



Priority Area 4

Promoting the physical health of people with long term mental health conditions and learning disabilities

Key Takeaway

Providing effective physical health support for people with mental health conditions and/ or learning disabilities can reduce unacceptable differences in health outcomes.

Good recording of physical health needs will help provide targeted interventions and follow up. Training such as Making Every Contact Counts assists positive change conversations and helps build local knowledge about support.

Healthcare prevention and promotion, such as cancer screening and stop smoking support, needs to be accessible to people with learning disabilities and long-term mental health conditions.

2025 Highlights:

A physical health strategy developed with service users and staff to provide a Trust wide framework for action. This is alongside:

- An updated physical healthcare policy for mental health service users to support healthier and longer lives.
- A new physical health lifestyle form to strengthen recording and management of physical health for service users in inpatient settings.
- Development of a learning disability physical health strategy to work across Bedfordshire and Luton, developed with local system partners.

Stop smoking support for service users in inpatient and community settings: A total of 2,505 service users were supported to quit over a year (October 2024 to end of September 2025), leading to a successful quit outcome for 30% (n=982) receiving inpatient support and 32% (137) community support.

Continuing to grow stop smoking support in the community: This includes funding from City and Hackney local authority to provide targeted smoking and vaping cessation support for CAMHS service users (12 to 18 years) and for people experiencing homelessness.





Diabetes awareness month: Held in November 2025 including inpatient staff roadshows, two webinars, health checks for ELFT staff and published blogs sharing lived experience and helping to ‘myth bust’ misconceptions about diabetes.

Piloting use of Continuous Glucose Monitors (CGM) in Newham to support eligible service users with Type 1 and Type 2 diabetes, with positive feedback from service users and staff. This is now supporting CGM access across the Trust.

Supporting cancer screening uptake for people with learning disabilities, including a cancer screening resource pack for Bedfordshire, Luton and Milton Keynes and staff questionnaires and service-user focus groups to understand confidence on talking about screening.



ELFT as a Marmot Trust

Prioritising prevention and early detection of illness in disadvantaged groups recognises the need to help reduce health behaviours, such as smoking and poor diets, as they contribute to health conditions that lead to unfair differences between population groups. These interventions need to be targeted in proportion to where there is most need for support.

Fit for the Future: 10 Year Health Plan for England

The plan includes:

- » Development of **neighbourhood teams** to deliver **ongoing, holistic support**, shifting care from hospitals to communities to improve life outcomes.
- » Emphasis of **prevention over treatment**, including breaking cycles of tobacco-related poverty and illness, which disproportionately affect those with mental ill-health.
- » Encouragement of **technology driven health management** such as glucose monitors to improve diabetes care.
- » A **Modern Service Framework for mental health** using the best evidenced interventions to support improved health outcomes.

Why is this important?

There is an unacceptable difference in health outcomes between people with long term mental health conditions and/or learning disabilities and the general population. This includes longer periods in poor health as well as dying earlier. Much of this gap can be reduced by early preventative action and health promotion support.

Individuals with learning disabilities face significantly reduced life expectancy—about 20 years shorter on average. Latest data shows that the most common avoidable deaths (deaths that could have been prevented through earlier support) are flu and pneumonia, cancers that are part of the digestive system (throat, stomach, bowel) and heart disease.



Smoking is the leading cause of preventable ill health and death and contributes to half the difference in healthy life expectancy between rich and poor populations. It significantly impacts people with long-standing mental health conditions, with ELFT screening data showing 60% of inpatient service users as smokers (data from October 2024 to September 2025).

Diabetes is a health condition where the body does not produce enough insulin to regulate glucose in our blood. It can lead to a number of health conditions including heart, kidney disease and problems with eyesight and mobility. The number of people at risk or managing diabetes is important

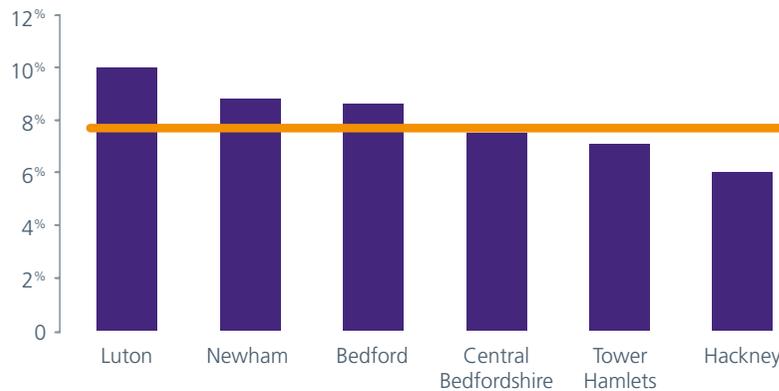
for inpatient and community settings, with risk factors including age, deprivation, weight, some types of medication, family history and ethnicity.

Our local area data shows three of our Trust areas (Luton, Newham and Bedford) with a greater percentage of the population diagnosed with diabetes compared to the national average.

When looking at deaths with diabetes as a cause or contributing factor, Newham, Tower Hamlets, Hackney and Luton are the top four areas nationally.



Diagnosed diabetes prevalence across ELFT areas (2023-2024)



Key ● ELFT service areas ● England percentage

Figure 11: Proportion of people with diabetes recorded in primary care data in ELFT areas

ELFT areas: Smoking prevalence in adults and people with long term mental health conditions (2022-2023)



Key ● Smoking prevalence in adults (2023) ● Smoking prevalence for people with long term mental health condition (2022 /23)

Figure 12: Comparison of percentage of adults who smoke in the general population compared to people with a long-term mental health condition



Case Studies

Reducing hospital admissions for people with learning disabilities in Bedfordshire and Luton

Local data in Bedfordshire and Luton indicated that people with learning disabilities were often admitted to acute hospitals for longer durations compared to the general population. This trend is costly in financial terms and impacts on emotional and mental health.

Change ideas tested as part of a quality improvement project to reduce where possible hospital admission included:

- Supporting primary care practices to increase the number of annual health checks carried out, for example training primary care colleagues
- Developing checklists and screening tools and including physical health discussions in multi-disciplinary team spaces
- Development of an admission avoidance policy and pathway
- Development of a digital care home resource.

This work resulted in a 40% drop in admissions to an acute hospital, with a weekly cost saving of £11,550 (potentially over £600,000 per year).

Experience of Making Every Contact Count (MECC) training

Interview with Eleanor Gabayo, Weight Management Coordinator with Community Learning Disability Service in Tower Hamlets

Making Every Contact Count is about using the conversations we already have with our service users to help support them with their health and wellbeing. It's a way of maximising small but meaningful moments into everyday work, where we can encourage someone to make choices that feel right for them.

Why did you sign up? I signed up for the training to strengthen the way I talk about health, particularly with adults who have learning disabilities. Many of the people I support need information explained in a clear and accessible way. I wanted to make sure my approach helps them feel included and understood. I also wanted to learn new ways to motivate people.

How did the training support you? It helped me look at how I have health conversations and how to make them feel more natural. It reinforced focus on what matters to the person,

rather than what I think should come next. I also discovered many local services I didn't know about before, which has made it easier to signpost people to the right support.

Describe an example of how it's made a difference. One person who joined the Shape Up Programme had a learning disability and a high Body Mass Index (BMI). They were very unsure about places they could feel comfortable exercising, often saying it wasn't for them. Using what I learned from MECC, I was able to focus on what they felt was manageable. After building on motivations and confidence, the service user was enthusiastic about being referred for support with exercise. **It was a big reminder that small conversations can build confidence and lead to real change.**

Find out how to access MECC training in your local area [here](#).





Bowel Cancer Screening for People with Learning Disabilities in Newham

Statistics show that bowel cancer is a significant cause of cancer death for people with Learning Disabilities, and lower bowel cancer screening rates contribute to poorer outcomes.

In January 2025 the Newham Health Learning Disabilities team and the North East London Cancer Alliance took steps to improve bowel cancer screening uptake. This included: arranging for the home test kit to be sent to eligible people aged 50-74, identifying service users who may need reasonable adjustments to complete the test, providing easier-to-understand information, staff training and awareness events.

Examples of reasonable adjustments include:

- Going to a person's home to explain what bowel screening is and providing support to take the sample
- A reminder call to service users and carers every two weeks to complete the kit
- Asking day centres who support service users if they can support the service user with the screening.

Data shows a steady increase in the number of people in Newham with a diagnosed learning disability who have an up-to-date bowel screen. This includes service users who received a positive test with follow up referral to see a colorectal specialist.



Next steps include

Strengthening tobacco cessation community support for people with Severe Mental Illness in Bedfordshire and Luton.

Use the roll out of the new lifestyle form to better understand physical health needs across the Trust.

Work with People Participation to help improve access for service users to physical activity opportunities.

Glossary

Life expectancy: The average time someone is expected to live based on the year of their birth, current age and other factors including their sex.

Healthy life expectancy: The average number of years a person would expect to live in good health based on current mortality (death) rates and the level of self-reported good health.

Continuous Glucose Monitors: A device for people with diabetes that lets you check your glucose (sugar) levels at any time.

