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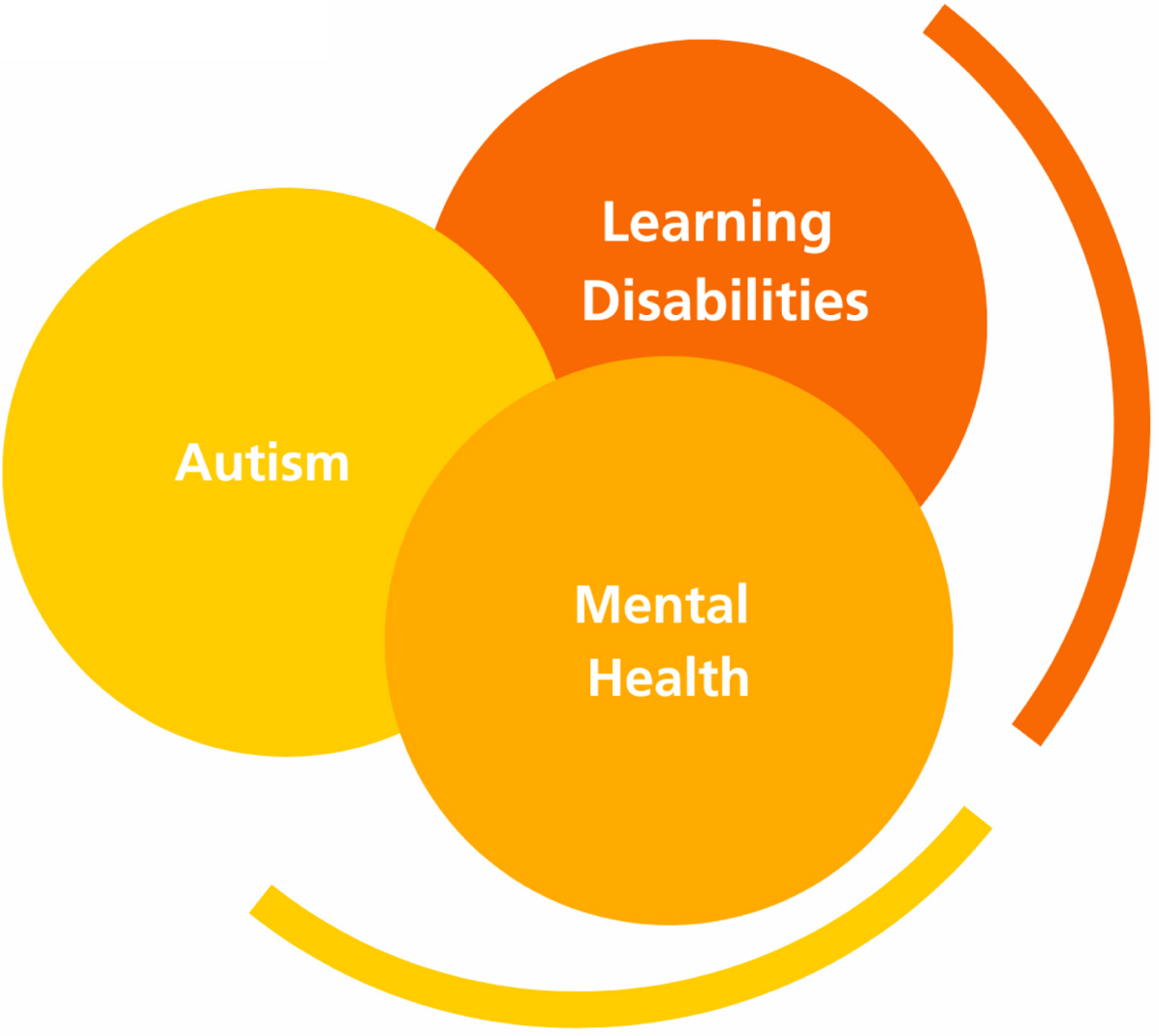
Herts Mental Health, Learning Disability and Autism Health and Care Partnership



PHYSICAL HEALTH STRATEGY 2023

Herts Mental Health, Learning Disability and Autism Health and Care Partnership

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1. Introduction

Why we need a physical health strategy for people with learning disabilities, people with mental illness and autistic people

People with learning disabilities and people with serious mental illness are dying at a much younger age than the general population. They are dying of preventable physical health conditions. Some are dying without receiving care and treatment that is freely available on the NHS. Opportunities to engage these people about their physical health have been missed. The improvements in healthy life years and life expectancy of the general population, through investment in public health, have not been realised to the same extent amongst people with autism, learning disabilities and people with serious mental illness. These health inequalities have been compounded by the Covid-19 pandemic.

People with learning disabilities, autistic people and people with mental illness are often excluded from health research. This means there are gaps in the evidence base regarding specific physical health needs. Interventions recommended for the general population may be less effective.

People with learning disabilities often have comorbid physical health conditions seen less frequently in the general population, such as epilepsy. Their causes of death are different to the general population.

People with mental health conditions are more likely to have cardiometabolic disease and addictions which impact their long-term wellbeing and quality of life.

More is being understood about the many and varied ways autistic people experience everyday life compared to neurotypical people. This highlights the need to understand access to health services and experience of health and illness through an autistic lens. There is potentially much to do to ensure equity of access to physical healthcare, equity of experience and equity of physical health outcomes.

Hertfordshire Mental Health Learning Disability and Autism Health and Care Partnership has identified physical health as one of its priorities for Prevention and Positive Wellbeing & Delivering Equalities. This recognises there are national prevention strategies and evidence-based practice to address poor physical health outcomes that may not have had equal effect amongst people with learning disabilities, people with mental illness and autistic people. It outlines a determination to improve experience of health services and positively impact quality of life and life expectancy.

This Strategy has been developed to provide a structurally robust, well-reasoned and justified approach to tackling the issues, concerns and developments required to improve these outcomes for people with learning disabilities, people with mental illness and autistic people. This is best achieved collaboratively, drawing on expertise from across the system, including experts with lived experience. It starts from the premise of valuing each life as equal and wanting to help all people, of all ages and backgrounds to live their lives to their full potential. The strategy will provide systemic change and efficiency within this area, providing a framework for continuous scrutiny and evidence for financial, strategic, and operational decision making. This strategy is being developed in parallel with other national and local strategies that will overlap and refine the aims. Most of all, it will allow an honest discussion between organisations, the people we support, and their carers about what works well, and where we are still needing to make progress.

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Vision and Strategic Ambitions

Our vision is simple but bold: to do everything possible to prevent the premature deaths of people with learning disabilities, people with mental illness and autistic people throughout the life span.

Our strategic ambition is to significantly improve the physical health of people with learning disabilities, people with mental illness and autistic people in a generation aiming to be at least as good as the wider population in Hertfordshire and West Essex by 2030.

We will significantly improve the life expectancy of people with learning disabilities, people with mental illness and autistic people in a generation, by tackling the top causes of death, scaling up and standardising improvement programmes for the early recognition of physical health conditions and early intervention, aligned with the NHS Long Term Plan & Learning Disability Mortality Review Programme.

We will create a dialogue of equals to ensure that people with learning disabilities, people with mental illness and autistic people and their carers, are engaged and involved with health services and health service design throughout Hertfordshire and West Essex.

2. Background / context

Strategic background: Where we are now

There is great synergy between this strategy and two key NHS England documents The NHS Long Term Plan (LTP) (NHS England 2019) and The NHSE Core20PLUS5 (NHS England, 2022).

The NHS LTP is committed to prevention of poor health and reduction of health inequalities. It identifies the top risk factors causing premature death as smoking, poor diet, high blood pressure, obesity, alcohol, and drug use. Air pollution and lack of exercise are also significant. These risk factors have a higher prevalence amongst people living with serious mental illness (Jayatilleke et al, 2017; IQVIA, 2018; Newbury et al, 2021). The LTP highlights the role of the NHS in secondary prevention, that is the early identification of disease and prompt treatment to prevent deterioration of health, reduce symptoms and improve quality of life. Premature mortality is significantly higher among people living with mental health conditions than among the wider population. The median years of potential life lost is at least 10 years (Reisinger Walker, 2015) rising to 15 – 20 years amongst people living with serious mental illness (SMI) compared to those without these conditions (Chesney et al, 2014). People living with mental health conditions have not experienced the improved survival rates in the general population, increasing the gap in life expectancy (Jayatilleke et al, 2017).

The NHSE Core20PLUS5 is a national approach to focus action on reducing healthcare inequalities at system level. The approach defines a target population – the ‘Core20’ - the most deprived 20% of the national population, plus locally defined underserved populations, such as people with drug and alcohol dependence, people with a learning disability and autistic people. It then identifies five clinical areas requiring accelerated improvement, including serious mental illness, early cancer diagnosis, chronic respiratory disease and hypertension case finding. Core20PLUS5 acknowledges that tobacco smoking impacts all 5 key areas.

Over 40% of people with serious mental illness (SMI) smoke tobacco compared with less than 14% in the general population. Tobacco smoking has been described as a super health inequality, exacerbating all other health inequalities, leading to premature death from cardiovascular disease, respiratory disease or cancer. Improving the health of people with SMI must include a system approach to reduce harm from tobacco. In a recent local study (Benson & Farrow, 2022), alcohol and drug intoxication were contributing factors in over half of the people attending the emergency department with mental health issues in Hertfordshire. Safeguarding and serious incident reviews have highlighted problems with alcohol and emerging mental health issues before thresholds for specialist intervention are reached.

The Learning Disability Mortality Review Programme (LeDeR) was established in 2017 to improve health care, reduce health inequalities and prevent premature deaths amongst people with a learning disability and autistic people. The 2021 LeDeR research shows that the median age at death of people with a learning disability was 62, compared to a general population median of 82.7 years. Data on deaths amongst autistic people who do not have a learning disability has been collected by LeDeR in England since the beginning of 2022 and will be available to inform the delivery of this strategy in the coming years. Despite the focus on action from learning with LeDeR, the median age at death of people with a learning disability has risen just 4 years in 4 years. The Covid-19 pandemic has exacerbated all existing health inequalities (Bambra, 2020). In the latest LeDeR report, Covid-19 was the top cause of death amongst people with a learning disability (LeDeR, 2022).

We do not know the extent of physical health issues related to autism. Nationally, mortality data is being collected on the deaths of autistic people without comorbid learning disabilities, in the LeDeR programme. Carers of adults with autism but without learning disabilities told us of the difficulties in accessing health and therapy services, often due to exclusion criteria which indicate a lack of understanding of the needs of autistic people. We acknowledge there is much we don't know with regards to the numbers of autistic people we serve with and without co-morbid mental illness and learning disabilities. There is a growing understanding of trauma and trauma informed care, acknowledging healthcare environments and encounters have the potential to trigger and exacerbate trauma. The interconnectedness and complexity of mental health needs, learning disabilities, autism and physical health needs coupled with resource issues such as bed capacity has led to service users being placed in settings that are not equipped to meet all of their needs.

NHS providers have recognised the opportunities with the formation of integrated care systems (ICS) to build on system working established during the pandemic for a more systematic approach to tackle inequalities. The Khan review (2022) highlights the vital role of the NHS to collaborate in prioritising prevention, improving data and evidence. It is in this context that this strategy forms part of the wider systemic conversation, contributing to the network of networks, to inject pace and focus. It acknowledges and complements the work of the Improving Health Outcomes Group, a collaborative, system wide Hertfordshire group who are already applying learning from LeDeR in partnership across NHS, statutory and voluntary organisations to improve the lives of people with learning disabilities.

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Scope and Objectives

This Strategy recognises the interconnectedness of multiple workstreams that address the needs of people with learning disabilities, people with mental illness and autistic people. It forms part of the wider systemic conversation.

The scope of this Strategy:

- Improving access to universal and specialist health services for people with learning disabilities, autistic people and people living with mental health conditions
- Improving experience of healthcare services for people with learning disabilities, autistic people and people living with mental health conditions
- Improving physical health outcomes through person-centred prevention activity and targeted intervention and advice
- Increasing the life expectancy of people with learning disabilities, autistic people and people living with mental health conditions

To achieve these outcomes, we will focus on the top causes of death in these populations, making recommendations for high impact health interventions that meet specific needs, in collaboration with expert clinicians. We will articulate a system-wide commitment to tackling this issue – mobilising all partners to a common goal and involving partners beyond health and social care. The strategy adopts the 'Making Every Contact Count' approach, optimising every opportunity for consistent health messaging and priorities. This recognises that different groups and individuals may require a more nuanced approach to providing equitable access to health, social care and other services.

We will investigate access to opportunities to improve and maintain physical wellbeing, and highlight the inequalities currently faced and their impact. We will establish the 'design standards' and ways of working that will help ensure that all interventions and activity taking place across the system involve people with learning disabilities, autistic people and people living with mental health conditions from the outset designing in reasonable adjustments.

The strategy applies to people of all ages, genders and ethnic origins and recognises a need for personalised care to address complexity and prevent the 'system' getting in the way of giving great care.

Stakeholders

Although this Strategy is centred around physical health and access to health services, we recognise that maintaining and improving people's health is more wide-ranging than simply the NHS or commissioned health services. Many stakeholders and organisations have a role to play in keeping people with learning disabilities, autistic people and people living with mental health conditions, well and supported and will have statutory, operational, and discretionary powers that enable them to support and implement this and other Strategies to that end.

As well as simply being the right thing to do for people in our communities, it also helps achieve efficiencies and financial transparency, reduces the possibility for 'revolving door' services and people being 'lost' in the system, and allows strategic and business continuity and planning in uncertain economic times.

The following organisations have therefore been identified as our key stakeholders, and we are grateful for their support and engagement in developing this Strategy:

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NHS	Statutory	Voluntary and Community	Other
HPFT (SMI & LD)	Hertfordshire County Council	Carers in Herts	PCNs / primary care
ENHT	Health Liaison Team	Mind in Mid Herts	HWE MHLDA CPAC
WHTHT	(IHOG)	Herts Mind	Experts by Experience
HCT		Autism carers	
CLCH			

This list is neither exhaustive nor exclusionary, and we recognise that the implications of the delivery plan will require close working with statutory partners, commissioned, voluntary and community services and individuals to achieve the change required.

We wish to take the 'Making Every Contact Count' approach; this requires that we all – as a Health and Care Partnership and with our partners and the people we work with every day - deliver this Strategy together, in a co-ordinated and coherent effort to improve everyone's wellbeing.

Co-production statement

When designing new services and approaches to working with specific cohorts of people, it is now widely recognised that the best results are often achieved by involving the people who will use these services in the design of them. Although this Strategy has been informed by and builds on the conversations we have in other forums and co-produced activity, we recognise that the document itself has not had specific input into its development by the people who will ultimately benefit from it.

We also recognise, however, that without this input our desired aims and objectives may not achieve the results we need to make significant change and provide services that are fit for purpose, good value for money and that people are able to use easily and effectively.

We will, therefore, ensure that as part of the implementation programme:

- a co-production plan is developed to ensure that the voices of people with learning disabilities, autistic people, people living with mental health conditions and their carers, are fully integrated into service design proposals;
- that people with lived experience of services are included into the workstream steering groups and oversight groups;
- that people with lived experience of the services are involved in the evaluation and reporting on new and redesigned services to ensure they remain fit for purpose, and to recommend further improvement and refinement during the mobilisation phase;
- That feedback from all people who use the new or redesigned services are asked for their opinion after mobilisation, in a meaningful way that measures customer satisfaction and improvement of health outcomes with the transformation process.

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Governance arrangements

This strategy will be delivered at place with activity monitored biannually by the Hertfordshire Mental Health, Learning Disability and Autism Health and Care Partnership Board.

3. Facing the Challenge: Implementing Change

Research shows us that there are a number of targeted interventions that can be taken to reduce health inequalities, as well as systemic actions we can take to reduce barriers to access and take-up of services. The mechanisms through which health inequalities increase the burden of physical ill-health and reduced life expectancy are complex and involve interrelated factors, including;

- wider social factors such as unemployment and poverty
- increased behaviours that pose a risk to health
- addictions including tobacco dependence, alcohol and drugs
- lack of support to access care and support
- effects of medication which include weight gain
- stigma, discrimination, isolation and exclusion preventing people from seeking help
- diagnostic overshadowing (misattribution of physical health symptoms to part of an existing mental health diagnosis, rather than a genuine physical health problem requiring treatment)

All health professionals have the opportunity to support the physical health and wellbeing of people with learning disabilities, autistic people and people living with mental health conditions through structured consultations or brief interventions. They should be well informed of the most pressing health needs amongst these populations. The system should be endeavouring to enable people with additional needs to access universal services with confidence, assurance that their individual needs and wishes are being listened to and acted upon with sensitivity, and that they are involved in every decision made about them and their health needs.

Strategic Priority 1 – To prevent people with learning disabilities, autistic people and people living with mental health conditions dying prematurely from preventable physical health causes

- ⇨ **raise awareness of the specific health needs and inequalities of people with learning disabilities, autistic people and people living with mental health conditions amongst non-specialist health and social care professionals**
- ⇨ **enhance the scope and quality of all annual health checks and monitor the delivery and effectiveness of interventions with an audit of meaningful, standardised outcome measures**
- ⇨ **launch targeted interventions to tackle the top causes of premature and avoidable deaths**

Key areas for targeted interventions

Reduce tobacco dependency in people with mental health conditions to equivalence with general population in a generation

We will do this by:

- United, accurate messaging across all health, social care and VCFSE systems, inline with UK Health Protection Agency
- Staff training to make stopping smoking a key part of treatment for people living with mental health conditions whatever health & social care services they are in contact with

- Offering financial incentives for people with mental health conditions to quit smoking tobacco
- Development of contemporary resources to reflect the above in accessible formats

To reduce deaths from pneumonia in people with Learning Disabilities throughout the life span

We will do this by:

- Primary Prevention: Audit the actions and outcomes from annual health checks to ensure impactful interventions are delivered, including
    - Oral / dental health;
    - Vaccination – influenza; covid; pneumonia
    - Preventing and mitigating frailty
    - Activities to improve lung function & upper body strength
    - Evidence based interventions to reduce risk of aspiration
- Secondary Prevention: Training carers, support staff and people with learning disabilities to identify early signs of infection and respond to seek prompt medical advice
    - Consideration of obesity related hypoventilation syndrome (OHS) and obstructive sleep apnoea (OSA) with intervention to reduce obesity
    - Investigation of underlying respiratory disease following pneumonia eg cancer
    - Creating a system wide fast-track appointment system for people with learning disabilities for equitable access to urgent chest assessment and treatment
- Reasonable Adjustments: access to senior, experienced, clinical decision makers
- Reduce the risk of diagnostic overshadowing.
- Commission co-produced research to develop and apply an evidence based high impact intervention care bundle to eliminate health care associated pneumonia amongst people with a learning disability admitted to secondary healthcare settings and enhance recovery whatever the cause of admission.

Strategic Priority 2 to create a culture of cross system co-operation, collaboration and dialogue of equals to approach the care of complex service users of all ages

- This collaborative model of working recognises the complexity of service users with intertwined physical and mental health needs being cared for in settings that are not designed to meet all these needs. Access to clinicians with the willingness to make reasonable adjustments, working in partnership, will avoid the system getting in the way of giving great care. Utilising digital technology and video conferencing should enable agile case conferencing to enhance care wherever the service user is situated and may avoid transfers of care.
- The multidisciplinary approach, access to senior, experienced clinicians, involvement of carers and specialist nurses and allied health professionals will ensure that people with learning disabilities, autistic people, people living with mental health conditions access appropriate investigations, therapies and expedite time to treatment. Reducing the number of examinations and consultations, repetitions of history taking, and hand overs will improve safety, efficiency, experience and may reduce the risk of diagnostic overshadowing.
- We will establish a decision-making forum for multidisciplinary examination of cases where current commissioning arrangements do not meet the needs of the service user.

- The provision of harm free care is essential in all health and social care settings. We will invest in collaborative staff training to increase awareness of the complexities, co-morbidities, communication needs and highest causes of mortality and risks affecting people with learning disabilities, autistic people, and people living with mental health conditions in their care. Service users should not leave a care setting in worse physical health than they entered. Every contact is an opportunity to engage with service users about their physical health.
- We will develop and implement an organisational policy and protocol for the transfer to, and readmission from, a physical health hospital to a mental health inpatient setting, promoting good communication & collaboration.
- We will establish trigger points for a joint 'fresh eyes' assessment in collaboration with mental health and physical health colleagues when service users' have had several contacts with physical health services but no definitive cause for their symptoms has been found or their physical health fails to improve despite treatment.

Figure 1. Diagnostic Overshadowing (David Harling, 2018)

Strategic Priority 3 – To change the narrative around 'hard to reach' groups – by facilitating engagement and involvement with people with learning disabilities, autistic people, people living with mental health conditions and their carers to co-create and co-design services and service delivery that truly meet the needs of seldom heard people

- We will establish a consultation group of people with learning disabilities, autistic people, people living with mental health conditions and their carers and recruit an expert by experience project lead to co-deliver this strategy

- We will invest in research amongst people with learning disabilities, autistic people, people living with mental health conditions and their carers to address the top causes of physical ill health, and premature death
- We will seek qualitative lived experience data to triangulate statistical and clinical outputs.
- We will systematically engage with people with learning disabilities, autistic people, people living with mental health conditions and their carers to understand their needs and make our services, buildings and staff more accessible across the system. This will build on the existing Purple Star Strategy but needs to be fully resourced.
- We will learn from industry and other inclusive organisations to make our services 'autistic friendly' and accessible, so that neurodivergent people are less likely to miss or avoid treatment and are able to manage on-going conditions.
- We will educate our health and social care staff, providers and VCFSE workers - about the needs of autistic people including those with mental illness and learning disabilities
- We will undertake communications campaigns for general public awareness about the health requirements of people with learning disabilities, autistic people, and people living with mental health conditions to improve understanding, awareness and acceptance.
- We use our everyday interactions with people who use services to help them to understand what great physical health looks like, making every contact count
- We actively engage service users to offer an annual physical health check so we can recognise and respond to any physical health problems and ensure they are accessing the healthcare they are entitled to, including vaccinations and cancer screening programmes
- We plan physical healthcare to support you in managing your long-term health conditions (LTC).

4. Socioeconomic implications

The Long-Term Plan (NHS 2019) reported the NHS spends an estimated £4.8 billion a year on extra costs due to hospitalisations as a result of socioeconomic inequality. Smoking is thought to cost the NHS £2.4billion a year (Khan, 2022). Every £1 spent on smoking cessation saves £10 in future health care costs and health gains (UK HAS, 2019).

Reversing these health inequalities has potential to make significant savings. The individual health benefit arguably outweighs the modest investment of tobacco quit incentives of a suggested £100/quit given over 100 days. See Quit Story below

Expediting identification of physical illness and earlier intervention, may lead to fewer acute hospital attendances, shorter lengths of stay and reduced mortality. Proactive preventive care to reduce health care associated infections and deconditioning is likely to reduce suffering, length of stay, subsequent social care needs and mortality.

NIHR grant funding may be available for the areas of research suggested since people with learning disabilities, autistic people and people living with mental health conditions are considered 'under-served' populations.

Figure 2 Quit story: reversing health inequalities

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Reversing inequalities: J (23) switched to vaping after a chance conversation with a health professional about physical health amongst people with autism, harm from tobacco and vaping being 95% safer than smoking, 2 years after her psychiatrist encouraged her to quit smoking. She has been smoke free for over 100 days.

After 3 days she stopped getting headaches that she usually had daily.

After a rough first week, J felt less breathless so stopped taking cabs, saving money.

Her taste buds returned which led to her reducing her coffee / caffeine intake from 10 cups a day to 2 as it tasted too strong; she started eating more healthily as food tasted better.

After 2 weeks she stopped taking taxis as she was no longer breathless. She went on to increase walking & getting fitter and was soon doing 10,000 steps / day. After 3 weeks J joined the gym and could walk 2 miles into town and back.

She saved over £250 / month using vapes rather than cigarettes (£140/fortnight on cigarettes; now 50p - £1 / day on vapes).

Within a month, J inspired 3 other people to quit smoking.

J was proud of giving up smoking and grew in confidence. 3 months after quitting she started work. She didn't have to worry about having cigarette breaks or smelling of smoke. She started doing more social activities with friends and family.

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5. Workforce implications

Staff access to specialist training relevant to their role is reported upon under CQC Regulation 18 HSCA. In July, the Health and Care Act 2022 introduced a requirement that regulated service providers ensure their staff receive training on learning disability and autism which is appropriate to the person's role. There is clear evidence that developing health and social care staff improves quality and safety in healthcare. A programme delivered systematically will improve learning, reporting and governance and may improve recruitment, retention, and staff fulfilment at work.

We will invest in collaborative staff training to increase awareness of the complexities, co-morbidities, highest causes of mortality and risks affecting people with learning disabilities, autistic people, and people living with mental health conditions in their care. Staff in health and social care settings will be competent to recognise and respond to deteriorating physical health.

We will amplify the voice of carers, Learning Disability liaison nurses, allied health professionals and Mental health professionals in the multidisciplinary teams, focusing on meeting the needs of the service user in every health setting.

6. Equality implications

The Equalities Act 2010 protects people with protected characteristics from harassment, unfair treatment, and discrimination and requires businesses and public sector organisations to promote equality and good relations between those who have a protected characteristic and those who do not.

There are nine protected characteristics under the Act: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

A full Equalities Impact Assessment (EqIA) has been completed at Appendix [B] but in summary the following implications have been identified that should be considered as part of the implementation programme:

Characteristic	Possible impact	Mitigation
age	Recognition that people a learning disability and people with mental illness become frail and die at younger age to the wider population	This strategy will address the disadvantage
race	LeDeR data indicates that people of black, Black British, African or Caribbean mixed ethnic group and Asian or Asian British ethnicity who also have a learning disability or autism, died at a younger age in comparison to people of White ethnicity. Ethnic origin affects physical health risks and therefore treatment thresholds and parameters	This strategy will address the disadvantage and target interventions according to race and ethnic origin

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sex	Women with a learning disability have a shorter life expectancy than men with a learning disability	This strategy will address the disadvantage

7. Monitoring, Review and Measuring Success

Quality Impact: how will we know we've succeeded

We will actively seek and listen to feedback from service users and their carers about their experience from accessing healthcare, using services and whether healthcare and services met their needs. We will apply continuous quality improvement methodology to improve services in line with feedback received.

We will assess health literacy and expectations for what good health looks like amongst people with learning disabilities, people with mental illness and autistic people. We will devise meaningful measurement of what matters to them whilst raising expectations of achievable good health, in line with research evidence and the health of the general population.

Frontline staff will report being better equipped to communicate with people with learning disabilities, people with mental illness and autistic people and better equipped to recognise and respond to their physical health needs.

Service evaluation will demonstrate (amongst people with learning disabilities, people with mental illness and autistic people)

- reduction in emergency department attendance
- reduction in emergency admissions
- reduction in lengths of stay in acute hospitals
- older age at death (across a generation)
- increasing numbers of service users quitting tobacco (with a target of matching the (reducing) proportion of people in the general population who smoke within a generation)
- potential increase in diagnosed respiratory, cardiovascular & metabolic disease to reflect addressing previously unmet need but decrease in emergency admissions

Access to Services

- All new and existing health services at place, will demonstrate how they facilitate the engagement of autistic people, people living with mental illness, people with learning disabilities and their carers
- The proportion of autistic people, people living with mental illness and people with learning disabilities and their carers attending each new and existing service at place will exceed 95% of those eligible

Improved Health Outcomes

- All providers of annual health checks will report to commissioners on the Q risk 3 score, year on year and actions to reduce this

- Co-production group to consider patient held/digital or paper health passports for people living with mental illness
- Reduction in deaths from preventable causes amongst people with a learning disability (reported through LeDeR steering group)
- All providers of cancer screening will report to commissioners on the uptake of screening amongst people with learning disabilities, autistic people, and people living with mental health conditions, year on year and actions to increase this
- Review and referral rates amongst people with learning disabilities, autistic people, and people living with mental health condition for further investigations and treatment is at least as good as the general population – for example follow up chest xray after pneumonia
- Health care acquired infection amongst people with a learning disability to be reported to commissioners with impact on length of stay and level of care required.
- Admissions for ambulatory care sensitive conditions (chest infections and urine infections) amongst people with a learning disability to be reported to commissioners with impact on length of stay and level of care required
- Evidence of involvement (carers) in decision making
- Report on 100 day quits with or without incentive, amongst people living with mental health conditions

8. Risks and Assumptions

This strategy is based on valuing all lives as equal. It is committed to equity and equality for people with learning disabilities, autistic people and people living with mental health conditions.

The strategy deliberately addresses people with mental health conditions, not just those with diagnosed serious mental illness, recognising the concurrent physical health issues combined with anxiety, depression, eating disorders and personality disorders.

There are many pressing health concerns that could have been included, such as eating disorders, alcohol and substance use but the priority areas for targeted interventions in the strategy are the top causes of premature mortality amongst people with learning disabilities, autistic people and people living with mental health conditions.

It is noted that people may have a combination of mental health conditions, learning disabilities and autism, and that they should not be seen as a single cohort based on their primary presenting condition.

This strategy will work with and alongside other Strategies that seek to improve health outcomes for people with mental health conditions, learning disabilities and autism, and forms part of a wider conversation around inequity and accessibility.

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Appendices

A. Implementation Plan (costed and timeline if possible)

B. Equalities Impact Assessment

C. Data Protection Impact Assessment (if required)

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D. Glossary of terms

Autism	
Avoidable Mortality	Avoidable mortality is based on the concept that premature deaths from certain conditions should be rare, and ideally should not occur if there are timely and effective healthcare or public health interventions.
Diagnostic Overshadowing	
Equalities Impact Assessment (EqIA)	
EUPD	Emotionally unstable personality disorder; common Mental health condition
Learning Disability	
LeDeR	The Learning from Lives and Deaths - people with a learning disability and autistic people (LeDeR) programme is funded by NHS England and Improvement to improve healthcare for people with learning disabilities and autism, to reduce health in equalities for these people, and to prevent the early deaths of people with these conditions. It was set up in 2017 by University of Bristol, but from 2021 is now a collaborative research project led by Kings College, London, with the University of Central Lancashire, and Kingston University and St Georges, London.
Making Every Contact Count (MECC)	An evidence-based approach to improving people's health and wellbeing by helping them change their behaviour. The MECC approach enables health, care and support workers to engage people in conversations about improving their health by addressing risk factors such as alcohol, diet, physical activity, smoking and mental wellbeing.
Mental Health Learning Disability and Autism Collaborative (MHLDAC)	
Q risk 3 score	
Serious Mental Illness (SMI)	
VCFSE	Voluntary, Charity, Faith and Social Enterprise sector

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Implementation Plan

Strategic intent

- Prevent what is preventable through vaccination, management of addiction and support to adopt healthy lifestyle behaviours
- Focus on early recognition of illness or deterioration and early intervention
- Equitable Access
    - Ensure people get appropriate care promptly taking account of all their complex needs
    - Avoid diagnostic overshadowing

Year 1

Key areas of focus: Respiratory in respect of the top causes of preventable death amongst people with Learning Disabilities, autistic people and people living with mental health conditions

- Service evaluation of annual health checks, assessing accessibility, quality of the assessment and impact of actions on optimising healthy years of life.
- Prevention of pneumonia in people with a learning disability
- Reduction in harm from tobacco smoking

Focus on tobacco dependency and smoking cessation, aligned with NHSE tobacco dependency programme, the team will utilise making every contact count philosophy to provide consistent health messaging and support. The team will have the expertise to identify signs of underlying respiratory disease/cancer and refer for investigation. This also aligns with NHSE Core 20 plus 5. Reducing harm from tobacco smoking will positively impact all other major health issues.

Year 2

To reduce obesity amongst people with Learning Disabilities, autistic people and people living with mental health conditions across all ages

The proportion of people with learning disabilities, people with mental illness and autistic people with body mass index in the obese or morbidly obese range may be similar to the general population but the causes may be different, including side effects of medication, trauma, and disordered eating.

We will do this by:

- Offering evidence based, psychology informed, long term weight management programs from school age through to older adulthood, with individualised support to prevent malnourishment, and excess weight gain or loss.
- Commission research to address morbid obesity amongst people with learning disabilities, autistic people and people living with mental health conditions including pharmaceutical and surgical interventions.

- Equitable access to tier 2 & tier 3 weight management services including amongst service users in in-patient mental health and learning disability settings. Scenario: Management | Management | Obesity | CKS | NICE
- Making every contact count – system thinking and united messaging

Year 3

To reduce deaths from cancers in amongst people with Learning Disabilities, autistic people and people living with mental health conditions

We will do this by:

- Use opportunities of every contact with people with learning disabilities, autistic people and people living with mental health conditions and their carers to educate them how to identify early signs of cancer and when to seek prompt medical advice (*Health Liaison Team already ahead for LD*)
- Creating a system wide fast-track appointment system for people with learning disabilities, autistic people and people living with mental health conditions to facilitate equitable access to urgent assessment, and referral
- As a reasonable adjustment for people with learning disabilities, autistic people and people living with mental health conditions attending acute trusts to be seen by the most senior, experienced clinical decision maker with the authority to order investigations, consider all treatment options and expedite time to treatment, reducing the number of examinations, repetitions of history taking and hand overs and reduce the risk of diagnostic overshadowing.
- For all screening and investigation services to publicly indicate the reasonable adjustments they can make to accommodate people with a learning disability and/or neurodivergent needs.
- For all screening services to be audited for the proportion of eligible people with learning disabilities, autistic people and people living with mental health conditions who attend screening and what actions they are taking to achieve 95% uptake.

Visit the Herts MHLDA Health and Care Partnership website, if you would like to learn more about MHLDA, or email: Ed Knowles, Development Director at ed.knowles@nhs.net.

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