

Effective Practice case study: increasing awareness and take-up of learning disability annual health checks for young people in Gateshead

Summary

Everyone aged 14 and older with a learning disability is eligible for an annual health check. In late 2020, in the midst of the pandemic, uptake of annual health checks in Gateshead, particularly among young people aged 14-25, was low, while awareness was inconsistent. The Integrated Care Board (ICB), led by the Designated Clinical Officer (DCO), initiated a piece of work that has increased uptake year-on-year since late 2020, which leaders believe is crucial to improving identification of need, transition to adulthood, and long-term health outcomes for people with learning disabilities. This has been achieved through a combination of pro-active work to spread good practice across primary care settings, providing information and training to parents/carers, education settings, and local authority SEND teams, and developing simple, practical resources to improve take-up of annual health checks.

The SEND Effective Practice Evidence Framework considers that the "strength of evidence" of this case study is **promising** – the work has been evaluated and shared internally, and has been sustained for three years. The "breadth of impact" of this case study is **promising** – there is evidence of impact in relation to take-up of annual learning disability health checks, and positive feedback from professionals, as well as some anecdotal evidence about the impact on the lived experience of young people.¹



¹ The SEND Effective Practice Evidence Framework uses two "signal strength" indicators to present the strength of evidence and the breadth of impact of a case study. Each indicator has four bars – emerging, promising, good and robust. The "strength of evidence" indicator is based on how the project has been evaluated and the length of time it has been sustained. The "breadth of impact" indicator is based on whether the case study can demonstrate impact in four broad areas – the more areas of impact, the higher the signal strength indicator.

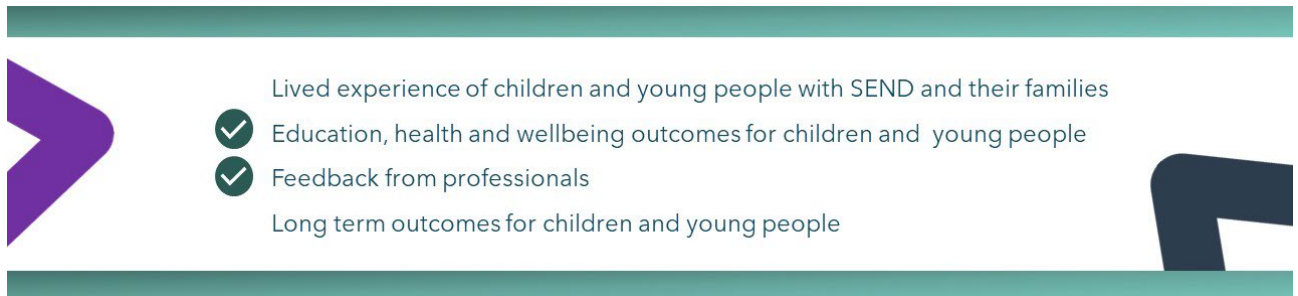
Why was this work undertaken? What did the work aim to do?

The [NHS Long Term Plan](#) set the ambition of ensuring that at least 75% of young people aged 14 and over with a learning disability have [an annual health check](#). The rationale for these health checks is that people with a learning disability often have poorer physical and mental health, and having an annual check can help to spot problems earlier.

In late 2020, mid-way through the Covid-19 pandemic, the cycle of lockdowns and restrictions on face-to-face meetings, uptake of annual health checks in Gateshead were low. This was compounded by a lack of awareness and inconsistent understanding of the annual health checks among young people, parents/carers, education settings and other SEND professionals. In addition, practice among GP practices was inconsistent, with little agreement about what good practice looked like. ICB leaders, led by the Designated Clinical Officer, agreed to initiate a piece of work to improve uptake of annual health checks among young people aged 14-25.

The project's main aim was to increase uptake from 77% in December 2020. By doing this, leaders hoped to improve early identification of physical and/or mental health needs, and consequently support the long-term health outcomes for young people with learning disabilities.

What was the impact?



- ✓ Lived experience of children and young people with SEND and their families
- ✓ Education, health and wellbeing outcomes for children and young people
- ✓ Feedback from professionals
- Long term outcomes for children and young people

The project has been able to demonstrate impact in two of the four areas captured by the SEND Effective Practice Evidence Framework. The project was able to achieve rapid success initially (take-up rising to 82% in March 2021), and to have sustained improvement over the last two years (take-up reaching 86% in April 2023). Take-up of the annual health check is above both the national average (67%) and national target for ICBs (75%).

School leaders and GP practices have fed back that they are, respectively, using and seeing the postcards – school staff are using these in pupils' annual reviews, and, as a result GP surgeries are reporting that they are seeing postcards being brought into the surgery by young people and families that is leading to the annual health checks being arranged.

The DCO and the ICB's Children, Young People & Families Team have also collected examples where the systems that they have put in place have led to young people who are eligible for annual health checks being identified, contacted, and supported to book their annual health check. For example, one GP practice reported how they had used the guidance to build trust with a young person, with the result that the young person, who had initially been reluctant to come to the GP and only with their parent/carer, now booked and attended appointments on their own, organised and collected prescriptions, and was confident to take responsibility for their own health. The DCO and ICB Children, Young People & Families Team have also created a [video](#) explaining the LD health check, a doctor explaining the health check as an opportunity for young people and their doctor to get to know one another, rather than something to be worried about. In the video, a young person explains the benefits of the annual health check: *"I started getting health checks two years ago. They've helped me get more comfortable talking to my doctor and gave me peace of mind about my health."*

Regular feedback is sought from parents/carers via a questionnaire. Feedback from parents/carers has underscored the importance of this work, and the ongoing need to raise awareness and understanding of the annual health check among families.

The project has been evaluated, with data on take-up rates, impact, examples and messages about good practice shared with ICB senior leadership and the local area's SEND Board.

What were the key actions and practices involved?

There have been three main elements of Gateshead's work to increase take-up of the annual health checks:

1. Regular, supportive calls to primary care settings

At the start of the project, the DCO initiated annual check-in calls with all GP practices in Gateshead. The DCO reflected it had been necessary to alter the tone of these conversations. The DCO considered that the calls should feel less like "checking up" – although the calls served an important purpose of demonstrating that there was a focus on the annual health checks at ICB level, which, according to the DCO, meant some practices 'raised their game' – and more around how to help and support. One of the things that came out of this was the development of [best practice guides](#), developed with three practices, and shared with all GP practices across Gateshead. The practice guides deal with practical things like ensuring it is the same person from the surgery who contacts the young person, when and where to send reminders about appointments (e.g., when confirmed, to carers, on the day of the appointment), how to contact the young person, language to use (a 'well person check' rather than a 'learning disability check'), how to organise waiting time, and support for the young person in completing a questionnaire as part of the health check.



2. Training and information for GP practices, families and education settings

Regular training has been rolled out, initially carefully sequenced and now routine, to primary care settings, parents/carers, and schools and education settings. This now takes the form of an annual health awareness training session for SENCOs, parents/carers, and GPs, with the aim of continuing to reinforce existing understanding, raise awareness, and share good practice in encouraging take-up of the annual health checks. Parents/carers receive a questionnaire asking them if they are aware that their child may be eligible for an annual health check. Training has been developed specifically for foster carers to increase awareness and understanding.

3. The "postcard"

A really simple device was designed to encourage school staff to bring up annual health checks at annual reviews for young people and use this to ensure GPs had up-to-date information about the young people who should be on their learning disability register. The device was a postcard, which had been used in a neighbouring local area. The postcard is given to schools to use in EHCP annual reviews with young people from Year 9 onwards. At the annual review, the young person and their family are given the postcard to complete. They can put in the name of their GP, the young person's name and date of birth, how to contact the young person, and any reasonable adjustments that would make the young person feel comfortable. This can then be given to the GP practice so that they are aware that the young person is entitled to an annual health check.

Has the work been sustained?

Having started in December 2020, the work is now seen as "business-as-usual" and has become embedded in the work of the local SEND system. Ongoing training, advice and information sessions are offered to maintain and continue to raise awareness among families, education settings, primary care settings, and SEND professionals.

The DCO holds an annual awareness session for schools and education settings, enabling education leaders to raise issues and ask questions about access to health services, as well as to remind leaders about the annual health checks. The DCO continues to make annual calls to GP practices to oversee and support practice around the annual health checks.

This work would be relevant other local areas, Designated Clinical Officers and local health services seeking to increase take-up of annual health checks. It also reflects the importance of joint working between education, health and care services to ensure a consistent understanding of language (for example, what health services mean by a diagnosed "learning disability") and key processes (in this case, the annual health checks).

The only additional cost was for printing the postcards, which came to under £100. The work to improve take-up of annual health checks in Gateshead has been accomplished through business-as-usual and existing (human) resources.

	<h3>Resources required</h3> <ul style="list-style-type: none"> ✓ Financial investment ✓ Human resources Physical space 	<h3>Value for money</h3> <ul style="list-style-type: none"> ✓ Sustained £ needed ✓ Cost neutral Savings (+outcomes)
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Finding out more

Contact to find out more	Dawn Robson, Designated Clinical Officer SEND, Gateshead System, North East and North Cumbria Integrated Care Board (ICB) dawn.robson4@nhs.net
Useful resources and links	<ul style="list-style-type: none"> • Best practice guidelines • Promotional materials for primary care and education settings • Postcard <p>Available here.</p>

