



Report to Policy Committee

Author/Lead Officer of Report:

Liz Tooke, Head of Commissioning MHLDA (job share),
NHS South Yorkshire Integrated Care Board (Sheffield Place)

Report of: Strategic Director of Adult Care and Wellbeing

Report to: Adult Health & Social Care Policy Committee

Date of Decision: 20th September 2023

Subject: Sheffield Physical Health Strategy for People Living with Severe Mental Illness, People with Learning Disabilities, and Autistic People (2023-2028)

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If YES, what EIA reference number has it been given? 2341				
Has appropriate consultation taken place?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Does the report contain confidential or exempt information?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

Purpose of Report:

Our Vision for Sheffield is that people of all ages with severe mental illness, people with a learning disability and people who are autistic will live longer and healthier lives, because of improvements in their physical health and reduction (or early identification) of avoidable physical illness.

The Sheffield All Age Physical Health Strategy for People Living with Severe Mental Illness, People with Learning Disabilities, and Autistic People aims to improve individuals' physical health through enabling people to have equitable and easy access to the activities and care they need. Key to the strategy is a partnership approach across the City.

The strategy will be underpinned by an annually updated delivery plan which will have clear objectives and outcomes anticipated. This will be a partnership document, and a range of organisations will together deliver the strategy's objectives.

Approval of the Strategy is sought from Committee.

Recommendations:

It is recommended that Adult Health and Social Care Policy Committee:

1. Approves and adopts the jointly developed and refreshed Sheffield Physical Health Strategy for People Living with Severe Mental Illness, People with Learning Disabilities, and Autistic People.
2. Requests that the Strategic Director Adult Care and Wellbeing provide annual updates as to implementation of the Strategy to Committee.

Background Papers:

Appendix 1 - Sheffield Physical Health Strategy for People Living with Severe Mental Illness, People with Learning Disabilities, and Autistic People 2023-2028

Appendix 2 - Equalities Impact Statement

Appendix 3 – Highlights of achievements from the 2019/2022 strategy

Appendix 4 – Engagement on the refresh of the strategy

Appendix 5 – High level delivery plan for the 2023-2028 strategy

Lead Officer to complete: -

1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: Laura Foster Legal: Equalities & Consultation: Ed Sexton Climate:
<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>		
2	SLB member who approved submission:	<i>Alexis Chappell</i>
3	Committee Chair consulted:	<i>Councillor Angela Argenzio</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: Liz Tooke	Job Title: Liz Tooke, Head of Commissioning MHLDA (job share), NHS South Yorkshire Integrated Care Board (Sheffield Place)
	Date: 31st August 2023	

1 PROPOSAL

- 1.1 People living with severe mental illness, people with learning disabilities and autistic people are three different groups of people, but they share inequities in terms of physical health and disparity in health outcomes. For too many people this means living for many years with a long-term physical health condition and with reduced quality of life, as well as on average a dramatically reduced life expectancy.
- 1.2 Deaths are mostly from preventable causes and in part due to physical health needs being overlooked. “Diagnostic overshadowing” can be a contributing factor through which symptoms of physical ill health are mistakenly attributed to the person’s learning disability, autism, or mental illness. The average life expectancy for someone with a long-term mental health illness is at 15 - 25 years shorter than for someone without and it is estimated that for people with severe mental illness, 2 in 3 deaths are from physical illnesses that can be prevented. On average men with a learning disability die 23 years earlier than men without a learning disability and for women it’s 27 years earlier. Autistic people die on average 16 years earlier than the general population (and more than that for people who have a learning disability).
- 1.3 Research through the LEDER (Learning from the Lives and Deaths of People with Learning Disabilities and Autistic People) programme has also shown that people with a learning disability and people who are autistic do not always receive the same quality of care as people without a learning disability or who are not autistic, and that this can contribute to health inequalities and early death.
- 1.4 In 2019 Sheffield’s NHS organisations, partners in the Voluntary and Community Sector, and Sheffield City Council agreed our first citywide *Sheffield Physical Health Strategy for People Living with Severe Mental Illness, People with Learning Disabilities, and Autistic People* through which we have worked together and helped people to live longer and healthier lives.
- 1.5 In terms of populations affected by the Strategy:
- There are 4,714 patients of all ages with a Learning Disability diagnosis recorded on Sheffield GP registers. However, the actual number will significantly higher as it is estimated that approx. 2.16% of adults, and 2.5% of children, have a learning disability.
 - There are approx. 5,540 people diagnosed with a severe mental illness in Sheffield (excluding those in remission) (NHS England defines ‘severe mental illness’ (SMI) as anyone diagnosed with schizophrenia, bipolar disorder or other psychosis or is having lithium therapy)
 - The Sheffield Joint Strategic Needs Assessment states the number of autistic people in Sheffield is unknown and could be between 8,500 to 20,000 people (all ages).
- 1.6 In 2022 we started the process of reviewing and updating the citywide Sheffield Physical Health Strategy for People Living with Severe Mental Illness, People with Learning Disabilities, and Autistic People. The refreshed Strategy (2023-2028) (appendix 1) outlines:
- Our shared vision for Sheffield – people of all ages with severe mental illness, people with a learning disability and people who are autistic will live longer and healthier lives because of improvements in their physical health and reduction (or early identification) of avoidable physical illness.
 - How NHS organisations, Sheffield City Council, and community and voluntary sector partners will work together on three key ambitions to achieve this vision.

- 1.7 The three key ambitions of the strategy are:
1. People will have equitable access to healthy living and wellbeing activities and support in their community (This will contribute towards the Promotion of Wellness; Prevention of Illness; Earliest Intervention; Recovery; and Living Well)
 2. People will have equitable access to the physical health care and interventions that they need (This includes GP and hospital appointments/care, national screening, dental care, vaccinations, and recognition and care of deterioration in health).
 3. People who receive health and care services to help with needs related to their mental illness, learning disability, or autism, will (as part of this care) be supported with their physical health.
- 1.8 The review and update of the strategy has included asking people with lived experience and their carers for their views about what has helped with their physical health over the last three years, what the challenges have been, and what the priorities for action over the next three years should be. Feedback has helped to shape the ambitions in this 2023-28 Strategy.
- 1.9 One of the main areas that the consultation has helped to influence is the extension of the Strategy to cover all ages. The 2019-2022 strategy was primarily an adult's strategy, but we received feedback about the importance of taking an all-age approach to these areas of work. As a result, we are extending the 2023-2028 Strategy to cover children and young people as well as adults.
- 1.10 The strategy will be underpinned by an annually updated delivery plan which will have clear objectives and outcomes anticipated. This will be a partnership document, and a range of organisations will continue together to the delivery of the strategy's objectives. **The high-level delivery plan** (appendix 5) summarises key deliverables for the strategy, that partner organisations have committed to either within their organisations or working in partnership.
- 1.11 Our partnership approach since 2019 has led to tangible improvements for people living with severe mental illness, people with learning disabilities, and autistic people. An **achievements report** (appendix 3) summarises progress against our 2019-2022 strategy and delivery plan. We build on these improvements over the next five years.

Examples of outcomes include:

- **Annual Health Checks** - Dedicated work within Primary Care, Secondary Care and supported by Social Care providers, alongside new ICB commissioned health check posts/services, has helped to achieve improved access to focussed annual health checks for people with learning disabilities and severe mental illness, vaccinations, and national screening. Annual health checks enable early identification of life-threatening illness and other health problems and the production of Health Improvement Action Plans. For example:
 - Between Mar 2022 to Apr 2023, 79% of people in Sheffield with a Learning Disability received their annual health check (85% excluded declines) - a total of 3,382 people. Only 1,440 had their health check in 2018/19, so this is an increase of 1,978 people.
 - Between Mar 2022 to Apr 2023, 79% of people in Sheffield with a LD received their annual health check (85% excluded declines) - a total of 3,382 people. Only 1,440 had their health check in 2018/19, so this is an increase of 1,978 people.

- Sheffield was one of only 5 places nationally to be successful in being awarded a place on the NHSE national project to pilot annual health checks with Autistic adults. 95 autism specific health checks have been completed in 2023 in Sheffield as part of the project.
- Equalities - Significant numbers of people from non-White British backgrounds supported through the learning disability and severe mental illness physical health outreach projects.
- Smoking - Smoking rates for people with a severe mental illness remain (in Sheffield and nationally higher than the general population smoking rates which are currently about 13% in Sheffield. However there have been significant decreases in smoking rates for people with severe mental illness over recent years:
 - Amongst service users on Sheffield Health and Social Care's Acute Mental Health Wards, smoking prevalence has reduced from 66% in 2016/17 to 55% in 2022.
 - Primary Care data shows smoking rates for patients aged 18+ with severe mental illness has reduced from 37.9% (2018) to 35.8% (May 2023).
- Bowel and Breast Screening - As part of the Learning from the Lives and Deaths of People with Learning Disabilities and Autistic People Programme, more people with a learning disability have been helped to take part in the NHS bowel and breast screening, which will reduce the risk of dying from bowel and breast cancer. Outcomes included an increase (of 29%) in the percentage of people with learning disability who completed and sent back the FIT kits for the first time, having been sent a Fit kit before but had never previously completed and returned.
- Mental Health - Sheffield City Council's new Mental Health Independence and Support Framework providers are now asked through quality quarterly monitoring about how they support clients with severe mental illness with visits to GPs (including for Annual Physical Health Checks).
- Adults with Disabilities - Sheffield City Council's Adults with Disabilities Framework and Enhanced Supported Living Framework specifications now includes a requirement for providers to consider physical and mental health, and health and wellbeing as part of their contracted support planning with each individual they support.
- Organisational Support - Sheffield Teaching Hospital Foundation Trust now has Learning Disability and Autism Leads and Mental Health Leads, who can coordinate support for patients, training/awareness raising for staff, and support improvement activity to improve care and access.
- Workforce - Hundreds of health and care staff have received additional training to help them to better support the physical health of their clients and patients (e.g. through the LEDER ECHO programmes (e.g. Health Passport Awareness Training for hospital staff; NHS Cancer Screening Awareness Training) and Training for Providers in Recognising the Deteriorating Patient; LDA Speak Up training and SMI health check training for GP surgeries).

4 HAS THERE BEEN ANY CONSULTATION?

4.1 The review of the strategy is a “refresh” rather than a full “re-write” of the strategy. However, partners involved in the Strategy still wanted to ensure that we took this opportunity to gain feedback from people with lived experience and their carer’s, and from organisations working to support them, to identify any ways in which we needed to refresh and update the strategy going forward and to influence high level delivery plans.

4.2 The engagement activity has enabled a range of individuals and organisations to contribute to the refresh and has helped to shape the ambitions in the 2023 - 28 Strategy. **An Engagement Report** summarises the engagement on the refresh of the strategy. Key themes that we heard from the engagement were:

- The work of the 2019-2022 Physical Health Strategy (and its associated workstreams and projects led by partners) has made a positive difference to people – but there is still lots more to do.
- Many people told us that they had good experiences of healthcare and that they had been treated well by services. However, quite a lot of people told us that they were not happy and that they are not having good experiences.
- The strategy should be extended to include the physical health of children and young people as well adults.
- Financial challenges and lack of practical support to access appointments and take part in physical activity make it harder for people to improve their physical health.
- Health and care staff need to be better at making Reasonable Adjustments.
- Supporting the physical health of people of people with learning disabilities, people with severe mental illness, and autistic people needs to be “everyone’s business” across health, social care, and key VCSE services.
- More staff training, education and awareness (about supporting people with learning disabilities, people with severe mental illness, and autistic people) is needed.
- (Informal/unpaid) carers play a crucial role in helping their cared for ones maintain and improve their physical health.
- The significance of the contribution made by the voluntary, community, social enterprise sector and faith and community groups in helping people to improve their physical health.
- We need to better understand and meet the needs of all our different communities (across all Protected Characteristics) and identify ways to improve care and outcomes and address additional/cumulative health inequalities. The need to “get the basics right” was highlighted in terms of culturally competent services, interpretation/translation, inclusive engagement and working with community organisations that support and advocate for diverse groups. Gaps in understanding support needs for people from LGBTQ+ communities was highlighted in feedback – this is not an area that the strategy has focussed on specifically during 2019-2022.

4.3 A crucial element in the successful delivery of the strategy going forward is the increased involvement in people receiving, and staff directly delivering care, in the development of all key parts of the plan. Throughout the sector, we know that involving and coproducing these makes them more likely to be successful.

5 RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

5.1 Equality Implications

- 5.1.1 The Council's legal duties under the Equality Act 2010 include having due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations in respect of people's age, disability status, race or other characteristic protected by the Act.
- 5.1.2 We use Equality Impact Assessments (EIAs) to assess how our functions as a public authority are contributing towards these duties. The Council also requires that we consider additional characteristics and measures, including people who have unpaid caring responsibilities, poverty & financial inclusion, or geographical impact.
- 5.1.3 The EIA covering this report is attached as at Appendix 2 to ensure all available equality and demographic information has been used to assess whether (or not) there are any additional inequalities, which need to be addressed as part of the strategy.
- 5.1.4 The EIA has advised that: -
- Overall the refresh of the strategy will have a positive impact on people with Protected Characteristics, particularly on people of all ages with learning disabilities, people living with severe mental illness, and autistic people.
 - People living with learning disabilities, autism, and severe mental illness, are more likely to experience other long term health conditions and related physical disability. For example, nearly half of all people with diagnosed mental illness also have at least one, and often more, long-term physical condition. The strategy will therefore improve health inequalities for people experiencing a range of long term health conditions and related disabilities. Additionally, the refreshed strategy recognises that that poor health and wellbeing are inequitably distributed across our city.
 - The refreshed strategy will be extended to include the physical health of children and young people as well adults, which will help to improve outcomes across all ages. Further focus will also be addressed in the detailed delivery plans about the support needed by older adults. These were both areas highlighted for further work through our engagement activity.
 - There have been examples of good practice relating to equality and diversity with the achievements of the 2019-2022 strategy – for example the significant numbers of people from non-White British backgrounds supported through the learning disability and severe mental illness physical health outreach projects.
 - We do not anticipate any negative impacts from the 2023-2028 strategy but plans going forward will offer further opportunities to better understand and meet the needs across different communities and Protected Characteristics, and to address cumulative health inequalities.
 - For example, our engagement on the strategy highlighted opportunities for how (through the strategy and it's delivery plans) we could work to embed more culturally competent services and have more inclusive engagement and collaboration with community organisations that support and advocate for diverse groups (in doing this we will also ensure we respond to the **Sheffield Race Equality Commission findings**). Gaps in understanding support needs for people from LGBTQ+ communities was also highlighted in feedback, which is not an area that the strategy has focussed on specifically during 2019-2022.

- Equality Implications for individual projects and any commissioning activity associated with the refreshed strategy will be assessed throughout the duration of the strategy. This will include continuing to consider the impact of poverty and cost of living challenges on healthcare and healthy living.

5.2 Financial and Commercial Implications

5.2.1 There are no short term financial and commercial implications associated with endorsing this strategy. All individual projects will be assessed for their affordability and viability, and financial and commercial implications will be reported and recorded as part of the approval process.

5.3 Legal Implications

5.3.1 There are no direct legal implications associated with endorsing this strategy. Clearly, partner organisations when making decisions in this field will need to give due consideration of legal implications, and these will be reported and recorded as part of the approval process by partner organisations.

5.3.2 However, it is to be noted that the core purpose of adult health and social care support is to help people to achieve the outcomes that matter to them in their life. The Care Act 2014 sets the Council's statutory power to direct the provision that:

- promotes wellbeing
- prevents the need for care and support
- protects adults from abuse and neglect (safeguarding)
- promotes health and care integration
- provides information and advice
- promotes diversity and quality.

5.3.3 The Care Act Statutory Guidance requires at para 4.52 that "... Local authorities should have in place published strategies that include plans that show how their legislative duties, corporate plans, analysis of local needs and requirements (integrated with the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy), thorough engagement with people, carers and families, market and supply analysis, market structuring and interventions, resource allocations and procurement and contract management activities translate (now and in future) into appropriate high quality services that deliver identified outcomes for the people in their area and address any identified gaps.

5.4 Climate Implications

5.4.1 There are no direct climate implications associated with approving this report. However, Sheffield City Council – and its [10 Point Plan for Climate Action](#) – is a partner in the Mental Health, Learning Disability Partnership Board.

5.4.2 We are committed to working with partners aligned with our Net Zero 2030 ambition and where specific procurement/commissioning exercises take place related to care provision we will aim to consider providers approach and performance in terms of managing the climate impacts of the services they provide. This would be done via more detailed CIA's for specific procurements.

5.4.3 Many other partner organisations on the board will also have their own climate strategies. The role of large organisations – who form a big plank of the delivery of this strategy – is important in Sheffield tackling the effects of climate change.

5.5 Other Implications

- 5.5.1 There are no specific other implications for this report. Any recommendations or activity from the detailed workplans of the strategy will consider potential implications as part of the usual organisational processes as required.

6 ALTERNATIVE OPTIONS CONSIDERED

- 6.1 **Do nothing:** It would be possible not to update the strategy for this area – but it would mean any plans would lack focus, coherence, and public accountability.

7 REASONS FOR RECOMMENDATIONS

7.1 Reasons for Recommendations

- 7.1 People living with severe mental illness, people with learning disabilities and autistic people face inequities in terms of physical health and disparity in health outcomes. For too many people this means living for many years with a long term physical health condition and with reduced quality of life, as well as on average a dramatically reduced life expectancy.
- 7.2 Our shared vision for Sheffield is people of all ages with severe mental illness, people with a learning disability and people who are autistic will live longer and healthier lives because of improvements in their physical health and reduction (or early identification) of avoidable physical illness.
- 7.3 Endorsement of the strategy will help NHS organisations, Sheffield City Council, and community and voluntary sector partners to work together to achieve this vision.

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