



REFRESH OF THE SHEFFIELD PHYSICAL HEALTH STRATEGY FOR PEOPLE LIVING WITH SEVERE MENTAL ILLNESS, PEOPLE WITH LEARNING DISABILITIES, AND AUTISTIC PEOPLE (2023-2028)

SHEFFIELD HEALTH AND CARE PARTNERSHIP BOARD

11 DECEMBER 2023

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Purpose of Paper	
To inform HCP of the refresh of the citywide <i>Sheffield Physical Health Strategy for People Living with Severe Mental Illness, People with Learning Disabilities, and Autistic People (2023-2028)</i> .	
Key Issues	
<ul style="list-style-type: none"> • In 2019 Sheffield’s NHS organisations, partners in the Voluntary and Community Sector, and Sheffield City Council agreed our first citywide <i>Sheffield Physical Health Strategy for People Living with Severe Mental Illness, People with Learning Disabilities, and Autistic People (2019-2022)</i> through which we have worked together and helped people to live longer and healthier lives. • This work contributes towards addressing the disparity in health outcomes and dramatically reduced life expectancy experienced by these populations. Sadly deaths are mostly from preventable causes and in part due to physical health needs being overlooked with “diagnostic over shadowing” a contributing factor through which symptoms of physical ill health are mistakenly attributed to the person’s learning disability, autism or mental illness. • Our partnership approach since 2019 has led to tangible improvements for people living with severe mental illness, people with learning disabilities, and autistic people. • In 2022 we started a collaborative process of reviewing and updating the strategy. The refreshed strategy (2023-2028) outlines: <ul style="list-style-type: none"> ○ 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. • The 2023-2028 Strategy has now been finalised (September 2023) and endorsed through organisational and partnership governance routes, including Adult Health & 	



Social Care Policy Committee; NHS SY ICB Sheffield Place Executive Team; STH Mental Health Committee; Mental Health, Learning Disability, Dementia, Autism Delivery Group. The Strategy is aligned with other relevant citywide strategies, including the Sheffield Learning Disability Strategy, Sheffield Autism Strategy and Sheffield Mental Health and Emotional Wellbeing Strategy.

Is your report for Approval/Consideration/Noting

Noting

Recommendations/Action Required by the Sheffield Health and Care Partnership Board

Sheffield Health and Care Partnership Board is asked to note the refresh of the citywide *Sheffield Physical Health Strategy for People Living with Severe Mental Illness, People with Learning Disabilities, and Autistic People (2023-2028)*.

What assurance does this report provide to the Sheffield Health and Care Partnership Board in relations to the ambitions of the Health and Wellbeing Strategy 2019-2024

	Please
	✓
Every child achieves a level of development in their early year for the best start in life	✓
Every child is included in their education and can access their local school	
Every child and young person has a successful transition to independence	
Everyone has access to a home that supports their health	✓
Everyone has a fulfilling occupation and the resources to support their needs	
Everyone can safely walk or cycle in their local area regardless of age or ability	
Everyone has equitable access to care and support shaped around them	✓
Everyone has the level of meaningful social contact that they want	
Everyone lives the end of their life with dignity in the place of their choice	

Are there any Resource Implications (including Financial, Staffing etc)?

- There are no short term financial and commercial implications associated with endorsing the 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.

Have you carried out an Equality Impact Assessment and is it attached?

A full equality impact assessment has been completed on the strategy and high-level delivery plan. This has been signed off by ICB and SCC Equality Leads. The EIA is appended to this report.





Have you involved patients, carers and the public in the preparation of the report?

Engagement activity has enabled a range of individuals and organisations to contribute to the refresh of the strategy and has helped to shape the ambitions and high-level delivery plan for the 2023-28 Strategy.





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1. Introduction and background

- 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 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 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. Workstreams are aligned to the Learning from Deaths of People with Learning Disabilities and Autistic People (LEDER) programmes. In 2022 we started the process of reviewing and updating the strategy.
- 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 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 summarises progress against our 2019-2022 strategy and delivery plan. We will build on these improvements over the next five years.

1.7 Examples of outcomes include:

- **Annual Health Checks** - Dedicated work within Primary Care, Secondary Care and supported by Social Care providers, alongside side 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:
 - 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%).
 - For people with Learning Disability from approx. 35% of people estimated to be eligible for a check in 2018/19 to 85% in 2022/23 (from 1,978 to 3,382 people having their annual check – an increase of 1,978).
 - 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 were 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).

2. Aims and objectives of the Strategy

2.1 The refreshed Strategy (2023-2028) 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.

2.2 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.
- 2.3 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.
- 2.4 The 2023-2028 Strategy has now been finalised (September 2023) and endorsed through organisational and partnership governance routes, including Adult Health & Social Care Policy Committee; NHS SY ICB Sheffield Place Executive Team; STH Mental Health Committee; Mental Health, Learning Disability, Dementia, Autism Delivery Group.
- 2.5 The Strategy is aligned with other relevant citywide strategies, including the Sheffield Learning Disability Strategy, Sheffield Autism Strategy and Sheffield Mental Health and Emotional Wellbeing Strategy.
- 2.6 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.
- 2.7 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 summarises key deliverables for the strategy, that partner organisations have committed to either within their organisations or working in partnership. Workstreams are aligned to the Learning from Deaths of People with Learning Disabilities and Autistic People (LEDER) programmes.

3. Engagement and involvement

- 3.1 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 carers, 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. 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.
- 3.2 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



3.3 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, some 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. Equality implications

4.1 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. Financial implications

5.1 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.

6. Recommendations/Action Required by the Sheffield Health and Care Partnership Board

To note the refresh of the citywide Sheffield Physical Health Strategy for People Living with Severe Mental Illness, People with Learning Disabilities, and Autistic People (2023-2028)

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On behalf of: Heather Burns, Deputy Director – NHS SY ICB, MHLDDA Portfolio
30/11/2023