St Helens Council

Health and Adult Social Care Overview and Scrutiny Panel

Take up of Health Checks for Adults with Learning Disabilities

23rd March 2015

1. Purpose

1.1 To present the findings of the Adult Social Care and Health Scrutiny Task Group that examined the take up of Health Checks for Adults with Learning Disabilities.

2 Introduction

2.1 During the process of agreeing the Scrutiny Work Programme for 2013/14 the Council’s Adult Social Care and Health Scrutiny Panel agreed to look at the uptake of health checks for adults with learning disabilities. Whilst undertaking the research, it was suggested that it would be beneficial to wait until more up to date figures became available, hence the length of time taken to complete the report.

2.2 Members who initially undertook this piece of work were Cllr(s) Anthony Burns, Rupert Nichols, Marlene Quinn, Robbie Ayres, Andy Bowden and Alan Griffiths from Healthwatch. Members enlisted the help of Dr Ruth Hunter, Senior Integrated Commissioning Manager and John Edwards Service Manager, Commissioning and Transformation to assist with the exercise and answer any questions raised.

2.3 The implementation of annual health checks for people with learning disabilities in England has been repeatedly recommended over the past five years as one component of health policy responses to the poorer health of people with learning disabilities. The aim of the review was to investigate how St Helens could increase uptake of annual health checks for those adults.

3. Background

3.1 People with learning disabilities face serious health inequalities. They have significantly poorer health than their non-disabled peers. In part this is because they have more difficulty in identifying important symptoms and getting access to appropriate care. They are less likely to proactively seek help to address health issues.

3.2 One practical step that GPs can take is to offer good quality health checks on an annual basis. Where these are in place, research indicates that they can lead to the detection of potentially treatable conditions and targeted action to deal with them.

3.3 A robust body of evidence suggests that providing health checks for people with learning disabilities in primary care settings is effective in identifying previously unrecognised morbidity, including illnesses associated with life-threatening illnesses.

3.4 Following a Formal Investigation, in 2006 the Disability Rights Commission recommended the introduction of annual health checks for people with learning disabilities in primary health care services in England as a reasonable adjustment to address the health inequalities they faced. The Department of Health responded with a commitment to introduce ‘regular comprehensive health checks for people with
learning disabilities’. This was based on their conclusion that these were ‘the best way to improve the health of people with learning disabilities’. (Department of Health, 2007)

3.5 The introduction of annual health checks for adults with learning disabilities in England (as part of a Directed Enhanced Service DES) was also recommended by the 2008 Independent Inquiry into Access for Healthcare for People with Learning Disabilities. (Michael 2008)

3.6 In February 2009 directions were published by the DoH requiring Primary Care Trusts (PCT’s) to offer GP practices in their area the opportunity to provide health checks for adults with learning disabilities as part of a Directed Enhanced Service. The DES was originally agreed for 2 years but has subsequently been extended.

3.7 Recent data on the number of health checks taking place indicates whilst there has been a rapid increase in the number since 2008, only 41% of people who are eligible to receive them did so.

3.8 Health Checks that are undertaken for people with learning disabilities are completely different from NHS Health Checks which are just a vascular screen for people aged 40-74 who are eligible i.e. with no pre-existing condition. The learning disability health check is different and is more comprehensive, details of which are set out below. Public Health do not commission this service.

3.9 The Annual Health Check lets the person with learning disabilities go to their GP practice and have aspects of their health checked, it also allows them to talk about anything that is worrying them.

3.10 During the health check, the GP or practice nurse will carry out the following for the patient:
   • a general physical examination, including checking their weight, heart rate, blood pressure and taking blood and urine samples
   • assessing the patient’s behaviour, including asking questions about their lifestyle, and mental health
   • a check for epilepsy
   • a check on any prescribed medicines the patient is currently taking
   • a check on whether any chronic illnesses, such as asthma or diabetes, are being well managed
   • a review of any arrangements with other health professionals, such as physiotherapists or speech therapists

3.11 If the person's learning disability has a specific cause, the GP or practice nurse will often do extra tests for particular health risks. For example, for people with Down syndrome they may do a test to see whether their thyroid is working properly.

3.12 The Annual Health Check can also be as an opportunity to review any transitional arrangements that took place when the patient turned 18.

3.13 The GP or practice nurse will also provide the patient with any relevant health information, such as advice on healthy eating, exercise, contraception or stop-smoking support.

3.14 Annual Health Checks can be tailored to the patient’s needs. Reasonable adjustments can include
• using pictures, large print, and straightforward language to help explain what is happening
• booking longer appointments
• scheduling an appointment that starts at the beginning or end of the day so people don’t have to wait

3.15 All parts of the health check are voluntary. Anyone who is having the health check, or their carer, can ask the GP or practice nurse for more information about the process. The patient can then give their consent before any tests or procedures are carried out.

3.16 The age of those included in Learning Disability statistics has recently changed. Those from age 14 upwards are now included in cohort.

4. Findings

4.1 In 2013/2014 there were 759 people aged 18 and over who were eligible for an annual health check in St Helens. As of November 2014 this had increased by 74 to a total of 833.

4.2 We were informed that 35 out of 37 GP practices in St Helens are participating in Learning Disability Annual Health Checks. Participating surgeries are required to sign up to the DES (Direct Enhanced Services) and are paid £102.16 per health check. Surgeries who have not signed up do not carry out health checks. Participation is clear and the service is commissioned and monitored as an enhanced service by NHS England.

4.3 GP Practices send letters inviting patients to attend screening and make every effort to make it as easy as possible. If the patient doesn’t respond or does not keep the appointment, subsequent letters are sent. As stated in the St Helens Learning Disabilities Self-Assessment Framework for 13/14, 348 (45.8%) of those eligible were recorded as having undertaking an Annual Health Check.

4.4 We discussed areas of good practice within the borough and how it would be useful to learn from others as to how to increase the uptake of learning disability health checks. We also questioned the Intelligence and Outcome Unit (IOU) regarding the data they have on how many people in supported living have had a health check. We heard that the IOU, as part of their Quality Monitoring Visits, sample select a number of service users’ files to check that the information is accurate and complete. This includes checking that a health check has been undertaken and a Health Passport is in place. If this is something that has not been undertaken, it will be identified during a Quality Monitoring Visit and included in the Quality Improvement Action Plan.

4.5 We heard that that the Learning Disabilities Partnership Board is looking into the Self-Assessment Form (SAF) Action Plan and have been in contact with Janice Wycherley at Pathways Associates regarding the Best Practice. Janice assesses all the Learning Disability SAFs in the North West and therefore has a good overview. Any best practice will be shared amongst members.

4.6 The In house Supported Living Service confirmed that all 57 service users had a signed Health Action Plan and have a yearly health check that is updated after each visit. They also have a Health Passport in place to speed up admission to Whiston Hospital. Private sector Supported Living customers have also begun the implementation of the Health Action Plans and yearly checks. The Care Quality
Commission do monitor the implementation of both Health Action Plans and Health Passports.

5. **Conclusions**

5.1 In 2009, Kosia Kietowicz reported that people with learning disabilities were treated 'less favourably' than others, due to lack of leadership and a failure to understand the legal duty to make reasonable adjustments to ensure equitable access for disabled people. The Government response to this was the introduction of Annual Health Checks for this group.

5.2 Health Checks, covering physical and mental health, and a review of medication are intended to lead to early detection of serious health issues. GPs are incentivised to offer these Checks to patients with moderate and severe learning disabilities on their lists through a Directed Enhanced Service introduced in 2008.

5.3 Our findings show that at over half of the people in St Helens who should get these Checks are not receiving them.

5.4 The Health Check is an evidence based intervention. A review of research conducted by the Learning Disabilities Health Observatory indicates that comprehensive and regular screening has the potential to highlight undiscovered hidden health conditions. Proactive screening is important for this group, because they rely heavily on carers and others to note their ill health and take action to address it. They are also frequently subject to 'diagnostic overshadowing', the assumption on the part of those close to them that any change in behaviour is attributable to the learning disability, rather than a physical or mental health problem. This can result in a high level of undetected conditions - which can be discovered through a comprehensive and regular check.

5.5 The Annual Health Check is the most significant attempt yet to address the sometimes poor health care provided for these patients. So why are more GPs not doing them? Research undertaken with the help of financial support from The Health Foundation shows GPs cited a number of reasons. Foremost amongst these was that GPs believe they already do a good job for their patients with learning disabilities and were unconvinced, despite the evidence, that the Health Checks are valuable. Other reasons cited were that identification of eligible patients was unnecessarily complicated; that the Health Check was a waste of time if carers were unprepared to support people to take exercise, eat well and adhere to medication, that the payment of £100 did not cover the extra costs; and that people did not respond when invited for a Health Check.

5.6 When My Life My Choice undertook a survey about Annual Health Checks, it was found that few people knew about them, nor did they know what to do if not offered them. Several said they would be scared if asked to attend their doctor. Care is needed when sending out an invitation to provide reassurance, as is awareness raising amongst family members and paid carers.

5.7 Despite this, we found good evidence that Health Checks are being undertaken for those people who are known to Adult Social Care and receiving ongoing social care support. The challenge remains to ease out those service users who are currently not known to the statutory authorities.
6. **Recommendations**

1. That the requirement to discuss and document discussions about Learning Disability Health Checks with all 16 year olds going through transition be added.

2. That a requirement for a Learning Disability Health Check continue to be discussed with Supporting Living Providers, for the outcomes to be documented and this continue to be monitored by the Intelligence and Outcomes Unit (IOU).

3. That social workers ensure that discussions around Health Checks are part of Learning Disabilities assessments and reviews, that these discussions are documented and that all eligible service users are guided to their GP or Learning Disabilities Community Nurse.

4. That the joint funding form be upgraded to include Learning Disabilities.

5. That work be undertaken to identify how other boroughs have supported Learning Disabilities health checks and implement any best practice.

6. That documentation produced around Learning Disabilities health checks be in easy read format.

7. That Public Health and Adult Social Care and Health work with GP’s to encourage better implementation of Learning Disabilities health checks.

8. That all agencies recognise that the Learning Disabilities Health Check now includes those aged 14 years and under.

The contact officer for this report is Joanne Heron Scrutiny Manager, Town Hall, Corporation Street, St Helens, WA10 1HP – Telephone 01744 676277

Background papers

NHS Choices – Public Information Document

British Medical Journal *BMJ* 2009;338:b1261
My Life My Choice, Oxfordshire, Matt Hoghton, Learning Disabilities Champion, Royal College of General Practitioners London South Bank University
<table>
<thead>
<tr>
<th>Rec No</th>
<th>Recommendation</th>
<th>Responsible Officer</th>
<th>Agreed Action and Date of Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>That the requirement to discuss and document discussions about Learning Disability Health Checks with all 16 year olds going through transition be added.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>That a requirement for a Learning Disability Health Check continue to be discussed with Supporting Living Providers, for the outcomes to be documented and this continue to be monitored by the Intelligence and Outcomes Unit (IOU).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>That social workers ensure that discussions around Health Checks are part of Learning Disabilities assessments and reviews, that these discussions are documented and that all eligible service users are guided to their GP or Learning Disabilities Community Nurse.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>That the joint funding form be upgraded to include Learning Disabilities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>That work be undertaken to identify how other boroughs have supported Learning Disabilities health checks and implement any best practice.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>That documentation produced around Learning Disabilities health checks be in easy read format.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>That Public Health and Adult Social Care and Health work with GP’s to encourage better implementation of Learning Disabilities health checks.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>That all agencies recognise that the Learning Disabilities Health Check now includes those aged 14 years and under.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>