



Improving the uptake and quality of annual health checks for people with a learning disability

Exploring innovation through new models of collaboration

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Overview

People with a learning disability have poorer physical and mental health than other people. Many of the conditions people with a learning disability die from are potentially avoidable.

Every year, people with a learning disability die sooner than they should. Only 37% of people with a learning disability live beyond 65. For the general population that statistic is 85%. Annual Health Checks (AHCs) were introduced to ensure that people with a learning disability have access to additional health support, review and monitoring to minimise the impact of health inequalities and to promote quality of life improvement.

AHCs are vital to making sure that any problems people with a learning disability have with their health can be identified early and appropriate action taken to address these needs.

The NHS Long Term Plan set an ambition that by 2023/24, at least 75% of people aged 14+ with a learning disability will have received an AHC. Performance in 2020-21 has been impacted by multiple factors, particularly COVID-19 and it is important to consider other novel ways of improving both uptake and quality. It is recognised that current restrictions, including the tiering system, have presented additional challenges to GPs in undertaking all or elements of the annual health check and there is a desire to explore innovative opportunities in identifying support in overcoming some of the barriers.

NHS England and NHS Improvement are calling for local community and specialist learning disability service providers and other teams across the country to develop local pilots. The pilots should showcase the opportunity for new and creative ways of working at a

systemwide or CCG level and demonstrate the specific contribution that community or specialist providers can make in supporting local AHC arrangements which would lead to increased uptake and support improved quality of annual health checks for people with a learning disability.

The ambition is that there will be a pilot site identified from each of the seven NHSEI regions working in a collaboration with primary care and local stakeholders to deliver health improvements via the annual health check process. Delivery of AHCs are the responsibility of individual GP practices in primary care and this project aims to build on, and not to detract or undermine, these principles.

NHS England and NHS Improvement (NHSE/I) recognises the fundamental responsibility general practitioners have for AHCs – and important to stress that this has not changed, nor does it change with this invitation.

The pilots will explore how specialist expertise and experience can complement existing service provision. It may also reach out to more difficult to engage people such as young adults aged 14-17 (including Looked After Children), those people from areas of higher deprivation or people from the Black Asian and Minority Ethnic (BAME) communities to facilitate greater engagement with the AHC process.

We actively encourage and welcome proposals that test new ideas for delivery and that complement existing local arrangements. It is an opportunity for non-traditional solutions to deliver enhanced quality of service while maintaining the current arrangements for accountability and responsibility. Working beyond organisational and professional boundaries, pilot sites will work locally with wider partners for example, bringing together the NHS, local authorities, voluntary and the community sector and experts by experience and self-advocacy groups to design, test and implement different ways of working to help address complex issues known to adversely impact the health of people with a learning disability. The principle of co-production must underpin all aspects of service design, delivery and evaluation.

Important note: accountability and responsibility statement

- **Accountability** for the quality and delivery of AHCs will remain with the relevant CCG Commissioner/s for primary care promotion and provision. This project will not remove or change this accountability and bids will only be welcomed from organisations that will work in collaboration with local NHS Commissioners.
- **Responsibility** for the delivery of AHCs will remain with individual GP practices in line with DES and QOF contractual arrangements. This project will not remove or

change this responsibility and bids are invited from organisations that will work in collaboration with individual GP practices within primary care based on these parameters*.

***please note: if this is not made clear in any bid received, with clear approval from signatories, that bid will not be considered.**

Project aims

- To support the improvement in take up and quality of AHCs
- To develop and test additional initiatives to support achievement of annual health checks
- To work in collaboration with general practice, local systems and other associated stakeholders and partners
- To identify methods of engagement with patients who do not attend for AHCs and support awareness and uptake of the AHC offer
- To support identification of other under-represented groups (e.g. those in areas of higher deprivation, children and young people aged 14 -17 including looked after children , people from the Black, Asian and Minority Ethnic (BAME) communities), who may not attend for an AHC and, therefore, support facilitation and uptake of AHCs
- To identify and support awareness and implementation of appropriate reasonable adjustments.

Project outcomes

- To support the uptake of AHCs to 75%.
- To ensure reasonable adjustments are being recognised and implemented, a requirement of the Equality Act (2010) with information being shared with relevant partners
- To demonstrate and share learning and good practice examples
- To ensure access to linked priorities such as quality structured medication reviews as part of the AHC in line with the STOMP-STAMP agenda, where applicable.

Contact us

If you want to follow up on any of the contents, please follow the links or get in touch by email: england.ahc.eoi@nhs.net.

Annual health checks for people with a learning disability

AHCs and subsequent health action plans are vital to making sure that any problems or concerns people with a learning disability have with their health and well-being can be identified early and appropriate action taken to address any needs. Not all people eligible for an annual health check interact with primary care services and this project will aim to explore different methods for increased engagement. While the national target focuses on improving AHC performance in the number of checks being carried out it is also vitally important that any associated follow up actions are captured to ensure that appropriate high-quality support and interventions are provided as a consequence. The EOI should also consider any focus on improving quality of outcomes as captured within health action plans.

The policy driver

The NHS Long Term Plan set an ambition that by 2023/24, at least 75% of people aged 14+ with a learning disability will have an annual health check. Performance in 2021 has been impacted by multiple factors, most significantly by Covid-19 and the impact of this on delivery of healthcare.

In 2020/21, this was supported by increased investment for GP practices via Covid capacity expansion funding and through additional revision in the QOF QI module for Learning Disability.

NHS England and NHS Improvement offer and support

- £35,000 non-recurrent funding via CCGs for each successful bid.
- National support and advice to help achieve your aspirations.
- A dedicated learning and sharing network: a safe space to discuss challenges and identify solutions.
- Support to inform and share in good practice guidance.
- Opportunities to showcase your good practice, initiatives and approach.

This scheme offers non-recurrent funding for one year, available from October 2021 to September 2022

£35,000 is available per successful pilot site, one from each region, paid via the nominated CCG. These grants will be made available to 7 successful sites who can demonstrate commitment to the project aims and principles.

The benefits

- Annual health checks and health action plans help to detect and manage conditions earlier, improving health and well-being, and potentially save lives.

- Supports the development and strengthening of local partnerships and multi professional working.
- Enables opportunities to reach out to wider communities, some of whom may be more difficult to engage such as the BAME communities, those living in areas of greater deprivation and young people aged between 14 and 17
- Delivers the concept of co-production in service design, delivery and evaluation
- Enables delivery of other interconnected priorities such as STOMP-STAMP
- Demonstrates a commitment to innovation and wider collaboration across sectors utilising new working models to deliver health improvement outcomes
- Develops a working network of expertise to enable shared learning across wider platforms.

What's in it for the system?

- Working together, colleagues across the system can use this funding in any way they like to ensure an increase in the number of people receiving an annual health check to at least 75%
- This work may allow clearer identification and engagement with people who may be more reluctant to attend for an annual health check including young people aged between 14 and 17, those living in more deprived localities with increased need and vulnerability and people from BAME communities.
- This project should demonstrate interaction with experts through lived experience in the principles of co-production across the system.
- Networking and sharing learning with other systems, to support spread of best practice.
- The opportunity to showcase innovation and new ways of working across a range of stakeholders and partners.