

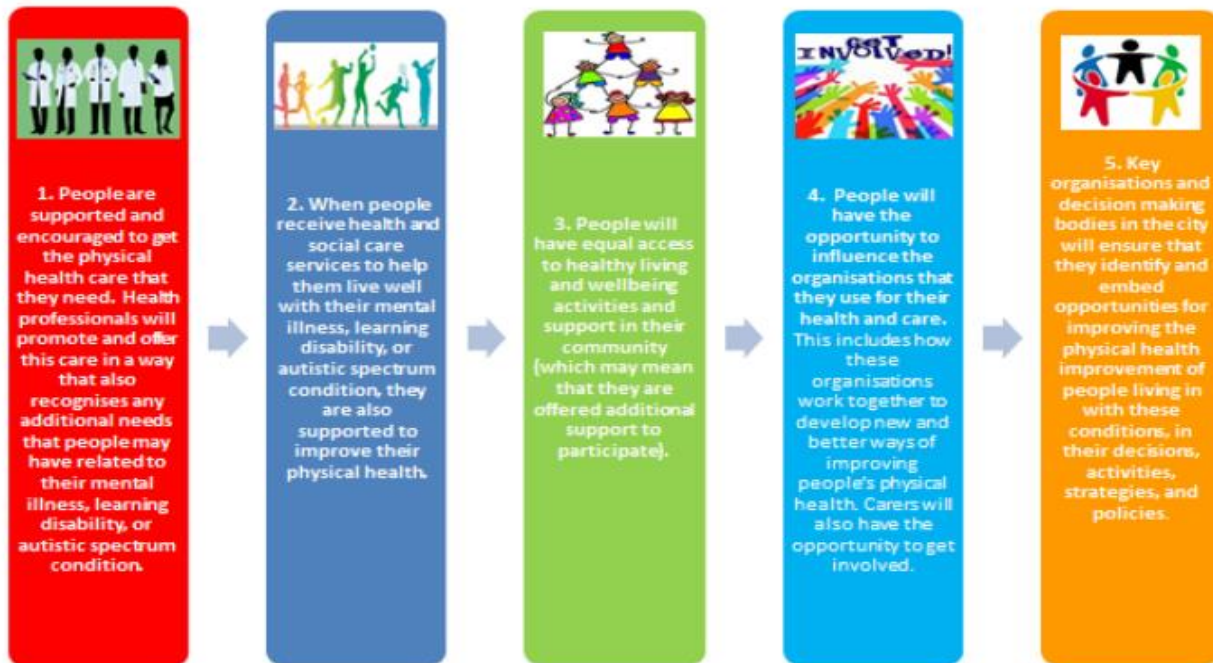
## Improving Physical Health for people living severe mental illness (SMI), people with learning disabilities (LD), and autistic people

1. In January 2022, Sheffield CCG presented to the Health and Wellbeing Board on the [LeDeR](#) (*Learning from Lives & Deaths – People with a learning disability and autistic people*) programme and the citywide [Improving Physical Health for People with Severe Mental Illness, People with LD, and Autistic People Strategy](#).
2. There was a particular focus in the presentation to HWB on the LeDeR programme. However it was highlighted that as outlined in the *Improving Physical Health Strategy*, people living with severe mental illness<sup>1</sup> also share some of the significant health inequalities and reduced life expectancy of people with learning disabilities and autistic people.
3. For all three groups these disparities are often due to physical health needs being overlooked (including in some cases through diagnostic overshadowing) and to preventable illnesses. For too many people this means living for many years with a long-term physical health condition/s and with reduced quality of life, as well as on average a dramatically reduced life expectancy:
  - The average life expectancy for someone with a long-term mental health illness is at least 15-25 years shorter than for someone without
  - On average men with LD die 23 years earlier than men without a LD and for women it's 27 years earlier
  - Autistic people die on average 16 years earlier than the general population
4. To note, the prevalence of particular health conditions and in some cases the contributing factors due to some extend vary across these three groups of people, and some examples of this are summarised at the end of this document<sup>i</sup>. Please also see below information about population size for these three groups of people<sup>ii</sup>.
5. Following the presentation, the HWB requested that the cross-organisational *LeDeR Steering Group* and Implementation Group for the *Improving Physical Health for People Living with SMI, People with LD, and Autistic People Strategy*:
  - Provide steer on what HWB partners should be doing to improve LD/autism/SMI health inequalities
  - Develop a locally co-produced vision regarding improved health for people with LD, autism, and SMI, and share this with HWB.
6. Steer from the steering groups was that rather than “re-inventing” a local vision, HWB should refer back to the [Improving Physical Health for People with SMI, LD, and Autism Strategy 2019-22](#), and the key commitments within this. There is also an Easy Read version of the Strategy. Please see below for a summary of the commitments in the Strategy. All 5 commitments are of relevance to HWB partners.

<sup>1</sup> NHS England defines ‘severe mental illness’ (SMI) as anyone diagnosed with schizophrenia, bipolar disorder or other psychosis or is having lithium therapy.

Improving physical health for people with severe mental illness, learning disabilities, and autistic spectrum condition – A Citywide Strategy for Sheffield 2019-2022

The 5 key Commitments for the Strategy:



7. Of particular note for HWB organisations is Commitment 5: *Key organisations and decision making bodies in the city will ensure that they identify and embed opportunities for improving the physical health of people living in with these conditions, in their decisions, activities, strategies, and policies.*
8. Key milestones already highlighted under this commitment that HWB can contribute towards are:
  - Embed physical health for people living with these conditions in key health and wellbeing strategies / action plans / initiatives and frameworks.
  - Partner organisations to develop their own physical health action plans that will fulfil the commitments.
  - Health and social care services will work more closely together closely to improve physical health outcomes for people.
  - There will be a cross-organisational approach to cross-cutting themes such as: Meeting the needs of diverse communities; Supporting adherence to the Accessible Information Standard; Increasing and developing local research opportunities; Ensuring that larger organisations support smaller organisations to achieve the commitments
9. Also to note, and as highlighted in the summary above, one of the key commitments in the strategy is for people with lived experience (and family/informal carers) to have the opportunity to influence how organisations work together to develop new and better ways of improving people’s physical health in Sheffield. Engagement has shaped the development and implementation of the strategy. Person centred care (ensuring the people who use our services are at the centre of everything we do) is also an important part of realising this commitment.
10. Most recently, in 2022 Disability Sheffield has been commissioned to gain feedback on the physical health care experiences of people with LD, SMI, and autism. This will help us to monitor the impact of the strategy so far and to shape the refresh of the strategy for 2023-2026. We will also continue to

engage via the LD and Autism Partnership Board and other mechanisms, and would be keen to hear the views of the HWB on priorities for 2023-2026 as part of the consultation.

11. As described in the presentation to HWB in January 2022, good progress has been made towards all 5 of the Strategy's commitments, including commitment 5. However the scale of the health inequalities faced by people living with SMI, people with LD, and autistic people, which have been compounded by the challenges brought by the pandemic, means that there is still much that the HWB as a Board (and its partners within their own structures and organisations) can contribute towards. Through this the HWB can help to reduce the persistent health inequalities experienced by these groups of people.
12. A proposed way that the Board could progress this is that the Board holds each member organisation "to account" for impacting on the mortality gap faced by these populations, for example:
  - By asking for an annual update to Board, on the opportunities that each partner have created to improve access and experience in their organisations for the above populations.
  - Through an annual HWB Health Inequalities Champion "award", that could be created to highlight positive practice, judged by Experts by Experience and/or family carers to make this visible and transparent for the public.

**Update provided by Heather Burns (Deputy Director Mental Health Transformation) and Liz Tooke (Project Manager), on behalf of:**

- *The Sheffield LeDeR Steering Group*
- *The Sheffield Improving Physical Health for people SMI, LD, Autism Strategy Implementation Group*
- *NHS South Yorkshire Integrated Care Board (Sheffield) - Mental Health, Learning Disability, Dementia and Autism and Commissioning Team*

06 July 2022

**<sup>i</sup> Examples of different health inequalities experienced by people living with SMI, people with LD, and Autistic people:**

**People living with SMI**

- As outlined in the [Quality and Outcomes Framework](#), due to the combination of lifestyle factors and side effects of antipsychotic medication, there is a high incidence of cardiovascular disease (CVD) causing premature death in people with SMI
- [As outlined in a 2018 PHE briefing](#), Compared to the general population, people aged under-75 in contact with mental health services in England have death rates that are:
  - 5 times higher for liver disease
  - 4.7 times higher for respiratory disease
  - 3.3 times higher for cardiovascular disease
  - 2 times higher for cancer
  - have a higher prevalence of obesity, asthma, diabetes, COPD, CHD, stroke and HF and similar prevalence for hypertension, cancer and AF
  - Findings from this analysis show that 41.4% of patients with SMI have one or more of the 10 physical health conditions examined. This is higher than the proportion recorded for all patients (29.5%).
- Smoking prevalence for people on the Sheffield SMI registers in primary care was 36.6% (2022) (compared to 15% for the wider population aged 18+) and for people admitted to secondary care mental health inpatient services around 60% (2019)
- People living with SMI are at increased risk from flu, pneumonia and covid-19.
- People living in the community with an SMI are less likely to take up the offer of screening and are specifically identified as needing additional support to [access national cancer screening](#).
- Type 2 diabetes, is twice as common amongst those with a [SMI](#)
- People with mental health difficulties are disproportionately affected by poor oral health. [For example](#), people with SMI are almost three times more likely to have lost all of their teeth compared to the general population.

## People with Learning Disabilities

- Learning from LeDeR includes that:
  - Respiratory conditions remain the most significant causes of premature deaths for people with a learning disability. In relation to this, we need to consider:
    - Tooth decay, frequency of brushing and dependence on others for oral care is associated with pneumonia due to increased levels of oral bacteria in the saliva
    - Flu, covid and pneumococcal vaccination as part of respiratory health
    - Dysphagia is one of the key causes of aspiration pneumonia.
  - In the national 2018 report, sepsis was identified as the second leading cause of death for people with a learning disability, and 12 people also died from constipation.
  - People with a learning disability are much more likely than the general population to have epilepsy, and a lack of understanding of epilepsy and how to support someone may have been a contributory factor in some recorded of deaths.
- People with a learning disability have died from Covid-19 disproportionately from the general population.
- Prevalence of [diabetes](#) is around 10% for people with LD, mostly Type 2 diabetes.
- People with learning disabilities have poorer [oral health](#) and more problems in accessing dental services than people in the general population.
- Local data GP data suggests that adults with a learning disability have smoking rates that are in line with the wider population.

## Autistic people

- There is still very limited awareness and understanding of the scale of premature mortality for autistic people in the UK – National charity Autistica describes this as a “[hidden crisis](#)”
- Autistica highlights that autistic people:
  - Can have a more restricted diet, limited access to exercise and increased use of medication
  - Face social and cultural pressures, including bullying, pressure to conform (which can result in ‘masking’ serious problems) and social isolation
  - Experience depression, anxiety and sensory overload
  - Can face significant issues in accessing healthcare
- [Research](#) shows that autistic people die on average 16 years earlier than the general population and this increases (to 30 years) if they also have learning disabilities.
- According to new [research](#), although autistic individuals are more likely to have chronic physical health conditions, particularly heart, lung, and diabetic conditions, 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. To note that local data shows that autistic adults have ‘average’ smoking rates.
- The research also showed that autistic women are more likely to report increased risks of physical health conditions
- [Research](#) shows that between 20% and 40% of autistic people have epilepsy and this rate increases steadily with age – in contrast to a one percent prevalence rate in the general population.
- Autistic adults without a learning disability are 9 times more likely to die from [suicide](#).
- [Autism Speaks](#) highlights gastrointestinal disorders are nearly eight times more common among children with autism than other children.

## ii SHEFFIELD POPULATION ESTIMATES (please note that there will be some “double counting”, e.g. if someone has a learning disability and an SMI).

- **People living with SMI** – 5,241 people with an SMI (excluding those in remission) on Sheffield GP Registers
- **People with Learning Disabilities** – 4,330 people aged 14 and above on Sheffield GP LD Registers.
- **Autistic people** –
  - The Sheffield Joint Strategic Needs Assessment states: the total number of autistic people in the population is unknown. It is estimated that between 8,500 to as many as over 20,000 people (all ages) in Sheffield could have ASC.
  - 2022 GP practice data indicates that there are 4,543 people aged 18 and over with a recorded autism diagnosis on Sheffield GP Registers:
    - With 3,407 people of these with a recorded autism diagnosis but no recorded learning disability
    - An additional 1,136 people recorded with autism and learning disability.