Sheffield Physical Health Strategy for People Living with Severe Mental Illness, People with Learning Disabilities, and Autistic People

2023 - 2028

Contents

To note:

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).

Introduction

- In 2019 Sheffield's NHS organisations, Voluntary and Community Sector partners, and Sheffield City Council agreed our first citywide Sheffield Physical Health Improvement Strategy, through which we have worked together to help people living with severe mental illness, people with learning disabilities, and autistic people to live longer and to have healthier lives.
- In 2022, we started the process of reviewing and updating the strategy. This 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. This feedback has been through a survey on the strategy, review of recent consultations such as the Autism Strategy engagement, the Health Experiences engagement by Disability Sheffield, the "What Matters to You" engagement, and feedback from providers. It has helped to shape the ambitions in this 2023-28 Strategy.
- This document outlines our shared vision and ambitions for the next five years.
- It also includes appendices which show highlights of what has been achieved in the last three years (2019-2022) through working together across our organisations and most importantly with people with lived experience, and also our high level delivery plan.

This strategy sits alongside a range of other related strategies and plans, including:

- The Sheffield Mental Health and Emotional Wellbeing Strategy
- Sheffield's Joint Health and Wellbeing Strategy
- Sheffield's Joint Strategic Needs Assessment
- Sheffield's Autism Strategy
- Sheffield Learning Disability Strategy
- Sheffield Adult Social Care Strategy
- Learning from the Lives and Deaths of People with Learning Disabilities and Autistic People Programme
- Start for Life Sheffield Early Years Strategy 2023-2028
- Sheffield Special Educational Needs and Disabilities Inclusion Strategy 2020-2025
- SCH Learning Disability and Autism (LDA) Strategy
- NHS South Yorkshire Five Year Joint Forward Plan
- SCH clinical strategy 2022-2027
- The internal workplans and strategies of all partner organisations (relating to physical health for people living with severe mental illness, people with learning disabilities, and autistic people)
- NHS England's Five Year Forward View for Mental Health

Vision

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.

How will we achieve the vision?

- NHS organisations, Sheffield City Council, and community and voluntary sector partners will work together on three key ambitions (see later in document).
- At the heart of our work will be a focus on: Promotion of Wellness; Prevention of Illness; Earliest Intervention; Recovery; and, Living Well. We want to help the people of Sheffield live long, healthy and fulfilled lives.
- We will recognise that (as set out in Sheffield's Joint Health and Wellbeing Strategy) that poor health and wellbeing are inequitably distributed across our city. We also know that most of the solutions are not to be found within NHS and social care services alone.
- We will involve and listen to people with lived experience and their family carers, to ensure that their expertise and experiences influence the work that we do.
- We will connect to wider programmes and public policy which tackle poverty and inequity, such as housing, education and skills.
- We will recognise the value of the contribution made by the voluntary, community, social enterprise sector and faith and community groups.
- We will look at ways to increase opportunities for person centred care, so people will get more control over their own health and more personalised care when they need it.

Why do we need a Physical Health Strategy for people living with severe mental illness, people with learning disabilities, and autistic People?

Please note: some of the information on this page may be distressing

- These 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.
- Deaths are mostly from preventable causes and in part due to physical health needs being overlooked. “Diagnostic over-shadowing” 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 least 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).
- Research through the LEDER 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.
- Many of those who have severe and enduring mental illness in adulthood are diagnosed when they are children or young people.
- Due to the combination of lifestyle factors and side effects of antipsychotic medication, there is a high incidence of cardiovascular disease causing premature death in people with severe mental illness (15-25 years).
- Over-prescribing of psychotropic medicines for adults and children with learning disabilities and autism leads to serious problems with physical health.
- There are higher rates of respiratory disease linked to eating and swallowing problems for people with learning disabilities, and to increased smoking rates for people living with severe mental illness. Smoking is the leading preventable cause of early death and health disparities among people with mental illnesses.

Why do we need a Physical Health Strategy for people living with severe mental illness, people with learning disabilities, and autistic People? (continued)

Please note: some of the information on this page may be distressing

- People living with severe mental illness in the UK are more likely to have common risk factors for being overweight, such as reduced access to healthy food, lower incomes and health conditions that limit their mobility. In addition, they have risk factors not typically faced by the general population, such as weight gain related to psychiatric medication and admission to inpatient wards with few opportunities to be physically active. For example, diabetes is 2–3 times more common among people with Severe Mental Illness than the general population.
- Autistic adults are more likely to have chronic physical health conditions, particularly heart, lung, and diabetic conditions, however lifestyle factors (which increase the risk of chronic physical health problems in the general population) do not account for the heightened risk among autistic adults.
- Diagnosis of dementia, hypertension and cancer is a priority within NHS South Yorkshire Integrated Care Board Five Year Plan, and the plan highlights that because people with serious mental illness and people with learning disabilities are more likely to have physical ill health, this means that early detection and prevention are key for these groups of people.
- Gastrointestinal disorders are nearly eight times more common among children with autism than other children.
- Epilepsy is more common in people with a learning disability and with autistic people than in the general population. Autistic adults who also have a learning disability have been found to be almost 40 times more likely to die from a neurological disorder relative to the general population – with the leading cause being epilepsy

- 78.5% of people on the Sheffield Severe Mental Illness register (4,348 people) had a measurement of weight/BMI in 2022/23. 80% of these (3,041 people) were identified as needing weight management support/intervention due to a high BMI.
- The prevalence of epilepsy in Sheffield is at least 2x higher for patients with autism (and no Learning Disability) than the general population, and more than 17x higher for patients with Learning Disability.
- Approx. 9.6% of people aged 14+ on GP Learning Disability registers also have a diagnosis of diabetes. 11% have a diagnosis of hypertension.

What have people with lived experience of learning disabilities, severe mental illness and autism told us?

These quotes are from people with lived experience and their family carers, shared with us through:

- Responses to our 2023 physical health survey
- The Health Experiences for people with learning disabilities and autism report (Disability Sheffield, 2022)
- Sheffield Autism Strategy consultation (2022-23)

Thank you to everyone who has contributed their views and experiences, which have helped to inform this strategy

Still particularly in the primary care sector there is poor understanding of the impact of mental illness on physical health - often things get missed because of this.

What do we need? Proactively doing a physical health MOT on those with SMI - twice a year - and chasing up those who do not come in for them. We are often too mentally ill to self-care.

Carers and family members need support and should be valued as experts and partners.

Adequate mental health care would go a long way towards improving our physical health too. Same goes for social care - e.g. forcing people to live on microwave meals of course leads to worse physical health, as does lack of support to access sport and leisure activities

I need help and encouragement to go to my appointments

I have to remind people a lot that I have Autism, especially at hospital

I need targeted friendly sessions and more disabled changing facilities.

I need support with exercise, like someone to go with me the first time

What would help me is for doctors and nurses to be trained how to cope with people with learning disabilities and autism; it would be good for doctors and nurses to know what it's like in our shoes

My daughter has not experienced any good examples of health care. She is 16 years old, has autism and it feels like the services are waiting for her to turn 18

I have no access to subsidised gyms, pools, supervised walks or anything else which is what is needed to improve my physical health, on top of my SMI and to keep my weight down.

There is an inability or unwillingness of NHS services to make reasonable adjustments for accessing medical care - e.g., long waits in intolerable environments when attending appointments, important information provided verbally only and rushed

Some examples of progress to date (and what we still need to achieve)

See appendix one for more details of progress against the 2019-2022 strategy

New health and outreach roles are providing practical support for people to receive and access health checks and support with healthy living activities (including with Sheffield Mind, Primary Care Sheffield, Disability Sheffield, Sheffield Mencap and Gateway, Sheffield Teaching Hospitals, SHSC).

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.

The percentage of people with LD aged 14+ with a Health Action Plan recorded following their health check has more than doubled over the last year. This was 84% in 2022/23 compared to 41% in 2021/22.

As at the end of March 2023, 61% of people with SMI had received their Annual Physical Health Check in the previous 12 months – a total of 3,367 people; more than three times the number of people who had their check in 2018/2019 (1,102 checks; 18.5%).

75% of people with LD had their flu vaccination in 2022-23 – compared to 58% of people vaccinated (or exempted) in 2021-22.

Approx. one third of people on SMI registers are eligible for a flu vaccination due to long term health conditions – in 2022-23, 72% received their flu vac in Sheffield - compared to approx. 63% vaccinated (or exempted) in 2021-22)

Amongst service users on SHSC's Acute Mental Health Wards, smoking prevalence has reduced from 66% in 2016/17 to 55% in 2022. *(Citywide smoking rate: 13.3%, 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). However, this is still much higher than the average Citywide smoking rates (13.3%, 2022).

Sheffield was successful in being awarded a place on the NHSE national project to pilot annual health checks to autistic adults. 100 health checks are being completed in 2023 in Sheffield as part of the project.

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.

Hundreds of health and care staff have received additional training (e.g. Training for Providers in Recognising the Deteriorating Patient; LDA Speak Up training and SMI health check training for GP surgeries; Health Passport Awareness Training for hospital staff; NHS Cancer Screening Awareness Training).

Our three key ambitions (or commitments) for 2023-2028

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, pregnancy/maternity care, and vaccinations.

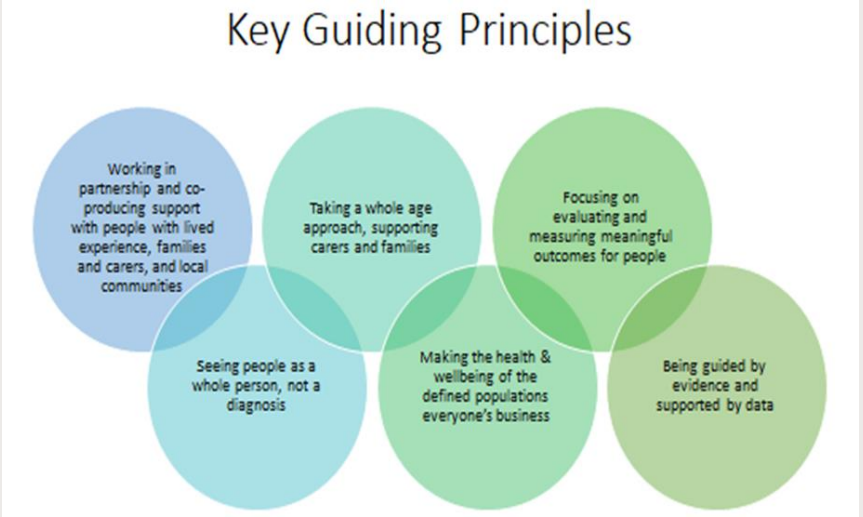
3. People who receive health and care services to help with needs related to their mental illness, learning disability, or autism, will (as part of this care) be supported with their physical health.

See APPENDIX TWO for more details about the three ambitions

Cross-cutting considerations that we will work towards across the three ambitions…

As partners we will -

- Extend our strategy to encompass all ages (recognising that the 2019-22 strategy was adults focused) and that we will need additional work to ensure that Delivery Plans are consistently all age. We will also ensure that there is sufficient focus on supporting older people.
- Consider and raise awareness about the appropriate use of the Mental Capacity Act to support good decision making where people are not able to make decisions themselves.
- Recognise that family carers need support to and that their role and expertise should be valued.
- Identify opportunities to embed good practice about personalised care across the services and projects relevant to the strategy.
- Consider opportunities for working across South Yorkshire, where this will add value to our work.
- Build on the progress achieved in our 2019-2022 Strategy, which will include that where we have already delivered projects that have improved outcomes for one of our populations (e.g. people with Learning Disability), we will now consider if this can be extended to our other populations (e.g. people with Severe Mental Illness).
- 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 health inequalities. Equality Implications for individual projects and any commissioning activity associated with the refreshed strategy will be assessed throughout the duration of the strategy.
- Work with professionals to support the recognition of, responding to and learning from safeguarding incidents and reviews which involve people with SMI, Learning Disabilities and Autism to ensure inequalities in provision of services are addressed appropriately
- Continue to consider the impact of poverty and cost of living challenges on healthcare and healthy living.
- Align Physical Health Strategy activity with our citywide focus on prevention of admission to hospital.
- Improve information sharing and good communication between services.
- Share learning where health inequalities are being addressed, providing examples and tools to support changes of approach and adjustments made.
- Deliver our ambitions in the context of our shared **guiding principles (opposite).**



Sheffield Physical Health Strategy (SMI, LD, Autism), 2023-2028
Plan on a Page

1. Children, young people, and adults (including older adults) will have equitable access to healthy living and wellbeing activities and support in their community. We will -

1.1 Improve access to community healthy living and physical activity opportunities, groups and facilities

1.2 Reduce smoking; Improve oral health; Improve access to nutritious food and reduce obesity

1.3 Increase recognition and referral for support for (unpaid/informal) carers and [parent carers

1.4 Improve how the needs of different communities are understood and met (Across all Protected Characteristics and across Geographical Area)

2. Children, young people, and adults (including older adults) will have equitable access to the physical health care and interventions that they need. We will -

2.1 Improve reasonable adjustments and Accessibility of Information across health providers

2.2 Increase prevention, identification and support (management) of long term health conditions

2.3 Improve skills/awareness/training of health and care staff

2.4 Increase quantity and quality of annual health checks and health action plans (including through better information sharing between organisations)

2.5 Improve accuracy of patient registers and flagging to health services (and the additional support this enables)

2.6 Increase National Cancer Screening

2.7 Increase adult and childhood vaccination rates

2.8 Provide better mental health, learning disability and autism care when people visit hospital for a physical health cause, including through the use of Health Passports

2.9 Review if people experiencing pregnancy/maternity are receiving the reasonable adjustments that they need when accessing pregnancy/maternity physical health care

3. Children, young people, and adults (including older adults) 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. We will -

3.1 Support care staff to detect (and respond to) when people's physical health is deteriorating

3.2 Ensure young people receive good physical health support during the move from children's to adults services.

3.3 Support the physical health of people receiving support from social care services, working with partners to promote physical health.

3.4 Continue to develop physical health offer of the Primary Community Mental Health Service

3.5 Improve the physical health for patients within community and inpatient mental health and learning disability services

How will we will monitor our strategy?

- We will have a **delivery plan** which will be overseen by **our cross organisational Physical Health Improvement Group.** The delivery plan will include key actions from the Equality Impact Assessment and themes arising from the engagement on the refresh of the strategy.
- This group will report to the **Mental Health, Learning Disabilities, Dementia and Autism (MHLDDA) Delivery Group**. These groups have a range of partners on them, working together and these partners will help to progress and monitor delivery plans.
- Some actions and projects will be **monitored directly by the organisations involved in the strategy**.
- Some actions and projects will be **monitored by boards and groups that have cross organisation oversight for particular citywide areas of interest** (for example smoking cessation).
- We will gain assurance and feedback from **people with lived experience and their (informal/family) carers** on the progress that the strategy is making and to guide next steps.
- We will gain assurance and feedback from the **organisations and networks that work with and support people** of all ages with severe mental illness, people with a learning disability and people who are autistic on the progress that the strategy is making and to guide next steps.