Public Document Pack

City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Agenda for a meeting of the Health and Social Care Overview and Scrutiny Committee to be held remotely on Tuesday, 20 October 2020 at 4.30 pm

Members of the Committee – Councillors

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT AND INDEPENDENT GROUP	BRADFORD INDEPENDENT GROUP
Greenwood Mir Godwin Lintern Humphreys	Goodall Hargreaves	J Sunderland	Khadim Hussain

Alternates:

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT AND INDEPENDENT GROUP	BRADFORD INDEPENDENT GROUP
Akhtar Berry Iqbal Jenkins H Khan	Barker Riaz	Griffiths	Sajawal

NON VOTING CO-OPTED MEMBERS

G Sam Samociuk	Former Mental Health Nursing Lecturer
Susan Crowe	Bradford District Assembly Health and Wellbeing Forum
Trevor Ramsay	Healthwatch Bradford and District

Notes:

- Please note that, under the current circumstances, we are only able to produce limited paper copies. A webcast of the meeting will be available to view live on the Council's website at https://bradford.public-i.tv/core/portal/home and later as a recording
- Any Councillors or members of the public who wish to make a contribution at the meeting are asked to email jane.lythgow@bradford.gov.uk by **10.30 on Friday 16 October 2020** and request to do so. In advance of the meeting those requesting to participate will be advised if their proposed contribution can be facilitated and, if so, they will be provided with details of how to electronically access the meeting. Councillors and members of the public with queries regarding making representations to the meeting please email Jane Lythgow.
- Approximately 15 minutes before the start time of the meeting the Governance Officer will set up the electronic conference arrangements initially in private and bring into the conference facility the Chair and Members so that any issues can be raised before the start of the meeting. The officers presenting the reports at the meeting will have been advised by the Governance Officer of their participation and will be brought into the electronic meeting at the appropriate time.

From: **To:**

Parveen Akhtar, City Solicitor
Agenda Contact: Jane Lythgow
Phone: 01274 432270
E-Mail: jane.lythgow@bradford.gov.uk

1. ALTERNATE MEMBERS (Standing Order 34)

The City Solicitor will report the names of alternate Members who are attending the meeting in place of appointed Members.

2. DISCLOSURES OF INTEREST

(Members Code of Conduct - Part 4A of the Constitution)

To receive disclosures of interests from members and co-opted members on matters to be considered at the meeting. The disclosure must include the nature of the interest.

An interest must also be disclosed in the meeting when it becomes apparent to the member during the meeting.

Notes:

(1) Members may remain in the meeting and take part fully in discussion and voting unless the interest is a disclosable pecuniary interest or an interest which the Member feels would call into question their compliance with the wider principles set out in the Code of Conduct. Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.

(2) Members in arrears of Council Tax by more than two months must not vote in decisions on, or which might affect, budget calculations, and must disclose at the meeting that this restriction applies to them. A failure to comply with these requirements is a criminal offence under section 106 of the Local Government Finance Act 1992.

(3) Members are also welcome to disclose interests which are not disclosable pecuniary interests but which they consider should be made in the interest of clarity.

(4) Officers must disclose interests in accordance with Council Standing Order 44.

A. PROCEDURAL ITEMS

3. INSPECTION OF REPORTS AND BACKGROUND PAPERS

(Access to Information Procedure Rules – Part 3B of the Constitution)

Reports and background papers for agenda items may be inspected by contacting the person shown after each agenda item. Certain reports and background papers may be restricted.

Any request to remove the restriction on a report or background paper should be made to the relevant Strategic Director or Assistant Director whose name is shown on the front page of the report.

If that request is refused, there is a right of appeal to this meeting.

Please contact the officer shown below in advance of the meeting if you wish to appeal.

(Jane Lythgow - 01274 432270)

4. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

Any referrals that have been made to this Committee up to, and including, the date of publication of this agenda will be reported at the meeting.

B. OVERVIEW AND SCRUTINY ACTIVITIES

5. WELFARE ADVICE SERVICES IN THE BRADFORD DISTRICT 1 - 22

The report of the Strategic Director, Corporate Services, (**Document "J**") outlines the current commissioned welfare advice services across Bradford District, the delivery of services during the last year, including as affected by COVID-19 and plans for future service delivery.

Members are requested to discuss and provide comment on the issues outlined in Document "J".

(Sarah Possingham – 01274 431319 or 07582 100244)

6. THE IMPACT OF COVID-19 ON THE MENTAL WELLBEING OF PEOPLE IN THE BRADFORD DISTRICT 23 - 118

The joint report of the Director of Public Health and the NHS Director of Keeping Well (**Document "K**") informs Members of a recent review undertaken to understand the impact of COVID-19 on the local population.

Members are requested to note the report, to highlight areas for consideration and attention and continue to support the work undertaken.

(Sasha Batt – 01274 237537).

7. HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME 2020/21. 119 - 126

The report of the Overview and Scrutiny Lead, **Document "L**" presents the Work Programme 2020-2021.

Recommended –

1. **That the Committee comments on the information in Appendix 1 and 2 to Document "L".**

2. **That the Work Programme 2020/21 continues to be regularly reviewed and updated on a rolling three month basis up to March 2021.**

(Caroline Coombes - 01274 432313)

City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the Strategic Directors of Health and Wellbeing and Corporate Services to the meeting of Health and Social Care Overview and Scrutiny to be held on 20th October 2020

J

Subject:

Welfare Advice services in Bradford District

Summary statement:

The following report outlines the current commissioned welfare advice services across Bradford district, the delivery of services during the last year, including as affected by COVID-19 and plans for future service delivery

Iain Macbeath
Strategic Director
Health and Wellbeing
Joanne Hyde
Strategic Director –Corporate Services

Report Contact: Sarah Possingham
Phone: (01274) 431319 or 07582 100244
E-mail: sarah.possingham@bradford.gov.uk

Portfolio:
Healthy People and Places

1. SUMMARY

The following report will detail the provision of commissioned Welfare Advice services across the Bradford district. This includes information on what these deliver; the use made of them; budget reductions made in 2019-20; new investment granted by Bradford Council in 2020-21 and future plans

2. BACKGROUND

Bradford Council ran a commissioning programme for the delivery of professional welfare advice services in 2016-17-18. This resulted in five separate contracts let across 4 different lead providers for a term of four years plus one.
Four of the five contracted services are Area/constituency based delivering in Bradford East, West, South and Airedale (a combination of Shipley and Keighley). The last one operates district wide and is aimed at a client group who have complex and/or long term health conditions.

Who provides services?
The lead providers are;
Family Action: Local organisation that has expanded nationally with a regionally accountable governance structure
St Vincent Du Paul/CHAS: local organisation affiliated with a national provider with a locally accountable governance structure
Equality Together: local organisation with a locally accountable governance structure
Bradford and Airedale Citizens Advice Bureau and Law Centre: national affiliated organisation with a locally accountable governance structure

Lead providers have partners and sub-contracting arrangements with more locally based organisations to ensure that they meet the needs of all the communities in the district.
See appendix 1

What services are delivered?
Professional welfare advice services offer support, both practical and advisory, across a wide range of differing issues. This includes but is not limited to;
State financial support; welfare benefits, Universal credit, Personal Independence Payments (PIP), furlough and other income support such as pensioner credits etc.
Landlord tenant law and advice; homelessness and housing legislation, lease/rental agreement arrangements, eviction and/or housing repairs, mortgage relief schemes.
Local Council benefits; council tax, housing benefit, sign posting and support re adult services and care needs
Debt; advice and support to manage debts and income; Debt Relief Orders (DRO's)
Immigration/legal status support

The above is not exhaustive. Providers receive a wide range of contacts from the public and can and do form a bridge for other needs such as emergency food, domestic violence issues, child care and child support through to trading standards.

All service providers, including partners and sub-contractors are required to maintain nationally recognised accreditation systems including through the Home Office (for

immigration advice), the Financial Services Authority (for debt advice) and others as they apply.
Services range from one off and/or simple enquires through to court and/or tribunal representation.

The contracts issued were scheduled to end in January 2021; they have been formally extended for the 'plus one' term to January 2022. This is in recognition of the continuously changing climate bought about by COVID-19 and to create some stability in the district to manage the challenges anticipated in the coming months and to allow time to review and re-commission future services.

3. OTHER CONSIDERATIONS

What has happened during COVID-19?

Lockdown
During the lock down period from March 2020 the nature, volume and delivery of welfare advice services has changed. This included significant change to access systems in order to protect clients and delivery staff; reducing face to face contact, the withdrawal of sessional options in community settings and switch to internet and telephone based services. Additionally overall service demand was affected by government financial protection schemes such as furlough, the moratorium on council tax payments, the suspension of the Department of Work and Pensions (DWP) sanctions regime and other suspensions such as credit card and utility payments, the suspension of eviction in rented accommodation, food parcels and support for vulnerable households delivered directly by the Council and the partial closure of tribunals and courts systems across the country.
See Appendix 2

Impacts
Access
Prior to the national lock down, welfare advice was offered and accessed predominately through face to face contact. Sessions were based in community venues, doctors' surgeries, community centres, hospitals, town and city centre based offices, children's centres, foodbanks, drug and alcohol services etc. There was also telephone and internet based access albeit that these were not as well used.
From late March through to now all services including lead providers, partners and sub-contractors have had to reduce or stop 'face to face' access; switching to internet based options, web chat, e-mail, WhatsApp and telephone. Where possible the documentation required for welfare benefits applications, immigration cases and others has been received via the post or scanning and e-mail. This is manageable, although it must be recognised that not all people have adequate access to the internet. Therefore, all organisations have had to make limited face to face contact to support those in this position.

Needs
The cases presenting to services during COVID-19 have changed. The abeyance of courts, tribunals, evictions proceedings, immigration appeals, late payment notices etc. has meant that many existing complex cases and/or appeals have not proceeded, similarly the numbers of new cases asking for this type of help has reduced. Instead, people are asking for support with Government schemes; furlough etc. and access to welfare benefits as well as personal support around COVID-19, particularly initially those in 'shielded

groups and people with underlying health conditions. Welfare advice services are also playing a key role in food distribution for households in food poverty.

Recovery planning
Recovery plans for all welfare advice services were developed in June of this year, anticipating that falling infection rates would make it possible to resume limited reopening of face to face services. With the need to protect staff and customers, this meant appointment only systems and access to city centre bases in Bradford and Keighley only. Partners and sub-contractors have also tried to open for face to face options, however in the face of rising infection rates and new national and local guidance on personal contact this has stopped.

Individual service experiences
In the first quarter of 2019-20 the district wide service for people with complex and long term health conditions (lead provider- Equality Together) has seen a rise in appeals against personal independence payment applications (PIP), social care issues and more generally the need to reassure worried vulnerable clients. This has extended the time spent with clients but has been invaluable to support better health and wellbeing.

Citizen's Advice Bureau and Bradford Law Centre (CABABLC)-the locality based lead provider in Bradford West and Airedale has seen a 50% rise in generalist ring back appointments relating to furlough. These relate to Universal Credit (UC) and New Style UC claims (contribution based incapacity claims). One of their sub-contractors Girlington Centre was seeing people face to face on a limited basis when the nature of the enquiry required it, predominantly in respect of immigration advice; this has stopped now as there was a suspected case of COVID-19 in their staff team resulting in the need to self-isolate.

Family Action the lead provider in Bradford East has experienced a rise in demand for advice on UC and New Style UC claims too and the additional help offered by the government. Operating by telephone and not face to face means that more time is needed for each call and the submission of supporting documentation can be problematic if individuals lack smart phones and/or computers in order to scan them.

St Vincent Du Paul/CHAS is the lead provider in South area and has also experienced an increase in UC claims and housing advice. Housing concerns include mortgage and rent 'holidays' and advice on what may come next, as well as furlough. The expectation is that on the lifting of current restrictions there could be surges in demand and specifically an increase in enquiries around homelessness and housing.

Council Customer Contact services
During the early lock down period, the Council's own customer contact services have been the first point of contact for many residents in the district. Enquires routed through the (01274) 431000 have related to a range of matters; welfare advice and access to emergency support systems being two of the largest. The locality based hubs operating at that time then made sure that welfare advice systems were fully connected in and all appropriate referrals were passed on.
The Customer Contact Centres in Keighley and in Bradford have remained open for face to face help throughout and have being able to routinely support the initial needs of householders and individuals wanting and/or eligible to claim UC. This is a very positive aspect of the Council's own service delivery and, as the centres are well linked into

welfare advice provision, they are able to quickly refer people with more complex needs such as debt or access to PIP. From the 1st April 2020 through to August 30th Customer Contacts dealt directly with 142 people's claims for Universal Credit and fielded 504 related queries. This is less than last year, again as a result of COVID-19.

*Outcomes and Performance data –**Appendix 3***
How many enquires?
From the 1st April 2019 to January 2020 commissioned Welfare Advice services have dealt with 32,035 enquires from 11,167 people. These are spilt across the 5 contracts, the largest numbers coming from Bradford West (which includes the Bradford city centre base), then Bradford East and the combined Keighley and Shipley contract (including the Keighley Town centre base), followed up by Bradford South and the specific contract aimed at those with complex and/or long term health conditions.

From whom?
Of the 11,167 people the largest numbers came through Bradford West services' and the majority of presentations asked for support regarding welfare benefits, closely followed by debt issues. PIP, immigration and housing cases were also regularly raised and these types of enquires generally can take longer to resolve.

Customers' profiles
The largest number of people contacting services noted their ethnicity as being 'white British' followed by those self-defining as 'Asian' or 'Asian British'. Services are contacted by people from a wide range of different ethnicities, however there are concerns regarding the language and cultural needs of people from central and eastern European communities. Providers are hoping to tackle this as part of the plans for some of the new investment granted by the council.
The majority of people using services are between 26 and 56 years old. The single largest group however, is in the 56 to 80 age group.
Prior to COVID-19, outreach sessional work was accessed regularly. As discussed above this is not significantly different.
The sector has become aware through their contact with the Equity Partnership that people from the Lesbian, Bisexual, Gay, Trans-gender and Queer (LGBTQ) are underrepresented in their customer group. To tackle this, providers are working with directly with the Equity Partnership to train their teams and ensure that future services are accessible and recording better information about service usage from this diverse group.

Mental Health
In recognition of the impact that COVID-19 has had on individuals, particularly the worries and concerns relating to household income as a result of furlough, possible redundancy, job losses and the like there are plans to link up welfare advice services, the Credit Union and advocacy.

Transformation programme
In 2018-19, the Council employed FutureGov to work across welfare advice services and the Council's own Customer Contacts service with a view to bringing these two closer together and making significant reductions in the finances underpinning them. This laid the ground work for what has become the 'Transformation Programme', which is part of wider planning work streams for Early Intervention and Prevention. The advent of COVID-19 has put this this programme into abeyance. However, learning points have already begun to

emerge from the closer working relationships between the services which have come about because of lock down from March 2020 till now.

4. FINANCIAL & RESOURCE APPRAISAL

The contracts issued in 2017/18 came to a total cost of £2,545,339.00. Subsequent changes to the financial support granted to Local Authorities during following years resulted in proposals to significantly reduce this investment. Original proposals indicated a reduction of £1.7 million, however during the consultation processes run to garner views in 2018-19 this was later reduced to £500,000.00 bringing the total budget to £2,057,355.00. See Appendix 1. The impact of this was less sessional/outreach opportunities being made available in community locations and less staff hours.

In summer 2020 Bradford Council's Executive recognising the importance of welfare advice and the part these services play in the district, particularly during COVID-19 agreed new short term investment of £350,000 up until the 31st March 2021. Full details can be found in ***Appendix 4***.

This new investment and spending plans have been developed jointly with the lead providers and in consultation with their sub-contractors and/or partners using a co-design methodology. It will be used for the following;
Increase in staff hours across all services: due to the knowledge and expertise required to deliver these services organisations are uplifting existing staff hours. New recruitment is not possible for the few months that these extra funds will run.
IT upgrades: including software and hardware to increase functionality and the reach of internet based service options.
Language and cultural needs: this will purchase a new 'front end' service operated by the Council's Customer Contact service to ensure initial enquires will be met with staff who have appropriate Central and Eastern European (CEE) languages as well as the costs of translation/interpretation services.

Additionally, it is planned to run a targeted take up campaign aimed at CEE communities to advertise the dedicated phone line for access.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

5.1 All the providers anticipate that when the legal & tribunal systems resume and the Department of Work and Pensions (DWP) sanctions are re-imposed there is likely to be a rise in demand specifically relating to complex cases, both those which have been in abeyance and new ones. This surge will be hard to meet particularly through the more restrictive access required under social distancing.
5.2 There is pressure from the community for the resumption of 'face to face' access which will increase if and when current restrictions lift. The need for continued Personal Protection Equipment (PPE) is paramount and where and how these can be delivered is limited.
5.3 The systems in operation now, such as the use of the 431000 number and the Council's Customer Contacts centre are likely to see a rise in demand when local and national restrictions end and their role needs to be maintained in relation to welfare advice demand management and partnership.
5.4 There is an increase in UC claimants across the district, as furlough will not apply in some cases. The processes needed for economic recovery and people to resume paid

work maybe slow initially, leaving some householders at a disadvantage.
5.5 Changes in national income support systems, furlough and other factors is a risk in terms of the impacts this may have on Bradford's residents and any additional demand which may result for welfare advice support.
5.6 The Chancellors' latest proposals are expected to result nationally in redundancies. At this time, it is difficult to predict how many this maybe in Bradford district. Officers are linked into the Council's intelligence systems and will be working with colleagues internally and externally in key organisations such as a Chamber of Commerce in order to provide early support and intervention.
5.7 Brexit has the capacity to create uncertainty for local employment and supply chains relating to food and affordable food. Welfare advice services have played and continue to do so an important role in distributing emergency food supplies to customers in crisis.
5.8 Finance for welfare advice services has been granted through the Reducing Inequalities in City (RIC's) programme. This is linked to health settings and has been invested into existing service providers.

6. LEGAL APPRAISAL

It is a legal requirement for Local Authorities to support access to welfare & debt advice and other advice based services. This is particularly pertinent in relation to the Health and Social Care Act and Housing/Homelessness acts. In both cases there is a need to ensure fair access to services and demonstrate that advice and care is accessible to those not eligible for direct support.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

Welfare advice is accessed by a wide range of disadvantaged groups of people; those in poverty, people from black and minority ethnic groups; women and/or lone parents etc. The new commissions include a separate contract for services aimed at people with continuing and complex health conditions, which includes those with disabilities and/or mental health problems. The Council also recognises that households with low incomes are particularly disadvantaged and, as these services aim to maximise and stabilise finances via benefits and managing debt, they are directly beneficial for the group

In addition to the above it is a stipulation of service specifications that service are delivered within an equalities framework; with appropriate language speakers and staff who can appreciate and acknowledge the cultural needs of the populations they serve.

7.2 SUSTAINABILITY IMPLICATIONS

The contracts have been issued on a 4 plus one-year basis and have been extended into the 2022 in recognition of the needs of the district.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

It is stipulated that services must be easily accessed via public transport; acknowledging that those on low incomes quite often rely on public transport.
During the service review, it was found that not all existing office bases have the most

appropriate facilities for advice clients. The contract specification outlined what is expected in the future which includes adequate heating; warm welcoming atmosphere; access to private interview rooms; better use of internet based services etc.
Where necessary this may result in fixed office and/or sessional based service closures, reducing overall the number of buildings this contract supports.
At this time and in the light of COVID-19 services are primarily accessible through telephone and the internet. As noted above recovery plans for all services were developed in summer 2020 however infection rates and new restrictions have placed these on hold. The sector has had access to personal protection equipment and this will continue to be available however at this time it is not appropriate to open services wholesale.

7.4 COMMUNITY SAFETY IMPLICATIONS

Housing and welfare advice helps to stabilise householders; families and single people alike. Evidence from programmes aimed at reducing repeat offending show that early intervention for those released from prison; access to the right benefits and housing can dramatically change the likelihood of re-offending in the future. This is a similar experience for those tackling drugs and/or alcohol misuse and people faced with partner violence and abuse.

7.5 HUMAN RIGHTS ACT

Advice services assist families and/or individuals to access a range of 'entitlements' under legislation; this includes housing; welfare benefits; support services and social care; immigration status etc. All of these underpin rights enshrined within the Human Rights Act.

7.6 TRADE UNION

At the award and initial implementation of new contracts, there was the possibility of staff changes which could have resulted in loss of employment and TUPE. These change processes were completed and there were no involuntary job losses made. The savings made in 2019-20 reduced staff time, which is now being redressed via the reinvestment agreed by Council earlier in the year.

7.7 WARD IMPLICATIONS

Services are divided on a ward and area basis to ensure local accessibly, the best use of services is made and that clear understanding of local demographics is applied to make sure that services are flexible and meet locality based needs.

7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS (for reports to Area Committees only)

None

7.9 IMPLICATIONS FOR CORPORATE PARENTING

As a Corporate Parent, the Council has a legal and moral duty to safeguard and promote the outcomes for looked after children. Households in need of welfare advice/ debt counselling and/or specific advice regarding immigration and asylum may well contain children and young adults for whom the Council retains responsibility as a Corporate

Parent. In these circumstances, the providers of welfare advice are important as a source of professional help and support for these families and individuals.

7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESSMENT

7.10.1 All four providers of welfare advice are required to maintain full and comprehensive records in order to manage the individual cases which are bought to them. Each individual is asked for a formal written consent to maintain these records and they are not shared with others except with express permission and in order to facilitate a case outcome.
7.10.2 Anonymised data is shared with the Council on the use of the welfare advice services in order to make sure that the communities of Bradford are being served effectively and receiving the help they require. This includes the details of the use made by customers of these services; trend data and people's protected characteristics such as age, gender; sexual orientation; ethnicity; religion etc.

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

That the Health and Social Care Overview and Scrutiny members read the above report

That the Health and Social Care Overview and Scrutiny members may wish to discuss comment and discuss the issues outline in the above report

10. RECOMMENDATIONS

The Health and Social Care Overview and Scrutiny members may wish to comment and discuss the issues outline in the above report

11. APPENDICES

Appendix 1: Table of Providers, partners, costs and contracts
Appendix 2: Table of comparison of Quarter 1 2019 against 2020 outturns
Appendix 3: Usage figures for first two quarters 2020, by contract
Appendix 4: Outline new investment plans

12. BACKGROUND DOCUMENTS

Needs analysis 2016/17/18

This page is intentionally left blank

APPENDIX 1

List of current contracts and providers

Provider	Sub-contractors	Contract	Annual contract costs pre-savings 2020-21	Contract costs adjusted 2020-21
Family Action	Karmand advice centre, West Bowling advice & training centre	Bradford East	**£458,344.68**	**£370,472.44**
St Vincent's De Paul (CHAS)	Bradford and Airedale Citizens Advice Bureau and Law Centre	Bradford South	**£316,693.64**	**£255,978.25**
Bradford and Airedale Citizens Advice Bureau and Law Centre	Girlington advice centre, Manningham advice centre, Foundation Housing	Bradford West- including Bradford City centre	**£922,226.16**	**£745,420.02**
Bradford and Airedale Citizens Advice Bureau and Law Centre	Windhill advice service, Bangladeshi community centre	Airedale- including Keighley, Shipley and Bingley	**£584,075.52**	**£472,098.60**
Equality Together	Cancer Support, Age UK	Long term and complex health conditions	**£263,999.44**	**£213,386.36**
		Total	**£2,545,339.44**	**£ 2,057,355.67**

This page is intentionally left blank

APPENDIX 2 WELFARE ADVICE COMPARATOR FIGURES

The table below shows usage figures received across the current providers from Quarter 1 2019 and Quarter 1 2020. These include delivery partners and sub-contractors

Lot number & area	Lead Provider	Quarter 1 2019	Quarter 2 2020	Notes & Comms Subcontractors & partners
Lot 1 District wide Health conditions	Equality Together	1568	825	Equality Together Cancer Support Yorkshire Age UK Bradford District Girlington Advice Centre Citizens Advice Bradford & Airedale
Lot 2 Bradford East	Family Action	2283	1365	West Bowling Community Centre Karmand Centre
Lot 3 Airedale/Shipley	Bradford and District Citizens Advice and Law Centre	1981	1100	NEWCA BCA
Lot 4 Bradford South	St Vincent De Pauls/CHAS	1321	630	No sub-contractors
Lot 5 Bradford West	Bradford and District Citizens Advice and Law Centre	2805	2504	Girlington Centre Manningham Project
Total		**9958**	**6424**	

Notes;

1. The above usage figures show the use of Welfare advice services has dropped markedly during the 3 month lockdown period.
2. Access routes into services have changed and no longer include ‘drop in’; this has been a source for unpredictable demand for many years. Its absence during this time is likely to have impacted on overall usage and it can be expected that when it opens up again this will increase.
3. The abeyance of the majority of higher level decision making/adjudication bodies (tribunals, courts etc) has placed some complex cases ‘on hold’ until they are opened again.
4. Queries received during the lockdown period were often welfare benefit related, first time claims (UC & PIP), questions around furlough (self employed & employees) and included offering support and reassurance to callers.
5. Providers have diversified access routes, making use of third party referrals from Community hubs and Council customer contacts, internet options and smart phone apps.
6. The Department of Work and Pensions (DWP) sanctions and continued eligibility regime has temporarily halted. This includes job seeking activity, sanctions for failure to attend training and other expectations which under usual circumstances may result in cessation of benefits and destitution. This directly affects demand for welfare advice services.
7. The additional investment from the CCG of £130k for welfare advice services delivered from NHS settings in the RIC’s area will commence shortly.
8. To begin opening up services to limited face to face options PPE is required.

APPENDIX 3

WELFARE ADVICE PERFORMANCE DATA SCREEN SHOTS FROM 2019/20 ADVICE POWER BI

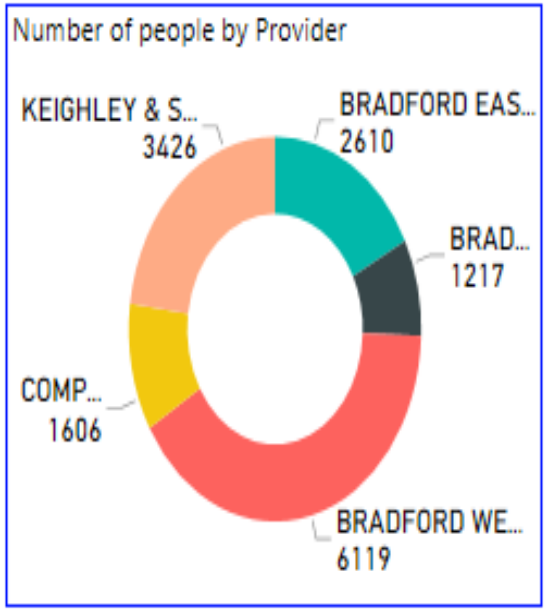
Headline Data

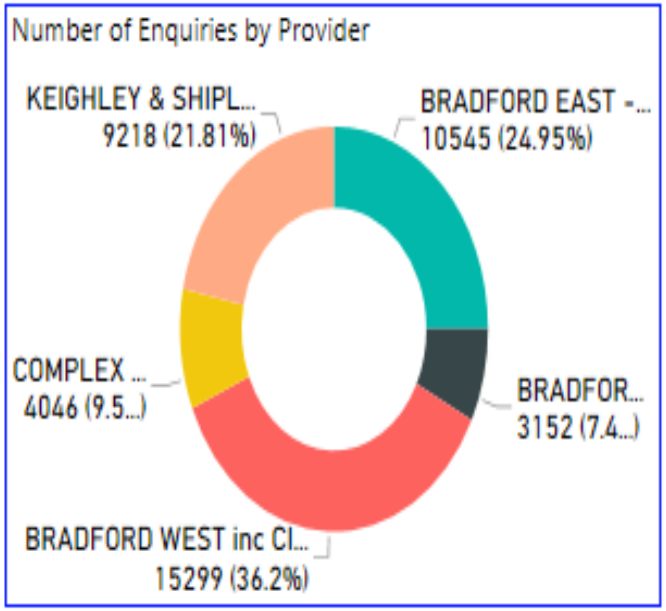
ADVICE DATA - 3 YEARS
17/18, 18/19 AND 19/20

Number of People	Number of Enquiries
14824	42260

YEAR
- Select all
- 2017/18
- 2018/19
- 2019/20

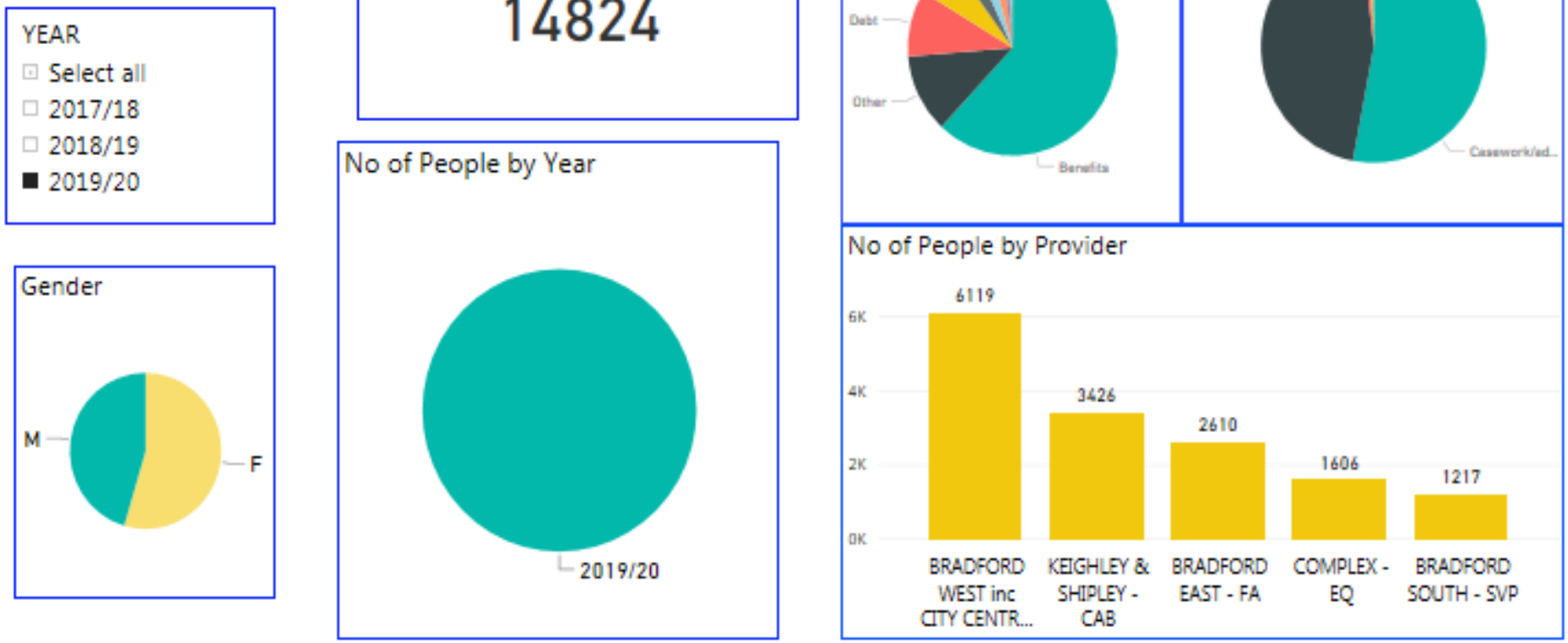
QTR
- Select all
- QTR1
- QTR2
- QTR3
- QTR4



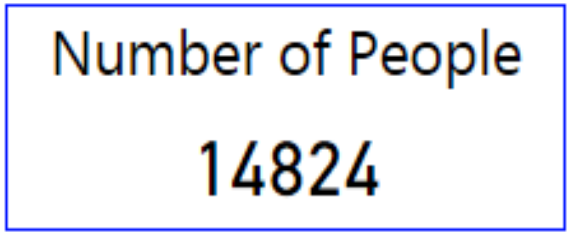


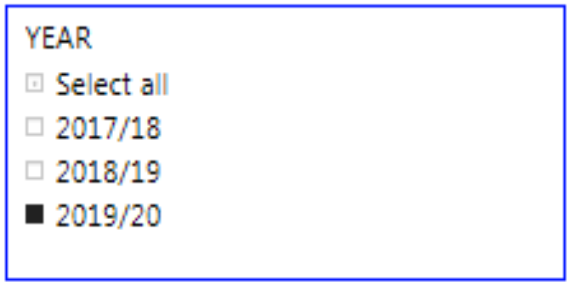
Enquiries

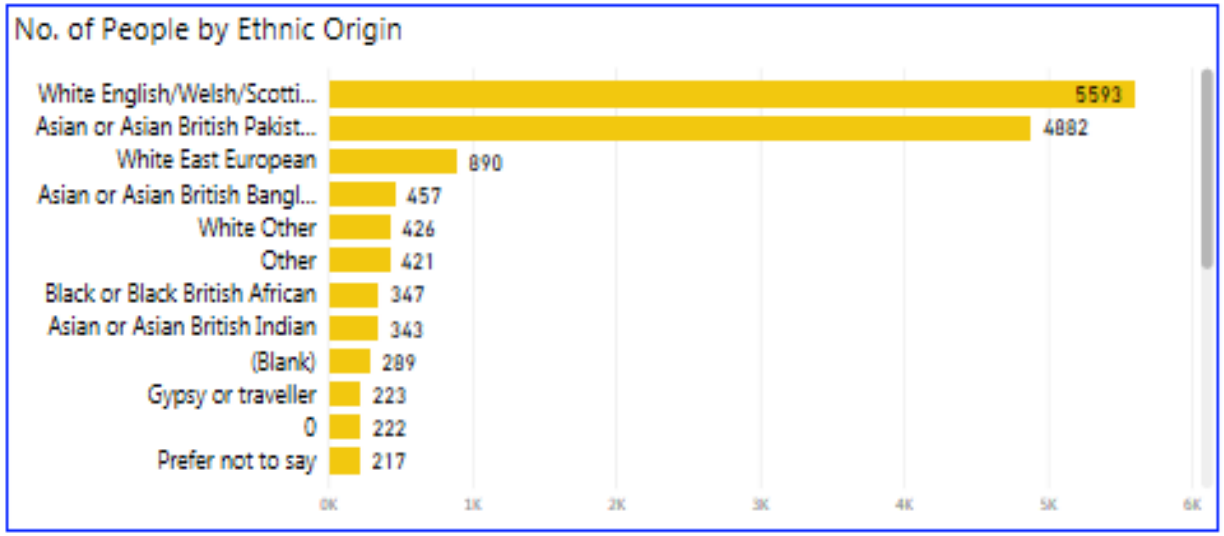
ADVICE DATA - 3 YEARS 17/18, 18/19 AND 19/20

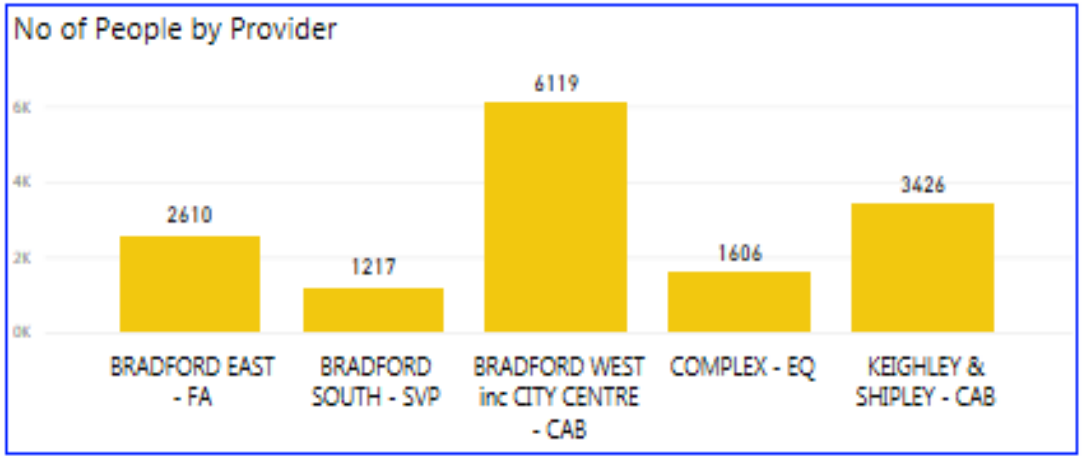


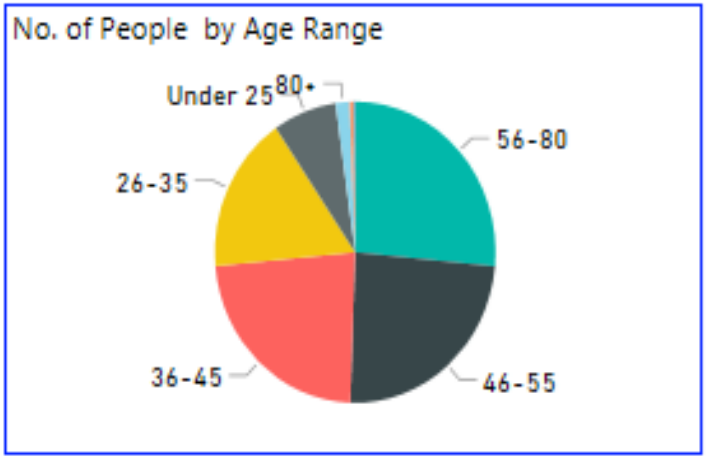
People


Number of People
14824

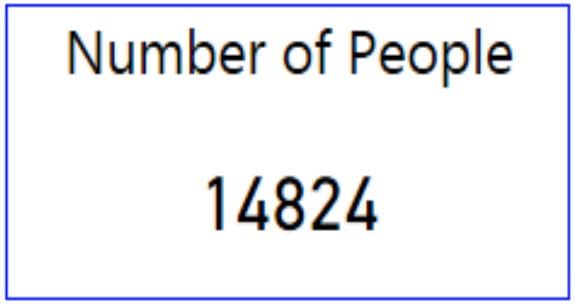

YEAR
Select all
2017/18
2018/19
2019/20

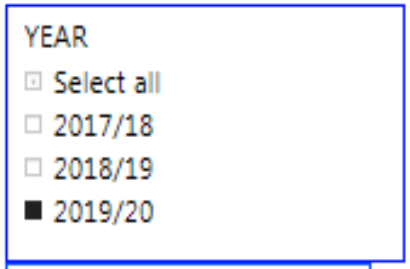

No. of People by Ethnic Origin
White English/Welsh/Scotti...
5593
Asian or Asian British Pakist...
4082
White East European
890
Asian or Asian British Bangl...
457
White Other
426
Other
421
Black or Black British African
347
Asian or Asian British Indian
343
(Blank)
289
Gypsy or traveller
223
0
222
Prefer not to say
217
0K
1K
2K
3K
4K
5K
6K

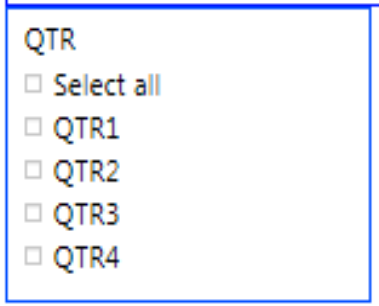

No of People by Provider
6K
4K
2K
0K
2610
1217
6119
1606
3426
BRADFORD EAST - FA
BRADFORD SOUTH - SVP
BRADFORD WEST inc CITY CENTRE - CAB
COMPLEX - EQ
KEIGHLEY & SHIPLEY - CAB

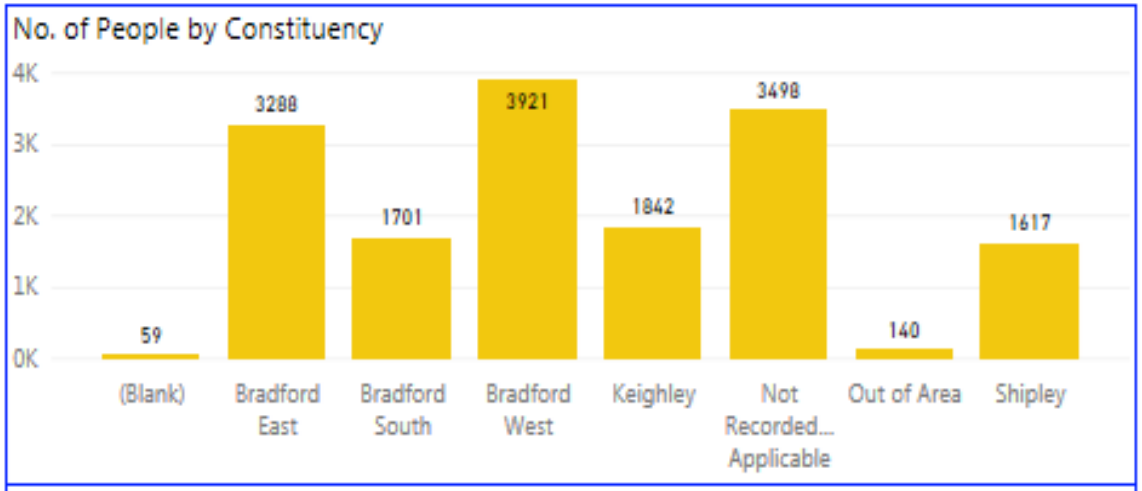

No. of People by Age Range
Under 25
80+
56-80
26-35
36-45
46-55

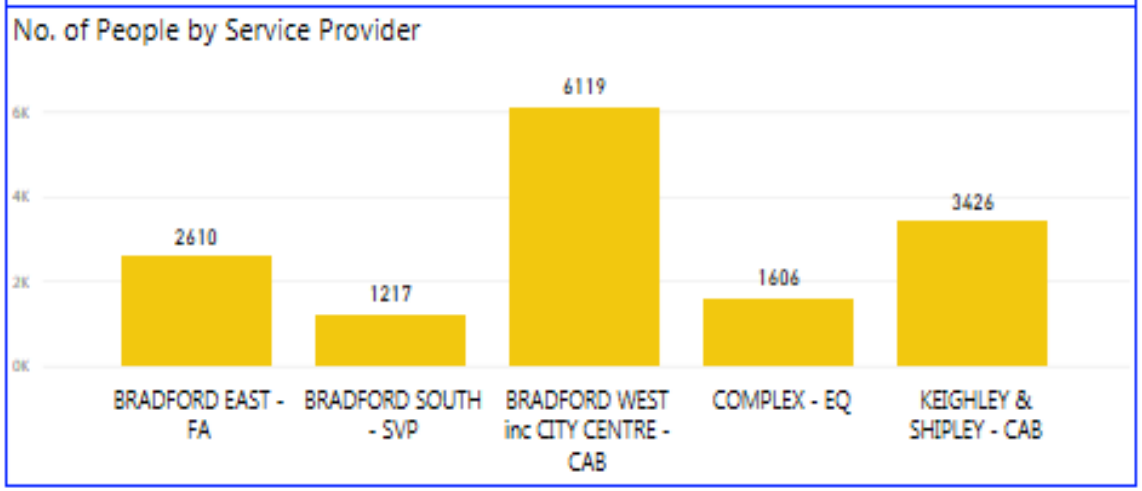
Where People Live –Constituency







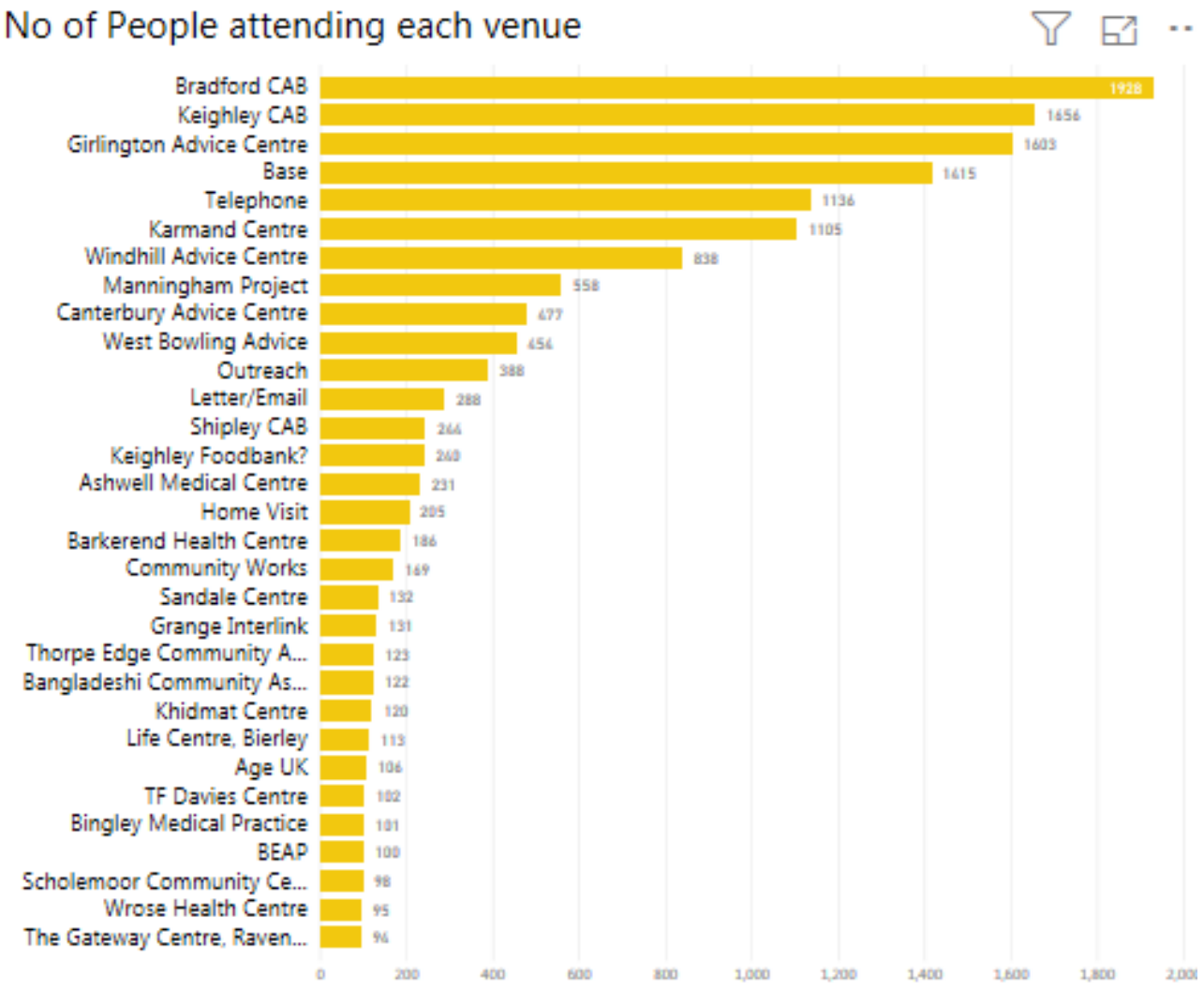




Where People Go – Venue's attending

YEAR
- Select all
- 2017/18
- 2018/19
- 2019/20

QTR
- Select all
- QTR1
- QTR2
- QTR3
- QTR4



This page is intentionally left blank

APPENDIX 4

Budget proposals Welfare Advice services additional funding 2020-21 Delivery from 12 October 2020 (24 weeks)

Lead	Contract: lot & descriptor	Staff costs	££'s	Equivalent staff hours	IT costs	££'s	Language Specific	Total costs
Equality Together	***Lot 1 Complex and Continuing Health Conditions***	EQT Age UK Cancer Sup CAB Girlington **Sub Total**	11,100.00 5,200.00 5,200.00 2,600.00 2,300.00 **26,400.00**	0.6fte over 24 wks 0.3fte over 24 wks 0.3fte over 24 wks 0.15fteover 24 wks 0.1fte over 24 wks	EQT Age UK Cancer Sup Includes Contingency **Sub Total**	6,500.00 6,500.00 6,500.00 (£1,523) **19,500**	BMDC 5,500 **5,500.00**	**£51,400.00**
Family Action	***Lot 2 Bradford East***	FA Karmand W. Bowling **Sub Total**	3,950.00 9,750.00 9,750.00 **23,450.00**	0.3fte over 24 wks 0.6fte over 24 wks 0.6fte over 24 wks	F A West B Karmand Includes Contingency **Sub Total**	4,800.00 8,100.00 8,100.00 (£1,352) **21,000.00**	Karmand 6,345 KC/CW 3,806 LL 600 BMDC 5,500 **16,251.00**	**£60,701.00**
Citizen's Advice Bradford and Airedale and Law Centre	***Lot 3 Airedale, Shipley, Keighley and Baildon***	CAB BCA Windhill CC **Sub Total**	47,032.50 4,875.00 6,500.00 **58,407.50**	2.8fte over 24 wks 0.3fte over 24 wks 0.4fte over 24 wks	Windhill CC BCA Includes Contingency **Sub Total**	6,500.00 6,500.00 (£3,369) **13,000.00**	BMDC 5,500 **5,500.00**	**£76,907.50**
St Vincent De Pauls & CHAS	***Lot 4 Bradford South***	SVP **Sub Total**	31,768.00 **31,768.00**	2fte over 24 wks	SVP Includes Contingency **Sub Total**	6,500.00 (£1,832) **6,500.00**	BMDC 5,500 **5,500.00**	**£43,768.00**
Citizen's Advice Bradford and Airedale and Law Centre	***Lot 5 Bradford West***	CAB Girlington MAC **Sub Total**	72,722.50 9,750.00 9,750.00 **92,222.50**	4.5fte over 24 wks 0.6fte over 24 wks 0.6fte over 24 wks	CAB Girlington MAC Includes Contingency **Sub Total**	6,500.00 6,500.00 6,500.00 (£5,320) **19,500.00**	BMDC 5,500 **5,500.00**	**£117,222.50**
Total			**£232,248**			**£79,500**	**£38,251**	**£349,999**

Abbreviations:

Citizen's Advice Bradford and Airedale and Law Centre –CAB
Family Action-FA
Equality Together –EQT
St Vincent De Pauls & CHAS-SVP
Cancer Support Yorkshire- Cancer Sup
West Bowling Advice Centre-West B
Bangladeshi Community Association (Keighley) -BCA
North East Windhill Community Association – Windhill CC
Manningham Advice Centre-MAC
Girlington Community Centre –Girlington
Community Works –CW
Language Line –LL

City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the Director of Public and the Director of Keeping Well to the meeting of Health and Social Care Overview and Scrutiny Committee to be held remotely on 20 October 2020

Subject:

Impact of Covid-19 on the mental wellbeing of people in Bradford district

Summary statement:

This report provides the committee with a report on a recent review undertaken to understand the impact of Covid-19 on our population. The reviews covered a baseline assessment, overview of the emerging needs and recommendations for commissioners and services. The paper includes a summary of the work undertaken by the Task Group set up to respond to the impact of Covid and outlines the support put in place for people to access.

Sarah Muckle/Ali Jan Haider
Director of Public Health/Director of Keeping Well

Report Contact: Sasha Bhat
Phone: (01274) 237537
E-mail: sasha.bhat@bradford.nhs.uk

Portfolio:

Health People and Places

1. SUMMARY

This report provides the committee with a report on a recent review undertaken to understand the impact of Covid-19 on our population. The reviews covered a baseline assessment, overview of the emerging needs and recommendations for commissioners and services. The paper includes a summary of the support in place for people to access.

2. BACKGROUND

2.1 In April 2020 Bradford District Mental Wellbeing Partnership Board requested that the Public Health Department (CBMDC) lead a COVID19 Mental Health Needs Assessment. This document provided in Appendix 1 summarise the needs assessment findings.

2.2 The Mental Wellbeing Partnership Board also established a system Task and Finish Group to coordinate a system response to provide and mobilise mental health support for our population and oversee the prioritisation and resourcing of work projects. The Task Group were made up of key leads across the system for health, social care and community services as well as representation from commissioning and public health. The document in Appendix 2 provides a summary of the work undertaken by the Task Group.

3. REPORT ISSUES

3.1 Needs Assessment and Impact of Covid

The Covid19 Mental Health Needs Assessment was undertaken in three stages.

3.1.1 Stage 1 was a rapid baseline assessment of mental health disorders, risk & protective factors for Bradford District. This identified groups at particular risk of deteriorating mental wellbeing during COVID lockdown [chapters 3-5 of Appendix 1; a separate report is available on Bradford JSNA site].

3.1.2 Stage 2 was an analysis of emerging needs. This gathered intelligence from mental health service providers across statutory and VCS providers. It used quantitative mental health service data and Born in Bradford research data, but relied heavily on a May 2020 survey of emerging needs with 41 VCS and statutory services that support wellbeing across Bradford [chapters 6 and 7 of Appendix 1; a separate report is available on Bradford JSNA site].

3.1.3 Stage 3 includes a write up of **key findings** and recommendations, as follows:

3.1.4 There are many groups in Bradford District that have an increased risk and prevalence of mental health conditions. Those with long term health conditions, suffering from marginalisation and discrimination, living in relative poverty, with addiction, with existing mental health conditions or learning difficulties, and carers are more likely to see their mental health worsen during the coronavirus pandemic.

3.1.5 Across the country we have seen new mental health risk emerge for front line healthcare workers, those shielding with their families, or pushed into financial difficulty, and across BAME groups and deprived populations that have suffered higher COVID19 death rates.

3.1.6 Our local analysis of the Bradford Population since lockdown has shown us that: *Fear of coronavirus affects many and is widespread (particularly in BAME groups, the shielded population and some elderly).*

3.1.7 Evidence from previous pandemics and economic crisis suggest that an additional 4,000 people in Bradford District may develop new mental health conditions as a result of the social and health impact of coronavirus, depression being the most common (with a potential 10% rise in the suicide rate). Post-traumatic stress disorder for survivors and front line staff is a real risk.

3.1.8 It is important not to medicalise normal reactions to the stressful circumstances of COVID-19, as everyone's mental wellbeing will be affected in some way.

3.1.9 **Children and Young people**

Commonly reported issues to the Kooth mental health service for children and young people (CYP) after lockdown were anxiety and stress, uncertainty for the future, fear of contracting COVID-19, feeling overwhelmed by media, and tensions in homes. New Kooth service registrations after lockdown from young females outnumbered males by 4 to 1.

An increase in domestic violence and its impact (within the home environment) has led to a 50% increase in Child Protection notifications for domestic abuse.

3.1.10 **Working age adults**

Key mental health issues for working age adults centre around increased isolation, fear and anxiety related to COVID-19, financial concerns, sleep problems and 'juggling' a new busier home environment. There has been a worrying increase in the complexity of adults presenting at crisis services. Local surveys show that more people describe their mental health as poor since lockdown, with the risk greater for those struggling financially.

There has been no national or local rise in the suicide rate during April-June 2020, although our first response service has seen a sharp rise in out of hours calls (mainly via self-referral or from the police).

3.1.11 **Older adults**

Older adult who appear to be particularly affected include those with cognitive decline/dementia (a quarter of deaths due to covid19 were as in those with dementia). There is a reported increase in self-harm associated with dementia, a drop in referrals to memory clinics and a reduction in dementia care planning.

Some families with caring duties have coped well but many report feeling abandoned, with both young and older carers feeling the reduction or suspension of respite care and home visits.

Referrals to bereavement counselling has not increased despite the increased death rate since March (suggesting a potential unmet need for the post lockdown period).

3.1.12 **Mental health services**

During March to May 2020, VCS providers of community mental health services reported reduced capacity in staffing but a rise in demand for services, although 2/3 of organisations reported good continuity of services.

3.1.13 There was a widely reported belief amongst VCS providers that there will be a sudden rise in demand for community and NHS mental health services after lockdown is lifted. This will be caused by due a combination of those who have waited it out for support, and those with new or worsening symptoms.

3.1.14 There is a particular need to protect the sustainability of our health and social care staff through effective work based well-being programmes.

3.1.15 Despite huge disruption, services that support mental wellbeing across the VCS, NHS and statutory sector adapted incredibly quickly during March and April 2020. The switch to digital services has been rapid and innovative, opening new ways to engage with otherwise isolated service users. This new way of working must however take account of individuals either technically, financially or practically (due to their condition) excluded from digital services.

3.1.16 Analysis of NHS mental health service data shows a drop in referrals during April but the switch to telephone/digital support meant that patient contact was maintained for most services. Up until April 2020 there was no increase in appointments for adult mental health services, but an increase in appointments for Child and Adolescent Mental Health Services (although this was an acceleration of a previous increase).

3.1.17 **BAME communities**

Emerging international evidence has highlighted the disproportionate impact of coronavirus deaths on BAME communities. Locally, the ‘fear of going out’, misinformation (e.g. about deportation, or from home country media), the loss of social support networks, digital language barriers, and lower access to health services are contributory factors to poorer wellbeing.

3.1.18 **Community interventions**

Interventions delivered through community services & volunteer networks are widely reported to be successful. Phone or video check-ins, or safe face to face support or counselling in open public spaces has supported mental health. In addition, community participation is in itself protective for wellbeing, and such **early interventions are needed to move individuals:**

- **from risk to safety,**
- **from fear to calming,**
- **from loss to connectedness,**
- **from helplessness to self-efficacy, and**
- **from despair to hope.**

3.2 The Covid-19 Task and Finish Group

3.2.1 The Covid19 Task and Finish Group oversaw 23 streams of work. There are three broad categories of our work plan:

3.2.2 **Service continuity**
Maintain safe continuity of crucial services with a view to ensuring people can stay well, get well and can access timely crisis support when needed. This included maintain delivery of services through new media, maintaining face to face support where possible and increasing the capacity of services to meet demand, e.g. helplines.

3.2.3 **Spotlight areas**
The aim of these work streams were to ensure we have a focussed approach for vulnerable groups and emerging service areas of need, e.g. bereavement and postvention support. There was also an emphasis on the need to ensure we link in to the wider work on support for 'vulnerable people'. As a result of this work and the findings from the needs assessment, the Task Group set up new services for Grief and Loss support, staff wellbeing and digital access. We also set up new partnerships and pilots with our street triage (in partnership with the police) and psychiatric liaison services in the hospital.

3.2.4 **Communications**
A coordinated approach to communication with providers, public and staff to ensure they have key messages, insight, support and link with Silver command communications plan. This work stream worked in partnership with the council and Public Health teams and examples included tailored messages for families, media coverage and promotional material to direct people to support.

3.3 In response to the findings from the needs assessment and the work of the Task Group, a range of recommendations have been framed around the five domains of a **Prevention Concordat for Better Mental Health for Bradford District**, covering:

1. Needs assessment
2. Partnership
3. Translating need onto deliverable commitment
4. Defining success measures, and
5. Leadership and accountability.

3.4 The presentation to the O&SC will provide details of how with additional funding we are working to translate these needs into deliverable service improvements for residents as well as the outcomes from the Task Group work-streams.

4. FINANCIAL & RESOURCE APPRAISAL

4.1 As a result of the above work, The CCG and Council made resources available to support the impact of Covid19 on mental health services. These are summarised in Appendix 4 and 5.

4.2 BDCFT received direct financial assistance from NHS England to support patient flow and discharge.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

5.1 Covid19 and the impact on services and the health of people poses risks for our district. These are reflected in the risk register for the Council and CCG.

6. LEGAL APPRAISAL

6.1 No issues arising.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

7.1.1 The Needs Assessment and Work stream have specific work to identify the inequalities, vulnerabilities and issues that arise from accessing and receiving mental health support. These are addressed in the

7.2 SUSTAINABILITY IMPLICATIONS

None.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

None.

7.4 COMMUNITY SAFETY IMPLICATIONS

There are no community safety implications arising from this report.

7.5 HUMAN RIGHTS ACT

None.

7.6 TRADE UNION

Not applicable.

7.7 WARD IMPLICATIONS

There are no direct implications in respect of any specific Ward.

7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS

Not applicable.

7.9 IMPLICATIONS FOR HEALTH & WELLBEING BOARD

Members are requested to review the information presented.

7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

GDPR principles relating to any data and rights under the Data Protection Act 2018 will be respected.

7.11 CORPORATE PARENTING ISSUES

None.

8. NOT FOR PUBLICATION DOCUMENTS

8.1 None.

9. OPTIONS

9.1 There are no options associated with this report. Its contents are for information only.

10. RECOMMENDATIONS

10.1 The committee is asked to note the update, highlight areas for consideration and attention and continue to support the work.

11. APPENDICES

Appendix 1: Needs Assessment

Appendix 2: Work Stream

Appendix 3: Covid 19 impacts – this appendix will be provided as a PowerPoint presentation at the meeting.

Appendix 4: Council Mental health spend for Covid

Appendix 5: CCG Mental health spend for Covid

12. BACKGROUND DOCUMENTS

None

This page is intentionally left blank

COVID19 Mental Health Needs Assessment Bradford District

Stage 3 – Final report and recommendations

July 2020

Contents

Authors: Duncan Cooper, Kate Questa, Mary Cronin [Public Health, Bradford Council], Sasha Bhat [Bradford AWC CCG / Bradford Council, July 2020]

SUMMARY

In April 2020 Bradford District Mental Health Partnership Board requested that the Public Health Department (CBMDC) lead a COVID19 Mental Health Needs Assessment. This document summarise the needs assessment findings. It was undertaken in three stages.

Stage 1 was a rapid baseline assessment of mental health disorders, risk & protective factors for Bradford District. This identified groups at particular risk of deteriorating mental well being during COVID lockdown [**chapters 3-5**; a separate report is available on Bradford JSNA site].

Stage 2 was an analysis of emerging needs. This gathered intelligence from mental health service providers across statutory and VCS providers (Appendix). It used quantitative mental health service data and Born in Bradford research data, but relies heavily on a May 2020 survey of emerging needs with 41 VCS and statutory services that support well being across Bradford [**chapters 6 and 7**; a separate report is available on Bradford JSNA site].

Stage 3 includes key findings and recommendations [chapter 9].

This report summarises needs at a snapshot in time (June 2020). It will be necessary to revisit the data and conversation with providers and their clients over the coming months.

Key findings

There are many groups in Bradford District that have an increased risk and prevalence of mental health conditions. Those with long term health conditions, suffering from marginalisation and discrimination, living in relative poverty, with addiction, with existing mental health conditions or learning difficulties, and carers are more likely to see their mental health worsen during the coronavirus pandemic.

Across the country we have seen new mental health risk emerge for front line healthcare workers, those shielding with their families, or pushed into financial difficulty, and across BAME groups and deprived populations that have suffered higher COVID19 death rates.

Our local analysis of the Bradford Population since lockdown has shown us that:

- Fear of coronavirus affects many and is widespread (particularly in BAME groups, the shielded population and some elderly).
- Evidence from previous pandemics and economic crisis suggest that an additional 4,000 people in Bradford District may develop new mental health conditions as a result of the social and health impact of coronavirus, depression being the most

common (with a potential 10% rise in the suicide rate). Post traumatic stress disorder for survivors and front line staff is a real risk.

- It is important not to medicalise normal reactions to the stressful circumstances of COVID-19, as everyone's mental well being will be affected in some way.

Children and Young people: Commonly reported issues to the Kooth mental health service for children and young people (CYP) after lockdown were anxiety and stress, uncertainty for the future, fear of contracting COVID-19, feeling overwhelmed by media, and tensions in homes. New Kooth service registrations after lockdown from young females outnumbered males by 4 to 1.

An increase in domestic violence and its impact (within the home environment) has led to a 50% increase in Child Protection notifications for domestic abuse.

Working age adults: Key mental health issues for working age adults centre around increased isolation, fear and anxiety related to COVID-19, financial concerns, sleep problems and 'juggling' a new busier home environment. There has been a worrying increase in the complexity of adults presenting at crisis services. Local surveys show that more people describe their mental health as poor since lockdown, with the risk greater for those struggling financially.

There has been no national or local rise in the suicide rate during April-June 2020, although our first response service has seen a sharp rise in out of hours calls (mainly via self referral or from the police).

Older adults who appear to be particularly affected include those with cognitive decline/dementia (a quarter of deaths due to covid19 were as in those with dementia). There is a reported increase in self harm associated with dementia, a drop in referrals to memory clinics and a reduction in dementia care planning.

Some families with caring duties have coped well but many report feeling abandoned, with both young and older carers feeling the reduction or suspension of respite care and home visits.

Referrals to bereavement counselling has not increased despite the increased death rate since March (suggesting a potential unmet need for the post lockdown period).

Mental health services: During March to May 2020, VCS providers of community mental health services reported reduced capacity in staffing but a rise in demand for services, although 2/3 of organisations reported good continuity of services.

There was a widely reported belief amongst VCS providers that there will be a sudden rise in demand for community and NHS mental health services after lockdown is lifted. This will be

caused by due a combination of those who have waited it out for support, and those with new or worsening symptoms.

There is a particular need to protect the sustainability of our health and social care staff through effective work based well being programmes.

Despite huge disruption, services that support mental well being across the VCS, NHS and statutory sector adapted incredibly quickly during March and April 2020. The switch to digital services has been rapid and innovative, opening new ways to engage with otherwise isolated service users. This new way of working must however take account of individuals either technically, financially or practically (due to their condition) excluded from digital services.

Analysis of NHS mental health service data shows a drop in referrals during April but the switch to telephone/digital support meant that patient contact was maintained for most services. Up until April 2020 there was no increase in appointments for adult mental health services, but an increase in appointments for Child and Adolescent Mental Health Services (although this was an acceleration of a previous increase).

BAME communities: Emerging international evidence has highlighted the disproportionate impact of coronavirus deaths on BAME communities. Locally, the 'fear of going out', misinformation (e.g. about deportation, or from home country media), the loss of social support networks, digital language barriers, and lower access to health services are contributory factors to poorer wellbeing.

Community interventions delivered through community services & volunteer networks are widely reported to be successful. Phone or video check-ins, or safe face to face support or counselling in open public spaces has supported mental health. In addition, community participation is in itself protective for well being, and such **early interventions are needed to move individuals:**

- **from risk to safety,**
- **from fear to calming,**
- **from loss to connectedness,**
- **from helplessness to self-efficacy, and**
- **from despair to hope.**

In response to these findings a range of recommendations has been framed around the five domains of a **Prevention Concordat for Better Mental Health for Bradford District**, covering:

- Needs assessment
- Partnership
- Translating need onto deliverable commitment
- Defining success measures , and
- Leadership and accountability.

1 Structure of the needs assessment

The Mental Health board asked Bradford Public Health Department in April to lead a rapid COVID19 Mental Health Needs Assessment for the District.

The needs assessment was planned in three stages for between April and June 2020, but recognising the impact the COVID will beyond this period certain part of the analysis will need re-visiting.

Stage 1 – baseline assessment

To provide a rapid baseline assessment of mental health disorders in Bradford

To identify groups at particular risk of deteriorating mental well being (and key risk factors)

To rapidly review the research and intelligence to help identify key risk factors for poor mental health and wellbeing during COVID-19 and the sub populations that are most likely to be affected

Stage 2 – emerging needs

Gather current intelligence and data from mental health service providers across the system (Appendix C).

Use this data to support and inform a mental health outcomes framework

This was presented to the Bradford District Mental Health Board 2nd May.

Stage 3 – recommendations for preventative and service pathways (by end of June)

To assess supportive and preventative pathways in Bradford District to meet population mental health needs, and identify any gaps.

2 Background

We are already aware of groups across our population that are at risk of poor mental wellbeing and the development of mental health conditions, including anxiety, depression, self harm, psychosis and suicide.

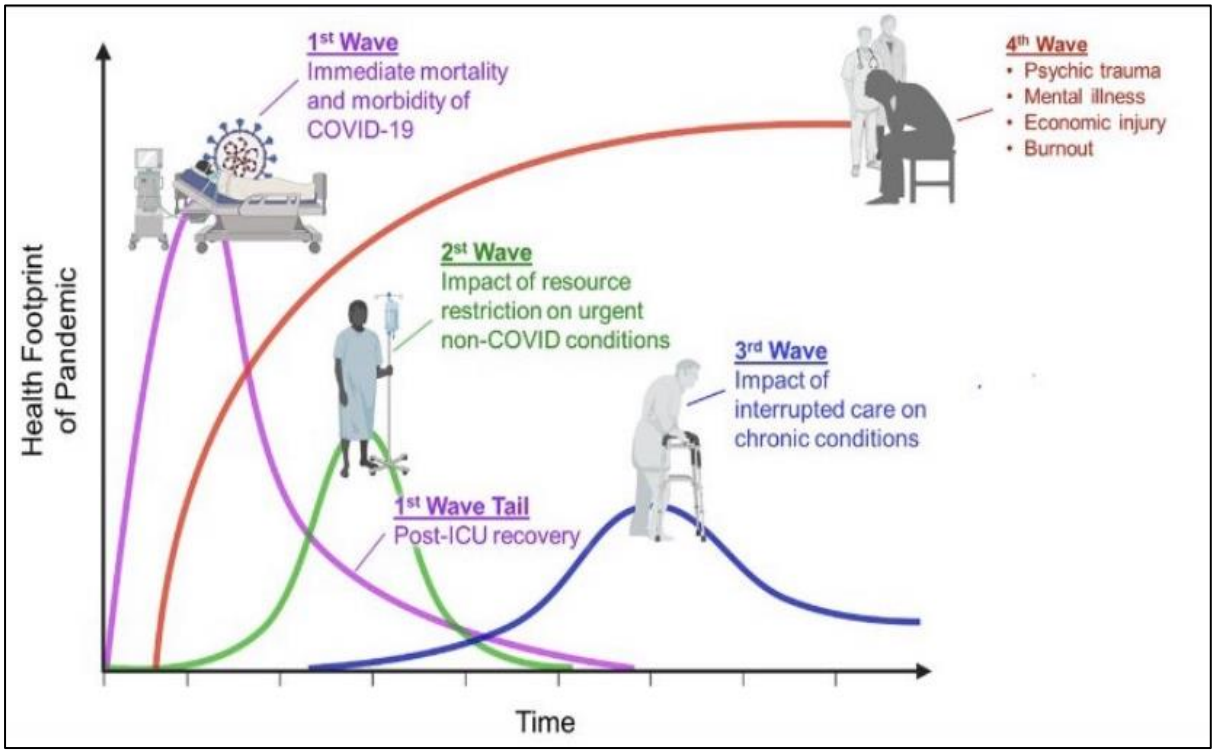
There are many groups in Bradford District that have an increased risk and prevalence of mental health conditions. Those with long term health conditions, suffering from marginalisation and discrimination, living in relative poverty, with addiction, with existing mental health conditions or learning difficulties, and carers are more likely to see their mental health worsen during the coronavirus pandemic.

Across the country we have seen new mental health risk emerge for front line healthcare workers, those shielding with their families, or pushed into financial difficulty, and across BAME groups and deprived populations that have suffer higher COVID19 death rates.

During the COVID pandemic and lock down restrictions mental health is likely to be significantly challenged due to increased isolation and financial strain as well as increased levels of bereavement and traumatic experiences.

2.1 Four waves of coronavirus

Figure 1 - Four waves of coronavirus – 4th wave – psychological trauma, mental health and social/economic impact



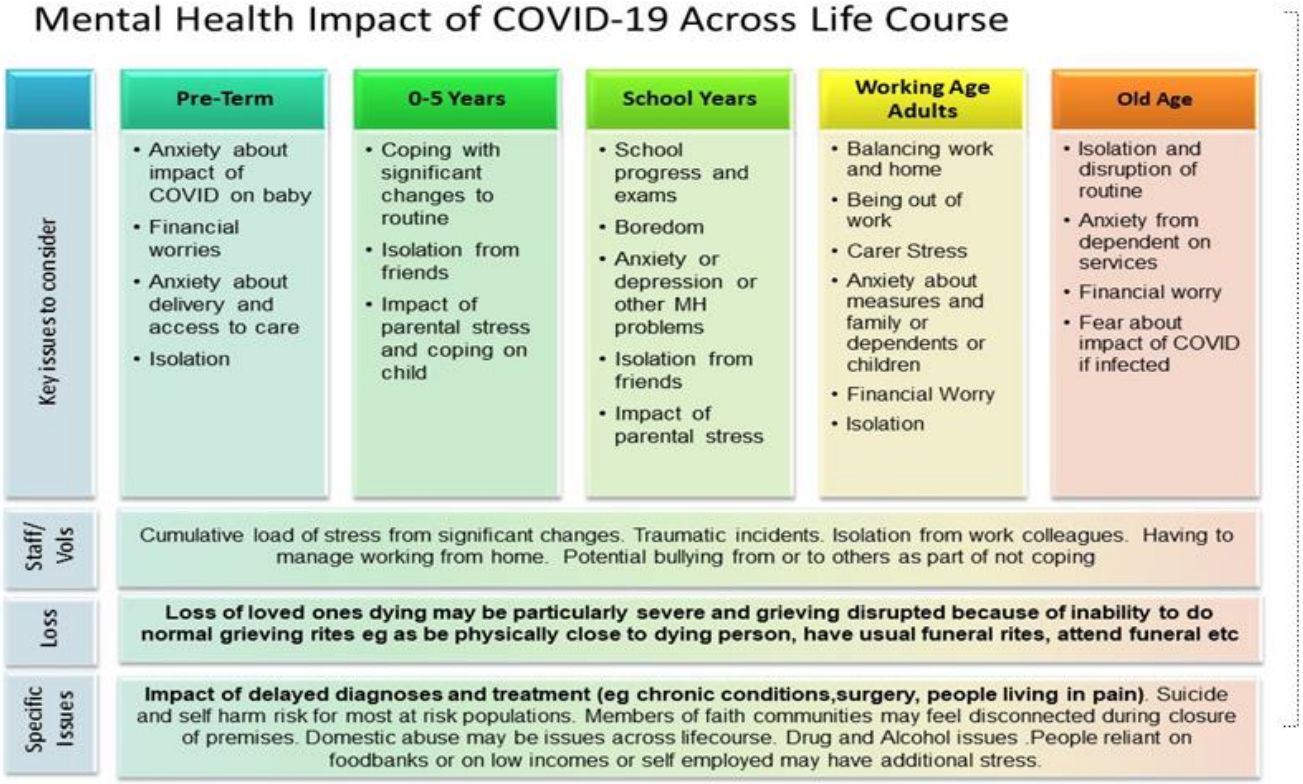
Victor Tseng [https://twitter.com/vectorsting/status/1244671755781898241]

Since March 2020 the Bradford District Health and Care system has been understandably focussed on a rapid operational response to the coronavirus pandemic, with additional large scale mobilisation of community support and networks across the VCS and other statutory bodies. This has straddled the NHS and social care systems (for both physical and mental health). Initially this was to meet the immediate mortality and morbidity associated with covid19 (1st wave) with a growing focus now on non-covid related healthcare (2nd wave) and longer term chronic conditions whose treatment may have been interrupted (3rd wave). Since March Bradford Mental Health partnership arrangements have rapidly identified and expanded a broad mental well being strategy to meet the mental health impact of the 4th wave of COVID19 (Figure 1). This needs assessment looks at the March to June period to consider the emerging 4th wave and longer term considerations.

2.2 COVID19 impact across the life course

We need to take a life course approach to identifying the impacts and groups vulnerable to Coronavirus (Figure 2). This covers increased isolation and loneliness which will affect children and young people separated from their friends and support networks. It will affect furloughed staff and increasing isolation of those already at risk due to disabilities, long term conditions or existing mental health conditions.

Figure 2



2.3 High profile events and pandemics

Our approach needs to learn from evidence about how communities respond to major events such as pandemics and natural disasters. This requires an approach that recognises sudden and long term impact on individuals, communities, and societal mental well being. Both risk and protective/resilience factors needs to be recognised.

Research shows that there will be a pronounced psychological and behavioural impact on communities if two or more of the following four characteristics are present:
(1) large numbers of injuries and/or deaths
(2) widespread destruction and property damage,
(3) disruption of social support and on-going economic problems
(4) intentional human causation

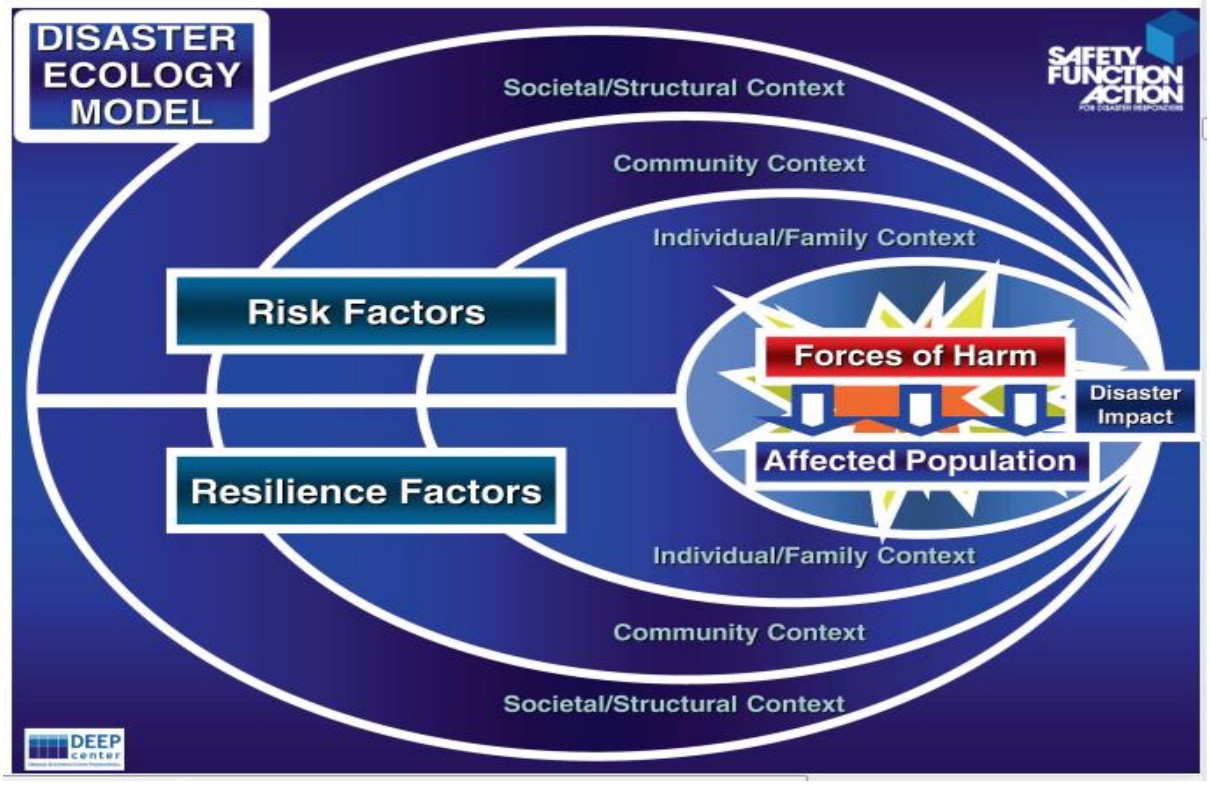
(1) and (3) present already due to COVID19

One of the major aims of early post-disaster intervention is to re-establish a sense of safety and calm, and draw on community assets to maximise resilience in communities (Figure 3). A range of interventions are required to support coping skills and ameliorate psychopathological presentations.

Effective early intervention should move individuals:
(1) from risk to safety,
(2) from fear to calming,
(3) from loss to connectedness,
(4) from helplessness to self-efficacy, and
(5) from despair to hope.

It is important we do not pathologies normal reactions to stress caused directly by coronavirus infection or indirectly by fear of it. In literature, most disaster-exposed individuals are minimally affected by adversities and are frequently able to adapt to their circumstances. Bradford District has a population of 530,000, however, so there will also be a significant proportion of the population either directly or indirectly affected.

Figure 3



Shultz et al. (2007). Psychological Impacts of Natural Disasters.

2.4 Suicide risk

Suicide is a tragic outcome of poor mental health and individual crisis. The consequences go far beyond the loss of individual life, as suicide impacts acutely on close family and friends. The negative impact can be compared to ripples in a pond spreading outwards to wider social networks and communities. A recent paper indicated that many of the emerging consequences of the coronavirus pandemic are known risk factors for suicide (Gunnel, 2020), so our policy response must address this.

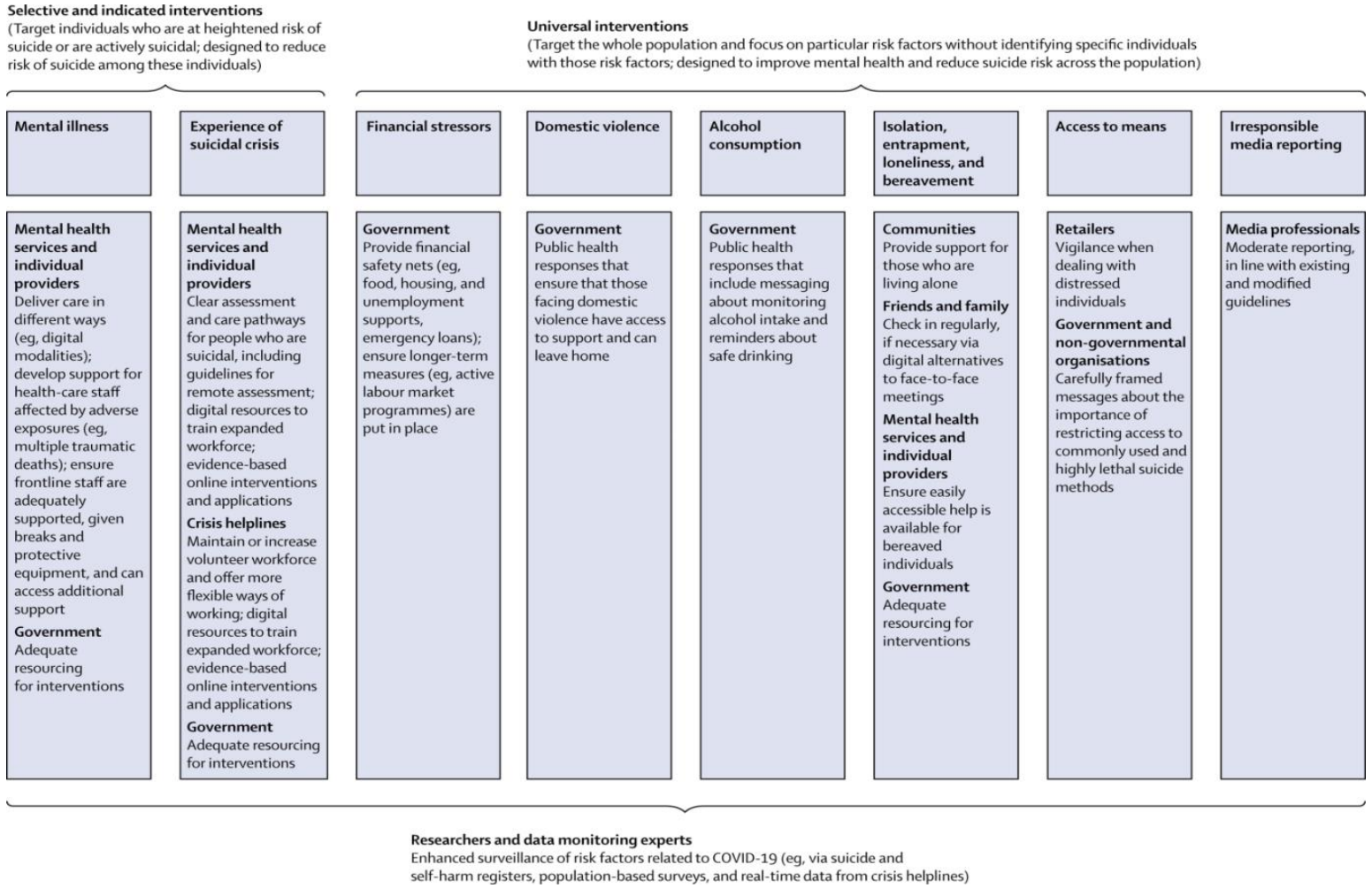
There are various potential drivers of increased suicide during the coronavirus crisis. These include increased stigma towards individuals with COVID-19 but also an exacerbation of pre–existing risk factors such as psychiatric disorders, domestic violence, financial stressors, alcohol use and increasing isolation (Figure 4).

The adverse effects of the pandemic on people with mental illness may also be exacerbated by fear, self-isolation, and physical distancing (worsening existing symptoms and leading to other developing new mental health problems). The consequences of increased pressure on mental health services are already being felt and the mental health of frontline healthcare workers required particular attention.

A range of selective and universal interventions are required to combat suicide risk, needed across mental health service and community support services and networks. Mental health services need to develop clear remote assessment and care pathways for people who are suicidal, and staff training to support new ways of working. Helplines also require support to increase their volunteer workforce, offer flexible methods of working and adequate training.

Finally a comprehensive response to emerging suicide risk needs to be informed by enhanced surveillance of both suicides themselves and COVID-19-related risk factors that contribute to suicidal behaviours.

Figure 4: Public health responses to mitigating suicide risk associated with the COVID-19 pandemic



Gunnell et al. (2020). Suicide risk and prevention during the COVID-19 pandemic. Lancet Psychiatry. DOI:https://doi.org/10.1016/S2215-0366(20)30171-1

3 Groups most affected by COVID-19

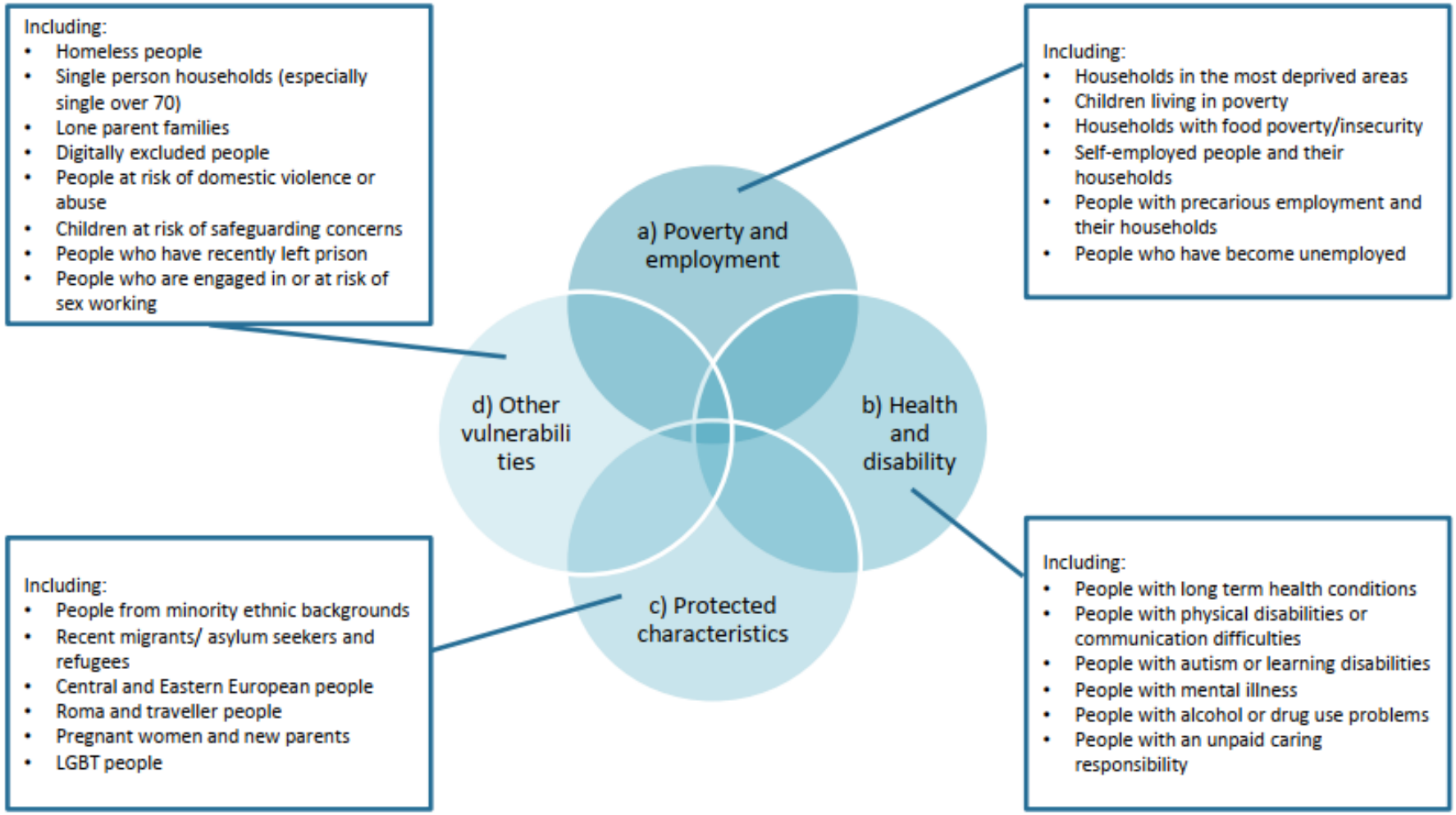
Based on knowledge of risk and protective factors for mental health, and baseline levels of mental health across the district, we might be able to highlight communities that are particularly at risk of deterioration in their mental health during this period. This is likely to be those populations that:

A) Already have high levels of poor wellbeing and mental health
B) Are more exposed to risk factors for poor mental health during coronavirus
C) Are less able to maintain participation in protective factors for wellbeing.

The groups whose mental health is most likely to be impacted by COVID19 are varied.

COVID-19 patients, plus close family and friends (50% risk of depression/PTSD)
Front line health and social care staff (at risk of PTSD)
Black, Asian and Minority Ethnic groups (higher underlying health risk/economically marginalised/crowded households)
Groups at high risk of unemployment, low income or loss of financial support (29,000 self-employed) (18,000 children in poverty)
Young persons, especially with poor support mechanisms in place (15,600 with diagnosable mental health disorder)
Patients with a history of mental illness/autism/dementia (80,000/4,500/4,300 adults)
High risk group (adults with long-term conditions) and clinically high risk shielded adults/children (16,000 people on shielded list)
Elderly (8,900 with common mental health disorders; plus socially isolated)
Carers (any age) (approx 50,000 carers)
Groups at increased risk of abuse (children in need 12,900)
Socially isolated members of society (homeless, language or cultural barriers, disability)
Those with a past history of trauma or substance use (14,000 alcohol related admissions p.a)
Pregnant and postnatal women (and partners) (600-900 post natal depression p.a)

Which population groups are most vulnerable to indirect impacts of COVID-19?



4 Baseline assessment (Stage 1)

A full baseline assessment of mental health in Bradford District, the risk and protective factors for COVID19 and initial emerging initial evidence of impact are contained with in a more complete report (Appendix A), but summarised below.

Risk and protective factors

Risk factors	Protective factors
Substance misuse/alcohol	Good quality antenatal/postnatal care
Deprivation	Early years (family experience/nurturing)
Fuel and food poverty	Good quality education
Poor housing	Regular income
Loneliness/Social isolation	Community participation
Stressful/uncertain work	Meaning, purpose and spirituality
Previous mental disorder	Positive relationships
Physical ill health	Physical activity
Debt/Unemployment	Access to green space
Domestic abuse	Good physical health
Bereavement	

There are also likely longer-term impacts related to:

- Medium to long term economic downturn including further unemployment, loss of business, homelessness, ingrained poverty, suicide.
- Ongoing distress due to bereavement
- PTSD (from 1 year after an event) particularly for health and social care workers exposed to prolonged COVID care and suffering, and for members of the public having lost family members in particularly tragic circumstances.
- On-going depression and anxiety triggered by the initial COVID response.

- Worsening and untreated issues with addiction, for example online gambling, alcohol and drugs.
- Health-related anxiety due to delayed treatment or diagnosis (egg for cancer)

4.1 Baseline mental health disorders

This section outlines baseline levels of diagnosed mental health disorders in Bradford, mostly drawing upon data from 2017-2019. Local data to indicate socio-economic inequalities across these mental disorders (for example, by socio-economic status, or ethnicity) are not available and these rates therefore represent averages across all age groups.

Table 1: Mental health disorders in Bradford populations across the life course (Data source: PHE Fingertips: Mental health, dementia and neurology unless otherwise stated)

Population group	Mental health condition/ situation	Estimated count	Estimated frequency (prevalence / incidence/ count)	Notes
Pregnancy and perinatal period	Postpartum psychosis	12	n/a	2017/2018. Estimated number of women.
	Severe depressive illness in perinatal period	174	n/a	2017/2018. Estimated number of women.
	Mild- moderate depressive illness and anxiety in perinatal period	580-870 (lower-upper estimate)	n/a	2017/2018. Estimated number of women.
Children and young people (CYP)	Mental disorders (total)	15,600		2017/2018. Estimated numbers of CYP with mental disorders. (5-17 years)
	Emotional disorders (anxiety disorders and depression)	Estimated 3,492 based on ONS populations	3.8%	Estimated prevalence, aged 5-16 years. 2015 data.
	Hospital admissions as a result of self-harm.		581.4/ 100,000	2018/19 data. 10-24 years.
	Percentage of looked after	106	32.3%	2018/19 data.

	children whose emotional wellbeing is a cause for concern			
	Autism	1,128	10.9/ 1000	Children with autism known to schools 2018 in Bradford district
	Learning disability	6,958	7.0%	Pupils with Learning Disability: % of school aged pupils (2017) 2nd highest in YH. Significantly higher than YH (5.8%) and England (5.6%)
Working age adults 16-64 years	Psychosis (new cases)		26.8/100,000	2011 data. Estimated incidence from modelling data, via Fingertips
Adults (all ages) ≥16 years	Common mental disorder (CMD) prevalence	Estimated 79,493 based on ONS populations	19.5%	2017 data. CMD= any depression or anxiety. Estimated prevalence in PHE fingertips based on data from the APMS.
	Depression	50,305 person	11.4%	2018/19 prevalence age 18+ district estimate
	Serious mental illness (SMI)	6,069 persons	1%	SMI includes major depressive disorder, schizophrenia and bipolar disorder. 2018/19 prevalence QOF. District estimate.
	Autism	4505 – (ONS 2018 population estimates)	11/1000 (95% CI 3–19/1000)	National estimate. Data source: Adult Psychiatric Morbidity Survey

				(2007) and Intellectual Disability Case Register study (IDCR) (2010) combined.
	Suicide	Average 38 deaths per year	8.1/100,000 115over three year period.	Data from BD JSNA: 2016-18period.
Adults (all ages) ≥18 years	Learning disability – adults receiving long term support from the LA	1510	3.82 per 1000	2018/19 data Rate similar to YH (3.63) and significantly higher than England (3.42)
Older population ≥65 years	Common mental disorder (CMD) prevalence	Estimated 8,928 based on ONS populations	11.4%	2017 data. CMD= any depression or anxiety
	Dementia	4,280	5.01%	Prevalence. 2019 data.
Whole population	Learning disability (QoF)	3,811	0.6%	2018/19 QoF data – Same as YH proportion
	Emergency hospital admissions for intentional self harm		266.2/ 100,000	2018/2019 data

4.2 Baseline assessment of mental health risk and protective factors

Certain risk factors are known to be associated with poor mental health. Appendix A goes into risk and protective factors for poor wellbeing in more detail, taken from the Bradford JSNA which represents a slightly broader range of factors.

Table 2a: Risk factors for mental health in Bradford (Data source: PHE Fingertips: Mental health, dementia and neurology)

Population group	Risk factor for poor mental health	Estimated total numbers	Prevalence, or figure	Notes (NB: To add dates)
Children and	Low birth weight	277	4.16%	2018 data. Highest rate

young people (CYP)	(%)			of low birth rate in Y&H. Significantly higher than Y&H: 3.14%, England: 2.86%.
	Overweight and obesity (%)	1,451 2,773	Reception: 21.8%. Year 6: 38.3%	2018/19 data. Reception age, increasing. Y&H: 23.7% England: 22.6%. Year 6: increasing, highest in Y&H. England: 34.3%
	Children in low income families (%)	34,745	23.8%	2016 data. Significantly higher than Y&H (19.5%) and England (17%)
Working age adults 16-64 years	Employment deprivation		0.162	2015 data. Proportion of working age population who can't work due to unemployment, sickness, disability or caring responsibilities. Bradford in worst third of Y&H. England: 0.119 Higher figures show greater deprivation
Adults (all ages) ≥18 years	Overweight and obesity (%)	Estimated 243,028 based on ONS populations	61.5%	2017/18 data. 18 years and older. Adult overweight and obesity- similar to England average (62%). Lower than Y&H (64.1%), not significantly so.
Whole population	Fuel poverty (% of households) (2017)	27,767 households	13.5%	Highest in Y&H. Y&H: 10.6% England:10.9%
	Statutory homelessness (priority need)	116	0.6/1000 households.	2017/18 data. Households in temporary accommodation, per 1000 total households.

				Increasing. Significantly higher than Y&H (0.4/1000). England: 3.4/1000.
	Violent crime	28,190 offences	52.7/1000 population.	2018/2019 data. Violent offences per 1000 population. Second worst in Y&H. Significantly higher than Y&H: 36.9/1000 and England 27.8/1000.
	Domestic abuse related incidents and crimes		38.9/ 1000	2018/19data. Similar to several other regions in Y&H.
	Admission episodes for alcohol related conditions	13,869 admissions	3,035/ 100, 000	2018/19data. Bradford rate is second highest in Y&H.

Table 2b: Protective factors for mental health in Bradford (Data source: PHE Fingertips: Mental health, dementia and neurology)

Population group	Protective factor for poor mental health	Estimated total numbers	Prevalence, or figure.	Notes
Working age adults 16-64 years	Employment	213,400	66.0%	2018/19 data. 16-64 yrs in employment Lowest rate in Y&H. Y&H: 73.7%, England: 75.6%
Adults (all ages) ≥19 years	Physical activity	Estimated 240,166 based on ONS populations	61.9%	2017/2018 data. ≥19 years doing at least 150 MIE minutes physical activity per week. Y&H: 64%. England: 66.3%
Whole population	Housing quality: indoor living environment.		IMD score of 35.7.	Proportion of homes failing to meet standards on fitness for habitation, disrepair, modern facilities and thermal comfort.

				Bradford has the poorest score in Y&H. England: 22.1 Higher scores indicate greater deprivation.

5 The projected mental health impact of COVID 19

Emerging evidence of the impact of coronavirus in the UK

In a recent position paper outlining mental health research priorities during COVID-19 (Holmes et al, 2020) the authors theorised that the likely consequences of COVID-19 would be to increase social isolation and loneliness. These symptoms of poor mental health are themselves strongly associated with further mental health problems including anxiety, depression, self-harm and suicide attempts (Elovainio, 2017; Matthews, 2019). They suggest that tracking loneliness and intervening early on risks and buffers for this symptom would be an important priority.

Two surveys conducted by the UK Academy of Medical Sciences and the research charity 'MQ: Transforming Mental Health' inform the position (one with people with lived experience of mental health, and the other representative sample of the general population). Those with previous experience of mental health issues expressed concerns about **social isolation, increased feelings of anxiety and depression** and particular concerns about exacerbation of pre-existing MH issues. There were also **reported difficulties in accessing MH services** and support during the coronavirus pandemic. Concerns over the effect of COVID on the mental health of children and older people were also expressed (Holmes et al, 2020).

Elovainio M. et al. (2017). **Contribution of risk factors to excess mortality in isolated and lonely individuals: an analysis of data from the UK Biobank cohort study.** Lancet Public Health. **2**: e260-e266.

Matthews T., et al. (2019). **Lonely young adults in modern Britain: findings from an epidemiological cohort study.** Psychol Med. **49**: 268-277.

Holmes et al. (2020). Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science. Lancet Psychiatry. DOI:https://doi.org/10.1016/S2215-0366(20)30168-1

Further recent surveys within the UK expand on these findings. The 'Life Under Lockdown' survey (Ipsos Mori and Kings College London) found that nearly half of participants had felt more anxious or depressed than normal as a result of COVID. Younger people were more likely to find it very difficult to cope (42% of 16-24 year olds stated they were finding it extremely difficult to cope, compared to 15% overall). There appeared to be a financial impact already- 22% were either very likely or certain to experience difficulty affording basic

essential and housing costs or had already experienced this. 16% of workers had already lost their jobs or were certain/ very likely to.

Experience from previous economic crisis and pandemics have resulted in serious mental health impacts on population. The Centre for Mental Health has forecasted that the health and economic impact of COVID19 may lead to an additional 500,000 people in the UK with mental health conditions (Figure 5).

Figure 5 – Forecasted (estimated) impact of COVID19

Issue	Effect	Potential local impact
Rise in debt once temporary measures cease (local data)	Universal credit claims (Bradford)	7,600 increase (44% up from March to April)
Financial crash (2008) (CMH)	UK 500,000 more MH problems	equates to 4,000 for Bradford District
Hong Kong SARS 2003, Financial crash (CMH)	7-10% national rise in suicides	3-4 deaths per year Bradford District (but hides spectrum of suicdal behaviour)
SARS 2003 patients (CMH)	12 months later (20-25% PTSD; 60% depressive disorder)	Potnetial impact on 1,300 known COVID cases (end of May)
Current H&SC covid staff (BMJ)	Anxiety (50%), sleep issues (30%), burnout	impact on 3,700 H&SC staff already COVID tested
Bereavement (CMH)	7% of close relatives have complex reaction	impact on 473 known COVID deaths (end of May)

6 Emerging needs (stage 2)

During May 2020 a short survey was sent to providers of mental health and well being services (VCS and statutory) across the District covering the nature of their services, service delivery and access issues and insight from service users. The Bradford Mental Health Provider Forum was used as the network for distribution, and Public Health completed a thematic analysis to identify emerging themes. **This survey provides a snap shot up to May 2020 and we are planning to repeat the survey at regular intervals to maintain an overview of mental health needs in or communities.**

Forty-one organisations responded to the survey, covering a range of services including befriending, counselling, psychotherapy, bereavement support, services for patients with cancer, carers, and peer support groups. There were also more specific services for people with serious mental illness or autism, individuals and families who have experienced trauma or abuse, and services aimed towards members of the BAME community, deprived communities and refugee and asylum seekers (see Appendix C for a full list of responders).

6.1 Delivery and capacity

Where information on capacity was recorded 50% reported a reduced staff capacity in some respect. Not many organisations quantified the extent of this reduced capacity, but where they did it ranged from 20 to 40%. The reasons for a reduced capacity included; staff sickness, concern over working in a home environment, volunteers needing to shield and volunteers struggling with their own mental health. There is difficulty in rapidly replacing volunteers where organisations require quite a lot of training, or the ability to work with certain communities where knowledge of the local language is helpful. Despite half of the organisations reporting a reduced capacity, just three stated they did not have capacity to cope with the current demand.

The survey of VCS mental health providers was not a quantitative analysis of demand but services were concerned of a sudden rise in demand for face to face services (or remote) as isolation due to distancing measures and financial insecurity wears on. Also that those with serious pre-existing mental health and social problems (e.g. addiction or experiencing domestic or sexual violence) may reach crisis suddenly and without early interventions.

All providers where applicable reported adapting their service provision to adhere to social distancing guidelines. All organisations were still making themselves available to their service users via telephone, webchat, text, video and sometimes with provision of online tools or support mechanisms to service users. Some providers are adjusting their operating hours to increase access, some are re-deploying staff from one area to another to meet demand. There are excellent examples of proactive work to increase frequency of contact with some service users with the highest needs and this has resulted in good engagement of case-loads. Some have provided practical resources to home settings where face to face sessions are not possible (for example, craft and cooking equipment as well as self-help packs). However, complete transfer of services to remote methods has not been possible for some organisations based on the nature of the service they provide, or the groups that they work with. For this reason, some organisations are currently providing an amber ‘rag rating’ for their service.

Services were asked to 'rag rate' their organisation based on:

- Green – Service continuity not significantly affected.
- Amber – Some issues/concerns with service delivery due to staffing capacity /client presentations etc.
- Red – Significant difficulty in delivering services.

Current self-reported RAG rating of organisations in the MHPF survey, May 2020 (n=30)

Rag Rating	n(%)
Green	18(60%)
Green/Amber	2(7%)
Amber	9(30%)
Amber/Red	1(3%)

**there were 11 organisations which did not have a RAG rating recorded. However, ten of these were not asked*

Some provider organisations report that demand has increased (see gaps and needs section). In others, demand has gone down, despite expectations that it would increase (for example bereavement services, some services aimed at young people). This may be due to lack of awareness that services remain open, or it may be that service users are not able to engage, or not comfortable to engage remotely. Monitoring future demand and capacity going forward will therefore be important.

6.2 Children and Young People

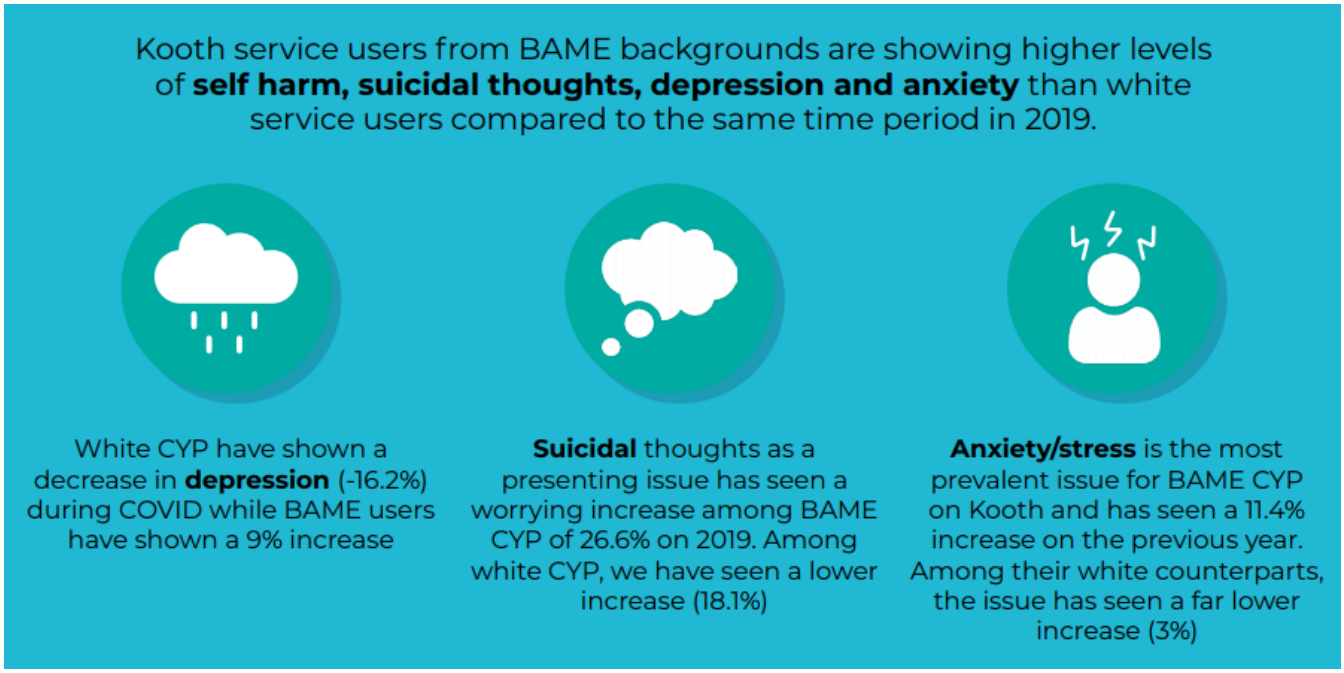
The perinatal mental health service saw an increase in appointments during the early stages in April 2020 but reports lower access from areas of high deprivation and in the Central area of Bradford, representing an area of unmet need for the service. Midwifery face to face contact has reduced due to social distancing during COVID19 (with a potential impact on nurse/patient relationships).

Nationally the Kooth mental health support service for children and young people has reported an increase in numbers of CYP reporting certain risk factors of poor mental health (Figure 7 - national data to June 11th). The increases have been greatest for those presenting with sleep issues, school/college worries and autistic spectrum disorder.

Figure 7 - Kooth (digital mental health service for children and young peoples mental) – national data (June 2020)

The biggest <u>national</u> increases in mental health problems in these data is for young people from BAME groups (national data to June 11th) (Figure 8).

Figure 8 - Kooth service for BAME children and young peoples – national data (June 2020)



Locally our Bradford Kooth service data shows

The number of monthly new registration for Bradford Kooth has fallen since the start of lockdown. The number of new registration from BAME communities has remained stable (between 30% and 40% of the total)

Although the number of logins remained similar after lockdown (Figure 9), the number of unique users has fallen by 25% (Figure 10).

The service provides a range of mental health support options across the teenage years from 11 to 19 years (Figure 11).

New registrations after lockdown from females outnumbered males by 4 to 1.

Figure 9: Number of new logins with Bradford Kooth by month (pre and post lockdown)

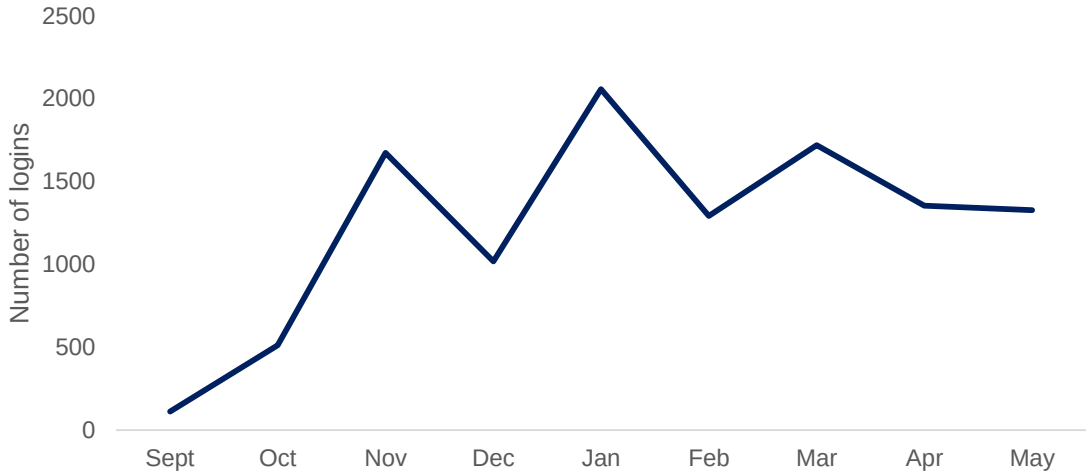


Figure 10: New registrations with Bradford Kooth by month (pre and post lockdown)

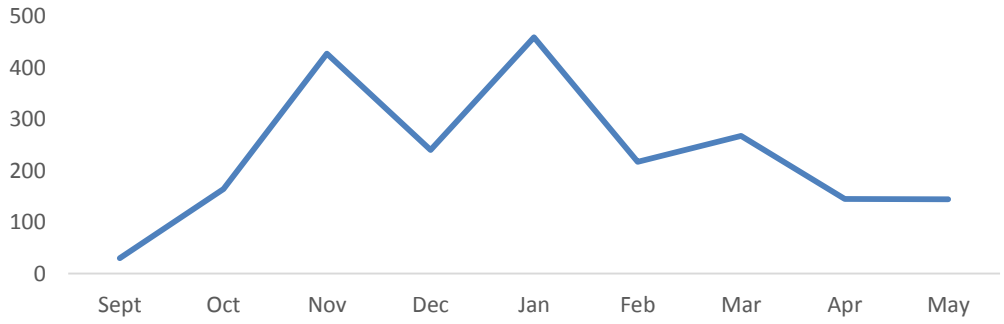
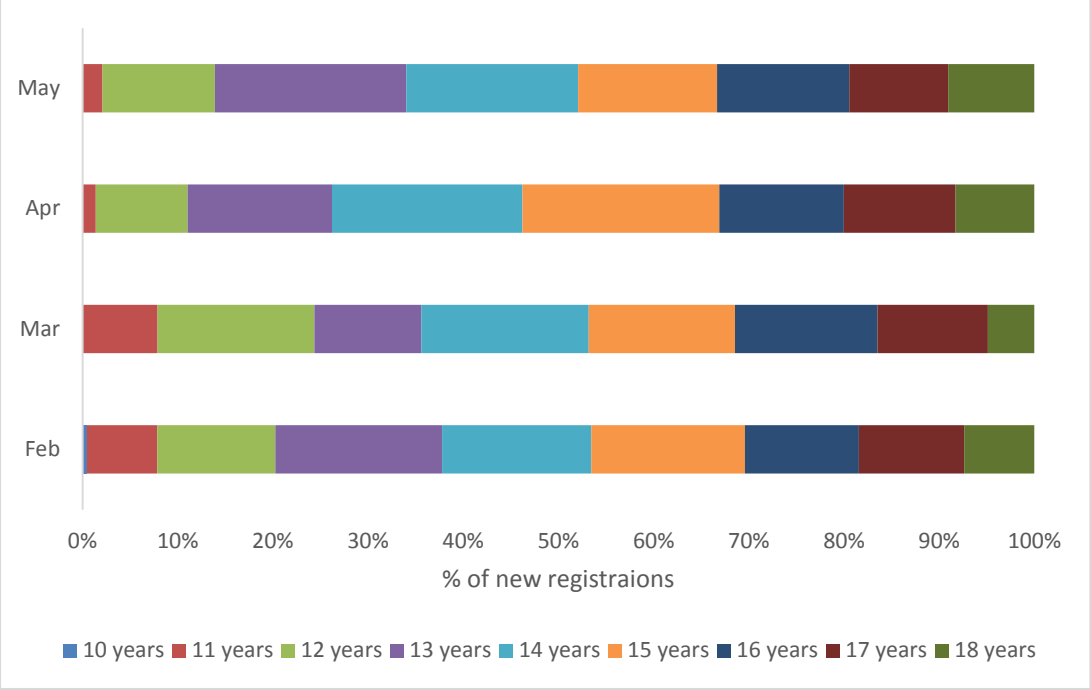


Figure 11: New registrations for the Bradford Kooth service (pre and post lockdown)



The main issues reported for CYP in the VCS provider survey were:

- Anxiety and stress, uncertainty for the future, fear of contracting COVID-19, feeling overwhelmed by media, feeling low and tensions in homes. Some reported concerns over domestic violence. Specific anxieties also relate to worrying about the future, school, and personal/family safety.
- Issues related to school closure were also expressed, including concern over exams, boredom, frustration, lack of routine and increased use of gaming to cope.
- However <14 years not feeling as comfortable/ able to engage remotely.

Exposure to domestic violence and concerns around this issue (within the home environment) have led to a 50% increase in Child Protection notifications for domestic abuse.

Self-harm (suicidal ideation) are being reported as issues from local crisis services with young people attending crisis services reporting a worsened mental health due to lockdown.

Born in Bradford Survey data

A Born in Bradford analysis of vulnerabilities for children from their previous surveys (2016-2019; 15,641 children, aged 7-10 years old) showed a range of vulnerabilities and protective factors for mental health.

Home, family and family relationships: 13% don't have a garden and almost a third say there is no park near their home where they can play; 7% never play in a park [risk factors: lack of green space and exercise]

Material resources: 17.5% say they don't have a computer, laptop or tablet with internet access at home. Over 14% of children say they don't have three meals a day. One quarter of children say they worry about how much money their family has all of the time [risk factors poverty, digital exclusion, lack of access to home schooling/education]

Friends and school: The majority of children like school a lot, but 13% say they do not like school. 14% say they don't have many friends; 11% say they are bullied all of the time and 41% are bullied some of the time [school is a protective factor for some (currently lost due to COVID), where as returning to bullying may be a risk factor for others]

Self reported wellbeing: Most children are happy all or some of the time, but 4% say they are never happy and 5.5% report being sad all the time. [no comparative data during COVID]

Coronavirus Scientific Advisory Group. BIHR. Born in Bradford pre-COVID-19 Child Wellbeing Survey. June 2020. https://www.bradfordresearch.nhs.uk/findings-and-resources/

A recent review of the role of school to reduce health inequalities in CYP concluded:

"The worst consequences of this COVID shutdown are experienced by the most vulnerable children who already rely on school for educational, nutritional, and health needs (due to socioeconomic disadvantages or disabilities). In addition to the possible lack of parental support at home, major inequalities arise in the access to digital learning resources. The COVID-19 crisis gives us the opportunity to re-assess what type of school we want for the future."

"Teachers should act as health promoters for their students from a young age, by actively fostering healthy habits (physical activity, good personal hygiene, and balanced diet) and raising awareness of the consequences of risky behaviours"

The worst consequences of COVID19 shutdown are experienced by the most vulnerable children who already rely on school for educational, nutritional, and health needs due to their socioeconomic disadvantages or disabilities. In addition, the possible lack of parental support at home means inequalities in access to digital learning resources. The COVID-19 crisis gives us the opportunity to re-assess what type of school we want for the future, and there is a strong role for the Local Authority in supporting teachers and schools to achieve this ambition.

Rethinking the role of the school after COVID-19. 2020. Lancet Public Health. https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(20)30124-9/fulltext?dgcid=raven_jbs_etoc_email

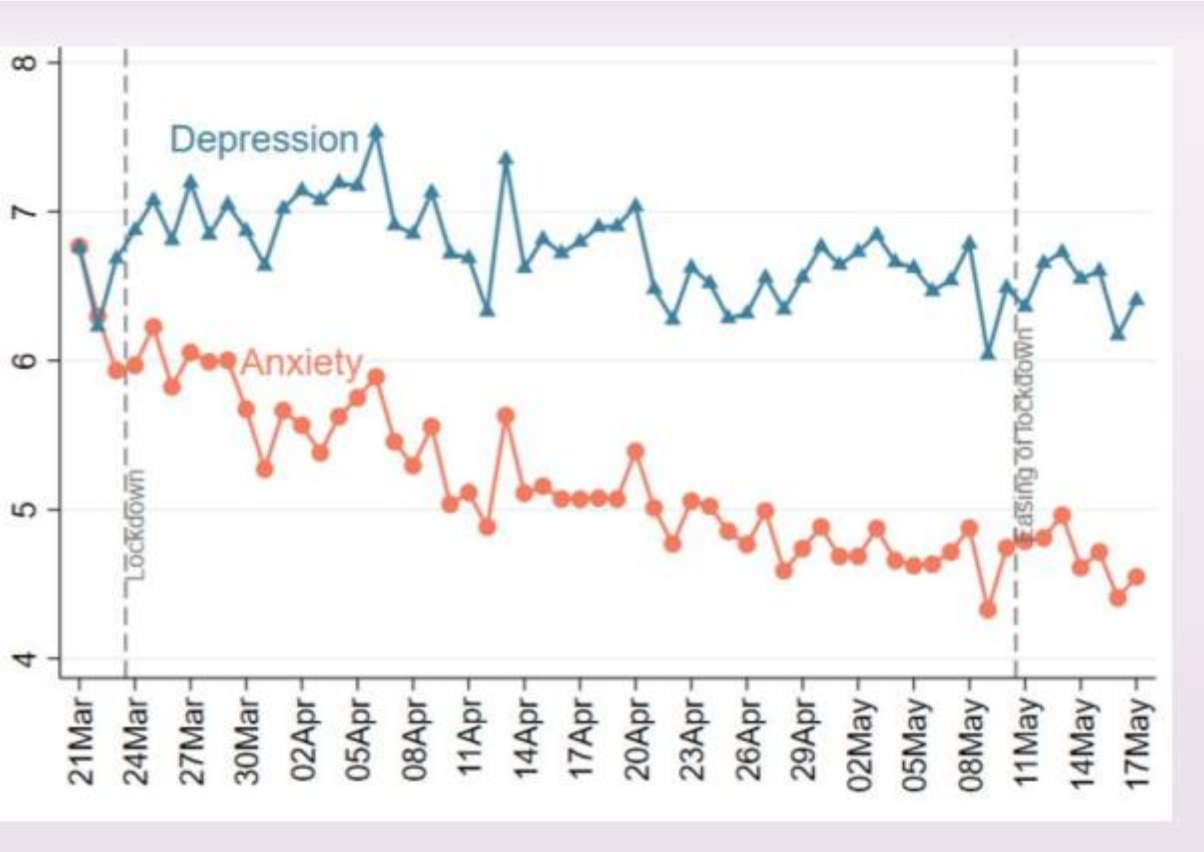
6.3 Working age adults

The national picture is mixed. National surveys show an increase in access to online support (main reasons being the new work culture ("juggling"), sleep and the health of others as major causes of anxiety. However there is no corresponding national increase in reported anxiety and depression from national surveys undertaken by the University of Manchester (Figure 12).

During COVID19 people in low income households are more likely to experience financial insecurity, reduced work hours, have long term health conditions, live in crowded households, no internet access (for other opportunities) - all mental health risk factors. Nationally, a third of people with mental health problems are cutting back on essentials (food, heating, missing debt repayments). There is a potential systemic rise in debt once temporary financial measures are lifted.

Our local survey results show that many provider organisations reported their service users to be struggling with **increased isolation**, fear and anxiety related to COVID-19, in addition to existing depression and risk factors such as financial concern. Indirect health related anxiety has also been expressed (for example, those with a diagnosis of cancer). Although not reported in this survey, feedback from the national online mental health service for adults (Quell) has indicated that parental mental health has significantly increased during lockdown, following the increased pressure that families are experiencing at home (juggling home schooling, home working or worklessness, and other family commitments).

Figure 12: University College London social survey of anxiety and depression



[L Appleby presentation to West Yorkshire Suicide Prevention advisory Network, June 20]

There was an initial dip in referrals in the lead up to lockdown which then increased in April and May. Data suggests an increase in **crisis presentations** in Safer Spaces of 50-70%. This may be partly accounted for by an increase in capacity to take referrals and previously unmet need. Symptoms include increased self-harm, alcohol use, and suicidal ideation/planning. For a few with longstanding mental illness, symptoms of psychosis are worsening. Lockdown may also increase risk due to individuals feeling trapped and controlled.

Results from a rapid survey of 800 families involved with the **Born in Bradford research** data study paints a picture of multiple and increasing risk during coronavirus during April and May 2020.

Living circumstances

2 in 5 families lived in overcrowded homes.

1 in 4 families live in poor quality housing

1 in 4 reported living with someone clinically vulnerable

1 in 3 households had self isolated at some time (often to protect a vulnerable person)

Mental Health: From validated MH assessment tools (PHQ-8 and GAD-7).
Compared to before the pandemic, more people had poor mental health during lockdown.
2 in 5 respondents had depression
2 in 5 respondents had anxiety.
The risk of becoming depressed was higher for those who were struggling financially, and for White British respondents

Money
1 in 3 families are worried about the job security of the main earner
1 in 4 are worried about paying the rent/mortgage
1 in 4 couldn't afford to buy the food they needed.
1 in 10 had severe financial and food insecurities (skipping meals)
67% of self-employed and not working are worse off than before Covid
49% of main earners who are furloughed are worse off now
2 in 5 who smoked or drank alcohol reported smoking/drinking more during lockdown.
1/2 of respondents reported doing less exercise during lockdown
2 in 5 participants reported worrying about their health most or all of the time (associated with clinically vulnerable person in house).
16% of children who were eligible for a school place during lockdown took this up (fears child might catch the virus)

Coronavirus Scientific Advisory Group. BIHR. When will it end? Will it end?" Findings of the First 1000 Participants in the Born in Bradford Covid-19 Parents Survey. June 2020.
https://www.bradfordresearch.nhs.uk/findings-and-resources/

COVID19 and financial difficulties

Nationally, nearly two in five (38%) people with experience of mental health problems report that their income has dropped as a direct result of the pandemic. Symptoms of common mental health problems make adjusting to an income drop even harder, reducing the ability to plan and problem-solve. Anxiety and difficulties communicating can lead to trouble in accessing help. This was reflected in survey of providers who report financial insecurity (due to reduced, uncertain, or lost work) is impacting on their service user's mental health.

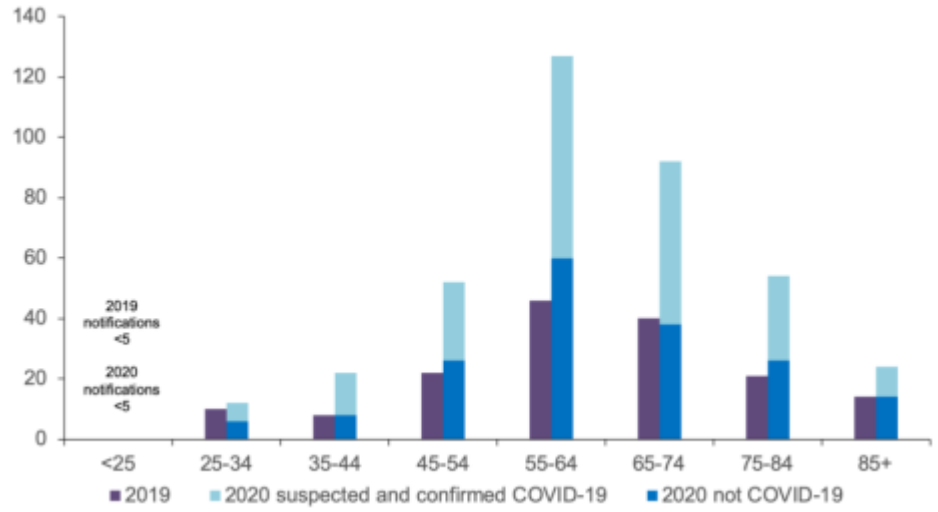
INCOME IN CRISIS. How the pandemic has affected the living standards of people with mental health problems. Money and Mental Health Policy Institute. 2020

Suicide: There has been no nationally reported rise in suicides (June 2020). Local data shows 10 suicides (as of 26th June) during March, April and June in Bradford District. Our local suicide audit shows an average of 40 per year (10 per quarter) so there appears to be no statistical local rise in suicides since the start of COVID19 lockdown. However there is an increased risk of suicide in people with severe mental illness (whose support services may have been disrupted) and a reported increase in financial stressors (a suicide risk for men in particular) and reports of domestic violence (risk for women).

Service providers report that living alone has been associated with crisis presentation (and alcohol/self harm/suicidal ideation) with police involvement in these cases at safer spaces (Sanctuary and Haven). Our first response service (crisis and out of hours service) has seen a sharp rise in out of hours calls (mainly via self referral or from the police). Nationally, charities that support LGBT report an increase in people contacting support services (Hero charity suicide prevention service 44% increase compared to the first 3 months of the year). Those from the LGBGQ community have a higher risk of suicide than the rest of the population

Learning difficulties

There is growing evidence that they are at increased risk of mortality from COVID-19. The CQC analysed deaths among people with learning disabilities (some of whom may have also be autistic) and found that between 10/4/20 and 15/5/20 there was a 134% increase in number of death notifications (excess 221 deaths in a 5 week period).



6.4 Older people and dementia

Older adults have a higher prevalence of underlying health conditions which directly impacts the associated risk of COVID-19. This increased vulnerability has led to many service users feeling fearful and anxious when it comes to going outside for essential items including groceries and prescriptions.

Seven providers with older adults as their specific target population responded to the survey.

- All providers stated isolation and loneliness were leading to poor mental health of their service users. Other potential risk factors included; uncertainty over the future and the news having a main sole focus on COVID -19.
- Older adults which appear to be particularly affected include; those with cognitive decline/dementia, those who live alone or in retirement flats as they have been confined to their flats and not able to use the communal areas, the BAME community, those with a terminal illness, those waiting for a medical procedure which has been postponed and those who are deaf or hard of hearing.

- One provider noted that older adults experiencing cognitive decline/dementia are more confused, angry and frustrated while in quarantine/lockdown. Those with a terminal illness have higher anxiety as they feel as though time is slipping away.
- An increase low mood in service users was observed in three providers and an increase in depression was also observed in three providers. One provider noted an increase in suicidal thoughts in their elderly service users. Especially those who have been recently bereaved.

Dementia

A quarter of people who died in the first two months of the COVID pandemic in England and Wales had dementia (over 8,500 people in March and April 2020), with dementia the most common pre-existing condition for coronavirus deaths. A quarter of deaths locally included dementia as the primary condition March-May. Older people may also have a higher dehydration and nutrition risk due to frailty.

https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsinvolvingcovid19englandandwales/deathsoccurringinapril2020

Key concerns across the District that impact on the mental well being of people with dementia and their carers are:

A significant increase in self harm has been reported in people with dementia in recent months.

A significant drop in referrals for memory clinics, creating a potential backlog after lockdown and delay in assessment.

A rise of 15% in antipsychotic drug use for people with dementia during lockdown (combined total for care home and home living). The use of antipsychotics should be reserved for severe symptoms that have failed to respond adequately to non pharmacological management and are not recommended as a first line treatment.

The register of people with dementia is decreasing in numbers and there has been a drop in there number of referral to memory clinics. Delays in packages of care can therefore be an additional stress if financial assessment is not happening (needed before provision starts).

Extended support work in homes and advanced care planning has ceased or not progressed for many patients.

Helpline providers report desperation from isolated carers. Some services are back on line which has opened up some contact again for carers and patients who are desperate to talk to someone. Some carers are coping with on-going abuse, with less support than prior to lock-down, and the lack of day services is causing a huge strain.

The fear of patients of being admitted to a home has caused some not to due to a perceived and real risk (particularly early in the pandemic), although lockdown principles and infection control are now robust in care homes.

The Alzheimer's society have recommended that local leadership (LA, CCG and partners) put in place an action to address the impact of social isolation on people living with dementia and their carers, including:

- a focus on sufficient PPE for care staff
- short breaks for informal carers to be re-instated as soon as possible
- care plans should be reviewed (with emergency arrangements in place)
- appropriate measures to support contact between residents and their loved ones
- adequate staffing for clinical support in care and domiciliary services for end-of-life care.
- local analysis has also highlighted the need for a strong virtual training offer for care home staff (including a focus on under-nutrition and hydration, building on the emergency dietetic service put in place during COVID10).

Alzheimer's society. Dementia and COVID-19: Social Contact. June 2020.

6.5 Carers

Carers groups report a lack of respite services (which was an existing issue for many) has been care due to COVID19 lockdown.

Carers from BAME communities have added stress due to the increased risk of COVID19 mortality (highest in the Bangladeshi group). Young carers report that the lack of protected 'me time' (felt throughout the carer community but felt particularly felt by many young carers) has drastically reduced, impacting on their mental health.

Older carers face barriers not accessing digital resources.

Some families with caring duties have coped well but many report feeling abandoned (not listened to) and overwhelmed due to additional responsibilities during COVID19 (many are also now having to home school). The Alzheimer's society locally report the high risk of carers mental health deteriorating due to being further socially isolated with the person they care for. The requests for

face to face visits and services rather than phone calls is high for this group of carers, with common concerns about what happens after lockdown ends but whilst COVID is still circulating.

6.6 Bereavement

There has been no reported increases in people accessing these services locally.

Two service providers for bereavement counselling have reported that referrals have not increased despite around 400 deaths due to COVID-19 locally. It is not known whether there is an awareness gap in these services being available, although the bereavement pathway is being strengthened with West Yorkshire Partnership Involvement. Some service users may have chosen to delay help until face to face services re-open. However, bereavement remains an important risk factor for poor mental health, and continued support of this group is important

6.7 Black, Asian and Minority Ethnic groups

Emerging international evidence has highlighted the disproportionate impact of coronavirus on BAME communities. An analysis by Public Health England showed that (after accounting for the effect of sex, age, deprivation and region) people of Bangladeshi ethnicity had around twice the risk of death when compared to people of White British ethnicity. Those of Chinese, Indian, Pakistani, other Asian, Caribbean and other Black ethnicity had between 10 and 50% higher risk of death when compared to White British.

A further analysis by the Institute for Fiscal Studies found that after controlling for age and geography, Bangladeshi hospital fatalities are twice those of the white British group, Pakistani deaths are 2.9 times as high and black African deaths 3.7 times as high. There may also be increased risk of COVID infection due to multi-generational households (particular in South Asian communities). Some ethnic minorities are also more economically vulnerable to the current crisis and men from minority groups are more likely to be affected by the shutdown. This work also showed that certain common professions (e.g. service sector, restaurant, health sector industries) have seen higher death rates from coronavirus. South Asian communities are also at higher risk of serious complications from COVID19 due to pre-disposition to (or pre-existing long term conditions) such as diabetes and heart disease (often with earlier age of onset).

Beyond the data: Understanding the impact of COVID-19 on BAME groups. PHE. 2020. https://www.gov.uk/government/publications/covid-19-understanding-the-impact-on-bame-communities

Analysis of COVID death data for Bradford District has shown a strong correlation between deprivation and deaths from COVID 19. The Bradford Institute for Health research has analysed hospital data for COVID 19 patients between February and mid-June 2020.

The risk of dying in those patients testing positive for COVID was similar in Pakistani origin patients in Bradford compared to White British patients (no statistical difference). Analysis will continue as further data is reviewed.

The mortality rate in those testing positive for COVID-19 was significantly lower in South Asian origin (21.9%) compared to White British patients (40.8%). However, South Asian patients are significantly younger than White British patients (average 56 vs 73 years). More white British men have tested positive than women (men have a higher COVID mortality rate), whereas the number of cases for South Asian patients are around the same in men and women. There are some caveats to this analysis as it uses outcomes from hospitalized patients classified as COVID deaths, rather than using community data and all cause mortality data. In addition, deaths in BAME communities are being compared against a background population white British population that has high deprivation and long term condition rates.

In terms of mental health further indirect impacts of COVID19 are detrimental to mental health. Firstly, isolation due to heightened and perceived fear of coronavirus. This can be exacerbated by language barriers that hinder access to culturally specific and tailored public health and safety messaging.

During lockdown there was also a loss of multi-generational childcare support (which compounds financial insecurity and family disruption (this affects all groups).

The breakdown of face to face community networks during lockdown also means the grieving process and personal support (so important to well being) has greatly reduced. This has also disrupted the community worker in many settings. A lack of multi-language information on mental health websites both providing advice and directing to mainstream mental health service provision is a commonly reported theme from providers.

There are several examples of ‘fake news’ circulating currently (e.g. incorrect threats of deportation if COVID infected) which may impact on communities’ ability to seek help when needed and follow safe practices to avoid infection. This is particularly difficult for asylum

seekers and other marginalised groups who may not speak English, and whose community networks, vital to remain informed, may have weakened. Within the Central and Eastern European community temporary work is reportedly drying up. There are issues within the Roma community being reported due to language barriers to accessing services, being unaware services are open, fear and confusion due to mixed messages on COVID19

Across different BAME groups there were reports of families getting their COVID using public health messages from TV and radio of their home country or country of origin. These messages may differ significantly from the UK and run counter to current social distancing or testing guidelines.

The national PHE report made the following recommendations to address the excess burden of COVID on some BAME group which address reducing health inequalities both within the BAME population and in society as a whole:

- Producing culturally sensitive education and prevention campaigns to rebuild trust and help communities' access services.
- Targeting ethnic minority groups with culturally sensitive health messages, and
- Ensuring that Covid-19 recovery strategies actively address inequalities to create long-term change.

6.8 Face to face v digital access

For digital and remote access there are

Technical barriers – Can't access to due lack of knowledge, training, broadband or hardware

Acceptability barriers - Don't like this type of service due to specific needs, preferences or past experiences (and waiting for face to face service to resume which may result in increased risk of crisis, isolation or gap in treatment)

Practical barriers - Not effective or practical for complex cases (trauma), behavioural difficulties, some serious mental illness

Is was a widely held belief amongst providers that due to these barriers there will be huge surge in demand for face to face mental health services as lockdown eases.

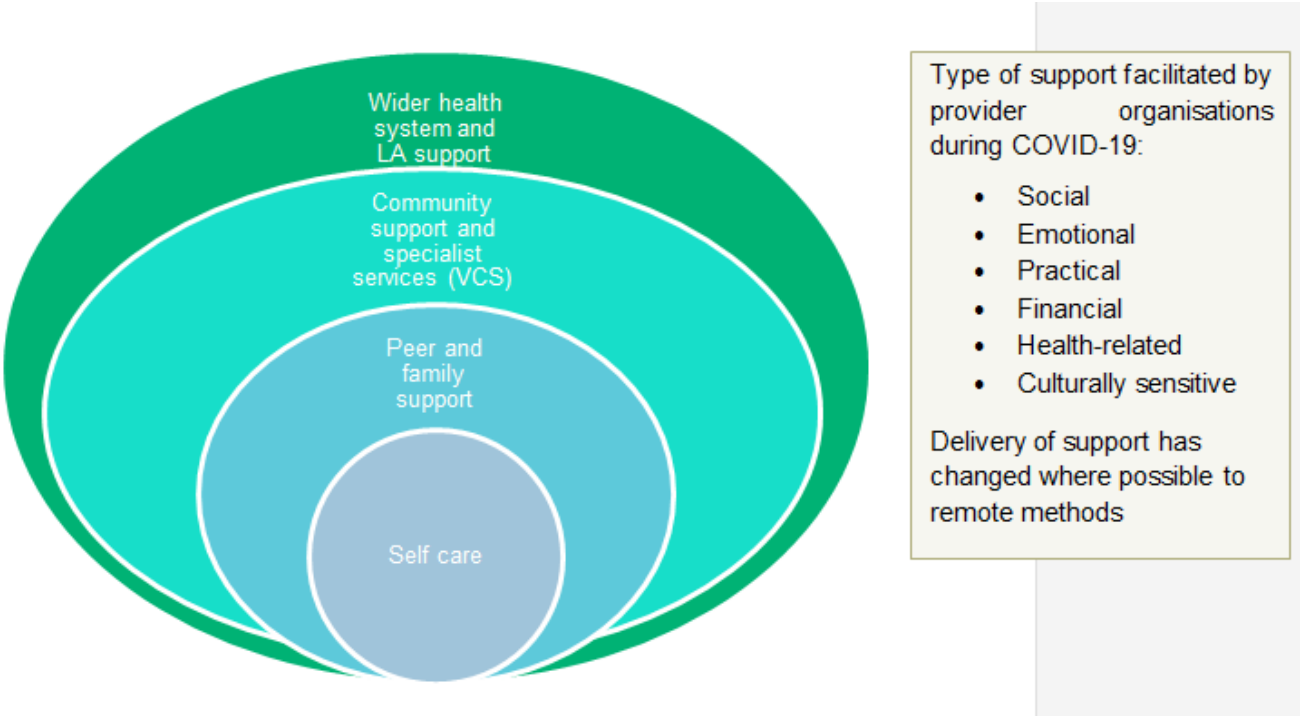
Remote provision of services through telephone or online methods has been successful for mainstream and specialist services (across VCS providers and within Kooth services for CYP). The switch to digital ways of working have opened new opportunities for engagement.

Regular telephone check-ins with service users have also been welcomed by many and some have asked for more support to be provided through virtual groups, including peer support. However, some groups are missing out on remote service delivery during lockdown as they do not have access to online devices, are unsure how to use the digital platforms, or cannot afford phone data.

Over halve of all providers in the survey stated some difficultly to effectively deliver face to face services via remote methods. Some people may not be comfortable discussing certain issues over the phone or online (and it may not be possible for some to do this confidentially). Some people are choosing to wait for the return to face to face services rather than use digital versions- as has been seen in some referred for bereavement counselling. Providers felt that face to face interventions are still needed and the only effective option for some groups, including those with more complex cases, behavioural difficulties, experiences of trauma, SMI and young children who are unable to take part in online support work.

Community intervention delivered through service and volunteer driven support networks have been widely reported to be successful during lockdown (Figure 13), having a huge impact on the well being of the recipients. Simple phone or video check-ins, or safe meetings in open public spaces increase the supportive effect of "me time", hearing a "familiar voice", supporting also self-care and signposting to further sources of support. Examples such as the 'Garden gate' scheme for children and young people and ambassador schemes in Central/Eastern European communities have been cited.

Figure 13: Type of support facilitated or delivered by provider organisations



6.9 Safeguarding

Some services have raised concerns that the lack of current face to face work makes it more difficult to pick up safeguarding concerns. Under lockdown conditions there are a lack of opportunities to disclose information due to school closures, reduced access to GPs, lack of access to friends and support workers. Concerns have also been raised about a likely increase in online abuse as some (especially young people) spend more time online. Some survivors of sexual abuse are facing controlling behaviour in lockdown and are unable to access services remotely.

6.10 Staff well being

The sustainability of mental health and well being support services depends on our workforce.

Some providers mention staff wellbeing as a possible concern going forwards. Many staff have adapted well to remote working, however for some services this type of work involves discussing sensitive and potentially upsetting issues in their home environment, without the normal support structure of work around them. Some report significant fatigue from online and remote working, and the mental health of frontline health workers was another issue that was highlighted. Although VCS staff numbers were stable (May 2020) there was a reported drop in in volunteers (who are difficult to replace quickly)

Within the VCS sector most services report good adaption to remote working with some staff adapting well and others some missing work support structure. Others in non clinical roles report fatigue from online and remote working (system problem).

National evidence about health and social care workforce is clearly showing higher stress and anxiety levels (50% increases), insomnia (30% increase). Risk factors fro worsening mental health in H&SC staff are younger age of staff, those with dependents, and those with a COVID affected or at risk family. Previous research has also shown the impact of burnout due to prolonged stressful working conditions can occur up to 2 years after the event and be associated with increased smoking and drinking.

Another concept that has been reported is “moral injury” where by care staff feel a sense of helplessness due to healthcare demand, guilt at not being able to do enough or their initial lack of PPE putting their own family at risk, ultimately leading to mental health problems (particularly reported in intensive care staff).

6.11 Emerging needs

Providers rapidly changed working practices during March and April to continue supporting service users. The change in delivery of care to largely remote work has meant, however, that some groups are not able to receive the level of care they would have done prior to COVID, or that some groups have new needs that are not necessarily being met. A summary o emerging needs is listed below.

Groups where gaps in mental health support during COVID-19 has been highlighted

- **Children and young people** (particularly <14 years in age or developmentally) have been mentioned as not feeling comfortable or able to engage with services remotely.
- Groups with **no or little digital access**, including some older populations and those with limited finances, some BAME communities and Asylum seekers.
- Groups whose **first language is not English**- awareness, access and use of services may be limited
- **LGBTQ+ communities** with no family support or safe place to go during isolation.
- Individuals or families with **experience of domestic or sexual abuse** (difficult to make contact, difficult to work in the way that is urgently needed)
- **Carers** (parent & unpaid carers) struggling with lack of respite care; from BAME communities (with added stress around infection risk and decreased access to social support through wider family and worship).
- **People suffering bereavement.** Referrals are down, despite an expected increase. Some bereaved doo not want remote support, increasing isolation and mental health risk.
- Some **patients with cancer or a terminal illness**
- Some people with **complex/serious SMI (**experiencing a worsening of symptoms)
- **People living in poverty** – may lack online devices, not be able to afford phones and credit and with existing health and mental health issues.
- **BAME groups** have a number of risk factors which increase their need for support, including language barriers, infection risk, exclusion, living arrangements, financial insecurity. Additional needs for **asylum seekers and refugees** (access remote support, other vulnerabilities (e.g. trafficking, re-triggering of past trauma), lack of any social support to access.
- It is difficult to engage over the phone with elderly people with **dementia**

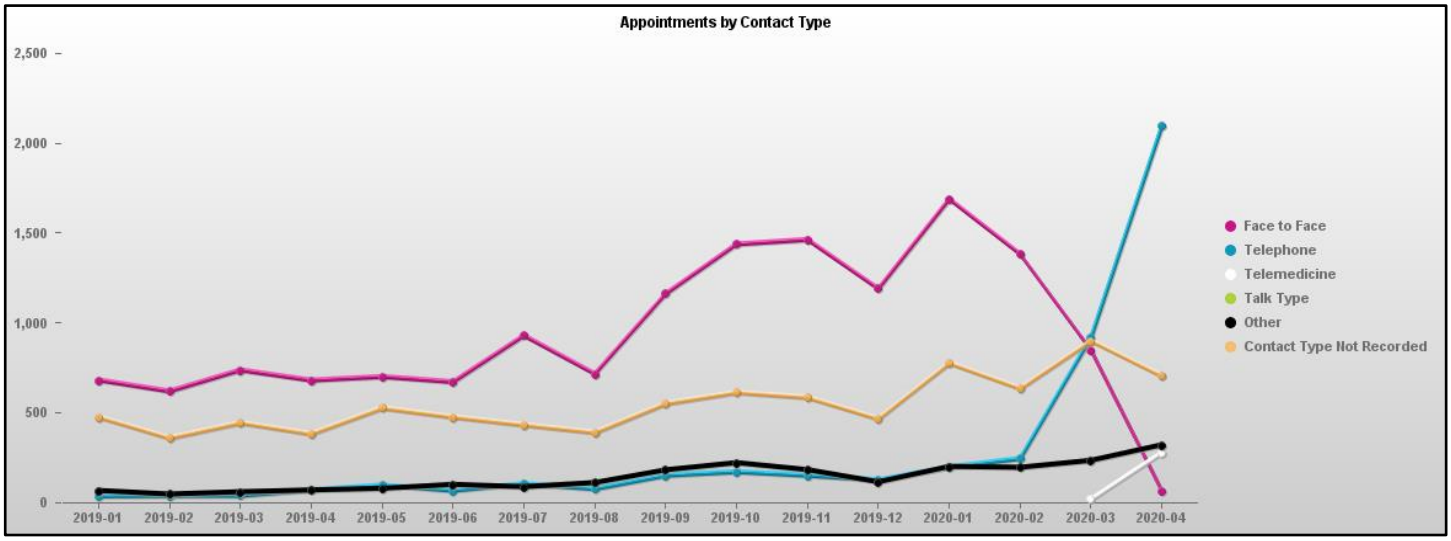
7 Mental Health service data (NHS)

Data has been analysed for NHS mental health services delivered by Bradford District Care Trust, up until and including April 2020. So this provides some early signs of changes in demand and acuity of mental health service and how it is being delivered.

The main patterns of service provision during April 202 (compared to the previous 12 months) are summarised below. There was:

- a large fall (usually at least 50%) in referrals to mental health services during April 2020. This was seen in CYP and adults, and further and regular follow up analysis is needed from May 2020 onwards.
- an initial Increase in BDCT re-admissions in April.
- an increase in appointments for CAMHS (75% increase) (Figure 14), eating disorders (79%) and Looked after children services (50%) although this was an acceleration of increases in the previous few months, and an increase in appointments to the peri-natal mental health team (109%). A rapid switch to telephone from face to face appointments was observed in April 2020.

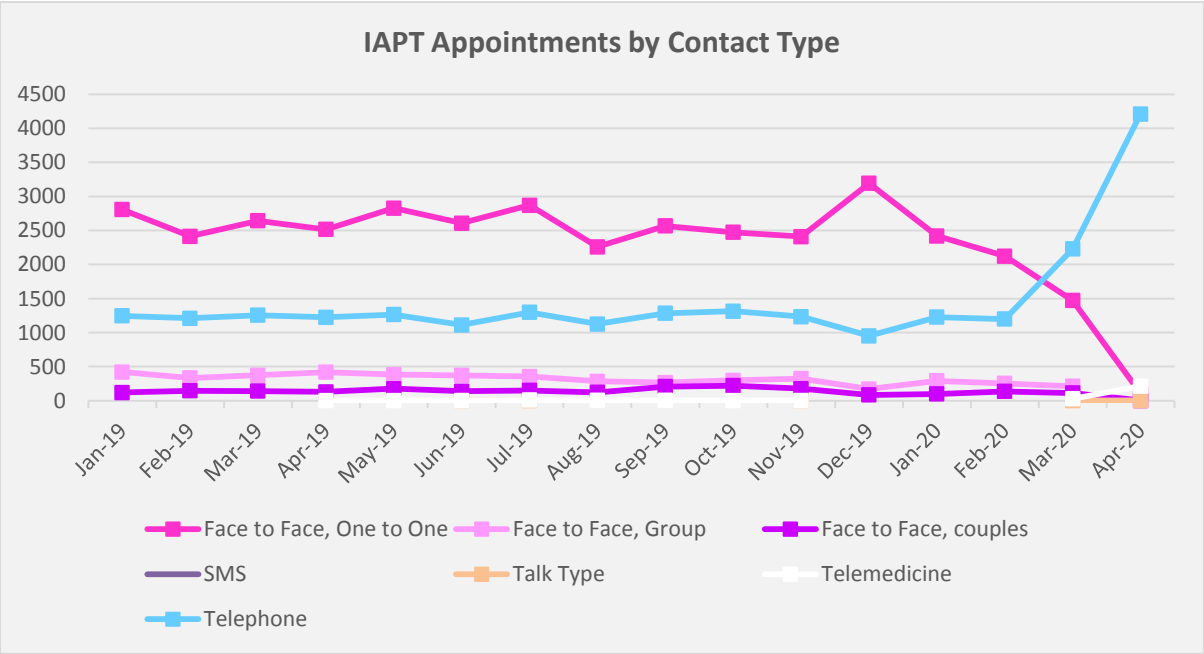
Figure 14: Total appointments for CAMHS (2019/2020 by month)



Psychological therapies (IAPT)

- There was little change in total adult appointments for IAPT (psychological therapies increased 7%) and for common mental health problems, although a rapid switch to telephone appointments (Figure 15).

Figure 15



- a fall in community mental health team (50% down), integrated home treatment team (35% down) and learning disability appointments, as may be expected of services that rely on home visits.
- an increase in appointments for older people mental health conditions (27% increase).
- Where data was available, we looked for analysis of changing trends by gender or ethnic group. This did not reveal any marked increases by gender or ethnicity that were different to the patterns described above.

Psychiatric liaison

BRI Trust data

The average number of monthly assessments decreased by 36% in April 2020 compared to April 2019. The proportion of total assessments that were completed in HDU/CDU decreased post lockdown from 20% in the pre lockdown period to 8% post lockdown.

The reason for attending was relatively similar pre and post lockdown with the largest differences seen for a decrease in presentation for deliberate self-harm /Suicidal/Alcohol and an increase seen in social reasons.

Airedale Trust data

The average number of assessments per month (April & May 2020 data available) fell by 29% compared to the same period in 2019.

Although there appears to be an increase in the proportion of individuals with a known previous involvement with MH services there was also an increase observed in those with no history, this observed difference is likely due to better data entry post lockdown, with an average of 12% missing pre lockdown.

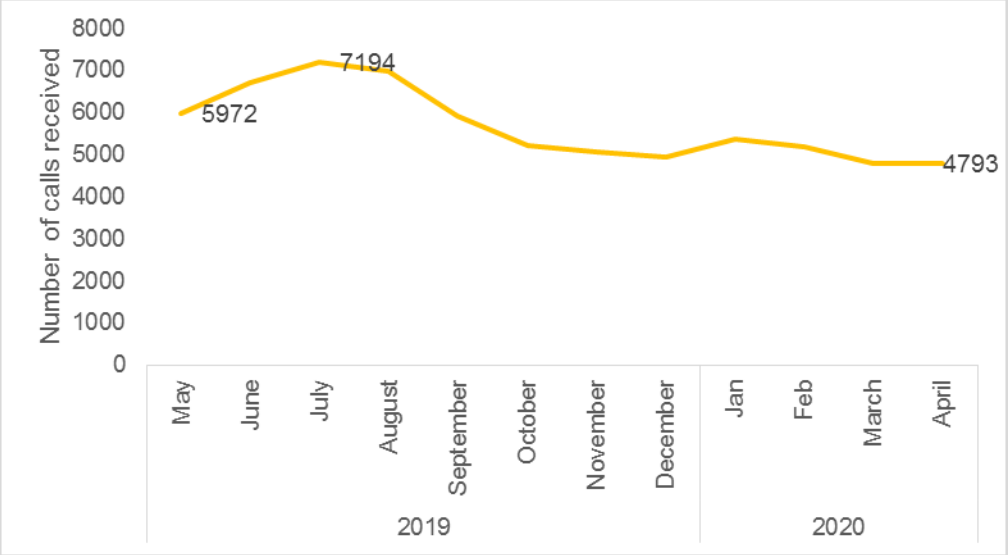
The reasons for attending remained similar with the biggest difference again seen in a decrease in presentation for DSH/Suicidal/Alcohol.

First response Service

The First Response Service saw a 48% increase in telephone triage activity <u>out of hours</u> during April with much of this increase accounted for by police referral and self-referral (suggesting unmet assessment within specialist services during this time).

The total number of calls to First response did not change significantly pre and post COVID19 lockdown in March (Figure 16).

Figure 16 Total calls received by First Response (May 2019 – April 2020)



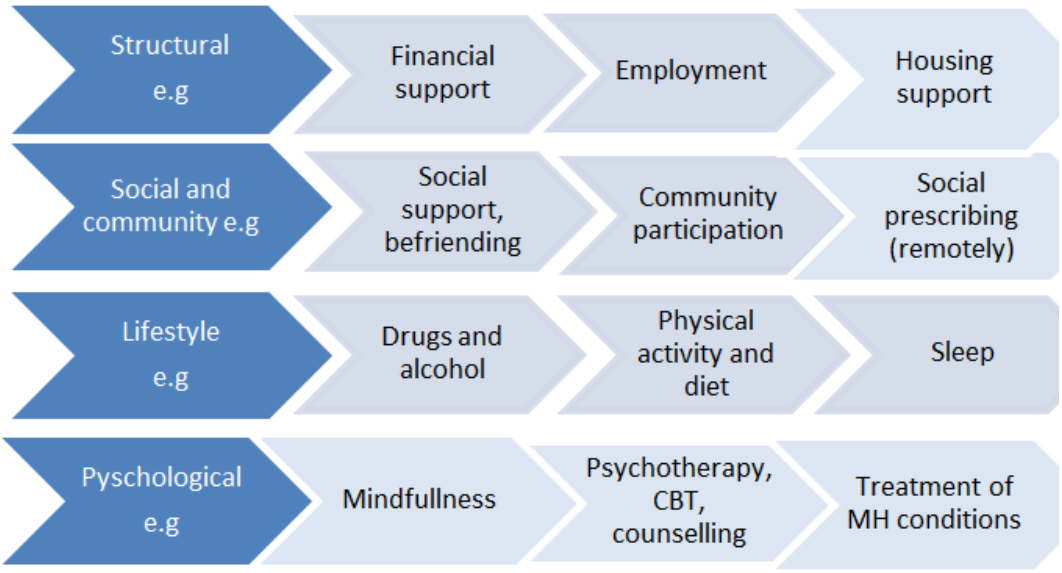
8 Governance for local response

The Bradford District Mental Health partnership board includes partners from statutory and community providers, with various sub groups leading on specific mental health issues. A Mental Health Provider Forum, made up of many VCS and statutory organisations that deliver mental health support services, provides a valuable feedback mechanism between communities and commissioners. Since March 2020 the focus of this partnership structure has been on:

1. **Service continuity:** To maintain safe continuity of crucial services with a view to ensuring people can stay well, get well, and can access timely crisis support when needed.
2. **Spotlight areas:** To ensure we have a focussed approach for vulnerable groups and emerging service areas of need, e.g. bereavement and postvention support. Linking to wider work on support for 'vulnerable people'.
3. **Communications:** A coordinated approach to communication with providers, public and staff to ensure they have key messages, insight, support and link with Silver command communications plan.

This governance structure has enabled local partnerships and services to develop a structural, community based, lifestyle related and psychological service response to improve mental well being (Figure 17). It will be the responsibility of Mental Health partnership board to lead the work of taking forward recommendations in the next chapter, but implementation will be a shared responsibility of many organisations.

Figure 17 – whole system response



9 Key findings and recommendations

9.1 Key findings

Key findings

There are many groups in Bradford District that have an increased risk and prevalence of mental health conditions. Those with long term health conditions, suffering from marginalisation and discrimination, living in relative poverty, with addiction, with existing mental health conditions or learning difficulties, and carers are more likely to see their mental health worsen during the coronavirus pandemic.

Across the country we have seen new mental health risk emerge for front line healthcare workers, those shielding with their families, or pushed into financial difficulty, and across BAME groups and deprived populations that have suffered higher COVID19 death rates.

Our local analysis of the Bradford Population since lockdown has shown us that:

- Fear of coronavirus affects many and is widespread (particularly in BAME groups, the shielded population and some elderly).
- Evidence from previous pandemics and economic crisis suggest that an additional 4,000 people in Bradford District may develop new mental health conditions as a result of the social and health impact of coronavirus, depression being the most common (with a potential 10% rise in the suicide rate). Post traumatic stress disorder for survivors and front line staff is a real risk.
- It is important not to medicalise normal reactions to the stressful circumstances of COVID-19, as everyone's mental well being will be affected in some way.

Children and Young people: Commonly reported issues to the Kooth mental health service for children and young people (CYP) after lockdown were anxiety and stress, uncertainty for the future, fear of contracting COVID-19, feeling overwhelmed by media, and tensions in homes. New Kooth service registrations after lockdown from young females outnumbered males by 4 to 1.

An increase in domestic violence and its impact (within the home environment) has led to a 50% increase in Child Protection notifications for domestic abuse.

Working age adults: Key mental health issues for working age adults centre around increased isolation, fear and anxiety related to COVID-19, financial concerns, sleep problems and 'juggling' a new busier home environment. There has been a worrying increase in the complexity of adults presenting at crisis services. Local surveys show that

more people describe their mental health as poor since lockdown, with the risk greater for those struggling financially.

There has been no national or local rise in the suicide rate during April-June 2020, although our first response service has seen a sharp rise in out of hours calls (mainly via self referral or from the police).

Older adults who appear to be particularly affected include those with cognitive decline/dementia (a quarter of deaths due to covid19 were as in those with dementia). There is a reported increase in self harm associated with dementia, a drop in referrals to memory clinics and a reduction in dementia care planning.

Some families with caring duties have coped well but many report feeling abandoned, with both young and older carers feeling the reduction or suspension of respite care and home visits.

Referrals to bereavement counselling has not increased despite the increased death rate since March (suggesting a potential unmet need for the post lockdown period).

Mental health services

National surveys found that 80% of people with severe mental illness said their mental health had got much worse as a result of the pandemic with 40% getting less support from mental health services.

During March to May 2020, VCS providers of community mental health services reported reduced capacity in staffing but a rise in demand for services, although 2/3 of organisations reported good continuity of services.

There was a widely reported belief amongst VCS providers that there will be a sudden rise in demand for community and NHS mental health services after lockdown is lifted. This will be caused by due a combination of those who have waited it out for support, and those with new or worsening symptoms.

There is a particular need to protect the sustainability of our health and social care staff through effective work based well being programmes.

Despite huge disruption, services that support mental well being across the VCS, NHS and statutory sector adapted incredibly quickly during March and April 2020. The switch to digital services has been rapid and innovative, opening new ways to engage with otherwise isolated service users. This new way of working must however take account of individuals either technically, financially or practically (due to their condition) excluded from digital services.

Analysis of NHS mental health service data shows a drop in referrals during April but the switch to telephone/digital support meant that patient contact was maintained for most services. Up until April 2020 there was no increase in appointments for adult mental health services, but an increase in appointments for Child and Adolescent Mental Health Services (although this was an acceleration of a previous increase).

BAME communities: Emerging international evidence has highlighted the disproportionate impact of coronavirus deaths on BAME communities. Locally, the 'fear of going out', misinformation (e.g. about deportation, or from home country media), the loss of social support networks, digital language barriers, and lower access to health services are contributory factors to poorer wellbeing.

Community interventions delivered through community services and volunteer networks are widely reported to be successful. Phone or video check-ins, or safe face to face support or counselling in open public spaces has supported mental health. In addition, community participation is in itself protective for well being, and such early interventions are needed to move individuals:

- from risk to safety,
- from fear to calming,
- from loss to connectedness,
- from helplessness to self-efficacy, and
- from despair to hope.

In response to these findings a range of recommendations has been framed around the five domains of a **Prevention Concordat for Better Mental Health for Bradford District**, covering:

- Needs assessment
- Partnership
- Translating need onto deliverable commitment
- Defining success measures , and
- Leadership and accountability.

9.2 Recommendations

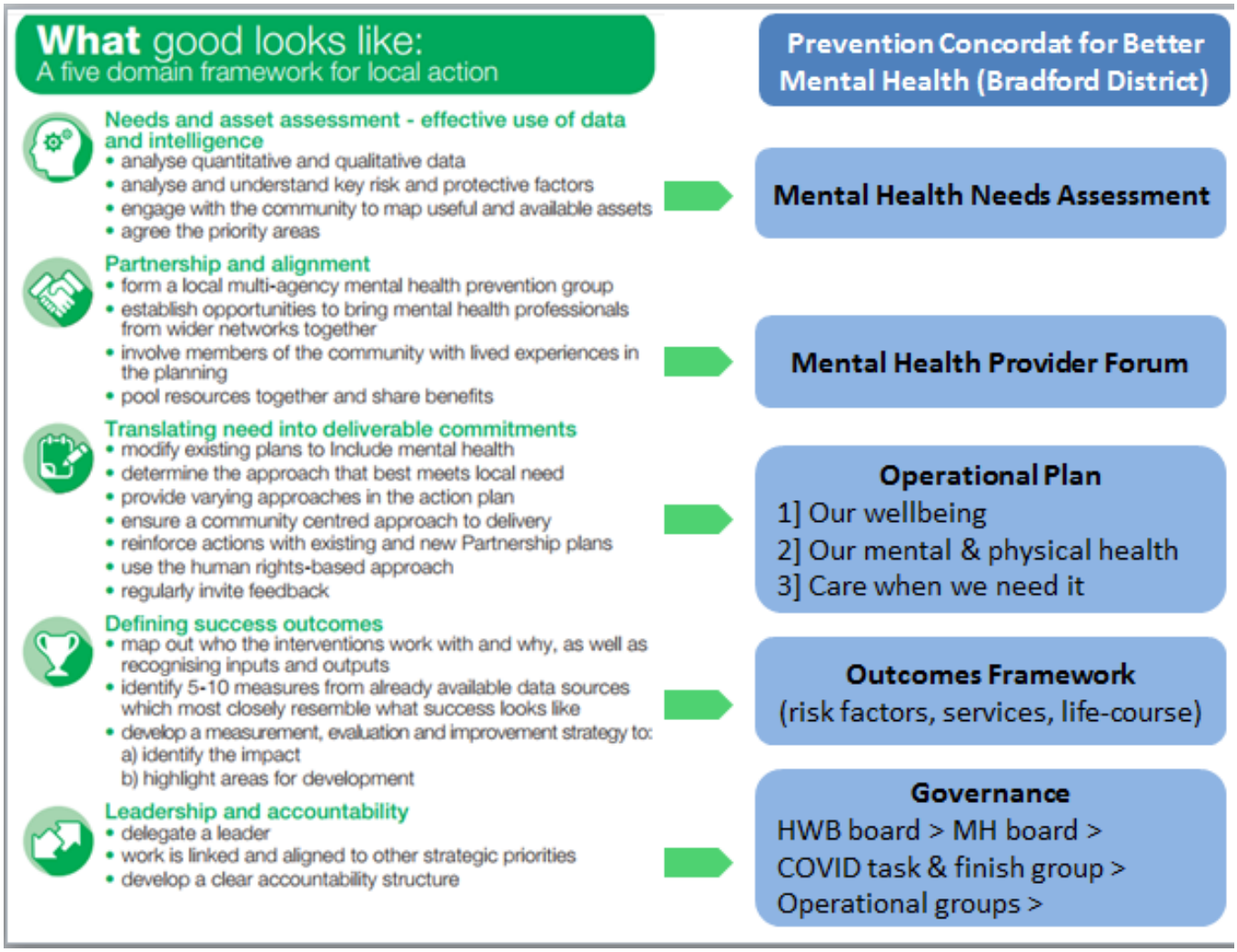
9.2.1 OVERARCHING RECOMMENDATION

The Mental Health Partnership Board (with its partners) should develop and sign a Prevention Concordat for Better Mental Health for Bradford District, using the 5 domain model below.

This should cover:

- **the agreed partnership approach and commitment between board partners;**
- **early interventions to support mental well being and resilience across the population;**
- **a renewed focus on prevention of poor mental health in CYP and BAME communities;**
- **and integrated partnership working for commissioning and service development.**

Suggested structure for a Prevention Concordat for Better Mental Health in Bradford District



9.2.2 NEEDS ASSESSMENT

Share the results of this needs assessment widely across strategic groups managing COVID response and recovery, including health and social care, mental health, VCS and economic partnerships.

Specific areas for further analysis that this work has highlighted are:

- To investigate the support of smaller VCS organisations who support the mental well-being of provide to BAME communities
- Review of First Response and Guideline pathway for appropriate triaging of mental health
- A deep dive into the impact of 3 months of lock down on crisis care, psychotic disorders and increasing complexity of children and adults presenting with mental health issues.

- Analysis of perinatal mental health service data (with a view to identifying areas and ethnic groups with unmet need; and suitable interventions for those not meeting the threshold for service).
- Ensure quality ethnicity data collection and recording (along with age, gender, location and outcomes) as part of routine NHS, social care and VCS data collection systems (mandated within contracts).
- Further our understanding of the COVID impact of wider determinants on poor mental health (in particular financial issues, discrimination & racism, fear of COVID19, poor access to services, and culturally specific service provision across the life-course).
- BDCT may want to use the IAPT (access to psychological therapies) forecasting demand tool to support medium term service planning for this service.

9.2.3 PARTNERSHIP AND ALIGNMENT

Support community based well being services (on the ground) to sustain and support networks that require face to face contact in communities to deliver early interventions.

Hold single issue forums to develop and share best practice for:

- Supporting mental health during financial insecurity
- Digital inclusion for mental health
- Supporting the mental health of BAME communities
- Early interventions and crisis support for children
- Psychosis and acuity

Continue the community mental health survey (repeating at regular intervals) in partnership with the Mental Health Provider Forum.

Ensure that commissioning processes and new investment in mental well being contribute to the 'left shift' approach to reducing risk factors for mental health, and strengthening protective factors (co-produced though the MHPF, and within BAWC Community Partnership frameworks).

Early identification of staffing issues within mental well being services (via partnership discussion) with a focus on flexibility for re-deployment, skills share and joint training.

9.2.4 TRANSLATING NEED INTO DELIVERABLE COMMITMENTS

Mental well being services

Safe re-introduction of face to face services, prioritised based on level of need and risk with a guidance and support package for VCS organisations.

Develop a face to face and digital offer (using a blended approach) with available support by age and background. This needs to take account of the technical, financial and practical barriers to accessing help digitally (for families and carers).

Commission a mental health support line for adults (similar in model to the CYP Kooth service). Emerging issues to take to focus in are the new work culture, sleep, fear of COVID, financial problems, family issues, domestic violence, alcohol and suicidal ideation).

For support after crisis, develop a standard discharge offer from A&E and crisis services (e.g after overdose, suicide attempts, self harm, psychosis) including basic information on services, community handover and follow up. BDCT may want to consider shortening the window to follow up post discharge to support suicide prevention.

Agree a set of best practice guidelines for identifying safeguarding concerns during remote or digital contact.

Pursue closer integration of mental health support and treatment within physical health programmes of work (due to raised risk, stress and anxiety related to COVID19 for those with long term conditions particularly in deprived areas and with high BAME populations).

Implement the recommendations of the Alzheimer's society COVID report to address the impact of social isolation on people living with dementia and their carers, and specific improvement to the care pathways.

Employers

Develop a mental health support programme for employers (co-produced with the business sector). This may include basic information for 'back to work' well being, targeted

work for high risk occupations providing essential public services, and a pathway to longer term mental health issues due to work related stress or redundancy. This will need to pay particular attention to:

- Longer term mental health issues (e.g PTSD) for staff directly exposed to prolonged care around COVID.
- Occupational health support for VCS organisation without well developed occupational health support.

Expand the networked training offer for basic mental health training. To increase knowledge, confidence and appropriate referral; leadership for mental health within organisations; and access to training led by a representative workforce.

Test and trace

Tailor information and community messaging appropriately within the local test and trace programme to address mental health issues. This should address the fear of COVID in BAME groups, and inequalities in infection rates in deprived and BAME groups.

Communities

Strengthen long term partnerships between healthcare, LA planning and communities to ensure plans take account of mental health can be promoted through protective environments (mental health risks due to over-crowded housing & poor access to green spaces have been highlighted during lockdown).

Support interventions to target those most at risk of social isolation. This requires an approach across the age profile that combines safe community based befriending and drop-in / phone-in schemes, with focus on reducing language barriers for digital programmes. **The Council's COVID Household Plan needs to be promoted again prior to winter to support household resilience.**

Ensure the bereavement directory of resources is widely shared (and reflects diversity across the population).

Children and Young People

Use the role of the Local Authority in supporting schools in fostering healthy habits, good emotional health; and reducing inequalities in digital learning.

Continue to develop a range of mental health support options for children and young people through NHS services, online help, school, community and family settings, by implementing the recommendations of the independent system review by the Centre for Mental Health. These support options need to actively break down barriers with hard to reach Children and Young People.

Build on positive development of community face to face or telephone support (e.g. "check-in", youth services garden gate schemes, community ambassador schemes).

Adopt the current Adverse Childhood Experiences (ACEs) strategy from Better Start Bradford and CBMDC Public Health as a key preventive workstream for mental health.

BAME communities

Produce culturally sensitive education and prevention campaigns to rebuild trust and support for communities to access services during disruption caused by COVID. These need to target ethnic minority groups with culturally sensitive health messages, and build on the cultural & spiritual services delivered by communities.

Develop safety messages within a communications plan to reduce fear of COVID (culturally specific and using behavioural change theory).

Financial issues

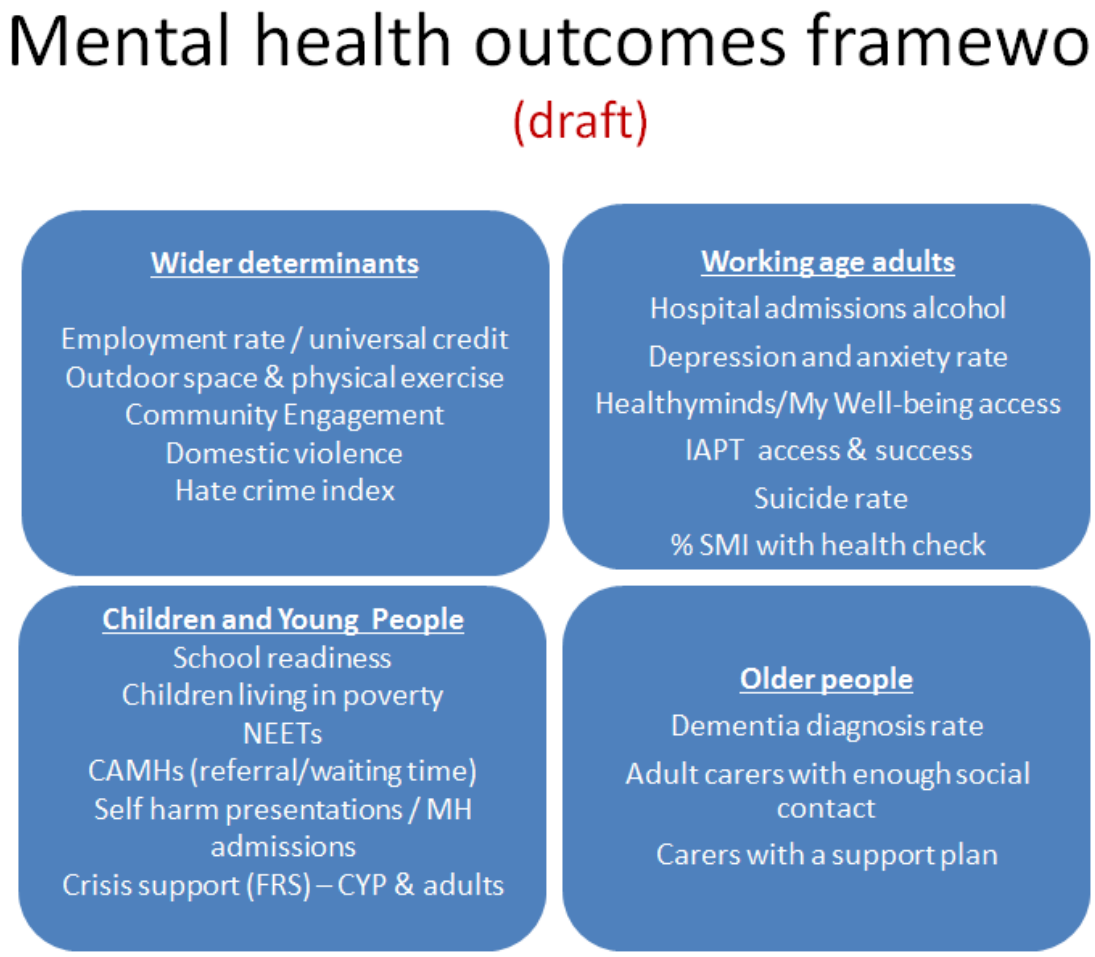
Develop widely accessible dual advice services for financial support and advice (with mental well-being), to support interventions that reduce poverty improve well being. The Local authority and other creditors could:

- increase support before council tax enforcement activity begins
- ensure collections departments equip staff with the knowledge and guidance to support people with mental health problems (see Money and Mental health)

9.2.5 DEFINING SUCCESS MEASURES

Agree a mental health outcomes framework (linked to a data dashboard) to regularly update the Mental health board partners on key success measures.

A draft set of indicators is presented below. Analytical capacity needs to be agreed between the CCG , LA and BDCT.



Data needs to be ideally a mixture of outcome data (may only be available annually and from surveys) and service data (that is more timely and may be service activity data). Some indicators, e.g. poverty, may be a good proxy indicator for other sub-indicators, e.g. domestic violence, children in need. Some indicators may be a good barometer of other indicators, e.g. suicide is a reflection of a spectrum of needs covering self-harm, suicidal ideation and the timely availability if crisis care and resolution.

9.2.6 LEADERSHIP AND ACCOUNTABILITY

Use the Prevention Concordat for Better Mental Health (5 domains framework) as an evaluation framework to review the effectiveness of mental health partnership, and continuing relevance of this agreement.

All partners should understand their role in the success of the concordat and in delivering assurance to the Health and Well Being Board.

Ensure that the Covid-19 mental health recovery strategy actively addresses inequalities in mental well being to create long-term change. This needs to address the risk factors of poor mental experienced more in deprived communities (covering poor housing, alcohol or drug problems, poverty or debt, unemployment, gambling, discrimination or stigma), domestic violence, covid infection and bereavement, social isolation and loneliness)

Authors: Duncan Cooper, Kate Questa, Mary Cronin [Public Health, Bradford Council], Sasha Bhat [Bradford AWC CCG / Bradford Council , July 2020] – duncan.cooper@bradford.gov.uk

Acknowledgement

We would like to thanks and acknowledge many professionals in the VCS and statutory sector who, during an extremely busy and stressful period for many, provided essential intelligence for this report (Appendix C).

Appendix A - Mental Health Needs Assessment - Stage 1 Baseline assessment (May 2020)

See: COVID Mental Health Needs Assessment - Stage 1 Baseline assessment - May 2020

https://jsna.bradford.gov.uk/Mental%20wellbeing.asp

Appendix B - Mental Health Needs Assessment - Stage 2 Emerging Needs (June 2020)

See: COVID Mental Health Needs Assessment - Stage 2 Emerging Needs - Findings from the MHPF survey - June 2020

https://jsna.bradford.gov.uk/Mental%20wellbeing.asp

10 Appendix C – Contributors

Mental Health Provider Forum
Bradford District Care Trust cider
Barnardo's
Bradford Bereavement
Bradford Counselling Service
Bradford Rape Crisis
Cancer Support Yorkshire
Carers resource
Children's Trauma Therapy Service Family Action
Cruse Bereavement
Domestic Abuse & Sexual Violence
Family Action
Girlington
Horton Housing
Kooth
Making Space Carers
Making Space
Cellar trust
Mind in Bradford- MAST
Mind Extended access
Refugee action –solace
Relate Bradford
Relate Keighley and Craven
Roshni Ghar
Community Companions
Guide Line and wellbeing MIB
Sanctuary MIB
SMILE
Sharing voices MHPF
The Brathay Trust
Tower Hurst
Yorkshire MESMAC Counselling
Yorkshire MESMAC Peer support
Bradford Deaf community association
Citizens advice Bradford
Community works
Good neighbourhood project
Healthy lifestyle solutions
Men's shed Project
Ravenscliffe
Sangat
Specialist Autism Services
St John's day centre
Bradford District Dementia Strategy Group
Bradford Airedale Wharfedale Craven CCG
Bradford Local Authority
Airedale, Wharfedale, Craven Hub
West Yorkshire Police
Better Start Bradford
Bradford Institute for Health research
Coronavirus Scientific Advisory Group

SYSTEM WORKSTREAM: MENTAL HEALTH

The **Mental Health Provider Forum** (terms of reference in Appendix 1), which includes partners from statutory and community providers, have established a **Covid 19 task and finish group**. This is in line with formal governance arrangements.
The aim of this task and finish group is to **coordinate a system response** to provide and mobilise mental health support for our population and oversee the **prioritisation and resourcing** of work projects.

1. Governance and assurance lead roles

Role	Lead
Silver Command lead	Duncan Cooper, Kelly Barker, Sasha Bhat (deputy)
Clinical Lead	David Sims (BDCFT), Angela Moulson (CCG/Primary Care)
Bronze Command	Kelly Barker (BDCFT), Helen Davey (ASG), Nadia Khan (Social Care) Clare Smart/Helen Farmer (CCG)
Coordination lead	Sasha Bhat (CBMDC/CCG)

2. Tracking decisions made

Role	Lead	
Need and guidance	Duncan Cooper	Sasha Bhat
Action notes of meetings	Maariya Karmani	Rashmi Sudhir
Recording decision making	Sasha Bhat	Kris Farnell
Finance oversight	Diane Lawlor/Mohammed Hussain	Amy Paffett

3. Projects

ID	Project	Lead	Governance
1.	Workforce and provider capacity	Helen Davey	MHPF
2.	Digital tools	Alex Church	CCG
3.	Phones and laptop resource	Sue Crowe	BTM
4.	Current service delivery (statutory)	Kelly Barker	BDCFT Ops Cell
5.	Stay well: public	Duncan Cooper	Public Health
6.	Get well: current service users and inpatients	Charlotte Talbot	MHPF
7.	Crisis support and safer spaces	Helen Ioannou	MHPF
8.	Children and young people/vulnerable	Helen Ioannou	Youth in Mind
9.	Perinatal mental health – Early Years	Jo Howes	BSB
10.	Older adults	Kris Farnell	OPMH
11.	Staff and workforce wellbeing	Duncan Cooper	CCG
12.	Bereavement and postvention support	Sasha Bhat	WY ICS
13.	Suicide prevention	David Armitage	MHPF
14.	Social isolation and befriending network*	Helen Davey	ASG
15.	Financial issues*	David Armitage	Public Health
16.	Alcohol (and substance misuse)*	Liz Barry	BDCFT
17.	Domestic and sexual violence *	Ruth Davison	CCG
18.	Rapid needs and evidence assessment*	Kate Questa	Public Health
19.	Healthy Minds communications and website	Lucy Clews	Comms Cell
20.	Guidance, scripts and content for services delivery	Sasha Bhat	MHPF
21.	Trauma informed pathways and support	Sasha Bhat	MHPF
22.	BAME mental health resources and communication	Ishtiaq Ahmed	MHPF
23.	Autism and neurodevelopment	Kelly Barker	WY ICS

***** These projects are part of system wide pieces of work and referenced here for the close link with mental health but the governance and leadership of work sits at the District Silver Command.

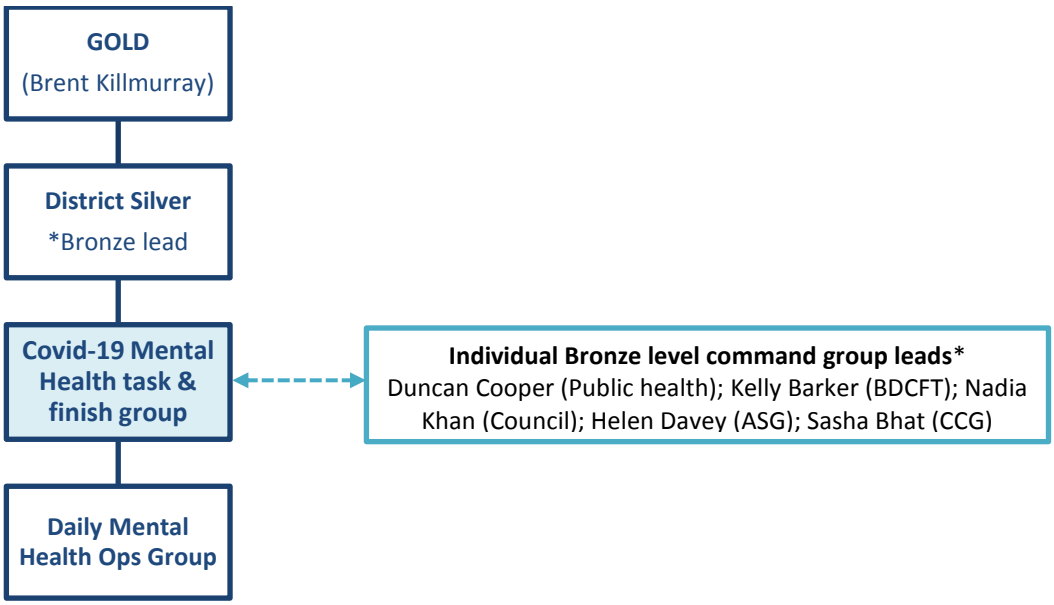
4. Meetings

Co-chairs: Sasha Bhat / Kelly Barker / Kris Farnell / Helen Davey (rotating)
Support: Maariya Karmani / Rashmi Sudhir

A)	**Covid 19 task and finish group**:	Weekly Thursday 3pm	Meeting ID:	XXXXXXXX contact Sasha Bhat
B)	**Mental health Ops group**:	Daily 9am	Meeting ID:	XXXXXXXX No password, open for providers to attend Monday: All age Tuesday: Crisis pathway Wednesday: Children/Young People Thursday: Older people Friday: MHPF peer support

In addition there are daily mental health ops cell calls by each statutory provider at 11am.

5. Governance and reporting



Please see appendix for full list of task and finish group members and advisory group.

6. Resource implications

The following project areas will have resource implications as demand and bespoke Covid 19 work and pathways are developed. The task and finish group will maintain oversight of these and develop plans and requests for funding as appropriate.

- Communications, digital tools and resources
- Alcohol and dry spaces
- Discharge support
- Bereavement
- Demand and capacity for services

7. Description of project plan and aim

There are three broad categories of our work plan:

Service continuity: Maintain safe continuity of crucial services with a view to ensuring people can stay well, get well and can access timely crisis support when needed.

Spotlight areas: Ensure we have a focussed approach for vulnerable groups and emerging service areas of need, e.g. bereavement and postvention support. Need to ensure we link in to the wider work on support for 'vulnerable people'.

Communications: A coordinated approach to communication with providers, public and staff to ensure they have key messages, insight, support and link with Silver command communications plan.

Mental health operational plans – descriptors	
1. Workforce and provider capacity Aim: a) To ensure that we have a single system memorandum of understanding and process for shared workforce and redeployment. b) Skills map and redeployment matrix including upskilling and training of staff as required – must include training of wider system service offers c) Maintain dashboard of staffing resource to ensure effective availability of staff across the system d) Build workforce and volunteer capacity and oversee training and support e) Provider stability including contract and cash flow Deliverables: 1) Cross sector district wide Memorandum of understanding 2) Skills mapping of provider capacity and skills with a dashboard 3) Contract stability – 6-12month payment/extension of contracts.	
2. Digital tools Aim: a) Ensure all providers have digital and remote working solutions to maintain delivery of care b) Deliver training and support for providers to use remote working solutions c) Ensure accessibility of remote working solutions, text, BSL, Large print etc. d) Ensure specific tools and training for Safer Spaces, Healthy Minds and Guideline are developed e) Develop protocols in to GP Assist and other tools to ensure rapid access to pathways Deliverables: 1) All MHPF members to move to digital platform with training 2) Access to services directly via Systm1/GP Assist 3) Resources and tools to aid delivery	
3. Phones and laptop resources Aim: a) Identify need for digital devices for people with no access b) Procure devices and make these ready c) Distribution of devices Deliverables: 1) Tablets delivered 2) Communications to support use and availability	

4. Current service delivery and pathways of care (Statutory)

Aim:

a) To safely maintain current service delivery and business continuity plans by provider members
b) Share pathways of care and develop Covid 19 specific pathways and protocols where needed

Deliverables:

1) Maintain current delivery
2) Modify service delivery through additional resource and support pathways
3) Establish standard operating procedures for new pathways
4) Staff capacity and resource oversight
5) PPE provision for staff

5. Stay well: public

Aim:

a) Take a life course approach to supporting people to maintain their wellbeing during Covid 19 restrictions
b) Link to Living Well and promote wider stay well messages and resources and Access points

Deliverables:

1) Living well resources
2) Home Packs for individual homes

6. Get well: current service users and inpatients

Aim:

a) Ensure Covid 19 specific pathways and support for people in community and inpatient settings
b) Build discharge support from inpatient units for people
c) Single point of access for support (SMI-LE)
d) Expand the Mental health Extended access for GPs
e) Coordinate support with existing provision, Access points and resources to maintain most effective way to respond to increases in demand as a result of Covid 19.
f) Ensure community specific responses are built in to work, i.e. BME, Faith, Gender, Age, Work

Deliverables:

1) Single point established
2) Discharge support packages identified
3) Extension of the GP Extended Access offer
4) Building resources for specific responses
5) Resources for people who are shielded

7. Crisis support and safer spaces

Aim:

a) Support pathways to crisis support for both Covid 19 patients and people who can't access face to face delivery of crisis support
b) A&E delivery/YAS pathway and safer space at LMH
c) PLN at front door / 136 suites and street triage at peak hours
d) Link to alcohol use and dependence in the context of the safer space

Deliverables:

1) Street triage resource
2) Psychiatric liaison at A&E
3) Safer space provision delivered remotely

8. Children and young people/vulnerable

Aim:
a) Ensure pathways for support for children who are vulnerable and isolated
b) Respond to increase in service requests and referrals
c) Maintaining child and family mental wellbeing
d) Develop communications and pathways for swift referral (crisis, safe and sound, CAMHS etc)

Deliverables:
1) Single pathway
2) Data on service use
3) Resources for staff and individuals

9. Perinatal mental health – Early Years

Aim:
a) Focussed support for family and mother and linked with Early years work stream

10. Older adults

Aim:
a) Develop specific resources and messages for older people's mental health
b) Ensure communications and links from other work streams
c) Link to volunteer, bereavement and befriending support pathways and Access

Deliverables:
1) Discharge and pathway support packages
2) Communication resources

11. Staff and workforce wellbeing

Aim:
a) Support providers and volunteers to maintain their wellbeing during the Covid 19 period
b) Provide prevention and early intervention resources
c) Link to NHS/Council work streams for Staff wellbeing and identify additional support and needs for staff and volunteer wellbeing

Deliverables:
1) Staff support pathway and capacity across all sectors

12. Bereavement and postvention support

Aim:
a) Single point of access for bereavement and loss support
b) Train and supervise volunteers and staff to deliver support
c) Provide postvention support to families and communities
d) Link with ICS work streams and telephone helpline for the region

Deliverables:
1) Single point of access for grief and loss support and training
2) Train front line staff and volunteers
3) Culture and community specific training and resources
4) Link to ICS region wide work

13. Suicide prevention Aim: a) Respond to increase in need for suicide prevention measures, risks and support needs b) Ensure support for at risk groups identified, e.g. loss of livelihood, bereavement	
14. Social isolation and befriending network Aim: a) Befriending infrastructure resources and tools b) Single point of access for befriending support through networked befrienders	
15. Financial issues Aim: a) Maintain oversight of mental health support needed for people who experience financial difficulty due to reduced/loss of income, job loss b) Develop packages of support	
16. Alcohol (and substance misuse) Aim: a) Explore need for co-located space for alcohol detox and avoid use of 136 suites	
17. Domestic and sexual violence Aim: a) Support packages of care and support for mental wellbeing due to increased referrals to One Front Door/Survive and Thrive service b) Develop key messages for support and referral pathways	
18. Rapid needs and evidence assessment Aim: a) Support the work of the Coronavirus Scientific Advisory Group (C-SAG) to establish baselines and data for mental wellbeing	
19. Healthy Minds communications and website Aim: a) Develop Covid 19 specific mental health resources, communications and tools under Healthy Minds brand and resource infrastructure, promoting the digital doorway and online site b) Link to system wide communications group c) Create single depository for resources d) Develop targeted messages for audiences – primary care, social care, inpatient and community e) Communicate Covid 19 specific pathways f) Develop content and key messages g) Training and awareness about all points of Access to support, e.g. Access, SPA, FRS, Safe & Sound	
20. Guidance, scripts and content for services delivery Aim: a) Create context specific content for staff, volunteers and website resources b) Provide training and support on using specific content	

21. Trauma informed pathways and support Aim: a) Review evidence and research on trauma recovery applicable to Covid and natural disasters b) Review our current trauma information pathways with a life journey approach c) Understand current capacity to deliver trauma informed work across our current services d) Identify need for new resource, training and support Deliverables: 1. Evidence base for trauma informed approach 2. Staff capacity dashboard 3. Training and support needs	
22. BAME mental health resources and communication Aim: a) Review evidence and information relevant to BAME communities response to Covid b) Identify mental health and emotional health specific themes and needs c) Strengthen MHPF in their ability to responds appropriately Deliverables: 1. Resources, communication and training needs for MHPF	
23. Autism and neurodevelopment Aim: a) Identify support needs for MHPF to provide people with Autism or neurodevelopmental needs b) Link to ICS work.	

8. Appendices

Appendix 1: Terms of reference for System Mental Health Provider forum

Appendix 2: Membership list for task and finish group and advisors.

Appendix 3: Background context

Appendix 1

Terms of reference included here

TOR Bradford
Craven Mental Health

Appendix 2

Task and finish group members

Sasha Bhat, Head of mental wellbeing, CBMDC/CCG
Kelly Barker, General Manager, BDCFT
Nadia Khan, Interim Service Manager for Mental Health, CBMDC
Helen Davey, Co-chair, Mental Health Provider Forum
Helen Ioannou, Co-chair, Mental Health Provider Forum CYP
Kris Farnell, Senior clinical manager, CCG
Angela Moulson, GP, Primary Care lead
Lucy Clews, System MH communication lead, MHPB
Duncan Cooper, Public Health, CBMDC

Project support and advisors:

- Aarti Wadhwani (social care manager)
- Alex Church, Counselling Collaboration
- Anita Brewin, Clinical lead, BDCFT
- Anna Smith, CCG
- Charlotte Talbot, SMI lead, Mind in Bradford
- Chris North (Dementia Lead)
- Christine Whiley (Cares Resource)
- David Armitage, Public Health, CBMDC
- Dawn Lee, Children, BDCFT
- Helen Speight, VCS
- Ishtiaq Ahmed, BAME, Sharing Voices
- James Cooke, BDCFT
- Jenny Cryer, AD, CBMDC
- Jo Butterfield, WY ICS lead
- Jon Royale, Bridge Project
- Kate Questa, Coronavirus Scientific Advisory Group
- Kim Shutler, Chair of VCS Assembly
- Krystal Hemingway, BDCFT
- Lisa Hill, BDCT
- Lisa Milne, BDCT (Perinatal mental health)
- Liz Barry (Public Health)
- Maariya Karmani, CCG
- Paul Smithson (Alzheimer's society)
- Peter Garland, BDCFT
- Peter Horner, Young Lives
- Rashmi Sudhir, CCG
- Ruth Shaw, Senior head Children, CCG
- Sara Humphrey, Associate clinical director frailty
- Sarah Possingham, Public Health, CBMDC
- School Nurses (Dawn Lee, BDCT)
- Schools/Educational psychology (Niall Devlin)
- Soo Nevison, VCS
- Suzanne Elster, MYMUP Digital
- Vicki Beere (Project6), Alcohol

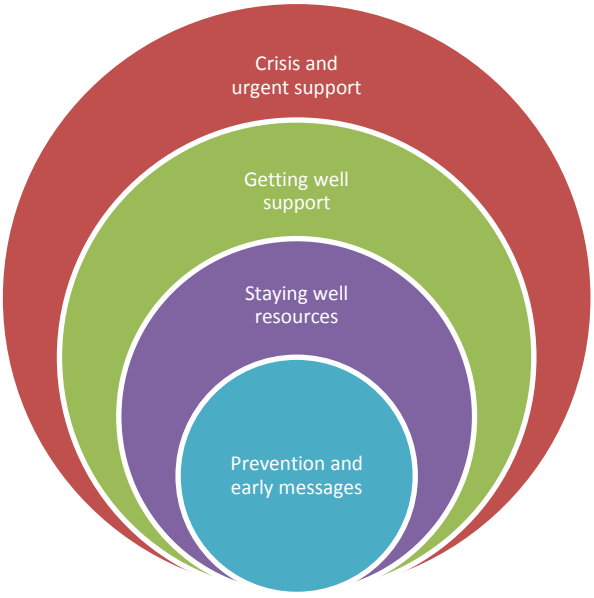
Appendix 3

Everyone has mental wellbeing which fluctuates over time depending on external societal and environmental stresses, and inherent health and mental health conditions. The Covid19 epidemic will have particular impacts on people in terms of the anxiety related to the news and pandemic, disruption, social distancing and isolation in the short term. The longer term impacts are likely to include of moral injury (for staff and families, post burial, end of life care), postvention support (due to suicide, job-loss, trauma), financial concerns from reduced or insecure income, boredom, bereavement support, and crisis and urgent mental health support for people. This will impact across the life-course in different ways (see below). Using existing community networks and assets to maximise protective factors for good mental health is essential. It is important to note that there is a spectrum of support ranging from the public wide emotional wellbeing, the need to ensure adequate debriefing for staff and families and information, support and resources for people.

Mental Health Impact of COVID-19 Across Life Course

Hertfordshire

	Pre-Term	0-5 Years	School Years	Working Age Adults	Old Age
Key issues to consider	• Anxiety about impact of COVID on baby • Financial worries • Anxiety about delivery and access to care • Isolation	• Coping with significant changes to routine • Isolation from friends • Impact of parental stress and coping on child	• School progress and exams • Boredom • Anxiety or depression or other MH problems • Isolation from friends • Impact of parental stress	• Balancing work and home • Being out of work • Carer Stress • Anxiety about measures and family or dependents or children • Financial Worry • Isolation	• Isolation and disruption of routine • Anxiety from dependent on services • Financial worry • Fear about impact of COVID if infected
Staff/ Vols	Cumulative load of stress from significant changes. Traumatic incidents. Isolation from work colleagues. Having to manage working from home. Potential bullying from or to others as part of not coping				
Loss	**Loss of loved ones dying may be particularly severe and grieving disrupted because of inability to do normal grieving rites eg as be physically close to dying person, have usual funeral rites, attend funeral etc**				
Specific Issues	**Impact of delayed diagnoses and treatment (eg chronic conditions,surgery, people living in pain)**. Suicide and self harm risk for most at risk populations. Members of faith communities may feel disconnected during closure of premises. Domestic abuse may be issues across lifecourse. Drug and Alcohol issues .People reliant on foodbanks or on low incomes or self employed may have additional stress.				



← Making sure groups people who we know are at risk of crisis are supported and other people who find themselves in crisis know where to get support **(BDCFT & Safer spaces)**

← Resources and services aimed at identifying people who as a result of Covid impacts, need more support **(BDCFT & VCS)**

← Resources and support for people to self-manage the worry, anxiety and issues that arise as a result of Covid **(VCS)**

← Aimed at whole public – messages of safety, being aware and prepared to recognise own needs **(Public Health)**

Notes:

Proposal for mental health funding

Public Health, Bradford Council

17th June 2020

SUMMARY

The Public Health Department in Bradford Council were asked to develop funding proposals to mitigate the mental health impact of covid19 on the District (from the public health grant allocation).

This paper summarises the short and potential longer term mental health impact of coronavirus locally. It outlines the risk factors, and the protective factors for individuals and communities.

It takes account of local and international evidence highlighting the disproportionate impact of coronavirus on BAME communities, and Public Health England's recommendations to address this issue.

Key emerging themes from the Bradford COVID19 Mental Health Needs Assessment are summarised with investment proposals against each, and grouped by:

1. Perinatal Mental Health (and young families)

2. Suicide and self harm prevention (crisis response)

3. Advocacy and support service (money and mental health)

4. Mental health support for BAME communities

5. Digital inclusion (LD/ASD)

6. Mental health out of hours and on-line support (all age)

7. Carers support

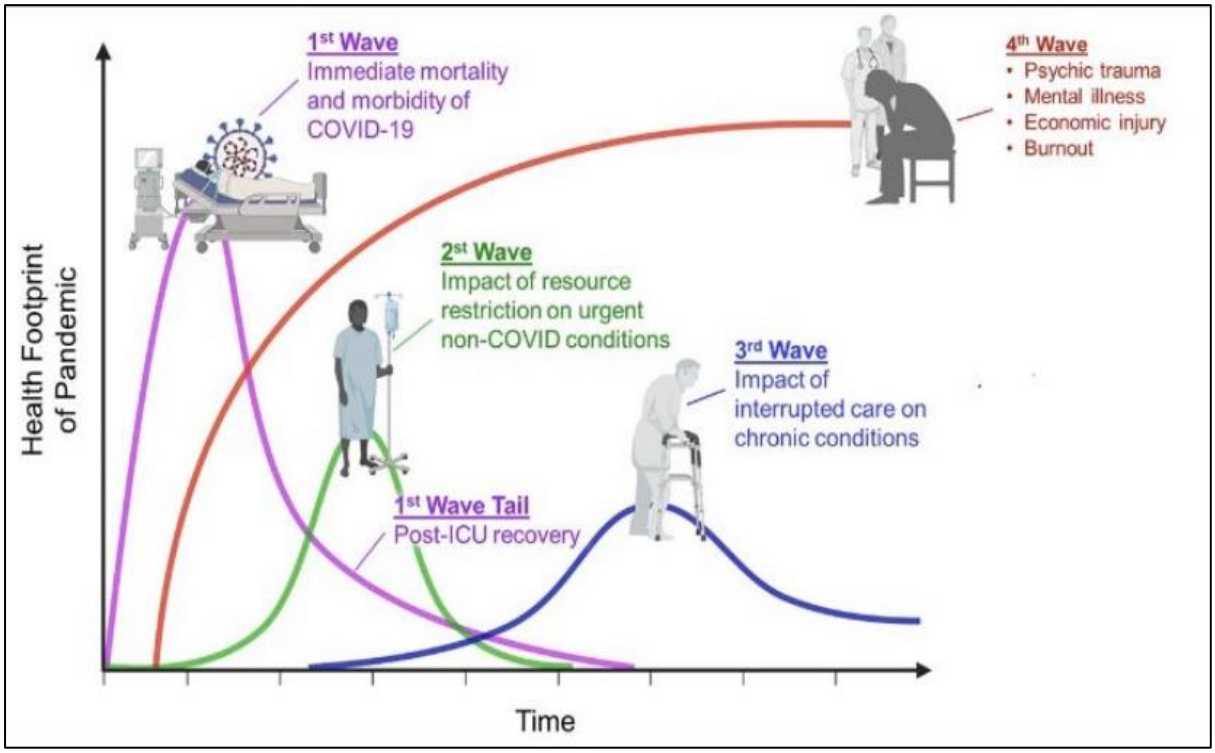
8. Older adults

As this paper was requested at short notice each proposal (if accepted in principle) will require further partnership work to develop into a business case.

Background

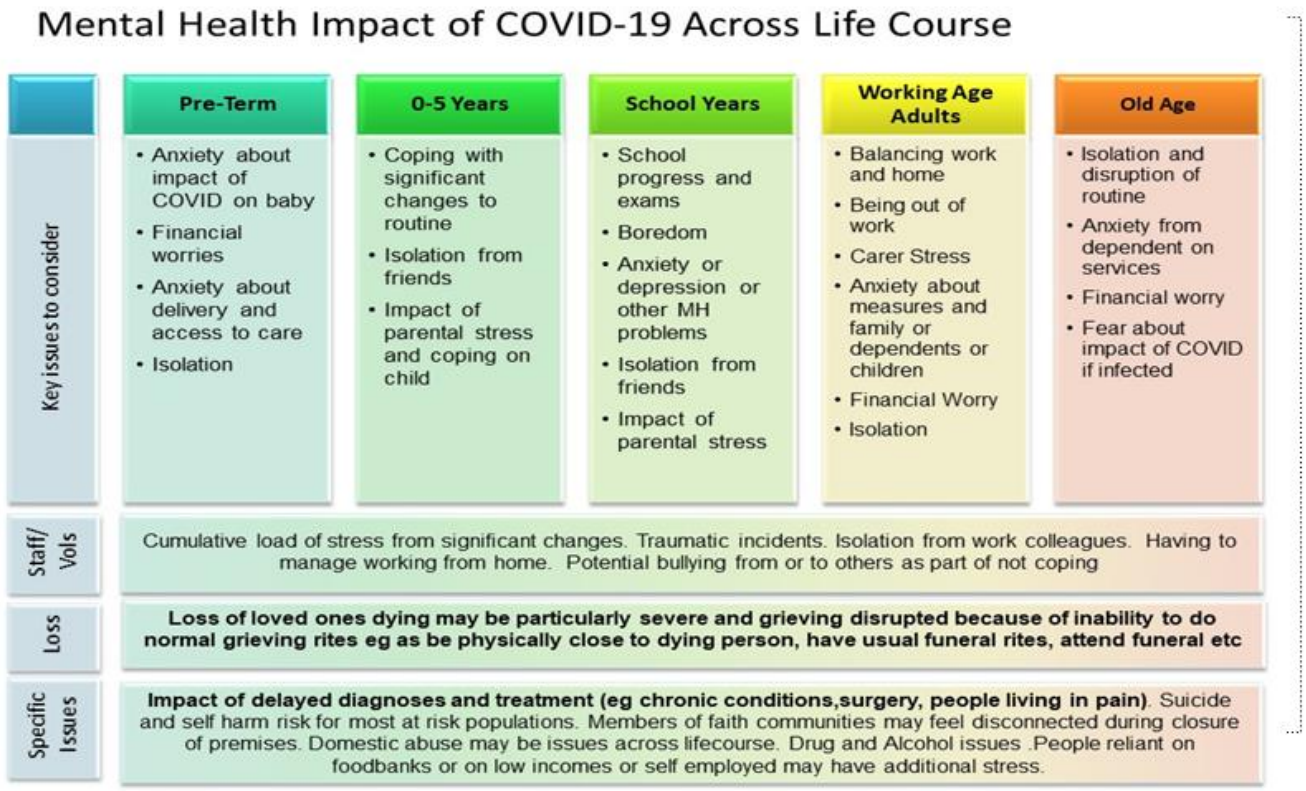
Since March 2020 the Bradford District Health and Care system has been understandably focussed on a rapid operational response to the coronavirus infection. This has been across NHS and social care systems (for both physical and mental health). Initially this was to meet the immediate mortality and morbidity associated with covid19 (1st wave) with a growing focus now on non-covid related healthcare (2nd wave) and longer term chronic conditions whose treatment may have been interrupted (3rd wave). Since March Bradford Mental Health partnership arrangements have rapidly identified and expanded a broad mental well being strategy to meet the mental health impact of the 4th wave of COVID19 (Figure 1). This response now needs to be considered longer term.

Figure 1 - Four waves of coronavirus – 4th wave – psychological trauma, mental health and social/economic impact



We now need to take a life course approach to identifying the impacts and groups vulnerable to Coronavirus (Figure 2). This covers increased isolation and loneliness which will affect children and young people separated from their friends and support networks. It will affect furloughed staff and increasing isolation of those already at risk due to disabilities, long term conditions or existing mental health conditions.

Figure 2



High profile events and pandemics

We also need to learn from international evidence about how communities respond to natural disasters and pandemics. International experience tells us that **pronounced mental and behavioural health impacts** are likely from high-profile events or disasters that involve:

1. Large numbers of injuries and/or deaths [as of 5th June, 503 COVID deaths are known in Bradford District], and
2.Disruption to social support and on-going economic problems [universal credit claims in Bradford District rose by 7,600 increase (44% up from March to April 2020); social networks have been disrupted by lockdown and fear of covid19]

Research also shows that an community response needs to move individuals:
(1) from risk to safety,
(2) from fear to calming,
(3) from loss to connectedness,
(4) from helplessness to self-efficacy, and
(5) from despair to hope.

Groups most affected by COVID-19

The groups whose mental health is most likely to be impacted by COVID19 are varied.

COVID-19 patients, plus close family and friends (50% risk of depression/PTSD)
Front line health and social care staff
BAME (higher underlying health risk/economically marginalized/crowded households)
Groups at high risk of unemployment, low income or loss of financial support (29,000 self-employed) (18,000 children in poverty)
Young persons, especially with poor support mechanisms in place (12,300 with mental health disorder)
Patients with a history of mental illness/autism/dementia (80,000/4,500/4,300 adults)
High risk group (adults with long-term conditions) and clinically high risk shielded adults/children.
Elderly
Carers (any age) (approx 50,000 carers)
Groups at increased risk of abuse (children in need 12,900)
Socially isolated members of society (homeless, language or cultural barriers, disability)
Those with a past history of trauma or substance use (14,000 alcohol related admissions p.a)
Pregnant and postnatal women (and partners) (600-900 post natal depression p.a)

Risk and protective factors

In developing our response we will need to be aware of the risk factors of poor mental health but also the protective factors within individuals and communities.

Risk factors	Protective factors
Substance misuse/**alcohol**	Good quality antenatal/postnatal care
Deprivation	Early years (family experience/nurturing)
Fuel poverty	Good quality education
Poor housing	Regular income
Loneliness/Social isolation	Community participation
Stressful/uncertain work	Meaning, purpose and spirituality
Previous mental disorder	Positive relationships
Physical ill health	Physical activity
Debt/Unemployment	Access to green space
Domestic abuse	Good physical health
Bereavement	

BAME communities

Emerging local and international evidence highlighting the disproportionate impact of coronavirus on BAME communities, with higher death rates in these groups reported nationally by Public Health England and locally by Bradford's COVID Scientific Advisory group. Recommendations from the national report include:

- Producing culturally sensitive education and prevention campaigns to rebuild trust and help communities access services.
- Targeting ethnic minority groups with culturally sensitive health messages, and
- Ensuring that Covid-19 recovery strategies actively address inequalities to create long-term change

The funding proposals at the end of this paper cover these recommendations.

The projected mental health impact of COVID 19

Experience from previous economic crisis and pandemics have resulted in serious mental health impacts on population. The Centre for Mental Health have forecasted that the health and economic impact of COVID19 may lead to an additional 500,000 people in the UK with mental health conditions (Figure 3).

Figure 3 – Forecasted (estimated) impact of COVID19

Issue	Effect	Potential local impact
Rise in debt once temporary measures cease (local data)	Universal credit claims (Bradford)	7,600 increase (44% up from March to April)
Financial crash (2008) (CMH)	UK 500,000 more MH problems	equates to 4,000 for Bradford District
Hong Kong SARS 2003, Financial crash (CMH)	7-10% national rise in suicides	3-4 deaths per year Bradford District (but hides spectrum of suicdal behaviour)
SARS 2003 patients (CMH)	12 months later (20-25% PTSD; 60% depressive disorder)	Potnetial impact on 1,300 known COVID cases (end of May)
Current H&SC covid staff (BMJ)	Anxiety (50%), sleep issues (30%), burnout	impact on 3,700 H&SC staff already COVID tested
Bereavement (CMH)	7% of close relatives have complex reaction	impact on 473 known COVID deaths (end of May)

Governance

The Bradford District Mental Health board includes partners from statutory and community providers, with various sub groups leading on specific mental health issues. A Mental Health Provider Forum, made up of many VCS and statutory organisations that deliver mental health support services, provides a valuable feedback mechanism between communities and commissioners. Since March 2020 the focus of this partnership structure has been on:

1. **Service continuity:** To maintain safe continuity of crucial services with a view to ensuring people can stay well, get well, and can access timely crisis support when needed.
2. **Spotlight areas: To e**nsure we have a focussed approach for vulnerable groups and emerging service areas of need, e.g. bereavement and postvention support. Linking to wider work on support for 'vulnerable people'.

3. **Communications:** A coordinated approach to communication with providers, public and staff to ensure they have key messages, insight, support and link with Silver command communications plan.

COVID 19 Mental Health Needs Assessment

The Mental Health board asked Bradford Public Health Department in April to lead a COVID19 Mental Health Needs Assessment.

Data has been collected from:

- A survey of Mental Health Providers (32 responses)
- Feedback from service leads
- Surveys conducted locally (Born in Bradford)
- Service data

Aims: The needs assessment will be iterative in nature and support service development during the covid19 period.

The needs assessment was planned in three stages.

Stage 1 – initial baseline assessment

To provide a rapid baseline assessment of mental health disorders in Bradford

To identify groups at particular risk of deteriorating mental well being (and key risk factors)

Stage 2 – emerging needs

Gather current intelligence and data from mental health service providers across the system

Use this data to support and inform a mental health outcomes framework

This was presented to the Bradford District Mental Health Board 2nd May.

Stage 3 – recommendations for preventative and service pathways (by end of June)

Assess how well supportive and preventative pathways in Bradford District meet the District's mental health needs, and identify any gaps .

Funding proposals and key messages

The following proposals are based on intelligence emerging from the Bradford District COVID mental health needs assessment (that is near completion) and national research.

Due to the short timescale given to write this paper further work is needed to develop any proposals that are supported into a business case. A programme manager will be needed to lead and manage this programme.

Rough timescales for each proposal are included below, as some are suitable for short term one-off investment, and others would require a slightly longer contract to be viable.

This paper does not include other mental health programme areas already underway (e.g. bereavement support, mental health training, suicide prevention), and focuses on areas for potential new investment.

An externally commissioned review of children and young people's mental health in Bradford has been undertaken by the Centre for Mental Health. The conclusions are due the week of 15-19th June and will need to be considered alongside the proposals below.

The proposals fall under nine areas:

1. Perinatal Mental Health (and young families)

2. Suicide and self harm prevention (crisis response)

3. Advocacy and support service (money and mental health)

4. Mental health support for BAME communities

5. Digital inclusion (LD/ASD)

6. Mental health out of hours and on-line support (all age)

7. Carers support

8. Older adults

9. Mental health programme manager (seconded or short term contract)

Funding proposals

Proposal	Rationale and key messages emerging locally	Funding proposal	Estimated annual cost	Length
1. Perinatal Mental Health (and young families)	Midwifery face to face contact have reduced during COVID19 (impact on nurse/patient relationship) Anxiety about pregnancy and parenting during the crisis Lower access to perinatal mental health (PMH) service from City / BAME communities A greater knowledge of postnatal depression & PMH across needed across other professions/services	**Adapt perinatal mental health service (BDCT) and psychological support within mywellbeing college** for peri-natal mental health. Includes **workface development** and training also across primary care & family hubs. Service adaption to the needs of young families during COVID19. 1 X NHS Band 7/8a specialist post to work to a perinatal mental health champion.	53,000	2yrs
2. Suicide and self harm prevention (crisis response)	Increased risk of suicide in people with severe mental illness. Reported increase in financial stressors and domestic violence (adults) Reported increase in self harming ideation, children witnessing domestic violence (CYP) Reduced face to face and personal contact as protective and mitigating factors during lockdown	**Continue funding for COVID19 parental telephone support line** for family de-escalation of crisis (the service has evaluated well during COVID19 as de-escalation support for parents) (c50k) **Free phone access to mental health guideline and first response** numbers for the public (currently pay charges) - this was previously raised as a barrier to access by Overview and Scrutiny	100,000	2yrs

Proposal	Rationale and key messages emerging locally	Funding proposal	Estimated annual cost	Length
3. Advocacy and support service (money and mental health)	During COVID19 people in low income households are more likely to experience financial insecurity, reduced work hours, have long term health conditions, live in crowded households, no internet access (for other opportunities) - all mental health risk factors (National) third of people with mental health problems are cutting back on essentials (food, heating, missing debt repayment). Rise in debt once temporary measures are lifted. Locally reported 'juggling' work, life, family and carer responsibilities. Universal credit claims in Bradford District - 7,600 increase (44% up from March to April 2020) National recommendation (Money and Mental Health) - people in arrears or with financial difficulties should be proactively contacted with signposting for money and debt advice	**Investment in the Credit Union** (access to low cost credit for those unable to access banks) **Investment in advocacy** to support services in communities to improve access to various providers of debt advice across the District, access through existing networks (food banks, community anchors &VCS organisations) This will support providers of welfare advice locally who are currently seeking national funding streams to support welfare, dept and financial advice services. **Build on proposed pilot approaches**, e.g. between Sharing Voices and Girlington Centre	100,000	1.5yrs

Proposal	Rationale and key messages emerging locally	Funding proposal	Estimated annual cost	Length
4. Mental health support for BAME communities	Less frequent community exchange of information and support in community environments (streets, shops, households, childcare support, community spaces) due to COVID19 lockdown & fear of COVID19. Reported S Asian communities (elders) fearful of leaving homes. Higher death rate from COVID19 in some Bradford's BAME groups Financial insecurity due to temporary work (Central/Eastern European community), insecurity in certain vocations in S Asian communities (restaurant, retail, taxi trade) Reported false rumours of deportation if infected in Central/Eastern European community. Lack of engagement with services (particularly Roma community) - need safe supervision Low level counselling unaffordable - need better access to BAME practitioners	**Better translation and digital service for material online** and widely distributed. **Work with trusted members of communities** to share information in alternative formats (culturally specific behavioural and safety messages developed). **Advocacy** for access to the wide range of welfare, well being and mental health services (navigators centred on deprived and BAME communities). **Build on bespoke services**, e.g. Dementia support for BME communities (and family) service; Girlington Centre Mental Health support.	100,000	2yrs
5. Digital inclusion (LD/ASD)	These are different groups with a similar basic need of digital access to information and support, adapted to their specific language or needs. There are challenges due to: - reduced contact and changes to routine (for LD/ASD) - bespoke software and communication packages not shipped with mainstream products - language barriers	**Funding for digital expertise, equipment and distribution** is recommended BUT to support the Councils combined efforts in this area. Aligned to a digital strategy response to COVID19, rather than as small stand alone mental health schemes (for efficiency and to avoid double funding).	50,000	1yr

Proposal	Rationale and key messages emerging locally	Funding proposal	Estimated annual cost	Length
6. Mental health out of hours and on-line support (all age)	Key recent issues reported by adults are additional anxiety and risk of depression due to the new work culture (juggling family/work/home schooling all in one), sleep issues , fear of COVID19, financial problems, relationship issues, domestic violence increase, increased alcohol in some, suicidal ideation). Primary care act as referrers, mywellbeing colleague and various VCS organisations provide counselling. Adults also require a confidential online support and counselling model service that has been successful elsewhere (e.g. QWELL).	**Commission a broad mental health support line for adults** (QWELL) which can also include specialised elements tailored locally. Recommend minimum 2yr contract - based on 4,500 uses of the service (for 25-68yr age group) (VAT claimed back if Via CCG) £89,000 remote and telephone support. **Expand Kooth youth mental health service from 19 years up to 25yrs** to cover transition to adulthood (a high risk time for poor mental health crisis / suicide). [Offers chat function, messaging function, scheduled counselling function, moderated group forums, online magazine & tools (24hrs, 365 days)] – CCG match funding	89,010	2yrs

Proposal	Rationale and key messages emerging locally	Funding proposal	Estimated annual cost	Length
7. Carers support	Lack of respite services care due to COVID19 lockdown. Carers from BAME communities have added stress due to increased infection and death rates in some BAME groups Protected ‘me time' for all carers (but particularly reported by young carers isolated from peer support who need 'free from lockdown time' Older carers not accessing digital resources Families with caring duties feel abandoned (not listened to) and overwhelmed due to additional responsibilities during COVID19 (and having to home school also)	**Greater contact of people with caring responsibilities** (telephone, face to face if safer, and drop-in/garden gate schemes). Provide a check-in for the most vulnerable including young carers. **Targeted work as disproportionately high numbers of South Asian families in multi-generational households** (so increased caring responsibilities and more vulnerable to COVID19. **Support people to put together a ‘Plan B’ contingency** for additional support during COVID-19. Identify people discharged from hospital (who need support from family and friends) to ensure plans are in place before discharge. 2X posts to take forward all elements. Accessible relevant support for carers returning to work after pandemic Link carer to local support and national resources	70,000	1yr

Proposal	Rationale and key messages emerging locally	Funding proposal	Estimated annual cost	Length
8. Older adults	For some older people life hasn't change much and they are resilient. For some COVID has caused - increased social isolation & worsening mental wellbeing many are technically or financially excluded from digital inclusion) - cognitive decline during isolation (anxiety, anger, stress) - Some older people will strictly self-isolate for an extended period due to fear and/or if clinically vulnerable	**Bradford District counselling collaborative provide additional counselling sessions** (50hr per month) for 12 months. Work also through volunteer networks and older people mental health network to increase check-in sessions, peer support and befriending activities, linking with community initiatives in safe/appropriate manner.	30,000	1yr
9. Mental health programme manager (seconded or short term contract)	The programmes above will need a full time programme manager to: -to work these proposals into business cases with multiple partners -attain necessary agreement for grant agreement or procurement -monitor investment [current capacity limited in public health with 1 dedicated mental health officer]	1 X PO6 or Special A	60,000	2yrs
TOTAL			652,010	

Other public health programmes addressing mental health

Advocacy and link worker with BAME individuals and families needing Mental Health and Well Being Support.

Digital doorway (website and tool) – Healthy Minds Bradford

Befriending Platform development

Funding contribution towards their 'Keeping Connected - electronic notebooks for those people in isolation

Early help, recovery and prevention services to address the impact of domestic abuse on children, young people and families (with CCG)

Local media campaign (Telegraph & Argus, Keighley News, Ilkley Gazette, Wharfedale Observer and Craven Herald) –

Mental Health and Wellbeing Training network

Mental Health Small Grants Innovation Fund (funding from West Yorkshire Partnership included)

Mental Health Post CCG - partnership commissioning post

This page is intentionally left blank

Proposal for mental health funding

Bradford CCG

June 2020

SUMMARY

This paper build on the Public Health document and outlines the additional monies made available for mental health to mitigate the impact of Covid-19.

It takes account of local and international evidence highlighting the disproportionate impact of coronavirus on BAME communities, and Public Health England's recommendations to address this issue.

Governance

The Bradford District Mental Wellbeing Partnership board includes partners from statutory and community providers, with various sub groups leading on specific mental health issues. A Mental Health Provider Forum, made up of many VCS and statutory organisations that deliver mental health support services, provides a valuable feedback mechanism between communities and commissioners. Since March 2020 the focus of this partnership structure has been on:

1. **Service continuity:** To maintain safe continuity of crucial services with a view to ensuring people can stay well, get well, and can access timely crisis support when needed.
2. **Spotlight areas: To e**nsure we have a focussed approach for vulnerable groups and emerging service areas of need, e.g. bereavement and postvention support. Linking to wider work on support for 'vulnerable people'.
3. **Communications:** A coordinated approach to communication with providers, public and staff to ensure they have key messages, insight, support and link with Silver command communications plan.

Funding proposals and key messages

The following proposals are based on intelligence emerging from the Bradford District COVID mental health needs assessment (that is near completion) and national research.

Due to the short timescale given to write this paper further work is needed to develop any proposals that are supported into a business case. A programme manager will be needed to lead and manage this programme.

Rough timescales for each proposal are included below, as some are suitable for short term one-off investment, and others would require a slightly longer contract to be viable.

This paper does not include other mental health programme areas already underway via Public Health (e.g. perinatal, suicide, self harm, advocacy, carers, etc), and also does not include areas for potential new investment. This paper also does not include the changes made to ensure service provision within existing contract and budgets.

Funding proposals

Proposal	Rationale and key messages emerging locally	Funding proposal	Estimated annual cost
1. Grief and loss	A coordinated pathway has been established by Bradford Counselling Collective to offer much needed support to people in Bradford and Craven who are experiencing grief and loss during the coronavirus outbreak. At this time, people are experiencing the loss of a loved one, loss of freedoms and loss of financial security, and social isolation may be making the grief of this loss more difficult to deal with.	Volunteer befrienders receive grief and loss training so they can provide practical advice and a listening ear where someone is responding to trauma exposure in a manageable way. Volunteers will offer four to six telephone support sessions, each up to 30 minutes. They will receive regular supervision and have access to local bereavement support and	70,000

Proposal	Rationale and key messages emerging locally	Funding proposal	Estimated annual cost
		signposting information. Where complex needs are identified, referrals will be allocated to a qualified counsellor who will initially offer six sessions of counselling support.	
2. Digital inclusion	These are different groups with a similar basic need of digital access to information and support, adapted to their specific language or needs. There are challenges due to: - reduced contact and changes to routine - bespoke software and communication packages not shipped with mainstream products - language barriers	Funding for digital expertise, equipment and distribution is recommended to support the Councils combined efforts in this area. Aligned to a digital strategy response to COVID19, rather than as small stand alone mental health schemes (for efficiency and to avoid double funding).	19,000
3. Patient support	Inpatient bed, discharge support and out of area placements. Need to ensure local wards are safe, anyone needing a bed has access. People ready to be discharged or where additional support can facilitate a quicker discharge, hence providing a safe home environment.	Block purchase of beds by NHS England Additional support provided to NHS Care Trusts for staffing and discharge support	NHSE Direct payment to providers

Proposal	Rationale and key messages emerging locally	Funding proposal	Estimated annual cost
4. Communications	Improved communication between providers and for communities will enable us to support self-care, identify early signs and increase opportunity for early intervention.	a) Develop Covid 19 specific mental health resources, communications and tools under Healthy Minds brand and resource infrastructure, promoting the digital doorway and online site b) Create single depository for resources c) Develop targeted messages for audiences – primary care, social care, inpatient and community d) Communicate Covid 19 specific pathways e) Develop content and key messages	£5,000
5. Staff wellbeing	Aim: a) Support providers and volunteers to maintain their wellbeing during the Covid 19 period b) Provide prevention and early intervention resources c) Link to NHS/Council work streams for Staff wellbeing and identify additional support and needs for staff and volunteer wellbeing	Staff support pathway and capacity across all sectors including for the mental health VCS providers.	Activity based funding

City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the City Solicitor to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 20 October 2020

L

Subject: Health and Social Care Overview and Scrutiny Committee Work Programme 2020/21

Summary statement:
This report presents the work programme 2020/21

Portfolio:

Health People and Places

Report Contact: Caroline Coombes
Phone: (01274) 432313
E-mail:
caroline.coombes@bradford.gov.uk

1. Summary

1.1 This report presents the work programme 2020/2.

2. Background

2.1 Each Overview and Scrutiny Committee is required by the Constitution of the Council to prepare a work programme (Part 3E – Overview and Scrutiny Procedure Rules, Para 1.1).

2.2 On 7 May 2019 the Government published 'Overview and scrutiny statutory guidance for councils and combined authorities'[1]. This, along with guidance produced by the Centre for Public Scrutiny during the Covid-19 pandemic in May 2020[2], emphasises the need for the Scrutiny function to prioritise, and at the current time, to consider a narrower programme of work focussing on 'critical business' issues. This approach has been supported by Gold Command as part of the Council's emergency response arrangements.

3. Report issues

3.1 **Appendix 1 and 2** of this report present the work programme 2020/1. **Appendix 1** shows items have been scheduled through to November 2020, while **Appendix 2** lists issues and items for possible consideration during the year. In line with the guidance at Para 2.2 it has been agreed by the Committee at its meeting of 21 July 2020 that the work programme should be reviewed and updated on a rolling three-month basis. This will allow the Committee to respond in a timely and flexible way to the evolving Covid-19 pandemic, the impact on the District's residents and on health and social care provision.

3.2 The statutory powers of the Committee to review and scrutinise any matter relating to the planning, provision and operation of local health services are unchanged, as are the duties placed on NHS bodies to consult the Committee on any proposed substantial developments or variations in the provision of health services.

4. Options

4.1 Members may wish to amend and / or comment on the work programme at **Appendix 1 and 2**.

5. Contribution to corporate priorities

5.1 In addition to the position set out in Paras 2.2 and 3.1, the Health and Social Care Overview and Scrutiny Committee Work Programme 2020/21 reflects the ambition of the District Plan for 'all of our population to be healthy, well and able to live independently for a long as possible' (District Plan: Better health, better lives). It also reflects the guiding principals of the Joint Health and Wellbeing Strategy for Bradford and Airedale 'Connecting people and place for better health and wellbeing'.

---

[1] https://www.gov.uk/government/publications/overview-and-scrutiny-statutory-guidance-for-councils-and-combined-authorities

[2] https://www.cfps.org.uk/wp-content/uploads/2020-06-19-covid-guide-2-scrutiny-2nd-edn.pdf

6. **Recommendations**

6.1 That the Committee comments on the information in **Appendix 1 and 2**

6.2 That the Work Programme 2020/21 continues to be regularly reviewed and updated on a rolling three-month basis up to March 2021.

7. **Background documents**

None

8. **Not for publication documents**

None

9. **Appendices**

9.1 **Appendix 1** – Health and Social Care Overview and Scrutiny Committee work programme 2020/21

Appendix 2 – Unscheduled work programme items

This page is intentionally left blank

Democratic Services - Overview and Scrutiny

Health and Social Care O&S Committee

Scrutiny Lead: Caroline Coombes tel - 43 2313

Work Programme

Agenda	Description	Report	Comments
Tuesday, 17th November 2020 at Remote Meeting			
Chair's briefing 29/10/2020. Report deadline 03/11/2020			
1) Covid-19: impact on carers and update on the carers strategy	To include information on issues for, and needs of, older carers	Tony Sheeky	Resolution of 16 December 2019
2) Covid-19 : public health update	Update on testing, test and trace, outbreak management work and latest developments	Sarah Muckle	
Wednesday, 9th December 2020 at Remote Meeting			
Chair's briefing 19/11/2020. Report deadline 24/11/2020			
1) TBC - Health and Wellbeing Commissioning Strategy and Intentions - Adult Social Care 2020-21	Annual update	Jane Wood / Kerry James	Resolution of 26 September 2019
2) Day services	Current position on day care provision, user experience, interim plans in terms of reopening and future plans	Jane Wood / Rob Mitchell	
Tuesday, 26th January 2021 at Remote Meeting			
Chair's briefing 07/01/2021. Report deadline 12/01/2021			
0) TBC			
Tuesday, 16th February 2021 at Remote Meeting			
Chair's briefing 28/01/2021. Report deadline 02/02/2021.			
0) TBC			
Tuesday, 23rd March 2021 at Remote Meeting			
Chair's briefing 04/03/2021. Report deadline 09/03/2021.			
0) TBC			

This page is intentionally left blank

Democratic Services - Overview and Scrutiny
Scrutiny Committees Forward Plan
Unscheduled Items

Health and Social Care O&S Committee

Agenda item	Item description	Author	Comments
0 Respiratory Health in Bradford District	Update	Public Health	Resolution of 22 November 2018 t0 have an update in 2 years
0 CQC	Annual update		Resolution of 30 January 2020
0 Assessment And Diagnosis Of Autism In Adults	Update (postponed from April 2020)	Ali Jan Haider	
0 Cancer	Outcomes of the lung cancer pilot programme and update on cancer waiting times target performance	Janet Hargreaves	Resolution of 13 June 2019 (postponed from April 2020)
0 Dementia	To include an update on the Dementia Strategy Implementation Plan	Lyn Sowray	Resolution of 24 January 2019
0 Shipley Hospital	Update	Helen Farmer	Resolutions of 1 August 2019 and 5 March 2020
0 Acute Provider Collaboration programme	Update	TBC	Last report received 26 September 2019
0 Living Well Service	Update	Olukemi Adeyemi	Resolution of 30 January 2020
0 Sexual Health Services	Update	Ralph Saunders	Resolution of 13 February 2020
0 'A' Board ban	Update to include options for addressing issues related to obstructions and 'A' boards placed on private land	Darren Badrock	Resolution of 13 February 2020
0 Advocacy Services	Further report be presented tin September 2020 to include updated performance information; information on the methods used to receive feedback from service users and details of that feedback; a breakdown of services delivered by location/postcode; details of advocacy provision for young people in transition; information on activity to increase referrals/outreach.		Resolution of 5 March 2020
0 Older People's Accommodation Across The District	Update	Dean Roberts	Resolution of 16 December 2019
0 Local NHS Estates Strategy / peripheral service		TBC	Resolution of 1 August 2019

Health and Social Care O&S Committee

Agenda item	Item description	Author	Comments
0 Radiology - capacity at St Luke's and longterm provision of services		Chief Nurse, Bradford Teaching Hospitals FT	Resolution of 1 August 2019
0 Safeguarding Adults Strategic Plan and Multi-Agency Safeguarding Hub	Update	TBC	Resolution of 6 September 2018