



The Mental Health, Learning Disabilities and Autism Delivery Board brings together partner organisations working across health and social care in Derby and Derbyshire. The Board is responsible, on behalf of Joined Up Care Derbyshire (JUCD), for overseeing system-wide delivery, performance improvement and transformation. The Board's aim is to collectively make improvements to outcomes for people with mental illness, learning disabilities and/or autism and to implement the requirements of the NHS Long Term Plan.

The Delivery Board met on 1 June 2023. This update shares key points of discussion from that meeting.

A review of health inequalities

At the previous meeting in May 2023, members of the Delivery Board agreed to set aside the majority of this month's meeting to discuss health inequalities; partly to gain assurance around the work already being done to address health inequalities and partly to identify areas where more work, or greater system collaboration, is needed.

Several reports were presented at the meeting, looking at both the challenges in addressing health inequalities and the progress made in Derby and Derbyshire to date.

Defining health inequalities – and defining the scale of the problem

Health inequalities are defined as avoidable, unfair and systematic differences in health between different groups of people. There are many kinds of health inequality and many factors that drive health inequalities including standards of living, childhood conditions and experiences, and housing.

Inequalities leading to more inequalities

Data was presented to the Delivery Board about the health inequalities of those with severe mental illness (SMI), a learning disability and/or autism, which showed the way that inequalities are multiplied for those who have more than one type of disadvantage. For instance, in England as a whole:

- People with SMI are more likely to have restricted access to healthy foods and fewer opportunities to be involved in healthy activities. As a result, young adults with SMI are five times more likely to have three or more physical health conditions than the average young person. Adults with SMI aged under 75 face a 3.7 times higher mortality rate than the general population.

- The average life expectancy of women with a learning disability is 18 years shorter than for women in the general population and 14 years shorter for men. People with a learning disability are 3 to 4 times more likely to die from an avoidable medical cause of death. People with a learning disability and/or autism are also far more likely to have at least one mental health condition.
- Deaf people have higher rates of mental health issues due to social exclusion and/or functional or organic brain conditions.

Learn more on the gov.uk website: [Health matters: reducing health inequalities in mental illness](#).

The figures specifically for Derby and Derbyshire are similar to the national position – and, in certain communities and localities, they are worse than the national average.

Lack of access to support; poorer experiences when receiving support

The data shows that many groups not only struggle to access support for their health conditions, but also struggle to derive benefit from health services when they do access them. For example:

- People from black ethnic groups are much more likely to experience severe mental illness (SMI). Yet in Derbyshire, they are far less likely to access community mental health services. Instead, they are detained under the Mental Health Act at a much higher rate – and, when detained, the length of their detention is much higher than average.
- Deaf people in Derby and Derbyshire are less likely to access NHS talking therapies when referred for treatment. They are also far less likely to complete the treatment.

People with existing mental health conditions are less likely to access preventative healthcare such as screening and vaccination programmes, and more likely to be digitally excluded.

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Finding solutions through infrastructure, intelligence and interventions

Members of the Board discussed the importance of a number of areas to help reduce inequalities and improve health outcomes for people with severe mental illness, a learning disability and/or autism. These included:

Understanding local population need – in particular, understanding the challenges people face in accessing services and having good outcomes. On a system level, this requires a ‘population health management’ approach, something that was discussed at a recent Joined Up Care Derbyshire webinar – [view the population health management webinar on YouTube](#). There are also changes that individual teams and organisations can make to ease the process when people enter their services – see the example from primary care [below](#).

Addressing the social determinants of poor health – and being aware of local sources of support. This is part of the aspiration behind the [Living Well programme](#) in Derbyshire (known as Derby Wellbeing in the city of Derby). It is also the main driver behind schemes like the ‘Work Your Way’ employment service – more on this [below](#).

Early detection and intervention for physical health risks – including the importance of maximising the potential of interactions with clients. This is the reason for the annual health checks for people with severe mental illness and for people with a learning disability – see [below](#).

Building a confident, competent and committed workforce – by ensuring that colleagues consider inequality and health inequality at all times. The [Oliver McGowan training on learning disability and autism](#) is helping to ensure that professionals across the system build in reasonable adjustments when supporting their clients.

Delivery Board members recognised that there is much more to be done within the system, particularly around the gathering of intelligence and the development of joined-up processes to identify and reach out to people in need of support to overcome health inequalities. However, there was also an acknowledgement that there are projects and initiatives that are shining a light on how we can improve. Some of these are described below.

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Improving experiences for people with a learning disability and/or autism

There are several system-wide efforts underway to improve health outcomes for people with a learning disability and/or autism. The Strategic Health Facilitation Team at Derbyshire Healthcare NHS Foundation Trust is helping GPs to deliver effective [annual physical health checks for people with a learning disability](#). The [LeDeR](#) team in Derbyshire is learning from the deaths of people with learning disabilities; in 2021, the team identified that 60% of people with a learning disability in Derbyshire had constipation or a bowel condition at the time of their death, leading to an information campaign (including the very popular [‘Poobusters’ video](#)) that reduced that figure to 42% in 2022 and 34% in 2023.

There are also smaller-scale, more immediate initiatives that can make a difference. Derbyshire GP Dr Zohra Jafri presented a report to the Board about her practice’s efforts to improve experiences in primary care for patients who are autistic and/or have a learning disability. Dr Jafri sought feedback from patients through a range of mechanisms, and found that there were a number of areas where improvements could be made:

- **Diagnosis and support after diagnosis** – patients found it difficult to be referred for a diagnosis and sometimes were misdiagnosed because they weren’t able to describe their symptoms in a way that health professionals understood.
- **Appointments** – in particular, the challenge that people with autism or a learning disability face if reasonable adjustments are not made for their appointments e.g. by providing information about what to expect at the clinic and the length of appointment, using simple language, symbols and pictures, and by enabling both the health professional and the patient to write down key points from the consultation.
- **Staff training** – especially levels of understanding amongst employees about autism and learning disabilities; one patient commented, “Believe us when we say we are in pain, even though we don’t have the proper outward expression.”

The practice team identified a number of practical steps to improve the patient experience, many of which are applicable to all organisations. These include:

- **Improving the information on the organisation's website** – reducing anxiety by having photos of the clinical staff that patients will meet, and images and videos of the building and the clinic rooms that patients will use; and also having a signposting page on the site and an easy-read page.
- **Improving communication** – for example, sending text messages at the point of diagnosis, linking to the easy-read information online; and providing laminated visuals in each clinic room (for patients who prefer to point at the part of the body that is hurting them) along with easy-read information.
- **Making reasonable adjustments** – making a concerted effort to ask patients what adjustments they would like, and documenting these on the patient record system.
- **Appointing champions** – one for autism and one for learning disabilities – and making sure the appointed people can network with other champions.
- **Establishing a patient group** to steer the organisation's efforts – such a group can serve as a peer support group for patients and carers, as well as a focus group for staff.
- **Staff training** to understand how best to support someone with autism and/or a learning disability – such as the Oliver McGowan training that is being offered across the system.

The practice team are also working to promote the annual physical health checks for people with a learning disability, sending easy-read invitations to attend the health checks, following up on non-responses and giving easy-read plans to patients if a problem is diagnosed.

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Annual physical health checks for people with severe mental illness

Annual physical health checks are a requirement for people with severe mental illness (SMI) as well as people with a learning disability. NHS England stipulates that all adults on the SMI register should receive a comprehensive physical health assessment from their GP or practice nurse at least once a year. Currently, Derbyshire is below the regional average when it comes to completing these comprehensive checks; research suggests this may be due to a number of factors, one of which is that people with SMI are unaware of the 'offer' of the health check and unclear about the benefits it could give them.

In January 2023, Derbyshire Healthcare NHS Foundation Trust's Health Protection Unit set up a six-month pilot to work with a group of GP practices on increasing the take-up of the annual physical health checks.

The pilot team promoted the benefits of the annual health checks. They arranged and organised people's attendance at the health checks, and ran clinic sessions, drop-ins and home visits. In this way, the team managed to reach a greater number of patients.

The pilot team also managed to increase information sharing and collaboration across primary care, secondary care and the VCSE sector, resulting in improved outcomes and proving the value of a 'no wrong door' approach. The pilot has indicated that there could be even greater benefits from increased awareness-sharing about people who are about to be added to the SMI register.

The pilot team also began the process of 'risk stratification', identifying the people most likely to be at risk of very poor physical health. This is an area worthy of further examination and development, bringing together information from different sources about people registered as having multiple health conditions.

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Supporting people in our community mental health services into employment

According to research, over half of employers say they wouldn't employ someone who has a diagnosed mental health condition. This is a real issue given the connection between living standards and financial stability and mental wellbeing.

The Development Board heard about the [Work Your Way employment service](#), which supports people with severe mental illness (SMI) in secondary care who are unemployed or about to become unemployed. The team find out the kinds of roles that individuals would like to do, then work with employers to identify suitable roles. They then support both the employer and employee for as long as is needed to ensure the 'match' is a success.

In the last five years, the Work Your Way team has supported over 600 people, and over 50% of those have secured employment. The team was recently awarded a quality mark for the way it has focused on its clients' needs, integrated with community mental health teams and developed a positive team culture. Learn more on the [Derbyshire Healthcare website](#).

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