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

Exploring innovation through new models of collaboration

Version 1, 9 June 2021

This invitation has been developed to scope the potential for local community and specialist learning disability providers and other teams to be involved in supporting the awareness and delivery of AHCs, working in explicit partnership with GPs, to focus on quality and uptake improvements in the service.

# About this project

People with a learning disability have poorer physical and mental health than other people. 44% of people with a learning disability had a (medical) cause of death considered to be 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 rest of the 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, most significantly by COVID-19 and the impact of this on delivery of healthcare. It is recognised that current restrictions, including the tiering system, have presented additional challenges to GPs in undertaking all or elements of the AHC.

**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 pandemic has challenged all health providers to explore innovative opportunities in overcoming some of the barriers. This invitation has been developed to scope the potential for local community and specialist learning disability providers and other teams to be involved in supporting the awareness and delivery of AHCs, working in explicit partnership with GPs, to focus on quality and uptake improvements in the service.

We are seeking expressions of interest for innovative and creative proposals that would support local delivery and increase uptake in AHCs as commissioned by GPs. We actively encourage and welcome proposals that are innovative and that complement specific local arrangements. It is an opportunity for non-traditional solutions to deliver an enhanced quality of service while maintaining the current arrangements for professional accountability and care responsibility.

Working beyond organisational and professional boundaries, pilot sites will work locally with wider partners bringing together, for example, the NHS, local authorities, voluntary and the community sector, experts by experience and self-advocacy groups to develop opportunities that would further support the quality and uptake of AHCs in specific local systems.

Ensuring AHCs and health action plans are completed can make a significant impact and contribute towards local performance and high-level outcomes:

* supporting public health ambitions

tackling health inequalities

# 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 your bid, with clear approval from signatories, your bid will not be considered.**

# Project aims

* To support the improvement in uptake and quality of AHCs
* To develop and test additional initiatives to support awareness and 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 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 do 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 principles

* Ultimate responsibility for delivery of AHCs remains with GP practices. The pilot aims to explore additional ways to deliver uptake of AHCs and does not devolve responsibility to secondary care or community learning disability health providers unless specifically agreed with the practice/PCN involved.
* Demonstrate engagement and encouragement with those individuals who have repeatedly DNAed or refused an AHC and other under-represented groups to get an AHC.
* Demonstrate co-production of their work with experts by experience.
* Indicate how they have reached out to people living independently.
* Highlight innovative ways of working, which may include different models of delivery, such as integrated clinics or physical health hubs
* Actively share the learning and good practice across the system.
* Share relevant resources, guidance, learning and intelligence with NHS England and NHS Improvement as appropriate.

Consider other linked priorities, within the health check such as meaningful medication review in line with the principles of STOMP-STAMP

# Pilot sites will need to:

* Provide a named project lead.
* Provide a named senior responsible officer/accountable officer at system level for this work.
* Produce a quarterly progress report on your plans and details about how your proposal will be taken forward across 2021/2022 – we will work with you to agree the approach to reporting.
* Demonstrate a clear outline of the KPI performance measures and outcomes that will monitored to assess the success of the project
* NHS England and NHS Improvement can offer:
* £35,000 non-recurrent funding via CCGs for each successful pilot site.
* National support 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.

# Funding

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 CCG. A small number of grants will be made available to seven successful sites who can demonstrate commitment to the project aims and principles.

We expect the successful pilot sites to continue ongoing participation in the learning and sharing network to both inform and learn from your own plans and those of the other successful pilots as these are developed and implemented. The aim being to share exemplar practice across the whole of the country.

# Making an application

To make an application, please complete the expression of interest form below and submit by 10am on Wednesday 28th of July 2021 to the Health Improvement Team of the Learning Disability and Autism Programme at england.ahc.eoi@nhs.net

In this form you must:

1. Demonstrate senior commitment to this project with named leads.
2. Demonstrate how you intend to collect appropriate quantitative and qualitative data to monitor the impact and associated success of the intervention/s you are proposing.
3. Outline how you think the project could support your system to reduce health inequalities and address local performance improvement
4. Commit to participation in a learning network and agree to us sharing your project related information and project data across and between national organisations and your own partners as appropriate.
5. Highlight shared accountability with primary care partners including appropriate information sharing and risk management principles

We are offering an opportunity to attend a webinar on the following date to try to answer any questions you may have:

Tuesday 29 June 2021 from 11-12pm.

Please contact [england.ahc.eoi@nhs.net](mailto:england.ahc.eoi@nhs.net) to register your place for the MS Teams webinar. Please contact us if you have any questions and do try to join the webinar.