

# We will reduce the gap in life expectancy between people with mental health conditions, learning disabilities and/or autism and the rest of the population

## WYJHOSC UPDATE PROVIDED BY THE WY MHLDA PROGRAMME

### 1.0 BACKGROUND

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The following provides a broad summary of the action going on across the partnership to support this ambition. This has been put together through the WY Mental Health, Learning Disability, and Autism (MHLDA) programme, but it should be acknowledged that the work of the MHLDA programme represents only a small proportion of the work going on across the system addressing this partnership ambition.

*A more detailed summary of the background to this ambition and progress towards understanding and reducing gaps in life expectancy, including data around progress and partnership KPIs, is available in the paper shared recently with the West Yorkshire Partnership Board [here](#).*

### 2.0 FRAMING WORK AROUND THIS ACTION

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Broadly, this can be considered in terms of **primary** (addressing the wider determinants of health), **secondary** (early diagnosis and treatment), and **tertiary** prevention (preventing further deterioration of health). Although the exact details differ for different mental health conditions, for autism and ADHD, and for learning disabilities, the following broader areas of focus have been picked up at a WY level for particular focus.

#### 2.1 PRIMARY PREVENTION

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Promoting positive mental wellbeing and preventing the development of mental health conditions, with examples of ongoing MHLDA programme work including:

- Completion of a **MHLDA housing needs assessment**, highlighting gaps in current provision, and shared with partners to support us in addressing housing as both a determinant of poorer mental health, a barrier to discharge from inpatient settings, and a catalyst in generating physical health inequalities for MHLDA populations.
- Continued provision of our **WY Staff Mental Health and Wellbeing Hub** to support the mental health and wellbeing of our workforce, with additional wider system working co-ordinated by the WY MHLDA programme ongoing to support the resilience of the health and care workforce, acknowledging their roles as anchor institutions.
- Work around **anti-racism, cultural competency, and smoking cessation** as described in 2.2 and 2.3 that has cross-cutting impacts around primary prevention.

Outside of the MHLDA programme, this is an area in which the **VCSE sector, Local Authorities, WYCA, anchor institutions, place-based partnerships**, the West Yorkshire

ICB's **Improving Population Health Programme** and others also have significant influence, and their own widely varied programmes of work.

## **2.2 SECONDARY PREVENTION**

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Early and equitable recognition of deteriorating mental health, and early and equitable access to the right support, treatment, and services, with examples of ongoing MHLDA programme work including:

- A dedicated programme of work around **neurodiversity**, which recently hosted two **West Yorkshire neurodiversity summits**. The outputs of which are informing ongoing work with the ICB around the **strategic approach** to better understanding and meeting need for autistic people and people with ADHD in view of the current challenges around waiting times for diagnostics and treatment.
- Those providing mental health services are currently developing statutory plans around the "**Patient and Carer Race Equality Framework**" (PCREF), put together by NHSE to bring together preexisting legislation and additional regulation to mandate providers in becoming anti-racist. The WY MHLDA programme are supporting this work through a **WY racial equity steering group**, which is about to deliver the second **of three WY events** aimed at maximising the impact PCREF has across WY on racial inequity.
- Delivery of bespoke **Cultural Competency and Humility** training linked to community health transformation work, and supporting staff to better engage with racialised communities, positively evaluated in partnership with the University of Leeds.
- CAHMS offering risk assessments to children and young people on **national gender identity waiting lists**, in recognition of their long waiting times and the fact that they may not have any additional support offer whilst waiting.
- Work supporting **access to crisis services**, especially in light of recent changes to **111 provisions**.
- Work around eating disorders, including:
  - A focus on **all age eating disorder care** across the whole pathway, with a particular focus on early intervention using the **THRIVE model**.
  - Acknowledging the potential for **BMI-based referral criteria to cause iatrogenic harm** through incentivising further weight loss to access services, with a pilot of the **CONNECT service** trialling an adjustment of the referral criteria in line with expected changes to the ICD11 diagnostic criteria to address these concerns.
- Partnership working around the **mental health/physical health interface, secondary prevention of physical health conditions** for MHLDA populations, and **access to smoking cessation support**, some of which impacts secondary mental health prevention, as described in section 2.3.

Again, a wide variety of additional work is ongoing across the wider system, in particular with our **mental health, primary care, and wider community providers**, especially those organisations providing specialist **inclusion health** provision, support by West Yorkshire

inclusion health and health inequalities workstreams through the WY **Improving Population Health Programme**.

Additional work is going on around the implementation **Right Care Right Person**, facilitated through the **Criminal Justice and Mental Health Forum**.

### **2.3 TERTIARY PREVENTION**

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Preventing those with Mental Health Conditions, Learning Disabilities, Autism and ADHD from experiencing further inequity around their physical and mental health, with examples of ongoing MHLDA programme work including:

- The MHLDA programme is working with a range of partners working to promote the uptake, accessibility, and acceptability of **health checks and health action plans around serious mental illness and learning disability** including through the expansion and integration of interventional research.
- Linking insights from MHLDA programmes and services with ICB and **CORE20+5** ambitions around “**Secondary Prevention**” of **physical health conditions** to ensure people with MHLDA have their physical healthcare needs met.
  - Providing MHLDA input to ICB “**secondary prevention**” **transformation priorities** focussing on early recognition and management of physical health, ensuring that we have a focus on addressing the inequalities faced by MHLDA population in diagnosing and managing the key long-term conditions that contribute towards early mortality.
  - The MHLDA programme has linked data from programmes such as **LeDeR**, ensuring learning from deaths informs this process, and worked with a range of partners, including those in the **Health Innovation Network** and **Long Term Conditions** workstreams of the ICB’s **Improving Population Health Programme** to support widespread uptake of evidence based and well evaluated solutions, including innovations such as the award winning “[Keeping My Chest Healthy](#)” in Bradford.
- The MHLDA programme has worked with the **West Yorkshire Association of Acute Trusts** (WYATT) through a **joint forum**, the governance of which is currently being re-visited to ensure we’re adding the most value to the existing work across the physical/mental health interface going on across the system.
- Specific pieces of work being carried out by partners/places, and supported through the MHLDA programme, around the physical/mental health interface, including:
  - A project around **complex needs in gastroenterology**.
  - Developing and taking forward a training SOP around **nasogastric feeding**, supported by nasogastric feeding governance structures.
- **WY commissioners hub** collated information relating to inpatient access to physical healthcare and national screening programmes, highlighting variance in provision, with subsequent work in place to develop **standards to meet the physical healthcare needs of those in hospital**.

- Joint working with the **maternity system** around addressing inequalities in the perinatal period, recognising the impact that birth trauma/loss has on our population and the support we are offering around this, supported through **learning from incidents across Trusts**. Specific work carried out to address known inequalities in outcomes for **gypsy and traveller populations**.
- Close working with the **West Yorkshire Suicide Prevention Programme**, in recognition of the disproportionate impact suicide has on the mortality of people with mental health conditions, learning disabilities, and autism.
- **Reducing smoking** amongst people with mental illness, a key determinant of the gaps in life expectancy due to the disproportionately high smoking rates associated with a range of mental health conditions. Supported by work being led through the **Improving Population Health Programme** and **WY Tobacco Alliance**, there have also been specific projects carried out through the MHLDA programme, including work with **community pharmacy teams** around the provision of tobacco dependency services around mental illness and learning disability.

Once again, extensive work is going on around West Yorkshire aiming to address these inequalities. Including physical health optimisation work within our **mental health provider organisations**, work to address MHLDA inequalities by our **acute Trusts** (including trailblazing work around the employment of population health management approaches to support people with learning disability accessing physical health care), and examples of holistic multidisciplinary approaches to providing care across the physical and mental health interface.

### 3.0 SYSTEMS WORKING AND THE MHLDA PROGRAMME

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However, people do not exist neatly in these boxes, and a key role for the MHLDA Programme is to work across the whole system to address complex and multicomponent inequity.

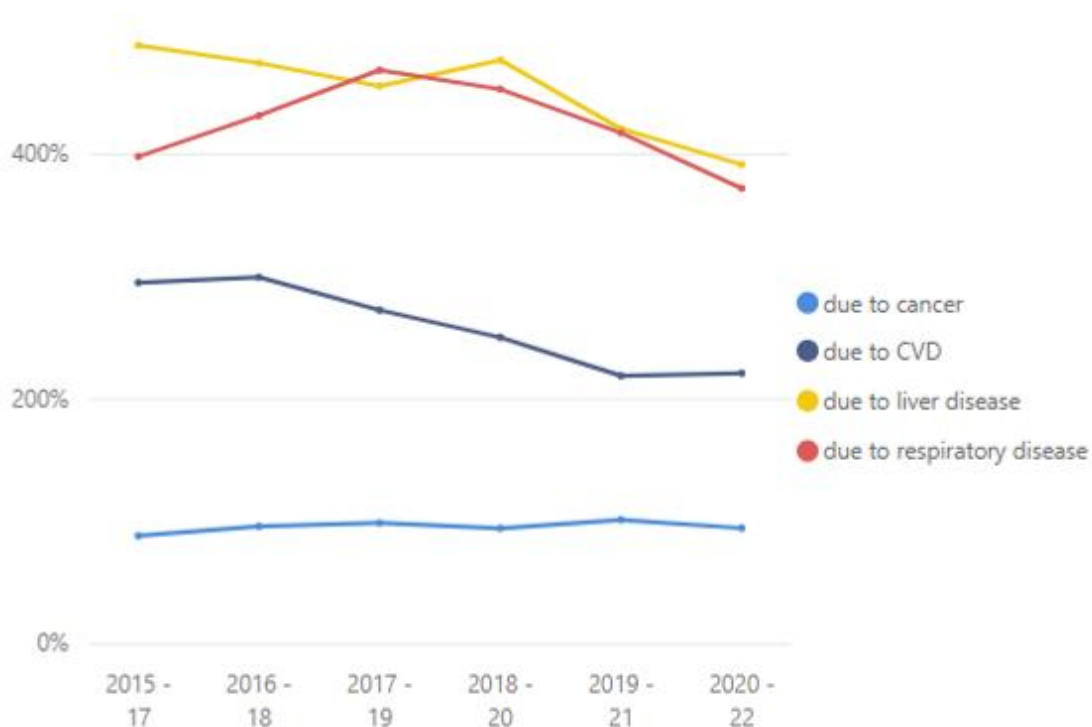
- **Consultant in Public Health** employed within the WY MHLDA programme to support system working, and linking existing programmes of work around health inequalities and prevention within the ICB's **Improving Population Health Programme (IPHP)**, and with a range of external partners, including the **West Yorkshire Combined Authority (WYCA)**.
- **Data and Intelligence:**
  - A business case taken forward for WY-level sub-licencing ICB-held data across the health and care system to facilitate **data sharing** to support joint system working around health inequalities across whole pathways, aligned to recommendations made through the **Strathdee Report**.
  - Deep dives into specific areas with the aim of informing improvement around known challenges, with specific projects having been conducted around **Neurodiversity data** and **Learning Disabilities data**, and about to commence around **VCSE data**.

- Communication and joint working across West Yorkshire through regular data and **intelligence networks**, with the consultant in public health chairing a **regional data collaborative** to support escalation of key challenges.
- Working with the **Integrated Care Board** to support systems action around this ambition, including through support of recent board focuses on **health inequalities across the life-course**.

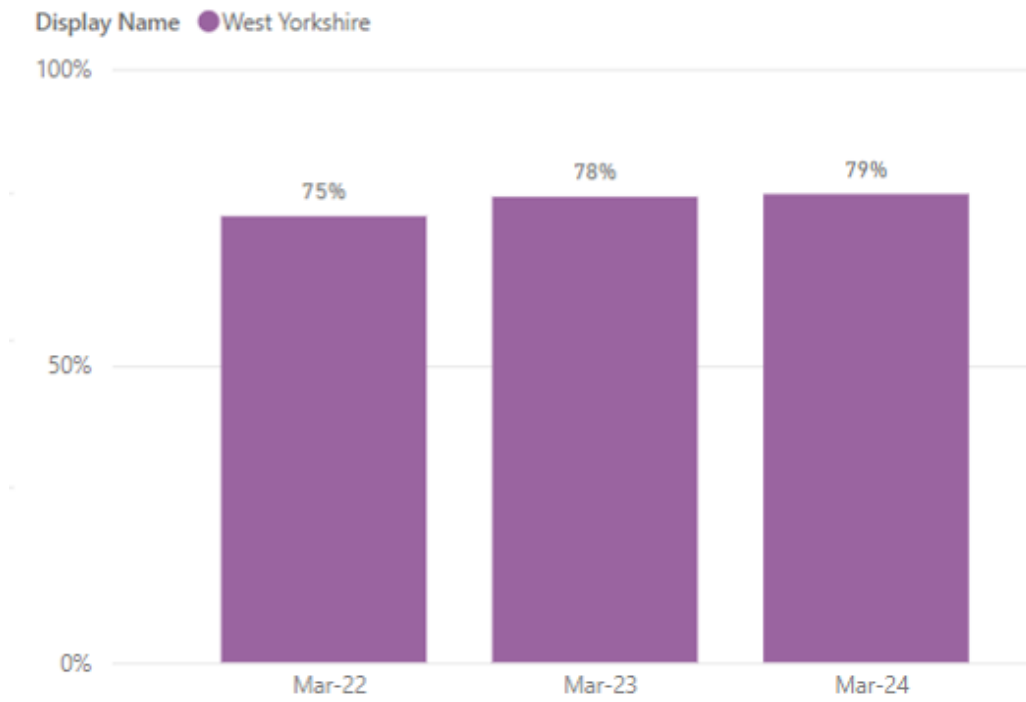
#### 4.0 PERFORMANCE AGAINST THE AMBITION

The following metrics are compiled by the ICB to give an idea of high-level progress towards the ambition. Metrics around race equality measures are currently being worked up to align with metrics around PCREF. Whilst metrics are broadly trending in the direction we would like, measuring performance against a complex and multifaceted ambition such as this requires equally nuanced and detailed evaluation to fully understand, as is highlighted by the prioritisation in section 3.0 around the need to improve data and intelligence systems across WY.

##### WY ICB Excess Mortality for People with SMI (Average for WY Places)



**Percentage of people with a Learning Disability offered annual health checks**



**Odds of current smoking (self-reported) among adults aged 18 and over diagnosed with a long term mental health condition**



## **4.0 SUMMARY**

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Premature mortality for those with poorer mental health, learning disabilities or autism contributes towards significant numbers of unnecessary deaths every year. Across West Yorkshire, we have committed to narrowing the life expectancy gap between the above populations and the general population. Whilst a large body of work is already underway to achieve this ambition, this is a goal that can only be achieved through concerted partnership working and addressing both healthcare inequalities and the impacts of wider determinants together.