

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

APPENDIX: *HIGH LEVEL DELIVERY PLAN FOR 2023-2028*

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To note –

When we refer to ‘people’ in this document this means people of all ages in Sheffield:

- with a learning disability*
- living with severe mental illness*
- who are autistic.*

Ambition 1: People will have equitable access to healthy living and physical activity opportunities and support in their community

As partner organisations we will:

1. Continue to support community healthy living and physical opportunities, activity groups and facilities to be more accessible for people with a learning disability, people with severe mental illness and autistic adults. Promote ways to also improve accessibility for children and young people. Make sure that people can get physical health support in ways that aren't online.
2. Increase the options (or awareness of options) for people to be able to access community healthy living and physical activity opportunities, groups and facilities (e.g. by increasing the number of 'buddy' or peer support approaches).
3. Increase awareness among health, care and education staff about ways to support and encourage healthy living and physical activity and ensure that we learn together across the Physical Health Improvement Strategy partnership organisations.
4. Increase referrals to Sheffield Carers Centre and Sheffield Young Carers of people who care for an (adult) loved one with severe mental illness, learning disabilities and autism.
5. Increase/support referrals/signposting through Sheffield Parent Carers Forum, to ensure carers of children and young people can access mutual support and information, including access to the Peer Support Service.
6. Improve how the needs of different communities are understood and met (in relation to both different local areas and Protected Characteristics). This will include responding to areas where further work is needed as identified by the strategy engagement and the Equality Impact Assessment – including: extension of the strategy to include children and young people; further consideration of older adults needs; further work to embed provision of culturally competent care/reasonable adjustments (including how this relates to religion and faith); consideration of pregnancy and maternity services/care; consideration of barriers to healthcare experienced by LGBTQ+ people. **Note: this cuts across all three Ambitions.**

Ambition 1: People will have equitable access to healthy living and physical activity opportunities and support in their community (continued)

As partner organisations we will:

6. The oral health vision within the *Sheffield Oral Health Improvement Strategy 2023 – 2027* is for all Sheffield residents to be able to speak, smile and eat with confidence and without pain or discomfort from their teeth or mouths. As we know that people with a learning disability, mental ill health, or who are autistic are particularly at risk of poor oral health, we will work between the Physical Health Strategy and Oral Health strategies to address this. The Oral Health strategy also includes a particular focus on those children and young people who experience the worst oral health, and so we will ensure that as part of the expansion of the Physical Health Strategy to become all age, we will include a focus on the oral health of young people with a learning disability, mental ill health, or who are autistic.
7. Work alongside the Sheffield Food and Obesity Board, to support our populations (who are more at risk of obesity and limited access to nutritious food): ‘To access food all the time that is safe, affordable, culturally appropriate, nutritious and that benefits their health and wellbeing’ and to ensure that ‘Working with local community groups and organisations to ensure support services, such as those helping people to manage their weight, take a compassionate approach and are suitable for and accessed by under-served populations and/or groups at increased risk of obesity and poor diet’.
8. Work alongside the Sheffield Tobacco Strategy 2022-2027, particularly in relation to aim number 3 of the Tobacco Strategy: Eliminate inequities in smoking rates and smoking-related illnesses: Smoking impoverishes, amplifies, and drives inequalities harming some people more than others. This includes ... people with mental health conditions. We need to remove these inequities and prioritise action amongst these groups. The physical health strategy will support this, with an initial focus on maximising opportunities for people with SMI in primary care and community/voluntary settings to receive Very Brief Advice and to access Tobacco Treatment Services (for example as part of their Annual Physical Health Check).

Ambition 2: People will have equitable access to the physical health care and interventions that they need

As partner organisations we will:

1. Improve Reasonable Adjustments for people with learning disabilities, severe mental illness, and autistic people (where possible this will be through contributing to, and influencing, wider citywide work on Reasonable Adjustments and Accessible Information Standards) including through training and awareness raising for staff (including supporting roll-out of the Oliver McGowan Training).
2. Continue to increase the quality and number of Annual Health Checks (and Health Actions Plans) for people with learning disabilities and people living with severe mental illness, to meet/exceed national targets and include those who do not regularly access their checks. We will pilot innovative approaches to learning disability health checks for children and young people, e.g. in community settings through working closely with primary care and the wider system to determine the need in this area.
3. Improve sharing of information on health checks between primary and secondary care services, to reduce duplication and make sure no-one is missed.
4. Continue to improve the accuracy of GP patient registers for people living with severe mental illness and people with learning disabilities. This will include a focus on how we identify children with learning disabilities on registers earlier.
5. Pilot ways to improve how GP surgeries record and flag autism, with the aim of improving care of autistic people. Respond to the recommendations from the NHSE Autism Health Check pilot (when this is published)
6. We will continue to target where people with SMI, people with LD and autistic people are more likely to experience long term health conditions, and will identify ways to make the care for these conditions more accessible (e.g. diabetes; epilepsy; respiratory illness; heart disease) as well as ways to help prevent/manage these conditions.
7. Continue to improve access and equity for childhood and adult vaccinations and National Screening Programmes.
8. Ensure support for parents with SMI, LD and autism in terms of access to local health services for their children to ensure and maintain good health. This will include supporting reasonable adjustments, access to advice and accessible information; Including inclusive practice in clinics and family hubs
9. Ensure support for children with SMI, LD and autism in terms of access to local health services to ensure and maintain good health. This will include supporting reasonable adjustments, access to advice and accessible information; Including inclusive practice in clinics and family hubs

Ambition 2: People will have equitable access to the physical health care and interventions that they need (continued)

As partner organisations we will:

10. Promote physical health care to the full range of services supporting children, young people and their families, including education, care and the voluntary community sector, and these services to be proactive in supporting families to enable young people to access their health care.
11. Ensure that a multiagency delivery group set up through the Autism Partnership Board will focus on the priority in the Autism Strategy about making health and care services equitable for autistic people
12. Continue to oversee the planned work of Sheffield Teaching Hospitals Learning Disability and Autism service to better support patients; train staff; improve Accessible Information Standards; respond to patient experience and feedback; increase use of Health Passports; and develop how Electronic Patient Record are used to better flag care needs.
13. Sheffield Teaching Hospitals Mental Health workstreams will:
 - Deliver Emergency Department specific training to include triaging, the use of risk assessments, supporting young people in the emergency department.
 - Provide further training and guidance across the trust to support patients with a mental illness.
 - Recruit a pool of Mental Health Support Workers through NHSP.
 - Offer Safer Space rooms in Emergency Department and Acute Medical Unit.
 - Roll out Reducing Restrictive Intervention across the trust.
14. Sheffield Children's Hospital will (as outlined in the SCH Clinical Strategy) capitalise on the unique opportunity as an integrated Trust to deliver integrated physical, mental health and learning disability services. SCH will work towards three priorities for all services: reasonable adjustments, accessible information, and training. This includes the promotion of health passports to support and improve access to, experience of and outcomes for healthcare.
15. The PAIRS (Parent and Infant Relationship Service) pathway will continue to combine Psychology input, provided by the community CAMHS service, with physical health and development needs, provided by the 0-19 service. This service will also ensure screening, vaccinations and immunisations are up to date.
16. Review if people experiencing pregnancy/maternity are receiving the reasonable adjustments that they need when accessing pregnancy/maternity physical health care.
17. Explore the current pathways for learning disability identification in CYP and adults. Looking at how we can improve this locally and working with national NHSE colleagues on this national issue.

Ambition 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. As partner organisations we will do more to support care staff to detect (and respond to) when people's physical health is deteriorating (managing the deteriorating patient).
2. As partner organisations we will do more to ensure young people receive good physical health support during the move from children's to adults services.
3. Sheffield City Council will continue to embed the monitoring of people who have been supported to attend GP physical health checks through the Independence and Support framework providers quarterly monitoring.
4. We ensure close working between the LEDER programme to support STOMP (stopping over medication of people with a learning disability, autism or both with psychotropic medicines) (including multicultural STOMP initiatives).
5. We will promote an improved understanding of how menopause may affect people living with severe mental illness, people with learning disabilities and autistic people.
6. The Primary Community Mental Health Service will:
 - Make greater connections with general practice, with two way learning to better understand and treat mental health and physical health.
 - Maximise the opportunities to work across Primary care networks and into community VCSE organisations to invest time and when possible funds to increase the practical offers to address physical health needs
 - Maximise the opportunities to share information via patient administration systems across mental health and wider organisations.

Ambition 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 (continued)

6. Sheffield Health and Social Care will improve physical health for patients within community and inpatient services:

- **Living Well:** We are improving uptake of access to National Screening programmes (for example cervical, bowel, breast screening and screening follow up project alongside Sheffield Flourish, Sheffield Teaching Hospitals and SACHMA). We are supporting service users regarding sexual health, smoking, physical exercise, vaccinations, BMI, diet management, sleep hygiene, Annual Health Reviews, and promoting well-being and lifestyle choices. We are working with people with lived experience and community organisations to help deliver these objectives.
- **Planned care:** We are improving physical health care and monitoring regarding continence care, diabetes, tissue viability, thrombosis, embolisms and epilepsy. Key areas of focus across all areas are diagnostics and monitoring, with an emphasis on self management where appropriate. We are working with Sheffield Teaching Hospitals to support training requirements.
- **Deteriorating patient:** We continue to roll out training for to address where there is an urgent Physical Health deterioration that needs immediate action in order to prevent deterioration, preserve life and promote recovery.
- **Unplanned:** We are improving care and physical health monitoring for service users during any unplanned events that impact on their physical health e.g. seclusion, self-harm, rapid tranquilisation, slips/trips/falls, adverse reaction to medication, wound care, dystonic reactions.
- **Digihealth:** We want to ensure that we can support service users effectively through the use of technology to promote wellbeing, independence and self-care, use of assisted technology to keep people safe and enable them. Collaborative connectivity with external services (e.g., how sharing data could support), improvements with training and experience. Potential for using QR codes on equipment outlining instructions on use. We are improving the ability to report activity and share information through improved interoperability, e.g. better sharing of information with primary care on physical health checks.

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