Medway Council
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Children and Young People Overview and Scrutiny Committee

BRIEFING NOTE – No 1/25

Date: 21 January 2025

From: James Harman – Head of Childrens Services Commissioning and Placements
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Briefing paper to: Children and Young People Overview and Scrutiny Committee

Purpose: Update to Members regarding status of Annual Health Checks [AHC] and Health Action Plans [HAP] for people with Learning Disabilities and Autism.

Medway, Kent and ICB officers work collaboratively within the Programme Development Unit [PDU]. There are currently 9 workstreams and Medway are active in several and lead on elements contained within those workstreams.

In Health Inequalities is AHCs. Along with resettlement figures for those currently detained under Sec 3 of the MHA it is the only other workstream that has an NHS set target against completion, which is currently 75%. In 2023/24 Kent and Medway exceeded this target across the footprint of the ICB reaching 76.9% coverage.

Medway (Nick Jones – Programme Lead LDA and Autism) leads on AHC programme on behalf of all Medway and Kent Citizens.

The AHC programme is aligned to the 4 Health Care Partnerships [HCPs] which contain 44 Primary Care Networks [PCNs]. There are 180 GP Surgeries within Kent and Medway. In Medway out of the 11 PCNs 4 are well above the 27% trajectory 5 in the 20%+ range and 3 below. The 3 lower performing ones are currently being supported to improve coverage and we expect all to reach trajectory.

Our position [Medway and Swale] in Sept 2023 was 17.9%. September 2024 the figure has increased by 7.3% to 25.2%.

Within the AHC workplan Medway is considered a priority area for increasing AHC / HAP completion. We have a detailed and targeted workplan which

includes focusing on all the lower performing PCNs / Practices within Medway to ensure we effectively represent our communities.

In the last 12 months the team dedicated to AHC / HAP has grown considerably. We now have a dedicated Clinical Lead who offers specialist guidance, support and coaching to PCNs and Practices. We have colleagues from Partner agencies such as Project Officers, Learning Disability Specialist Link Nurses and Quality Improvement Officers from Trust who have joined us and contribute to the progression and development of this workstream.

We have engaged in Coproduction with Lived Experience Groups on multiple occasions and are in the process of finalizing based on Expert lived experience publications informing our citizens of useful information regarding AHCs.

In consultation with other ICBs we have devised an AHC awards scheme. This will ask Practices to self-evaluate and present evidence to be granted an award. As part of this process, we are exploring an option which could include validate from the CQC and help Practices to evidence excellence in promoting AHCs for people with a learning disability. We believe this could make the awards more attractive to Practices and anticipate being able to implement in Q4 of this year.

We have worked hard to develop our relationships with the PCN network and have a regular slot in regional PCN lead meetings. Feedback has indicated PCNs value partner working, and our engagement has better enabled them to complete meaningful AHCs / HAPs.

In October we implemented AHC Champions meetings across Medway and Kent. Take up within Medway PCNs has been really good with 8 out of 10 PCNs have signed up with a nominated professional who attends the monthly meetings. Thus far we have been able to consider themes and trends and how we navigate as a system making sure AHCs / HAPs are not only completed but make a difference in citizens lives. For example, as a network we are exploring how we make sure we use simplified templates that are in Easy Read, so the content is understood and accessible.

Our challenges for next year are that the NHS will be increasing the target from 75% to 80% completion. At present the lag in the ICB reporting progress on AHC is about 6 weeks. In consultation with the ICB we are in the process of building a Power BI dashboard that can be extracted directly from Practice registers. This will give us the ability to review data approximately one week post month closing and enable us to be more proactive in real time. In understanding the value of such an extraction, we are working with other workstream leads to consider expanding the new dashboard which could extract meaningful information not only for the programmes but also in understanding our population data for example to include certain cancer screening programmes and autism / ADHD rates for our citizens.