Similarly, costs for diagnosis and treatment were likely to be different to those for the general population because health professionals would have to spend more time explaining tests and treatment options.

3.4.3 The [economic report: guideline appendix C2](#) raised awareness of important gaps in evidence for this population. As recognised in current NICE guidelines and in English and UK policies, AHCs have an important role in reducing health inequalities. However, it is anticipated that an increase in access to treatment might need additional resources that are currently not available.

3.4.4 The costs of providing annual health checks was established under the national incentive scheme of the Directed Enhanced Services (DESS). GPs can currently claim £140 for providing annual health checks.

Assumptions made

3.4.5 The [economic report: guideline appendix C2](#) provides estimated costs of delivering AHCs. The [local resource impact template](#) can be used by organisations to model any local costs and savings associated with implementing this recommendation.

3.4.6 The proportion of 52% for eligible people currently receiving AHCs was taken from the report on [Quality Checking Health Checks for People with Learning Disabilities: Public Health England 2017](#).

Benefits and savings

- 3.4.7 [AHCs](#) for people with learning disabilities have been a key part of NHS plans to improve health and reduce premature mortality since 2008. The guideline will highlight the importance of AHCs and aims to reduce the health inequalities experienced by people with learning disabilities.

Other considerations

- 3.4.8 The local [resource impact template](#) can be used by organisations to model an increase in the proportion of eligible people receiving AHCs.

4 Implications for commissioners

- 4.1 Learning disabilities falls under programme budgeting category 06X (problems of learning disability)
- 4.2 Learning disabilities services could be commissioned by either health or social care commissioners, or jointly as part of an integrated working approach.
- 4.3 Depending on local arrangements there may be a difference between the cost of providing AHCs for people with learning disabilities and the amount that can be reimbursed through existing funding mechanisms.

About this resource impact report

This resource impact report accompanies the NICE guideline on [care and support of people growing older with learning disabilities](#) and should be read in conjunction with it. See [terms and conditions](#) on the NICE website.

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