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City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Agenda for a meeting of the Health and Social Care Overview and Scrutiny Committee to be held on Thursday, 16 December 2021 at 4.30 pm in Council Chamber - City Hall, Bradford

Members of the Committee – Councillors

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT AND INDEPENDENT GROUP
Greenwood Humphreys Godwin Berry Iqbal	Hargreaves Glentworth Majkowski	Griffiths

Alternates:

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT AND INDEPENDENT GROUP
H Khan Mir S Akhtar Lintern Mohammed	Sullivan P Clarke J Clarke	J Sunderland

NON VOTING CO-OPTED MEMBERS

Susan Crowe	Bradford District Assembly Health and Wellbeing Forum
Trevor Ramsay	i2i patient involvement Network, Bradford District NHS Foundation Care Trust
Helen Rushworth	Healthwatch Bradford and District

Notes:

- This agenda can be made available in Braille, large print or tape format on request by contacting the Agenda contact shown below.
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- If any further information ais required about any items on this agenda, please contact the officer named at the foot of that agenda item.

From: **To:**

Parveen Akhtar
City Solicitor
Agenda Contact: Asad Shah
Phone: 01274 432280. E-Mail: asad.shah@bradford.gov.uk

A. PROCEDURAL ITEMS

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.

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. CARERS SERVICES CONTRACT IN BRADFORD DISTRICT & CRAVEN 1 - 24

The report of the Strategic Director of Health and Wellbeing (**Document "N"**) provides an update on the Council and CCG's jointly commissioned Carer Service within Bradford District and Craven.

This report provides information on the emerging needs of unpaid carers as a result of COVID-19 impacts.

Recommended –

That the content of the report be noted.

(Tony Seeky – 01274 433559)

6. UPDATE ON THE OCTOBER 2020 REPORT ON THE IMPACT OF COVID-19 ON THE MENTAL WELLBEING OF PEOPLE IN BRADFORD DISTRICT 25 - 60

The report of the Director of Public Health and Director of Keeping Well (**Document "O"**) provides an update of the current situation in mental health and mental health services for adults and gives an overview of the work that has taken place over the last year to both prevent mental illness, and to support those with mental ill-health, including those that have been impacted by the Covid-19 pandemic.

Recommended –

The Committee are asked to note the progress of the system in responding to the Covid-19 mental health needs assessment of July 2020.

(Kris Farnell/Sarah Exall - 01274 237537)

7. HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME 2021/22 61 - 64

The report of the City Solicitor (**Document "P"**) presents the work programme 2021/22.

Recommended –

That the Committee notes the information in Appendix A.

(Caroline Coombs – 01274 432313)

City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the Strategic Director of Health and Wellbeing to the meeting of Health and Social Care Overview and Scrutiny Committee to be held on 16th of December 2021

N

Subject:

CARERS SERVICES CONTRACT IN BRADFORD DISTRICT & CRAVEN

Summary statement:

This report provides an update on the Council and CCG's jointly commissioned Carer Service within Bradford District and Craven.

This report provides information on the emerging needs of unpaid carers as a result of COVID-19 impacts.

Iain Macbeath
Strategic Director of Health & Wellbeing
Ali Jan Haider
Director of Keeping Well

Report Contact: Tony Sheeky
Phone: (01274) 433559
E-mail: tony.sheeky@bradford.gov.uk

Portfolio:

Healthy People and Places

Overview & Scrutiny Area:

Health and Social Care & Wellbeing

1. SUMMARY

1.1 This report provides an update on the Council and CCG's jointly commissioned Carers Service within Bradford district and Craven.

2. BACKGROUND

2.1 On 17th of November 2020 the Health and Social Care Overview and Scrutiny Committee received an update on the Council and CCG's jointly commissioned Carer Service within Bradford District and Craven.

2.2 The above report included information on the emerging needs of unpaid carers as a result of COVID-19 impacts.

2.3 It was resolved at the above committee that a further update report on the Carers Service was to be submitted to the Committee in 2021.

2.4 This report therefore sets out to provide a further update on;

- The jointly commissioned Carers Service focusing particularly on the impact of the COVID-19 pandemic on service delivery.
- The further emerging impacts of COVID-19 on unpaid carers.

3. REPORT ISSUES

3.1 Carers Service Bradford district and Craven

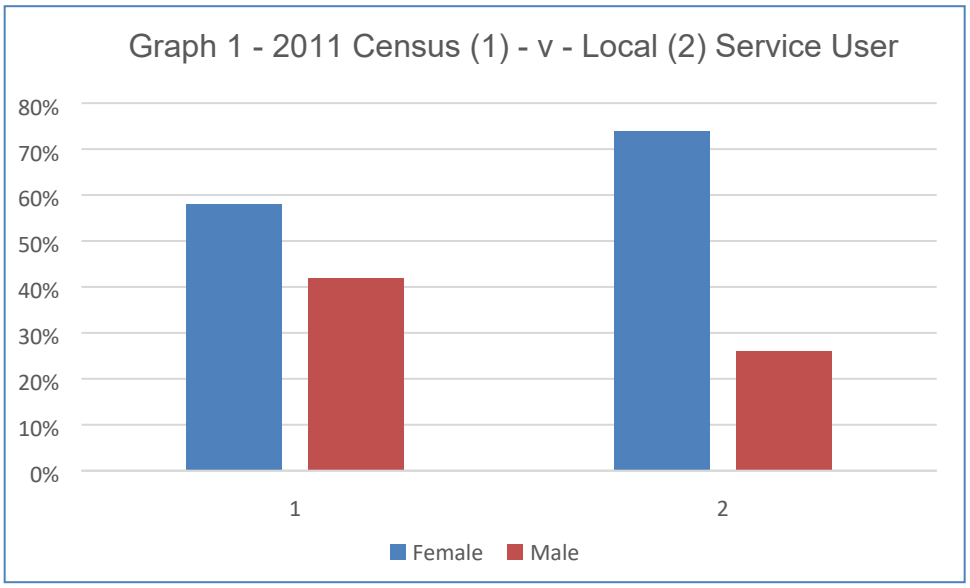
3.1.1 As reported in the 17th of November 2020 the Health and Social Care Overview and Scrutiny Committee, the contract for a Carers Service was awarded to Carers Resource. The contract commenced in April 2019.

3.1.2 The service is delivered through a team of Locality Workers active across the Bradford district and Craven. These are supported by Team Leaders, First Contact, Group Development, Engagement and other specialist skills staff along with administration and management staff.

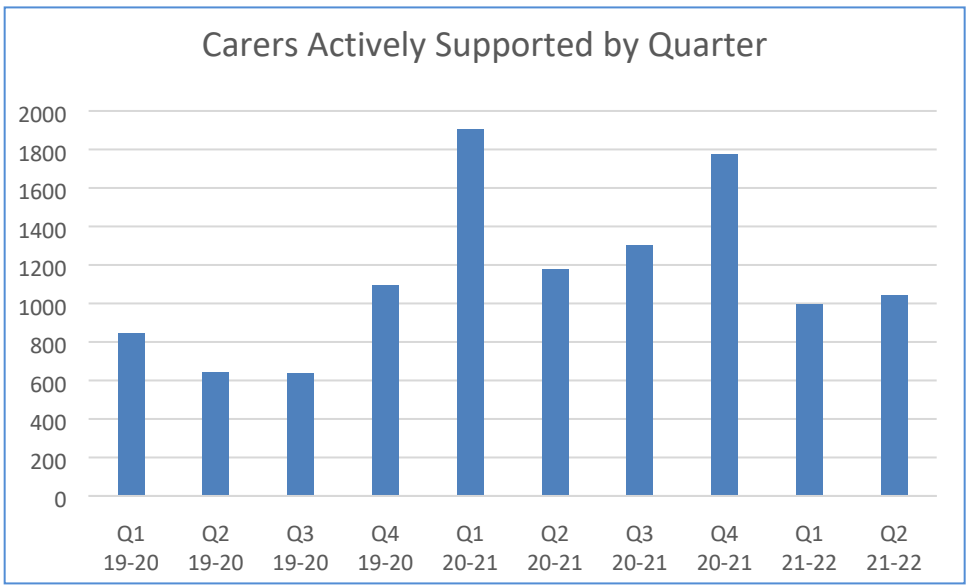
3.1.3 A detailed report on service outputs for the period April 2019 to September 2021 can be found at APPENDIX 1 to this report.

3.1.4 Points to draw from these outputs include;

- Self-referrals pre COVID-19 were running at an average of nearly 700 per quarter. At the height of the COVID-19 pandemic these fell off to an average of 180 per quarter. In the first half of the current year self-referrals have averaged just over 500 per quarter. Referrals from professionals have not as yet returned to pre COVID-19 levels.
- Overall, of the newly registered carers locally there are more female carers than the national average, (see Graph 1). Male carers continue to be under-represented in the service. However, male carers registering with the service increased to nearly 30% in quarter three at the height of the COVID-19 pandemic and further measures to address this are detailed below at 3.3.1.



- During the COVID-19 pandemic period referrals to the service from Primary Care sources have seen a 55% decline in referrals from GP's and a more than 100% increase in referrals from hospitals. Over the same period referrals from Secondary Care and Voluntary Sector sources declined at a similar rate to that of GP's and are only slowly returning to pre COVID-19 levels.
- Of newly registered carers providing ethnicity information 24% of the total number of new carers were from BAME communities, however, when this figure is adjusted to account for demographics and carers in Craven excluded this rises to 27% for Bradford district alone, which more closely fits Bradford's demographics.
- In 2019-20, on average 700 carers were actively supported each quarter (see Graph 2). This fell to around 600 per quarter during the peak of the COVID-19 pandemic rising again to over 1,000 per quarter in the first half of this year.



- The majority of carers accessing support continues to be those in the 26-64 age group. However, during COVID-19 and as a percentage of all carers accessing support we have seen an increase in those in the 65-84 age group accessing support.

- Where support was provided during the height of the COVID-19 pandemic, less than 10% of this was delivered face to face, the majority being delivered by telephone and online. Recent easing of COVID-19 restrictions has seen this return to more normal levels of around 40% with the latest quarter report showing that 25% of support is now face to face. The expectation being that this will increase over time.

- **Carer Feedback:**
  Text message from carer; 'It's been a very challenging time for us throughout lockdown. The first time you rang me in lockdown was amazing and helped me so much, just having someone who knows and cares how we feel I knew I was not alone. I have had better days after that and knowing that you were there for us and thank you for all the calls after that too, you just lifted the load off me so I could cope with everything.

  he highest demand for support provided by type of support was until recently Emotional Support however in the first two quarters of this year this shifted to Money Matters with general Health and Wellbeing of the carer remaining third highest area of demand for support.

- **Carer Feedback:**
  Carer said *"All your good work with the DWP has finally paid off and they have paid the Attendance Allowance owed to my husband" … "there is only you who does your job properly."* She confirmed a lump sum payment of £2454.00 which has been paid into her account.

  ellbeing Reviews have continued to be undertaken throughout the COVID-19 pandemic and have remained steady at around 1,500 undertaken each year. In addition to which between 900 to 1,000 small grants were awarded each year.

- **Carer Feedback:**
  Thank you for your understanding, compassion, thoughtfulness and ability to make people feel less alone. I've had a hard week dealing with my mental health this week and you made me feel like my spirits have been lifted somewhat by supporting me. You took a huge weight off my back in terms of the form for DLA and I am forever grateful of that. I think you saved me from spiralling into a burnout.

  re COVID-19 pandemic over 400 carers were supported to develop Emergency Plans linked to the Council's Safe Sound service. Numbers completing Emergency Plans fell by nearly 50% during the pandemic, 90 plans were actually closed due to bereavement or the cared for receiving nursing care. Take up of Emergency Plans continues to remain low.

3.1.5 Specific practical measures delivered by the Carers Service to elevate COVID-19 impacts have included the following;

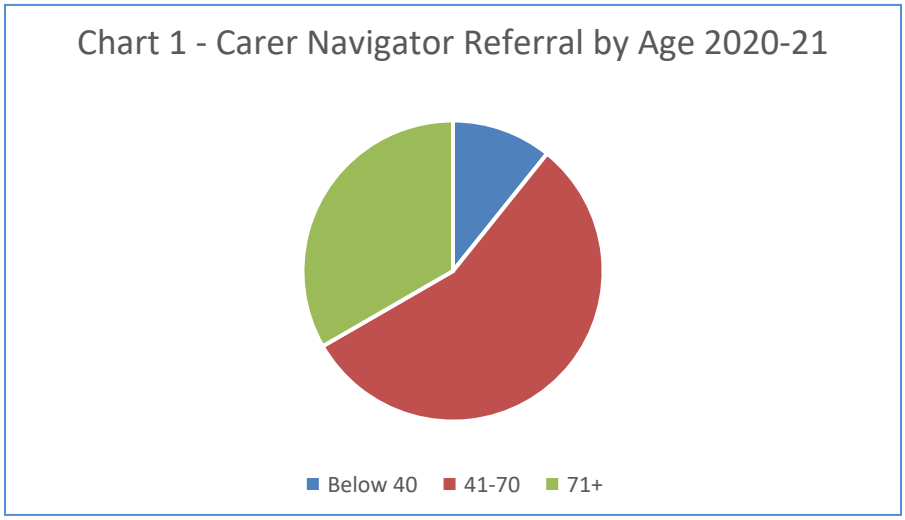
- Food vouchers for carers who are struggling to pay for food during the pandemic included Young carers.
- Carers Resource Emergency fund to relieve hardship and difficulty due to the COVID-19 pandemic and the subsequent lockdown for carers and their families. A Carer's Emergency Fund is a payment of up to £300 and is intended to help carers cope with the added pressures of the lockdown situation.

- Monthly Parent carer webinars on a variety of topics including 'What can Carers' Resource offer Parent Carers'. e.g. SEND/EHCP/My Support Plans, grants and funding, support with DLA, Preparing for Adulthood, PIP's, and relationships and wellbeing

> **Carer Feedback:**
> Following liaising with nursery on behalf of a parent carer, the following day they called her and said her son could start nursery from Monday. She wrote *"Thankfully he started yesterday and is doing well he's so much happier. I would like to thank you for your help".*

- COVID-19 messaging; Carers' Resource is one of a group of VCS organisations selected to engage with their communities and feedback client concerns and insights about the implementation of Track and Trace and other COVID-19 messages.

3.1.5 Despite considerable challenges accessing wards Carers Resource have continued to deliver the hospital based Carer Navigator support provision at both Bradford Royal Infirmary and Airedale General Hospital. From April 2020 to March 2021 the Carer Navigator's received 267 referrals, down from 447 referrals in the same period during 2019-20, age ranges are shown in the Chart 1 below. However, first half year figures for 2021-22 have returned to near pre COVID-19 levels.



3.1.6 Challenges included;

- Suspension of family and friend's visiting hospitals. It's while visiting that medical staff often identify people who need the Carer Navigator support.
- Nearly 50% of the service target wards have been closed and reassigned COVID-19 wards.
- Lack of access for Carer Navigators to hospitals at the height of the pandemic. Limited access being restored at Bradford Royal Infirmary during September 2020.
- Impact on relationships developed with hospital and social work teams.

3.1.7 In response to the above challenges the Carer Navigator service responded by;

- Developing a comprehensive communications strategy focusing on a multi-media approach.

- Promoting the service on local and community radio broadcasts.
- Stepped up efforts to maintain contact with ward staff and social work departments to maintain a flow of referrals and reinforce positive relationships.
- Provided support to carers referred to the Carer Navigator provision by telephone, text, email and Zoom.

3.1.8 Of those supported by the Carer Navigators during April 2020 to March 2021;

- Nearly 89 unpaid carers needed help with Discharge Arrangements and 101 needed General Help and Support, 65 needed help arranging support at home and 57 were signposted to for additional support.
- Post intervention, 34 unpaid carers reported greater confidence in their ability to manage, 38 felt supported and enabled to plan ahead, 43 reported being aware of options available for managing care of the cared for and 49 reported having an increased awareness of support available.

3.1.9 As reported in the November 2020 report to committee, since March 2020 the Carers Service has been impacted by the COVID-19 pandemic, it continues to be impacted by COVID-19. Despite this the service has remained open for referrals throughout.

3.1.10 From March 2021 onwards the service;

- Continued to experience a reduction in the number of referrals to all parts of the service both self-referrals and professional referrals, including referrals to the Carer Navigator's.
- The ability to signpost to other organisations as continued impacted on the service as partner organisations serving unpaid carers remained closed or operated under changed models of delivery. This situation is only gradually returning to the pre COVID-19 position.
- Carer Navigators continue to experience difficulty accessing hospital wards. Particularly at Airedale General Hospital where Carer Navigators have had to relinquish office space. Despite this, 168 referrals for Carer Navigator support were received during the first two quarters of this year.
- Data from the first two quarters of this year, April to September suggest that demand for support is generally returning normal pre COVID-19 levels and for some support activities exceeding pre COVID-19 levels.

3.1.11 Despite the limitations imposed by COVID-19 measures the carers service was once again able to develop a full programme for the annual Carers Week in June 2021. As COVID-19 measures eased the 2021 programme was a mix of online and face to face activities, much appreciated by carers.

3.1.12 The carers service continues to make a difference to the lives of unpaid carers. Appendix 2 to this report includes case studies of the support offered by the Carers Service including the Carer Navigator's work. Case studies are from the period that COVID-19 restrictions have been in operation.

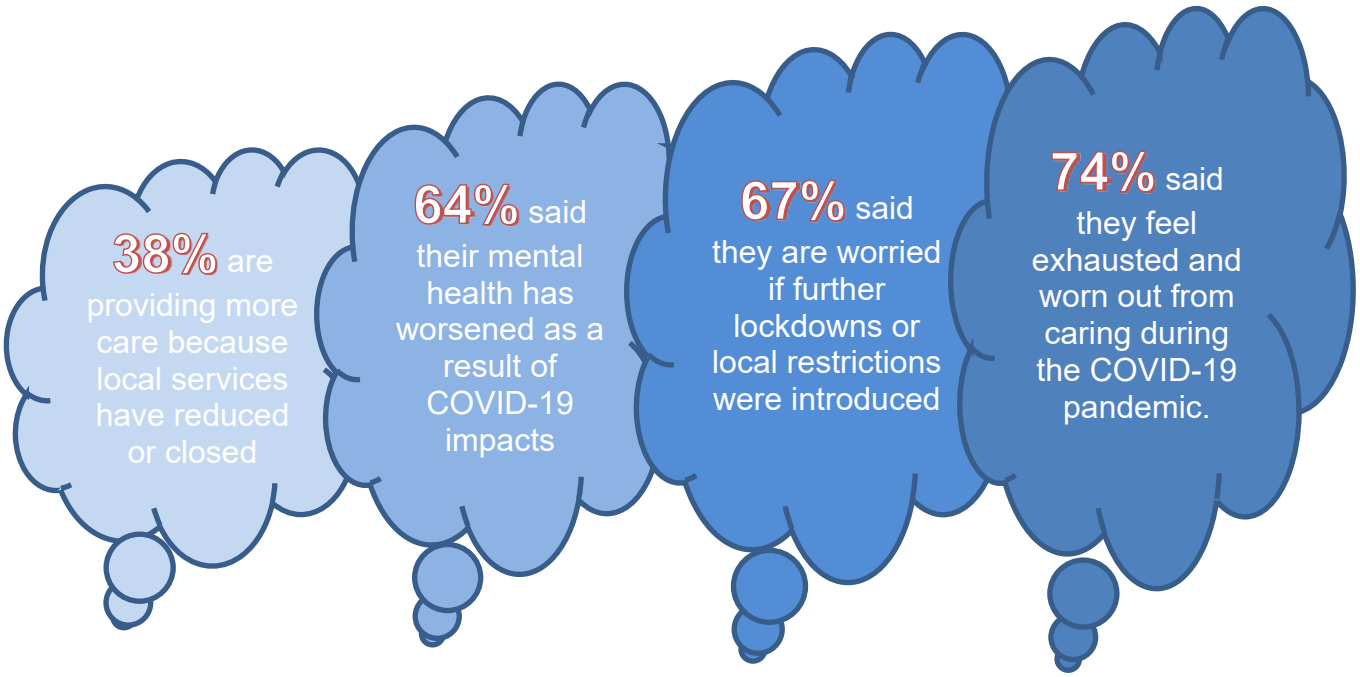
3.2 Emerging Impacts of COVID-19

3.2.1 It is clear from national and local research that COVID-19 continues to have an

impact on carer's lives over and above the general stress and mental wellbeing of being an unpaid carer.

3.2.2 At the national level the Caring Behind Closed Doors[1] report, a survey undertaken by Carers UK into the continuing impact of the COVID-19 pandemic on unpaid carers suggest that;

- 81% of unpaid carers are providing more care due to the COVID-19 outbreak.



- 40% are providing more care because the needs of the person they care for have increased.
- 64% of carers have not been able to take any breaks from their caring role during the COVID-19 pandemic. Further research showed that 40% of carers hadn't had a day off for more than a year and 25% for more than five years.
- 11% of working carers had reduced their hours of work and 9% said they had given up work because of caring.

3.2.3 As reported in the 'COVID-19 Mental Health Needs Assessment Bradford District[2] identifies the following issues;

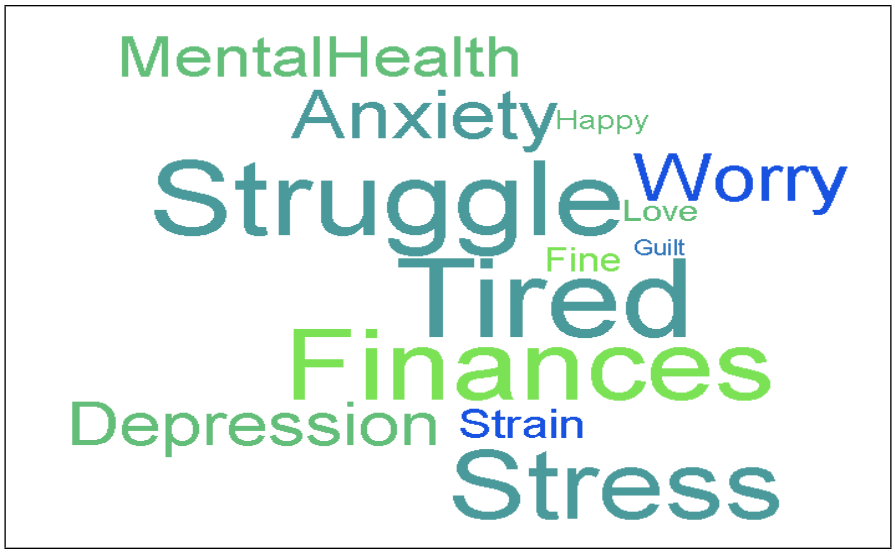
- Carers groups report a lack of respite services, which as an existing issue before the pandemic has been exacerbated due the COVID-19 lockdown.
- Carers from BAME communities have added stress due to the increased risk of COVID-19 mortality (highest in the Bangladeshi group).
- Older carers face barriers not accessing digital resources.

These issues continue to impact carers as the pandemic persists.

3.2.4 A survey of the most commonly used words by Carers' Resource service users during conversations provides an insight into carer concerns, tiredness being the most common concern closely followed by finances.

[1] http://www.carersuk.org/images/News_and_campaigns/Behind_Closed_Doors_2020/Caring_behind_closed_doors_Oct20.pdf

[2] https://jsna.bradford.gov.uk/documents/Mental%20wellbeing/01%20Mental%20Health%20Needs%20Assessment/COVID19%20Mental%20Health%20Needs%20Assessment%20-%20Stage%203%20Final%20report%20-%20July%202020.pdf,



3.3 Developments and mitigating actions

3.3.1 Carers Resource were recently successful in a funding bid to the Carers Trust with a proposal for work to design, test and mainstream a package of support options and activities for male carers. Male carers being hard to reach and engage with (see 3.1.4 – Graph 1). They were awarded £150,000 to develop a resource package derived from evidence based research into how carers services might engage with male carers. The initial stages of this work starting in November 2021 will also involve and be supported by the Bradford Bulls Foundation, Men's Health Programme.

3.3.2 Carers Resource have established a bespoke carers advice line. Originally planned as a mitigating action to support the local response for advice on COVID-19 issues the intention is to retain this bespoke advice line going forward. This is separate from the general telephone contact route to Carers Resource.

3.3.3 A Carers Card was launched to coincide with Carers Rights Day, November 2020. The card provides a simple and quick way unpaid carers can be identified by professional support agencies. Over 1,000 carers have already signed up for and received a Carers Card.

3.3.4 The new 'Alternatives to Respite' service is now in place. Delivered by Equality Together and badged as Holibreak+ the service;

- Provides an alternative to respite in a care home for people with identified social care needs and their unpaid carers.
- Supports people and their unpaid carers to have and maintain an independent life and improve their mental, physical, emotional and economic wellbeing.
- Helps people maintain and where possible improve the general wellbeing of people and their unpaid carers by providing them with access to a range of opportunities and options to take breaks, of varying lengths of time, and take part in socialising activities.

3.3.5 Despite being severely impacted by COVID-19 measures, between February and

June 2020 there were over 500 contacts with the service. Of these the service supported 46 people, both cared for and carer to begin to plan a break. Of these 12 accessed a free or discounted activity.

3.3.6 The additional £45,000 investment in 2020, a response to the Covid-19 Mental Health Needs Assessment funds work to identify and support people new to caring or those who's caring role increased as a result of Covid-19, particularly within BAME communities. This is beginning to have an impact on the numbers of carers from the BAME community engaging with the Carers Service which is up from 24% of service users in 2020 to 27% now.

3.3.7 A Racial Equality Mental Health collaborative was established in autumn 2020 which is a collective of Black, Asian and Minority Ethnic (BAME) practitioners, therapists, policy experts, activists and academics who specialise in areas of mental health, therapy and delivery of community based services. Members of the collaborative have been successful in receiving COVID-19 impact funding to deliver culturally sensitive counselling and intense support to BAME communities, including carers within BAME communities.

3.4 Other Activity

3.4.1 In addition to the above there are a number of cross cutting initiatives aimed at mitigating the impact of COVID-19 on carers or to which unpaid carers will have access for support.

3.4.2 In January 2021 we ran an Innovation Grant process for projects that would address the negative physical and mental health impacts on unpaid carers, impacts that are as a result of their caring role and seeking projects that support unpaid carer groups who are particularly at risk and vulnerable.

3.4.4 As a result, two new grant funded projects were put in place;

3.4.4 The Parent Carer project (£86,000) supports parent carers of children with additional needs, including children with ADHD, autism and other conditions associated with behavioural difficulties. The support being focused on the parent carer. Since February 2021 the project as;

- supported 168 parent carers, 149 of these being female and 19 being male and 57 being Asian or Black or of Mixed Race ethnicity.
- A post invention survey of the those supported by the project showed that 12% of those supported reported their quality of life was excellent and 82% reported it as good.
- When asked about access to support, including support for their own personal health carer 67% of parent carers said that access to support was very easy and 33% said it was difficult.
- When asked if they had been included in discussions about the person they care for 80% said they were included as much as they would like to be and 20% said they were sometimes included in discussions about the person they care for.

3.4.5 The second project is a skills development project (£39,400) which provides access to Carers Count Wellbeing Courses. Courses are part structured and part unstructured to allow carers taking part choice on course content. Courses are available on a mix of days and times to meet the needs of carers, including weekends. Each consists of six sessions. Feedback from carers attending the first course included;

- I looked forward to every week and found it very interesting.
- It helped with my confidence and I made some new friends.
- One carer who was caring for her husband at end-of-life care commented she was able to use the techniques [learned] daily and this helped her prepare for the day…helped her look after herself again.

Initially planned to be delivered online due to COVID-19 measures future courses are being planned around community venues.

3.5 COVID-19 Vaccinations for Unpaid Carers and Infection Control Fund

3.5.1 The Carers Service was instrumental in supporting the COVID-19 vaccination programme making a significant contribution to the local response to provide access to vaccinations for unpaid carers as part of Cohort 6 of the national vaccination programme.

3.5.2 Working with the Council's COVID-19 Team, colleagues in Public Health and the Clinical Commissioning Group we were able to identify and support nearly 15,000 unpaid carers in the district to access COVID-19 vaccinations.

3.5.3 The Carers Service are currently engaged in the local plans to promote the roll out of the national flu vaccination programme and the COVID-19 booster vaccination programme in which unpaid carers have been identified as a priority group.

3.5.4 The Carers Service also administered a £75,000 infection control fund budget allocated to support unpaid carers at the height of the COVID-19 pandemic. Grants were awarded to 1,027 carers needing support around infection control measures in the form of small grants to a maximum of £75.00.

4. FINANCIAL & RESOURCE APPRAISAL

4.1 The procurement of the Carers Service in the Bradford district and Craven was undertaken within the proposed contract value as detailed in the 25th of October 2018 report to this committee and jointly funded through allocations in the Better Care Fund (BCF)

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

5.1 The Care Act 2014 recognises the equal importance of supporting carers and the people they care for. Under the Care Act the Council is responsible for doing or ensuring carers assessments are undertaken in accordance with the Care Act, to identify carers in need, promote their wellbeing, and where necessary, meet their eligible needs.

5.2 The governance structure of this work will sit within the Health and Wellbeing

Department and will report to Departmental Management Team (DMT), to the CCG's Senior Leadership Team and to the Planning and Commissioning Forum.

6. LEGAL APPRAISAL

6.1 The legal issues arising out of this Report in addition to the statutory references are made within the body of the Report or detailed in the previous legal appraisal set out in the Report dated 16 December 2021 regarding commissioning of services. This service forms a part of the means by which the Council complies with its' duties to cares under the Care Act 2014

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

7.1.1 The Carers Service provided through this commissioning and procurement process is designed to support some of the most vulnerable residents in Bradford district and Craven communities. As such they are an important part of the approach to equality and diversity as the Council and CCGs through this service seek to empower unpaid carers.

7.1.2 The on-going monitoring of the contract will provide information on any changes and ensure they are addressed.

7.2 SUSTAINABILITY IMPLICATIONS

7.2.1 None.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

7.3.1 The commissioned service provider are required to support the Council's commitment to reduce CO2 emissions through the contracting arrangements it enters into with the Council.

7.4 COMMUNITY SAFETY IMPLICATIONS

7.4.1 There are no community safety implications arising from this report.

7.5 HUMAN RIGHTS ACT

7.5.1 The implementation of the Council's and CCGs duties under the Care Act 2014 must be discharged in keeping with the positive obligations incumbent of the Council and NHS to uphold and safeguard people's human rights in keeping with the European Convention on Human Rights and statutory principles of the Mental Capacity Act 2005 Code of Practice.

7.5.2 In implementing the Care Act 2014 the Council must safeguard peoples Human Rights whether or not the person has capacity to consent.

7.5.3 The Human Rights Act 1998 provides a legal basis for concepts fundamental to the well-being of older people and others, who are in need of Home Support, together

with their carers. The Act provides a legal framework for service providers to abide by and to empower service users to demand that they be treated with respect for their dignity.

7.6 TRADE UNION

7.6.1 Not applicable.

7.7 WARD IMPLICATIONS

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

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

7.8.1 Not applicable

7.9 IMPLICATIONS FOR CORPORATE PARENTING

7.9.1 None.

7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

7.10.1 There may be a need for partner agencies to share data however this would only be with the express permission of the individual affected in the full knowledge of why and what it would be used for. GDPR principles relating to any individuals data and rights under the Data Protection Act 2018 will be respected.

8. NOT FOR PUBLICATION DOCUMENTS

8.1 None.

9. OPTIONS

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

10. RECOMMENDATIONS

10.1 That the content of the report be noted.

11. APPENDICES

APPENDIX 1: Carers Service Outputs – April 2020 to March 2021
APPENDIX 2: Case Study - Carers Service & Case Study - Carer Navigators

12. BACKGROUND DOCUMENTS

12.1 Report to the Strategic Director of Health and Wellbeing to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on the 28th of November 2019.

12.2 Report to the Strategic Director of Health and Wellbeing to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on the 17th of November 2020.

APPENDIX 1

Carers Service Outputs - April 2019 to September 2021.

NB: Covid period quarters headed in black.

		2019-20						2020-21						2021 -22	
Quality & Performance Indicator	**Method of Measurement**	**Q1**	**Q2**	**Q3**	**Q4**	**Aver per Qtr**	**Total**	**Q1**	**Q2**	**Q3**	**Q4**	**Aver per Qtr**	**Total**	**Q1**	**Q2**
Carer Involvement	Number of volunteers 'actively' supporting the delivery of the service (with more than 2 hours volunteer time per week)	17	39	61	66	45.75	N/A	25	28	38	41	33.0	N/A	45	15
	Carers attending engagement events, providing other feedback etc	12	11	10	7	10	40	24	21	6	5	14.0	56	7	1
	Number of carers receiving Choices, and/or receiving support	3073	3431	3684	4218	3601.5	N/A	3206	2744	5007	5938	4,223.8	16895	5675	5909
	Number of new carers Registered with the Service this quarter	1084	1107	965	1320	1119	4476	278	350	351	342	330.3	1321	685	752
	Number of all carers 'actively supported this quarter	621	688	588	844	685.25	2741	515	514	556	651	559.0	2236	1783	1683
Carer Profile	**Gender (new carers registered this quarter)**														
	Male	271	312	241	356	295	1180	80	96	102	85	90.8	363	160	155
	Female	813	795	724	964	824	3296	198	254	249	255	239.0	956	495	567
	Transgender	**Not Previously Counted**												1	0
	Prefer not to say	0	0	0	0	0	0	0	0	0	2	0.5	2	29	30
	Ethnic Group (new carers registered this quarter)														
	Asian/British Asian: Bangladeshi	5	5	9	15	8.5	34	3	4	1	1	2.3	9	6	6
	Asian/British Asian: Indian	13	10	9	16	12	48	2	2	9	2	3.8	15	13	4
	Asian/British Asian: Other Asian	1	4	4	5	3.5	14	1	2	1	1	1.3	5	3	3
	Asian/British Asian: Pakistani	105	169	172	222	167	668	40	55	38	45	44.5	178	85	108

Quality & Performance Indicator	Method of Measurement	Q1	Q2	Q3	Q4	Aver per Qtr	Total	Q1	Q2	Q3	Q4	Aver per Qtr	Total	Q1	Q2
	Black/Black British: African	1	5	2	5	3.25	13	0	3	1	2	1.5	6	1	6
	Black/Black British: Caribbean	2	5	2	10	4.75	19	0	1	2	0	0.8	3	1	2
	Black/Black British: Other Black	1	4	1	1	1.75	7	0	0	0	1	0.3	1	1	1
	Chinese: Chinese	0	1	1	0	0.5	2	0	1	0	0	0.3	1	0	1
	Mixed: White and Asian	1	1	1	2	1.25	5	0	1	2	0	0.8	3	2	0
	Mixed: Other	1	0	2	3	1.5	6	0	0	0	0	0	0	1	3
	Other Ethnic Group	4	3	7	6	5	20	0	0	0	2	0.5	2	2	1
	Other ethnic group: Arab	6	1	1	2	2.5	10	0	0	1	0	0.3	1	1	1
	White: British/Mixed British	749	756	599	843	736.75	2947	161	206	201	186	188.5	754	309	364
	Mixed: White and Black African	0	1	0	1	0.5	2	0	1	0	1	0.5	2	0	0
	Mixed: White and Black Caribbean	0	3	3	2	2	8	1	1	0	0	0.5	2	0	1
	White: East European	11	9	15	17	13	52	4	3	4	1	3.0	12	1	6
	White: Irish	4	1	1	3	2.25	9	1	0	0	0	0.3	1	1	2
	White: Gypsy or Irish Traveller	0	1	1	1	0.75	3	1	0	1	0	0.5	2	0	0
	White: Other White	5	6	15	10	9	36	3	3	3	1	2.5	10	8	3
	Prefer not to say	25	49	24	19	29.25	117	1	28	67	83	44.8	179	73	71
	Not yet processed	150	73	96	139	114.5	458	60	39	20	16	33.8	135	177	169
	Age Group														
	Age Group 1 - Under 18s	2	0	0	0	0.5	2	0	0	0	0	0	0	0	0
	Age Group 2 - 18-25	24	25	23	37	27.25	109	13	4	10	9	9.0	36	16	25

Quality & Performance Indicator	Method of Measurement	Q1	Q2	Q3	Q4	Aver per Qtr	Total	Q1	Q2	Q3	Q4	Aver per Qtr	Total	Q1	Q2
	Age Group 3 - 26 - 64	562	616	543	752	618.25	2473	154	209	197	244	201.0	804	417	431
	Age Group 4 - 65 - 84	249	254	241	323	266.75	1067	63	70	90	55	69.5	278	121	193
	Age Group 5 - 85+	48	43	37	41	42.25	169	11	14	10	3	9.5	38	17	28
	Prefer not to say	199	169	121	167	164	656	37	53	44	31	41.3	165	114	75
	Source of Referral														
	Source of referral 1 - Self	725	610	594	861	697.5	2790	179	158	156	231	181.0	724	441	572
	Source of referral 2 - Primary Care - GP	52	54	46	50	50.5	202	15	21	28	11	18.8	75	6	13
	Source of referral 3 - Primary Care - Hospital	0	0	0	0	0	0	4	6	10	18	9.5	38	4	55
	Source of referral 4 - Primary Care - Other	70	41	31	44	46.5	186	11	29	21	8	17.3	69	13	10
	Source of referral 5 - Secondary Care	45	179	150	159	133.25	533	29	63	40	19	37.8	151	11	4
	Source of referral 6 - Social Services - Access	9	12	10	0	7.75	31	10	0	0	3	3.3	13	8	0
	Source of referral 7 - Social Services - Social Worker	34	68	24	51	44.25	177	6	15	17	8	11.5	46	3	28
	Source of referral 8 - Social Services - Other	33	25	19	19	24	96	0	12	12	1	6.3	25	3	8
	Source of referral 9 - Voluntary Sector	87	91	69	113	90	360	18	27	46	25	29.0	116	19	23
	Source of referral 10 - Palliative care	11	13	12	13	12.25	49	1	9	6	3	4.8	19	2	5
	Source of referral 11 - Children's Services	6	5	6	4	5.25	21	1	1	6	1	2.3	9	0	14
	Source of referral 12 - Family/Friend	1	0	3	4	2	8	1	8	3	10	5.5	22	15	65
	Source of referral 13 - Education	2	2	1	2	1.75	7	1	1	5	3	2.5	10	4	16
	Source of referral 14 - Job Centre Plus	1	3	0	0	1	4	2	0	1	1	1.0	4	2	1

Quality & Performance Indicator	Method of Measurement	Q1	Q2	Q3	Q4	Aver per Qtr	Total	Q1	Q2	Q3	Q4	Aver per Qtr	Total	Q1	Q2
Support Activity	Number of Carers who have received 1-2-1/face to face support from a support worker	507	652	644	474	569.25	2277	72	70	102	138	95.5	382	620	305
	Number of Carers who have received support by telephone only from a support worker	842	641	634	1095	803	3212	1902	1177	1302	1775	1,539.0	6156	995	1042
	Reason for referral 1 - Money Matters - Benefits	595	612	668	723	649.5	2598	633	351	270	226	370.0	1480	329	367
	Reason for referral 2 - Emotional Support/listening	518	663	589	904	668.5	2674	1001	788	165	102	514.0	2056	250	271
	Reason for referral 3 - Health and wellbeing (carer)	410	240	255	420	331.25	1325	367	332	187	109	248.8	995	142	168
	Reason for referral 4 - Breaks/Time off	242	98	75	206	155.25	621	1	5	21	25	13.0	52	30	85
	Reason for referral 5 - Leisure	158	205	177	221	190.25	761	114	97	1	0	53.0	212	16	28
	Reason for referral 6 - Housing	94	101	154	112	115.25	461	90	67	39	29	56.3	225	15	0
	Reason for referral 7 - Equipment	150	179	196	165	172.5	690	165	125	25	31	86.5	346	52	42
	Reason for referral 8 - Education and Training	53	107	128	100	97	388	99	138	44	29	77.5	310	21	95
	Reason for referral 9 - Employment	96	139	116	177	132	528	187	126	36	22	92.8	371	40	60
Carers Assessment	Number of wellbeing reviews carers 'facilitated' and completed	388	333	368	467	389	1556	285	318	295	583	370.3	1481	373	222
	Number of wellbeing reviews carers 'self' completed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of referrals for 'statutory' carers assessment	3	4	3	4	3.5	14	0	0	0	0	0	0	0	0
Information and advice provided	Number of carers who have received general carers information and advice by post only	49	54	55	54	53	212	36	30	35	98	49.8	199	31	31
	Number of carers who have received general carers information and advice, face to face	0	0	0	0	0	0	20	91		37	49.3	148	120	105

Quality & Performance Indicator	Method of Measurement	Q1	Q2	Q3	Q4	Aver per Qtr	Total	Q1	Q2	Q3	Q4	Aver per Qtr	Total	Q1	Q2
	Number of carers who have received specialist information and advice by post only	220	212	208	202	210.5	842	182	264	431	386	315.8	1263	169	138
	Number of carers who have received specialist information and advice, face to face	107	160	145	71	120.75	483	3	78	52	36	42.3	169	1412	0
	Of the above; number of Carers														
	Advised on … 1 Money matters other than benefits	26	35	25	31	29.25	117	24	22	27	8	20.3	81	235	203
	Advised on … 2 Welfare Benefits e.g. PIP, Attendance Allowance, Carers Allowance.	49	88	76	85	74.5	298	37	21	59	43	40.0	160	461	486
	Advised on … 3 Education and Training	7	26	33	26	23	92	9	5	22	10	11.5	46	45	147
	Advised on … 4 Employment	10	21	13	12	14	56	12	4	14	6	9.0	36	39	182
Signposting	Number of carers signposted to relevant services	344	312	302	322	320	1280	184	85	83	93	111.3	445	72	85
	Number of carers signposted to relevant services with an arranged appointment	1	0	0	0	0.25	1	0	0	0	0	0	0	0	0
	Signposted to …1 Welfare Benefits Advice specialist	52	68	44	57	55.25	221	4	9	3	4	5.0	20	8	36
	Signposted to …2 Other Money Matters specialist	17	14	12	14	14.25	57	5	6	3	10	6.0	24	1	14
	Signposted to …3 DWP	4	10	9	8	7.75	31	1	8	4	3	4.0	16	1	1
	Signposted to …4 Employment specialist other than DWP	43	38	59	63	50.75	203	45	0	0	1	11.5	46	2	0
	Signposted to …5 Leisure/Social	38	50	46	58	48	192	12	1	0	4	4.3	17	277	9
	Signposted to …6 Breaks & Time off	33	55	27	36	37.75	151	19	1	0	1	5.3	21	120	11
	Signposted to …7 Equipment/Adaptations	31	57	49	66	50.75	203	1	1	0	2	1.0	4	95	10
	Signposted to …8 Bereavement Support	4	5	1	6	4	16	1	0	1	1	0.8	3	61	4

Quality & Performance Indicator	Method of Measurement	Q1	Q2	Q3	Q4	Aver per Qtr	Total	Q1	Q2	Q3	Q4	Aver per Qtr	Total	Q1	Q2
Emergency Plans	Number of referrals for emergency plan	0	0	0	0	0	0	0	0	0	0	0	0	0	74
	Number of emergency plans completed	97	129	114	98	109.5	438	39	61	62	68	57.5	230	29	27
	Number of emergency plans activated and implemented	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of emergency plans reviewed	1	1	1	15	4.5	18	0	5	35	1	10.3	41	0	1
	Number of emergency plans closed	6	3	9	15	8.25	33	10	27	30	23	22.5	90	2	10
Advocacy	Number of carers receiving issue-based advocacy support	137	123	135	122	129.25	517	99	123	115	245	145.5	582	14	24
	Number of hours spent providing issue-based advocacy support	48	45	40	35	42	168	26	35	38	9.5	27.1	108.5	5.5	9.75
	Number of carers referred to statutory advocacy support services	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Support Groups	Number of support groups supported or facilitated	18	19	21	25	20.75	83	5	9	14	16	11.0	44	35	36
	Number of carers attending facilitated support groups	125	112	107	129	118.25	473	35	34	69	70	52.0	208	97	174
	Number of support groups that become 'self-managed' during the quarter.	0	1	0	0	0.25	1	0	0	0	0	0	0	0	0
	Number of 'one off' workshops delivered to support groups	7	8	3	5	5.75	23	1	0	0	0	0.3	1	0	0
Carers Small Grants	Number of referrals for carers small grant	190	220	231	249	222.5	890	257	252	245	338	273.0	1092	276	358
	Number of carers small grants awarded	179	216	228	248	217.75	871	252	239	235	335	265.3	1061	276	358

APPENDIX 2

Case Study - Carers Service

Brief Background	
Carer was referred by the Home From Hospital team after carers husband was discharged from hospital. Home From Hospital identified carer stress and strain and would benefit from CR support. Carer (69) is caring for her husband (78) who had a stroke in December 2020. His stroke left him with poor speech, difficulties with eating and drinking, double incontinence, and paralysis except for movement in one arm. He was discharged into his wife's care because he was giving up; the hospital felt he would make a better recovery at home. He was sent home with 4 carer calls, rehabilitation team visits twice weekly, and speech and language support. He is screaming and shouting for the carer throughout the night due to pain and discomfort. The carer explained, she is exhausted from the lack of sleep and having no time out to look after her own health – she has fibromyalgia. She is overwhelmed by how much support her husband needs in between carer calls and is desperate to get extra help during the night, and time out for herself during the day, so she can look after her own health which will enable her to continue in her caring role.	
Support provided by:	
Telephone	☒
Office appointment	☐
At home	☐
Outreach venue	☐
Other (please state)	☒
What did the carer need/want?	
• Carer suffering from exhaustion from broken sleep, physical and emotional stress and strain from providing 24/7 care with no respite or time out. • Carer needed emotional support from someone with whom she felt she could discuss her feelings and worries. Particularly about the impact her caring role was having on her health and wellbeing. • Carer was needing support and advice regarding getting additional support and time out so she could go shopping, look after her own health (fibromyalgia) and daily pain. • Carer states she is managing but will not be able to continue this level of support long term with no time out or additional help.	

What support/practical help did you provide?

- Completed a Well Being Review and discussed caring situation over the phone (due to Covid 19 restrictions). Identified that carer would benefit from an Adult services statutory carers assessment due to severe carer strain, lack of “time out”, deteriorating health due to caring role and mental exhaustion from lack of sleep. Also offered continued emotional support as carer had no other services involved since her husband was discharged into her care.
- Consent was gained for me to contact Adult services on behalf of carer to request a carer’s statutory assessment. Requested time out services and help her through the night.
- Provided continued emotional support and encouragement over the phone, which reduced her feelings of being alone, and prevented her feelings from getting worse, reduced built up tension and allowed her to have someone who was supporting her with her own needs.
- Gave encouragement for her to ask for support from her family to allow her to get some time out, so she can either go shopping or go for a short walk to manage her fibromyalgia pain.
- Provided information: Carers UK guide to seeking help; continuing health care; Lasting Power of Attorney factsheet; and forms printed for both health and care (carer completing these herself).
- Provided carer with the Emergency plan form and this was completed by her.
- A carer’s wellbeing grant was offered to carer to allow her to have a pamper treat which would give her some time out and make her feel more relaxed. Also made recommendations for infection control grant, carer card and winter grant scheme.
- Each phone call we discussed
  - Listening to how carer was feeling and coping.
  - What she needed to help her to manage.
  - Encouragement with asking for help from the family to allow her to go for walks.

Outcomes achieved (click on box):

Quality of life maintained	☐
Improved health/wellbeing	☒
Maintained health/wellbeing	☐
Increased choice and control	☒
Increased self confidence	☒
Better informed/skilled/equipped	☒
No readmission within 30 days	☐
Better use of primary care services	☐
Improved levels of self-care	☒
Less socially isolated	☐
Improved mental wellbeing	☒

Comments: (e.g. the difference our work made)
Active listening reduced carer's feelings of being alone, and prevented her mental health from deteriorating further, and reduced built up tension. Carer felt valued and realised that she mattered. Carer felt empowered to find the best solutions to their situation. This meant the couple now have access to community matron and the early support discharge team. The carer now liaises more confidently, and when needed, with her husband's G.P. Carer is more aware of how to navigate her way round health and social care services. Carer now has access to information that helps her to make informed decisions. Carer has peace of mind knowing if anything happens to her, the emergency plan will be activated and the Lasting Power of Attorney for welfare and finance will enable her to make decisions on the cared for behalf.

Case Study – Carer Navigator Support

Brief Background:

Patient lived alone and was independent. Patient had a stroke and he was found in his house by the ambulance. Referral was received from discharge coordinator for support for patient's sisters with discharge plans.

Admission details and any particular concerns:

Patient was admitted to ward 6 in the Bradford royal Infirmary. Patient's speech and mobility was affected from the stroke. Patient was able to say basic words; such as yes and no. Patient now needed 24 hour nursing care. The patient was found by the ambulance. The ambulance had to break the door to get in. The patient's sister (Carer) was struggling to get consent for the door fixing, because her brother could not speak and the restrictions on visiting at the hospital, due to coronavirus, also made this difficult.

Carer did not understand the discharge process; the options available and the social work assessment. Concerns around discharge planning and whether the patient had the capacity to make his own decisions about discharge. Carer was distressed about her younger brother having a stroke and him no longer being independent.

Support provided:

I become involved with the carer before a social worker had been allocated. I explained the social work assessment process, CHC funding and I also went through the options that would be available post discharge. At first the ward was unsure if her brother had the capacity to make decisions about his discharge. I explained the mental capacity assessment to the carer. It was deemed that the patient did have mental capacity. I made sure that the carer was aware of this.

Once a social worker became involved I liaised with them to ensure that the carer was involved in the assessment and her wishes and views were taken into account. For example, the Carer said that she and her brother had visited a lot of nursing homes in the past to choose one for their mum. Carer said that she would like this home to be looked into for her brother. I visited the patient on the ward and introduced myself and my role within the hospital. I mentioned that his sister had mentioned the care home and the patient smiled with his eyes and said 'Yes'. I passed this on to the social worker and patient was discharged to the home of choice.

The carer was struggling to get her brother's door fixed, because she did not have power of attorney and struggled to get consent from her brother with his speech being affected. I visited the patient on the ward and explained that his sister was struggling to get the insurance to fix his door. I had a letter prepared that said that he gave consent to his sister to speak to the insurer, with regards to his door being fixed. The patient signed the letter and I emailed this on to the carer.

I had regular telephone calls with the carer while her brother was in hospital. Carer was upset on many occasions about her brother's health and him no longer being independent. Carer felt a lot of pressure and responsibility was placed on her to make the right decisions for her brother and to ensure that he is discharged somewhere he likes. I offered the carer on-going emotional support and reassurance. The carer was aware that she could contact me if she was concerned about anything or just wanted to talk.

The carer was unsure on how to get power of attorney for her brother, and I was able to give her basic information about this. I signposted the carer to a solicitor that offers 30 minutes' free advice on applying for Power of Attorney and I also gave her details for Age UK to support with this. I have referred the carer to the Locality Team at Carers Resource for a Wellbeing Review and ongoing carer support.

Signposting, referral, liaison with other agencies:
Discharge Coordinator
Social Work Team
Solicitors
Age UK
Ward Staff
Locality Team, Carers Resource

Outcomes: (to include any client, family, professional comments)
• Patient was discharged to a nursing home of choice.
• Carers and patients' views and wishes were taken into account by the social work team.
• Carer was able to get brothers door fixed with written consent from patient.
• Carer has details of other services that can support with applying for power of attorney.
• Carer was emotionally supported throughout the discharge process.

Carer comments:
Carer said 'Thank you for all your help, you have been spot on, you have been the only one that has involved me in my brother's discharge.

Overview of key service outcomes: (please cross below all that are appropriate)

*	Jointly agreed plan was in place of next steps to move between services and client fully informed	*	Client treated with dignity and respect
*	All the individuals needs were assessed and taken into account	*	Reduced isolation and loneliness
*	Individual was in control of their planning and support and how they wished to receive this	*	Reduced likelihood of re-admission
*	Help was given to access other services	*	(Potentially) reduced cost to NHS/Social Care
*	Increase in confidence to live independently	*	Improved self-care

City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the Director of Public Health and Director of Keeping Well to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 16th December 2021

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Subject:
UPDATE ON THE OCTOBER 2020 REPORT ON THE IMPACT OF COVID-19 ON THE MENTAL WELLBEING OF PEOPLE IN BRADFORD DISTRICT

Summary statement:
This report provides an update of the current situation in mental health and mental health services for adults and gives an overview of the work that has taken place over the last year to both prevent mental illness, and to support those with mental ill-health, including those that have been impacted by the Covid-19 pandemic.

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Healthy People and Places

1 Summary

1.1 This report provides an update of the current situation in mental health and mental health services for adults and gives an overview of the work that has taken place over the last year to both prevent mental illness, and to support those with mental ill-health, including those that have been impacted by Covid-19. The mental health needs and services for children and young people are not within the scope of this paper.

2 Background

2.1 In October 2020, the CCG and the Public Health department of CBMDC brought a paper to this committee highlighting the impact of the Covid-19 pandemic on the mental health of Bradford districts' residents. This paper considered the insight and evidence from a Covid-19 mental health needs assessment published in July of that year.

2.2 The needs assessment highlighted the increased risk of mental illness – notably depression, anxiety, and suicide – in the wake of the covid-19 pandemic. All communities in Bradford were potentially affected. However, some communities were thought to be at greater risk than others of mental illness (see Appendix 1).

2.3 The needs assessment was used to develop plans and identify areas of need for future spending on mental health across the system. This report aims to describe how this has been used to target work and investments, with the overarching aims of improving mental health, preventing mental health decline, reducing inequalities, and improving services for those who need them.

2.4 In response to the findings of the needs assessment, we restated our strategic ambitions for improving mental wellbeing and reducing inequalities in mental health across Bradford District and Craven within a refreshed local mental wellbeing strategy. In turn, key programmes of work were established to drive forward improvements required across our community mental health provision and crisis, liaison, and acute mental health services. These programmes are facilitated under the governance of our Act as One partnership. Act as One is the guiding principle of how we work together across the health, social care, community, voluntary and independent sector with the shared ambition to help people to live happy, healthy and at home.

2.5 The Mental Health Leadership Team is a cross-sector multi agency partnership that is responsible for the implementation of the Mental Health Strategy, and provides clear oversight of governance, investment and quality in relation to mental health services. The Leadership Team reports to the Mental Health, Learning Disability and Neurodiversity Health and Care Partnership Board and works together as a system to drive forward the programmes of work and changes required for mental health. The Health and Care Partnership Board provide scrutiny, challenge and support to the adult mental health programmes of work.

2.6 This paper represents our system approach to mental health for adults, therefore this does not focus on one organisation's role, but rather the work we are doing as a system together to improve mental health services.

2.7 It is important to note that we are still working in the context of Covid. This affects the system in a number of ways, including staff sickness; adjustments made by service providers to maximise the health and safety of staff and service users; increased need caused by both the direct impact of Covid and previous lockdowns; and remaining uncertainty about the coming months and years. Taken together, this increases the complexity and pressure that the system is under as a whole.

3 Report Issues

3.1 Local Needs

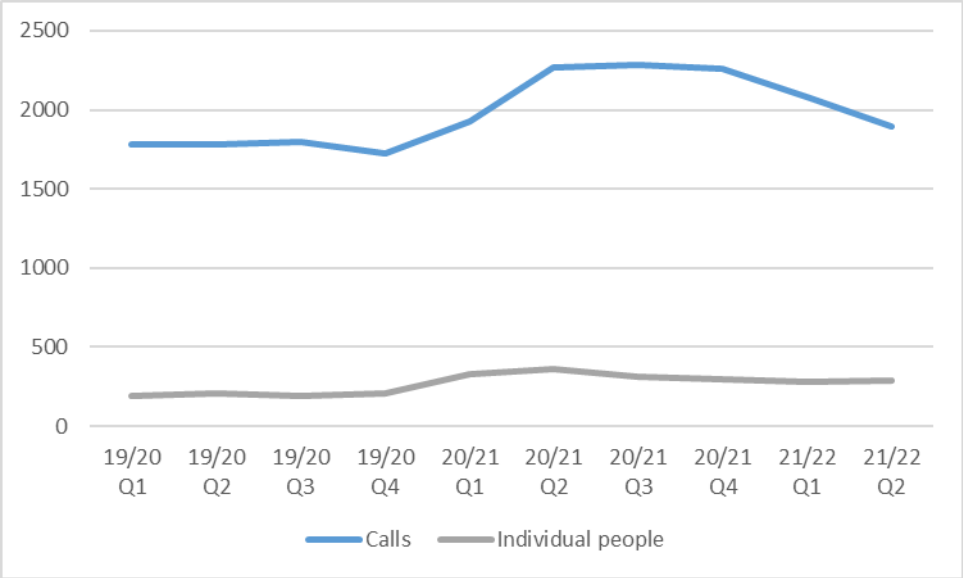
3.1.1 Although evidence suggests that the prevalence of mental illness is likely to increase as a result of the ongoing pandemic, routine local outcomes data available nationally does not always bear this out, particularly as in general, data are only available up to 2019/20 (for further information see Appendix 1). There is some national evidence to suggest that on average, anxiety had decreased since the start of the first national lockdown in 2020, yet continues to fluctuate. Further evidence shows that levels of depression increased during the first half of 2021, reaching a peak in May 2021, followed by a gradual decline in the number of people reporting depression. There is additional data relating to young adults which shows that needs have increased. In addition, the mental health needs of children and young people have increased significantly, which are likely to have an impact on future demand within adult services for those who continue to require support or present within adulthood.

3.1.2 The needs assessment also highlighted the increased impact on Black and Minority Ethnic communities, people with a high level of poor wellbeing and mental health conditions, older people and other vulnerable groups. South West Yorkshire Partnership NHS Foundation Trust (SWYFT) and the Centre for Mental Health have produced modelling tools to consider new demand. The SWYFT model projects an increase in overall demand starting in January to April 2021 at 46% gradually reducing to 2019 demand profiles in October 2023. Increased mental health demand of 34% is projected over Winter 2021. The modelling indicates a higher demand for mild to moderate anxiety and moderate depressions for primary care and Improving Access to Psychological Therapy (IAPT).

3.1.3 Locally, our demand for services gives us some information about the level of need in the District. However, it must be remembered that there will be additional unmet need from people who are not accessing services, for multiple reasons.

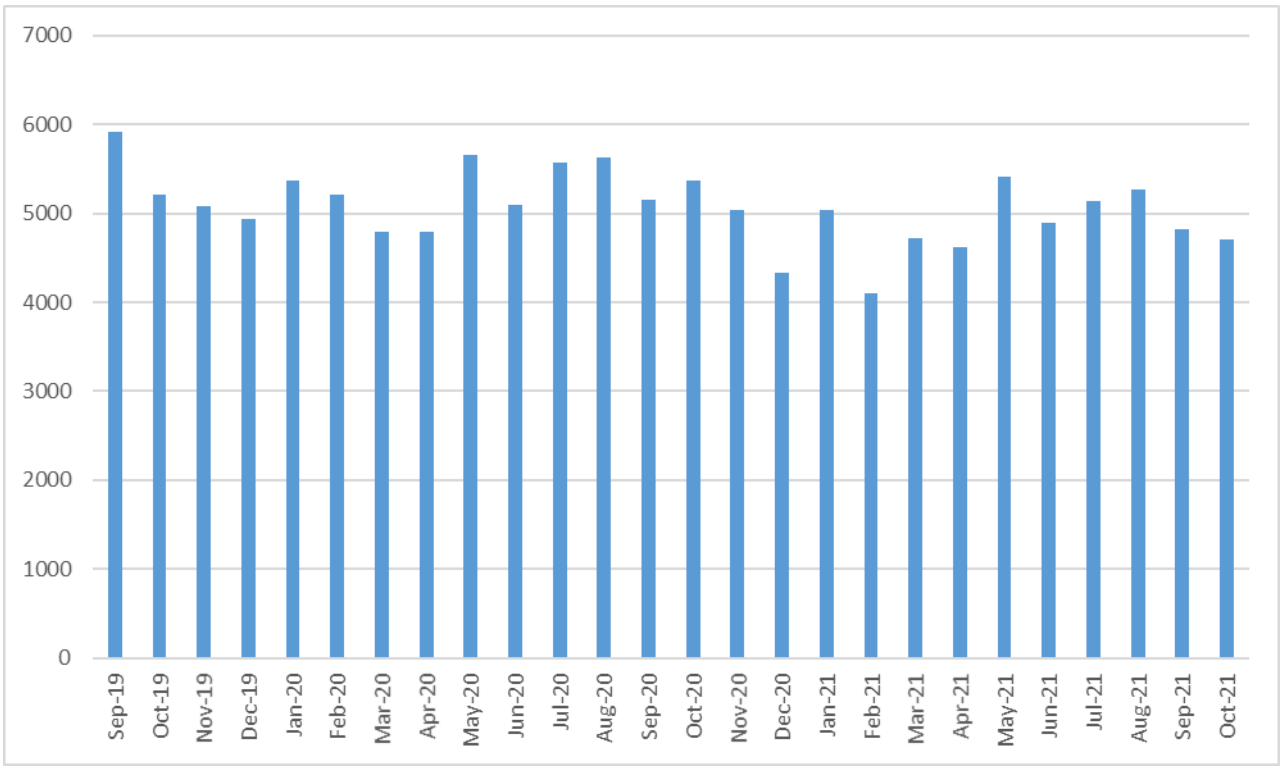
3.1.4 Guide-Line is a confidential telephone helpline for people of any age in Bradford, Airedale, Wharfedale or Craven who feels in need of support for themselves or someone else. Over the past 18 months, demand for this service increased rapidly between Q4 of 2019/20 (January-March 2020) and Q2 of 2020/21 (July-September 2020). This was around the time that Guide-Line became a freephone number (October 2020) to reduce barriers to access. This was followed by high levels of demand until around April of 2021, before gradually reducing to baseline levels of demand.

Figure 1: number of calls to Guide-Line between April 2019 and September 2021



3.1.5 Conversely, the First Response all age crisis service did not see a higher rate of calls during the last 18 months, possibly indicating that the other pathways were working well in preventing the escalation of mental illness.

Figure 2: Number of calls to First Response Service in Bradford, September 2019-October 2021



3.1.6 At the start of the pandemic referrals into BDCFT mental health services significantly reduced. However, this quickly changed, in particular across the crisis pathways. The perinatal mental health care pathway and specialist service have seen an increase in referrals of 50% across the course of Covid-19 and spikes in numbers referred during periods of lockdown.

3.1.7 General Practice is facing significant and ongoing strain with declining GP numbers, rising demand, struggles to recruit and retain staff which is having a knock-on effect to patients. General Practice has been at the forefront of NHS response to Covid delivering most of the vaccination programme whilst maintaining non covid care for patients. There are 1,704 less GPs than in 2015, 51% of GPs have mental health issues from a BMA survey and 16% plan to leave the NHS. Each Practice has on average 1,849 more patients than in 2015, with appointments in General Practice rising in the last month by 4.7 million to 28.6 million. According to the Kings Fund wider system factors have compounded the situation e.g. mental health, community nursing and care homes have caused additional pressure, and the increased workload has not been matched by increased funding or staffing. The Health Foundation forecast an additional 300,000 - 730,000 mental health referrals per year peaking in 21/22 with up to 1,590,000 additional referrals arising from the Covid-19 pandemic. Most mental health referrals come through General Practice it is therefore anticipated that projected demand will result in significant extra pressure (Appendix 6). We also need to recognise that physical and mental health are connected and when help is accessed easily that help to relieve physical problems can improve mental well-being significantly.

3.1.8 BDCFT has also done some forecast modelling, to try and predict future demand for secondary care services based on suppressed demand during lockdown periods (i.e. the unmet need which people experienced due to the impacts of lockdown and barriers to accessing services). It is likely that people coming forward for care now following needs earlier in the year will require a higher level of intervention due to their condition being treated later in the course of illness.

Figure 3 – Bradford Forecast COVID Recovery Demand Age 19 to 64: Secondary Mental Health

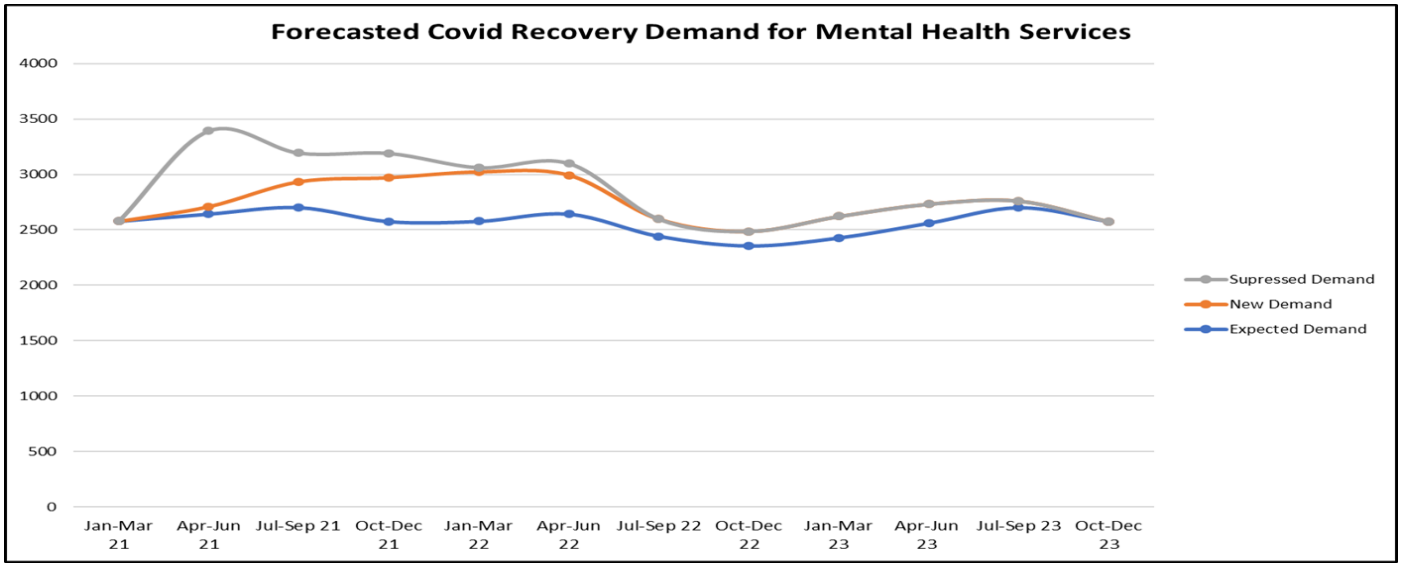
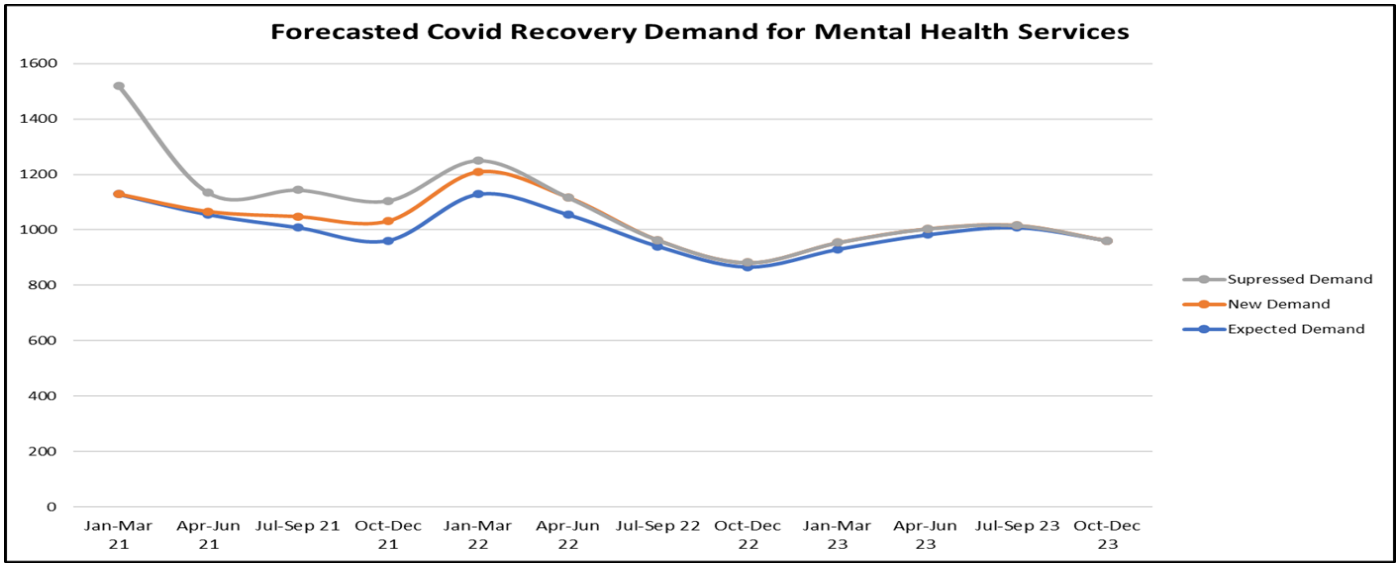


Figure 4 – Bradford District Forecast COVID Recovery Demand Age 65+: Secondary Mental Health



3.1.9 The following sections of this report aim to provide an overview of work under the three mental health programme priorities relating to adults, with a particular focus on responses to local need to prevent mental illness and support adults with mental ill-health.

3.2 Community Mental Health Transformation

3.2.1 Our local VCS providers play a crucial role in the delivery of support to people where and when they need it. Over the last 18 months our VCS partners have proactively responded to the changes needed due to Covid through flexing services, movement of staff across the system (staff seconded into Guide-Line to provide wider language skills) and innovating new ways of working to better meet the need of service users such as, the SMILE project which is a collaboration of VCS providers providing support to people on Community Mental Health Teams (CMHT) waiting list.

3.2.2 Community mental health has begun a three-year transformation programme centred on wrapping services around primary care networks (PCNs). Wave 1 will look at developing initiatives in 3 PCNs, wave 2 will expand to 6 PCNs and then become city wide in wave 3. The transformation will develop seamless pathways between primary and secondary care for people with serious mental illness. It will also focus on some specific pathways for example eating disorders, complex rehabilitation, and trauma informed work. The transformation will be co-produced across health, social care, people with lived experiences and their carers. An event was held in October with PCN's to begin the coproduction journey.

3.2.3 As a result of the findings of the mental health needs assessment, funds within Public Health, alongside the CCG, were also prioritised in order to address the challenges identified. This money has mainly been invested into VCS providers, and includes projects addressing improved support for carers, free access to online and telephone support, and financial inclusion amongst others. An example of this

investment is the funding of Qwell a digital wellbeing platform that offers a free, safe and anonymous online emotional wellbeing community that is accessible 24/7, 365 days of the year, providing access to resources, discussion forums and text based chat sessions with qualified counsellors.

3.2.4 Additional grant funding received from the Office for Health Improvement and Disparities was bid for and awarded to CBMDC in July 2021. This is currently funding a number of projects with the aim of improving mental health and tackling inequalities in mental health across the district. Specific projects include a mental health social marketing campaign aimed at people who may be excluded from traditional national campaigns.

3.2.5 ***The Healthy Minds Site*** - which has been developed in partnership with VSC, statutory providers and leading technology partners, provides a digital portal[1] to all mental health services across Bradford and Craven. This website is under continuous development to ensure it evolves to meet the emerging needs of the community. It holds a comprehensive directory of services and a Wellbeing Assistant that can help people identify and find the support they may find useful based on how they are feeling rather than requiring a diagnosis. The management information gathered also helps us to understand what people are looking for and so adds to the data to inform service developments. Since January to mid October 2021 the most expressed needs have been: anxiety, depression, relationships and self-esteem. The site has been accessed by 13,817 people with 3,268 people using the wellbeing assistant (conversion rate of 24% v's industry standard of 4.4%).

3.2.6 ***The Mental Health training network*** – was established in July 2020 to coordinate, map, develop and make available training in a range of mental health topics, with an initial focus on ensuring that a comprehensive package of free training was available and taken up by the health and social care, and VCS workforce. The Cellar Trust is the lead provider, managing the network and ensuring that training is available, appropriate and quality assured. Since commencement of the contract, in excess of 240 training sessions have been attended by over 1,450 individuals from HCS, VCS and public sector organisations, businesses and citizens, on a range of appropriately-tailored mental health and wellbeing courses, from basic level to advanced. All of the training has been free for HCS, VCS organisations, and citizens, and the topics covered consisted of Leading Mental Wellbeing, Trauma Informed Practice, Skills for Being Well in Adversity, Mental Health Awareness and the My Wellbeing College psychoeducation courses (Suicide Awareness, Improving Sleep, Stress Buster and Understanding Low Mood).

3.2.7 ***Improving Access to Psychological Therapies (IAPT) Review*** - A system wide group with agreed terms of reference was established in April 2021 to review the commissioning and delivery of IAPT services in Bradford and Craven. The review was asked to focus on of the model of delivery, highlighting gaps and work required to meet the trajectory towards achieving national mandated targets. As part of the review all elements of IAPT performance have been evaluated, pathways and patient journeys have been mapped, national and local data analysed and current

[1] https://www.healthyminds.services/

workforce requirements considered. A business case for the future commissioning of IAPT services from April 2022 is currently in progress reflecting proposed changes to the model including for example, a long term condition pathway, resources required to meet the NHS Long Term Plan ambitions and national targets. The Mental Health, Learning Disability and Neurodiversity Health and Care Partnership Board have requested a strong system response to facilitate the coproduction of the approach and any changes to IAPT services with service users and families. Current waiting lists for IAPT are shorter than pre-covid figures. However, referral numbers for IAPT are back up to pre-Covid levels with an increasing complexity of presenting need and above the threshold of IAPT, therefore the average number of sessions needed for individuals has increased. Waiting times pre-Covid were around 9 months. This decreased during Covid significantly, but due to increased demand and complexity they are increasing again. Current waiting times are approximately 4 months.

3.2.8 BDCFT are supporting this through temporary increases in the workforce via bank (existing workers offering additional hours) and recruitment of fixed term contracts and agency staff. There are also structures in place to oversee and monitor those waiting with additional supervision, alongside support offered to the therapist for the increased levels of complexity that could lead to worker burnout and sickness. BDCFT are working in collaboration with CCG at present to review the IAPT pathway taking into account service demand and changes resulting from the impacts of COVID.

3.2.9 ***Transitions from CAMHS to Adult's Mental Health services*** – transitions have followed the usual process already in place to support young people in their move from the care of CAMHS to Adult's services. As with all pathways we have had to review and adapt to how we engage with the young person and members of the adult teams. CAMHS have adapted positively to using digital platforms to engage with young people, facilitating transition planning, meetings with adult services and facilitating discussions across the MDT.

3.2.10 ***Older Adults -*** Referrals for memory assessments have now increased back to pre-covid levels and we are responding by ensuring we have Covid safe facilities to assess this vulnerable group. We have seen an increase in anti-psychotic prescribing in older adults with dementia and we have instigated a task and finish group to support at reducing this, adding support and toolkits to GP's reviewing these medications.

3.2.11 ***The Dementia Assessment Unit (DAU)*** - has seen a reduction in admissions since the beginning of the pandemic and we have agreed to a temporary reduction in beds (from 22 to 12) to allow for the team on the DAU to provide support into the community and care homes to help maintain people in their own homes. We have identified extra resources through a grant to Public Health from the Office for Health Improvement and Disparities (OHID) to support service users in care homes and are piloting the use of Reminiscence Interactive Therapy Activities (RITA). We have invested more into CLEAR training to support local services and have received funding for this from Bradford Public Health and regional ICS level. We have seen increased requests for non-dementia older adults' beds. There is evidence of sustained higher levels of self-harm presentations in older people generally.

3.2.12 To improve mental health and reduce the risk of mental illness among older people, investments have been used to tackle digital exclusion, and to increase access to IAPT for this age group. To increase awareness of mental health issues and the options available for support, one of the specific aims of a new Mental Health social marketing campaign funded by the OHID grant will be to reach people in older age groups.

3.3 Crisis and Liaison Acute Mental Health Services

3.3.1 The crisis and acute liaison programme work has been successful in gaining funding to establish core 24 psychiatric liaison cover at Bradford Royal Infirmary and 24 hour cover at Airedale NHS Foundation Trust this will begin with hospital in reach in December and expand to be fully operational by February 2022.

3.3.2 ***Crisis Alternatives (Safer Space) -*** Following on from the identified issues from the Needs assessment July 2020 we have responded to the needs around Crisis: the increase in complex presentations continues to be seen and this has resulted in increased requests for crisis and inpatient services, we are commissioning new services to help support and reduce the need for mainstream crisis services, we currently have extra funding (£1.2m pa) for 2+1 years from NHSE for community based crisis alternatives, this is currently out to tender and we are supportive of community based providers working in collaboration to provide this.

3.3.3 ***Crisis House -*** We are currently in the process of jointly commissioning with the local authority a crisis house for adults with extra funding (Approximately £700,000 over 2 years initially) and are only weeks away from this becoming operational. Inpatient beds are currently over-subscribed, and we are looking to utilise community transformational funding (to support happy, healthy and at home) and we are also looking to use winter pressures funding to support discharge to assess beds.

3.3.4 ***Inpatient Services –*** BDCFT inpatient services, like all hospital settings, have had to provide robust infection prevention procedures across its inpatient pathways. To safely provide cohorting and isolation areas, estates work has been undertaken and isolation and testing pathways put in place. Whilst this has provided robust infection prevention controls, it has significantly reduced the available bed base and ability to accept admissions at the usual rate. At its peak we saw an average of 9 more admissions per month than pre Covid-19. To offset the lost capacity we have worked with an independent sector provider to secure additional bed capacity to mitigate the impacts for those requiring inpatient care. This is supported by an Oversight and Assurance Framework with daily clinical oversight and connectivity to BDCFT people and pathways to ensure continuity of care and repatriation ‘home’ as soon as possible.

3.3.5 ***First Response and Guide-Line*** – First Response is our 24 hours a day, 7 days a week crisis service which is available to people of all ages experiencing a mental health crisis. Guide-Line is a confidential telephone helpline providing mental health support and information about other services to all ages who need support for themselves or someone else. Guide-Line can help people to stay well and build resilience. Guide-Line is open between 12.00pm and 12.00am every day, and now

offers an online live chat facility between the hours of 3.00pm and 8.00pm every day of the year. Both services have become freephone numbers to reduce financial barriers to access. Guideline is currently working towards adding a translation capability to the service, to ensure accessibility for the local population.

3.3.6 ***Bradford District and Craven Health and Social Care Winter Plan 2021*** – the plan was considered at a formal winter system wide summit on the 9th September and in is the process of being agreed. It is focused on our vision to support people to be happy, health and at home, with a focus on preventing unnecessary hospital attendances and appropriate support to return people home quickly and safety. There is a focus on demand, capacity and workforce throughout the plan. Particular pressures anticipated for winter 2021 in relation to mental health services include an increase in complexity and acuity of presentation across all pathways and age groups, resulting in episodes of care extending, with many predicted to be double in length and number of interventions required. Referral rates for all mental health services are predicted to continue to rise and admission to acute mental health beds set to increase, with greater complexity and acuity. Out of area placements will continue to be required, exacerbated in part by necessary Covid infection and control measures within acute wards.

3.4 Reducing Inequalities

3.4.1 A crucial ambition running through all our programmes and services is to reduce inequalities. All our projects are set up to ensure that they are accessible and culturally competent to the diverse communities across Bradford. However, some in particular are set up with the specific aim of reducing inequalities that may be faced by people from populations marginalised and those who face discrimination including people from BAME communities and those from more deprived parts of the district.

3.4.2 ***Reducing Inequality in Communities*** - funding has enabled investment in a number of services supporting the mental health of those living within the most deprived areas of Bradford City. The PIE (Psychological Informed Environment) project focuses on improving the health of homeless people and beginning to address the severe inequalities they experience. The project involves increasing the community based delivery of bespoke and holistic prevention and care with faster diagnosis and treatment of acute and longer-term support for homeless people in the city. The Future Focus service offers evidence based therapeutic interventions to those deemed to have ‘At Risk Mental States’ (ARMS) or are at ‘Ultra High Risk’ (UHR) of developing psychotic illnesses, including promoting early intervention in the community. The service is aimed at young people and adults aged 14 to 35 years old. In addition, an evaluation of culturally adapted treatment for depression in adult Muslims in Bradford has been commissioned.

3.4.3 **Digital Inclusion** – over the past 18 months, services and residents alike have relied much more heavily on digital services in order to continue access throughout periods of lockdown, and to comply with covid-related restrictions. However, this is not accessible to all of our population, leading to potential inequalities in access to services. To address this, we have been working as a system to: 1) increase digital access and 2) retain non-digital options for those who need them.

3.4.4 **Worth Connecting** - is a project provided by Carer's Resource and funded through covid monies to provide tailored training and access to IT equipment (including internet connection) for people aged 55 years and over, supporting them to learn, borrow, use, and access their own IT equipment. Worth Connecting works with a wide range of partners, and currently provides the service to approximately 50 unique first-time service users per month. We are currently exploring how this could be continued once covid funding comes to an end next year.

3.4.5 **Bradford Talking Media** (BTM) - was also funded through covid funds and raised significant additional sums themselves to provide digital equipment to people with enduring mental health needs and no access to digital support, as identified by providers. In 4 months, BTM programmed, connected and delivered digital tablets and portable Wi-Fi across the Bradford District to nearly 1,000 people, through a wide range of different services. Digital tablets went to care facilities, mental health service users, people in recovery, people with learning disabilities and asylum seekers and refugees, among others.

3.4.6 A variety of funding and support was also made available to providers to help them develop digital capability as previously the services were only offered as face to face options. This allowed for people to still receive a range of support during the lockdown periods.

3.4.7 Feedback to date from service users show that people have valued the support to access services. It is important to note that the move to digital has enabled a step change in how we deliver support and many providers are now able to offer a blended (digital, face to face, phone) support offer. For some service user the digital offers have opened up a new level of support that pre-covid was inaccessible. For example, people with severe anxiety or physical health challenges, can now access sessions on line that previously would only have been face to face, reducing previous barriers to access.

3.4.8 ***Community Champions*** - as one investment of the OHID grant, the excellent work of the Community Champions project, started as a response to covid, has been realigned following consultations with the Champions identifying their priorities, to take a focus on mental health. This project is taking advantage of the interest, enthusiasm and connections of approximately 250 community volunteers, supported by local VCS organisations, to start discussions and links within their communities about mental health.

3.4.9 ***Small Grants*** - further funding is provided to local VCS organisations in the form of a small grants programme, which has to date funded a broad range of organisations for diverse target groups and a broad range of interventions. We hope that these interventions help our communities to get through the difficult winter period and reduce the need for crisis services.

3.4.10 ***Suicide*** – Bradford has the lowest suicide rate in Yorkshire and the Humber, although every person lost is a tragedy and we want to reduce this further. Like every area men are much more likely to die by suicide than women: three quarters of people who take their own lives are men and in particular middle age men are at higher risk. Not all people who die by suicide are considered to have mental

illness: social factors like debt and alcohol use, unemployment and relationships all have a significant impact. The Suicide Prevention Group meets bi-monthly and takes collective action to make evidence-based decisions. NHSE provide £55,750 per year of additional resource until 2023, the spending of which is directed by the Suicide Prevention Group according to the needs and action plan. The council receive suspected suicide data weekly which provides focus and an opportunity to understand what may be needed to prevent suicides in future. Our number of suspected suicides in 2020 were higher than in any of the previous three years. We cannot say that was due to Covid-19 although we know that some support was more difficult to access during the pandemic.

3.4.11 As a result of the evidence and action plan through the Suicide Prevention Group, a number of new interventions have been put in place. For example, community groups known to reach men in the highest risk age groups have been funded to reduce loneliness and isolation. In order to ensure that our services and messages are reached by everyone, a number of interventions have been put in place with a particular focus on BAME communities. These include bespoke media campaigns aimed at reducing the stigma surrounding talking about self-harm and suicidal ideation among young South Asian men; and counselling in community languages with a focus on culturally competent support.

3.4.12 ***Racial Equality Mental Health (REMH) collaborative*** - was established in autumn 2020 in response to the need to provide a peer support space for BAME workers and to help develop more culturally appropriate services across the system. It is a collective of Black, Asian and Minority Ethnic (BAME) practitioners, therapists, policy experts, activists and academics who specialise in areas of mental health, therapy and delivery of community based services. The collaborative developed a survey to gather data on the immediate health needs and experiences of BAME communities throughout Covid-19 and during lockdowns. A total of 227 responses were received and identified some of the real challenges BAME communities had experienced relating to hate crime, overcrowding, unemployment and financial difficulties. Members of the collaborative have been successful in receiving Covid-19 impact funding from Public Health to provide culturally-informed intense support and counselling, which is accessible to people from BAME backgrounds, aiming to reduce barriers and inequalities to accessing mental health support. In addition, £45,000 investment was made available to support people new to caring or those that had experienced an increase in their caring role as a result of the pandemic, particularly within BAME communities.

3.4.13 ***Cultural Competency Training -*** REMH Collaborative is currenting working with Mental Health Training Programme led by The Cellar Trust to develop and deliver a cultural competence training course with the aim of improving mental health awareness and competencies within the health, social care and the VCS workforce across Bradford district. The training course to be capable of delivery through facilitated on-line webinar and individual/group face to face and accessed via the Mental Health and Wellbeing Training Platform.

3.4.14 ***Mental Health Social Marketing Campaign*** - this project will have a focus on reaching three diverse groups where we know that health inequalities exist: men aged 25 - 45 years old (due to the disproportionate suicide risk among this group); people from BAME communities, ensuring that different languages are represented

and that the materials are disseminated in appropriate ways; and older people, ensuring that the language and content are tailored to older people and that they are distributed using appropriate media.

3.5 Service Continuity

3.5.1 Maintained 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 maintaining 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. Throughout the pandemic many services continued to see people face to face, other services moved to telephone and virtual support. A number of services continue to offer a blended model of support with face to face and virtual support, inline with the needs of people using their services.

3.6 Service Provision and Workforce Appraisal

3.6.1 Currently in NHS, General Practice and Social Care we are seeing demand for services back to higher than to pre-covid figures. We are expecting that the demand will be greater in the future than before pre covid. This will mean increased pressure on services in the coming months and years. The increases in funding that has been made available is helpful. However, locally and nationally, we are struggling to recruit the necessary staff and there is a recorded shortage of professional and non-professional workers for the roles we need to address the issues we are facing.

3.6.2 Data from NHS England and NHS Improvement (Appendix 4) show a vacancy rate of 10.5% as of 30 September 2021 within the Registered Nursing staff group (39,813 vacancies). This is a slight increase from the same period the previous year when the vacancy rate was 10.1% (37,144 vacancies). This data does not indicate where vacancies are filled by temporary workforce.

3.6.3 Adult Social care (Skills for Care report Appendix 5) estimate that, on average, 6.8% of roles in adult social care were vacant in 2020/21. This is equivalent to 105,000 vacancies being advertised on an average day. The staff turnover rate of directly employed staff working in the adult social care sector was 28.5% in 2020/21. This equates to approximately 410,000 people leaving their jobs over the course of the year. Most leavers don't leave the sector. Around 63% of jobs were recruited from other roles within the sector. Forecasts show that if the adult social care workforce grows proportionally to the projected number of people aged 65 and over in the population between 2020 and 2035, an increase of 29% (490,000 extra jobs) would be required by 2035.

3.6.4 National shortages of qualified staff are impacting on recruitment and retention of staff within our local mental health workforce. Recruitment can be extremely challenging and lengthy where we have the resources in place to recruit to new and existing roles.

3.6.5 In November 2021 a system-wide workforce summit was held to discuss the risks associated with staffing across the West Yorkshire workforce for mental health,

learning disability and Autism services. The summit looked specifically at how capacity within the workforce can be maintained, particularly where recruitment opportunities which arise within another part of the system have a direct impact on other areas. A number of specific professional groups and roles were identified where recruitment and retention of staff is particularly difficult, partners across West Yorkshire have agreed to a set of actions and recruitment principles to support the system, which may go some way to mitigate the collective workforce risks, while longer term strategies for recruitment and retention begin to make an impact.

3.7 Priorities for the Coming Year

3.7.1 We will be continuing work at pace with our agreed programmes of work, specifically our community mental health provision and crisis, liaison, and acute mental health services. Alongside our commitment to understand and reduce inequalities across all of the work we do.

3.7.2 As discussed above, there is a national and local shortage of qualified staff, particularly for front-line services and across our VCS providers. Staff are fatigued and retention and wellbeing of our people on the frontline is a growing concern. The recruitment to vacancies across both statutory and VCS has proved to be exceptionally challenging. This is exacerbated for the VCS in terms of funding often being short term and non-recurrent making the attraction of people into roles difficult and the resource required to recruit, support and train individuals inefficient. We will continue to work with ICS workforce developments, including access to the Health and Wellbeing Hub for staff and volunteers, and to improve our place based approach to workforce demand, recruitment, and retention.

3.7.3 Much of the additional investment over the past 12 to 18 months has been possible due to emergency funding received as a result of the Covid-19 pandemic. The majority of this comes to an end in 2022. To mitigate this, we are working to re-evaluate local need and the effectiveness of services, enabling us to prioritise the spend from our core budget from 2022 onwards. We also made efforts to invest in services which leave a lasting legacy, for example: training, resources and system-wide learning. These investments will continue to provide support for Bradford residents even after the end of the contracts.

3.7.4 Our local VCS providers have stepped forward and played a vital role in providing integrated support to the people in our communities. We are working to ensure that longer term contracts are in place to provide greater stability to our VCS partners. We must acknowledge that over the last 18 months normal fundraising patterns have been severely disrupted and whilst initially various Covid response grants filled the financial void, the access to such grants is now significantly reduced. This places a significant toll on our providers and their ability to remain sustainable. It is crucial that we recognise the need for longer term, strategic and operational investment into our VCS partners to continue to have a rich and diverse community offer. A coherent and consistent approach to future investments based on system needs is essential.

3.7.5 Next steps for the Mental Health Leadership Team and Mental Health, Learning Disability and Neurodiversity Health and Care Partnership Board is to review investment across the system and consider the sustainability of the landscape of provision that supports people with mental ill-health and prevents mental illness wherever possible. It will be imperative that local needs and demand for services is monitored closely, to enable the system to support and respond where expected increases in need are predicted for our adult population.

3.7.6 Throughout Covid-19 we have worked collaboratively and in partnership with the system, responding to the changes in demand and need. Moving into 2022/23, as part of our winter plan and operational processes we are utilising data and intelligence to support targeted recruitment and changes to pathways where required. Not only are we doing this across Bradford but also across West Yorkshire. A particular focus is ensuring that all our planning and developments are focused and targeted to reducing inequalities. We are maximising monies to ensure investment s targeted to those areas we are predicting and seeing greatest need whilst also ensuring prevention is bolstered and the wider determinants of health are also prioritised as part of keeping people happy, healthy and at home.

4 Options

4.1 There are no options associated with this report, the contents are provided for information only.

5 Recommendations

5.1 The Committee are asked to note the progress of the system in responding to the Covid-19 mental health needs assessment of July 2020.

6 Background documents

6.1 NHS Vacancy Statistics England April 2015 – September 2021
NHS Vacancy Statistics England April 2015 – September 2021 Experimental Statistics - NHS Digital

6.2 Skills for Care. The State of Adult Social Care Sector and Workforce in England
https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx#:~:text=It%20is%20estimated%20that%207.3%25%20of%20the%20roles,the%20domiciliary%20care%20workforce%20were%20on%20zero-hours%20contracts.

6.3 BMA Pressures in General Practice
https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/pressures-in-general-practice

6.4 Covid-19 Mental Health Needs Assessment (July 2020)
COVID19 Mental Health Needs Assessment - Stage 3 Final report - July 2020.pdf (bradford.gov.uk)

7 Not for publication documents

7.1 None.

8 Appendices

8.1 Appendix 1- Mental Health in Bradford – Data Update

8.2 Appendix 2 - Investment in Mental Health Services

8.3 Appendix 3 - Adult Mental Health and Wellbeing Presentation to the Wellbeing Board July 2021

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Appendix 1

Mental Health in Bradford – data update

Background

In October 2020, the CCG and the Public Health department of CBMDC brought a paper to this committee highlighting the impact of the covid-19 pandemic on the mental health of Bradford districts' residents. This drew on insight and evidence from a rapid mental health needs assessment earlier in that year.

The needs assessment highlighted the increased risk of mental health disorders – notably depression, anxiety, and suicide – in the wake of the covid-19 pandemic. All communities in Bradford were potentially affected. However, some communities were thought to be at greater risk than others of mental illness including:

- people with financial worries including unemployment or precarious employment,
- those living in the most deprived areas,
- self-employed people,
- those with long term health conditions or disabilities,
- people with autism or learning disabilities,
- people with alcohol or drug use problems,
- people with caring responsibilities,
- people from ethnic minority backgrounds,
- recent migrants, asylum seekers or refugees,
- pregnant women and new parents,
- LGBT people,
- People with other vulnerabilities including homeless people, socially and/ or digitally isolated people, those at risk of domestic or sexual violence.

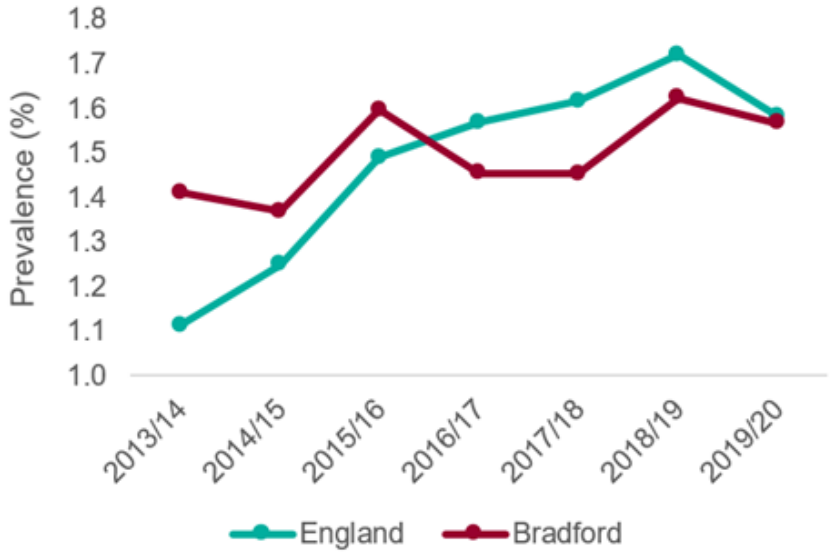
This paper provides an update of the current situation in mental health and mental health services for adults, and gives an overview of the work since last year to both prevent mental illness, and to support those with mental ill-health. The mental health needs and services for children is covered in a separate report, so will not be included in this paper.

Data

Mental health disease prevalence (QOF)

Bradford's diagnosed serious mental health disease prevalence (the number of people currently diagnosed with schizophrenia, bipolar affective disorder and other psychoses) for 2019/20 was 1.5%: the same as the National prevalence. This equates to 6,121 patients, and is a fall on the number registered in the previous year, in line with national trends. This does not mean, however, that the incidence of mental ill health has reduced. It is possible that the covid-19 pandemic led to reduced access to primary care, maybe due to increased demands on primary care time and a reluctance to access healthcare because of covid worries. This is concerning as it may reflect reduced access to treatment and services at the same time as increased need.

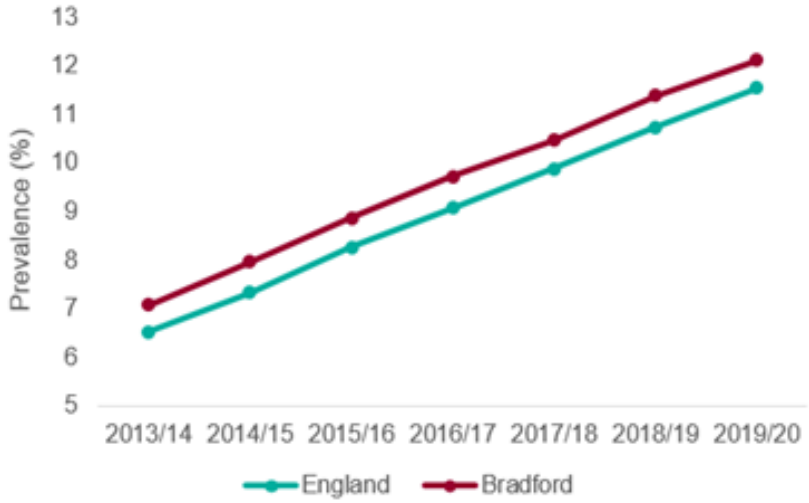
Figure 3: Mental health disease prevalence trends, 2013/14 to 2019/20



Depression prevalence

Prevalence rates for both Bradford and England have been increasing steadily over the years. The latest figures (2019/20) state that Bradford's depression prevalence was at 12.1% – this is slightly above the National average of 11.6% and equates to 54,178 people in Bradford registered with depression.

Figure 4: Depression prevalence (<18 years), 2013/14 to 2019/20

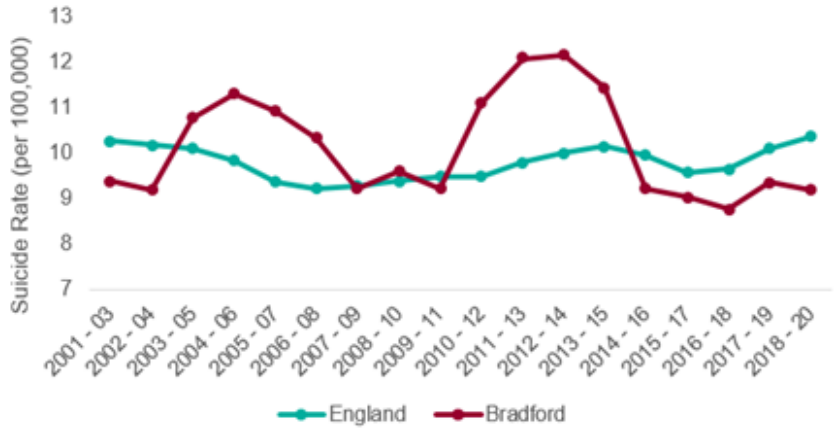


Suicide rates

Trends show that suicide rates in Bradford have fluctuated over the years, but have recently been relatively stable since a peak between 2010 and 2015. Bradford's latest figures for suicide rates (2018-20) are 9.2 per 100,000 residents, which is are similar to the National average (10.4 per 100,000 population). This is equal to the rate of 9.2 per 100,000 for 2017-2019, and indicates that the number of suicides in Bradford did not rise in 2020 compared to the previous years. However, this still equates to

around 41 deaths per year that are attributable to suicide in Bradford, and the Suicide Prevention Group continues to work hard to reduce this number.

Figure 1: Suicide rate trends, 2001-03 to 2018-20

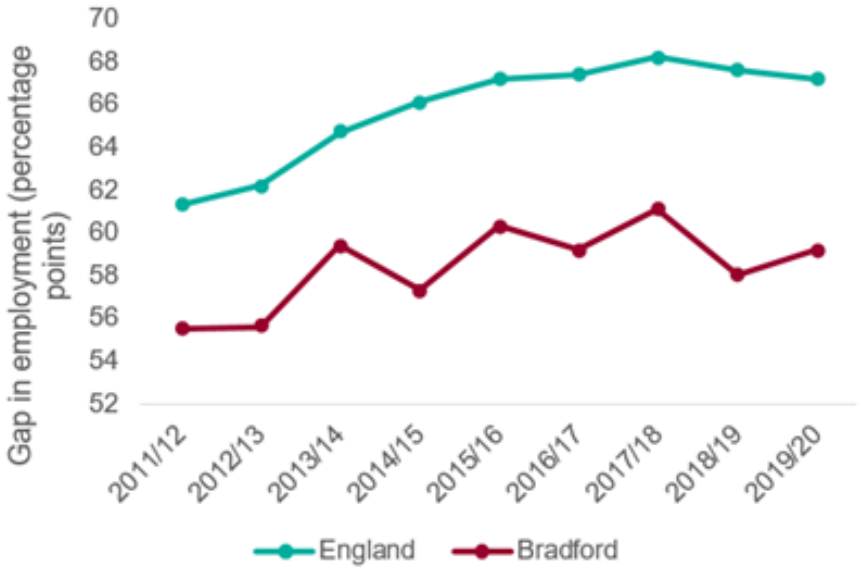


Gap in employment rate

This refers to the gap between the percentage of working age adults (aged 18 to 69) that receive mental health services and are on the Care Programme Approach, that have been recorded as employed and the percentage of all respondents in the Labour Force Survey as employed (aged 16 to 64). Trends show that Bradford's percentage point gap has increased and decreased numerous times over the years; however, it has consistently been better than the National average.

However, the overall percentage point gap for Bradford has increased from 55.5% (in 2011/12) to 59.2% (in 2019/20), with an increase in the last year of 1.2%. The percentage point gap has been consistently higher in males in Bradford compared to females in Bradford, with a gap of 67.6% between males in contact with services compared to the general population, and a gap of 50.1% for females in 2019/20.

Figure 5: Gaps in employment for those in contact with secondary mental health services and the overall employment rate, 2011/12 to 2019/20

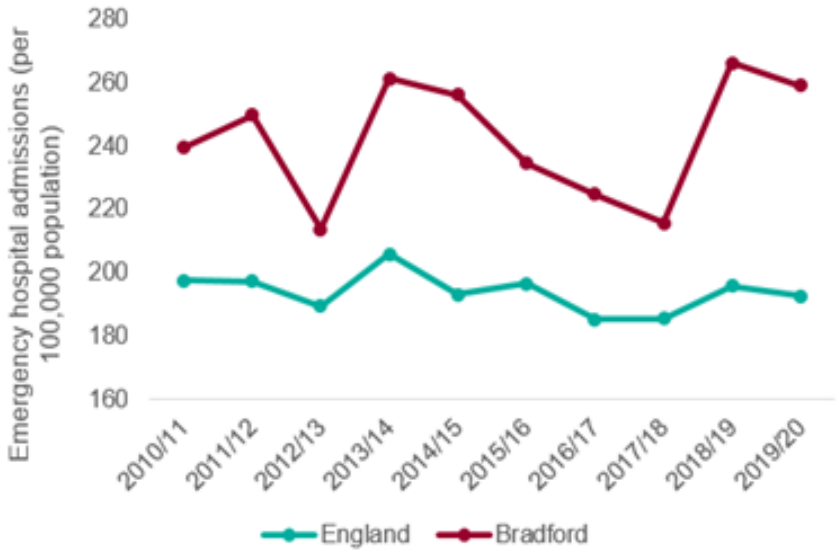


Emergency hospital admissions for intentional self-harm

Trends show that over the past ten years Bradford's emergency hospital admissions, for intentional self-harm, have been consistently higher than the National averages: when compared to all 150 local authorities, Bradford ranked 31st highest for emergency hospital admissions.

The latest figures (2019/20) state that emergency hospital admissions in Bradford were 259 per 100,000 residents. This is worse than the national average of 193 per 100,000 people, and equates to 1,420 emergency hospital admissions for intentional self-harm from April 2019 to March 2020.

Figure 9: Emergency hospital admissions for intentional self-harm trends, 2010/11 to 2019/20



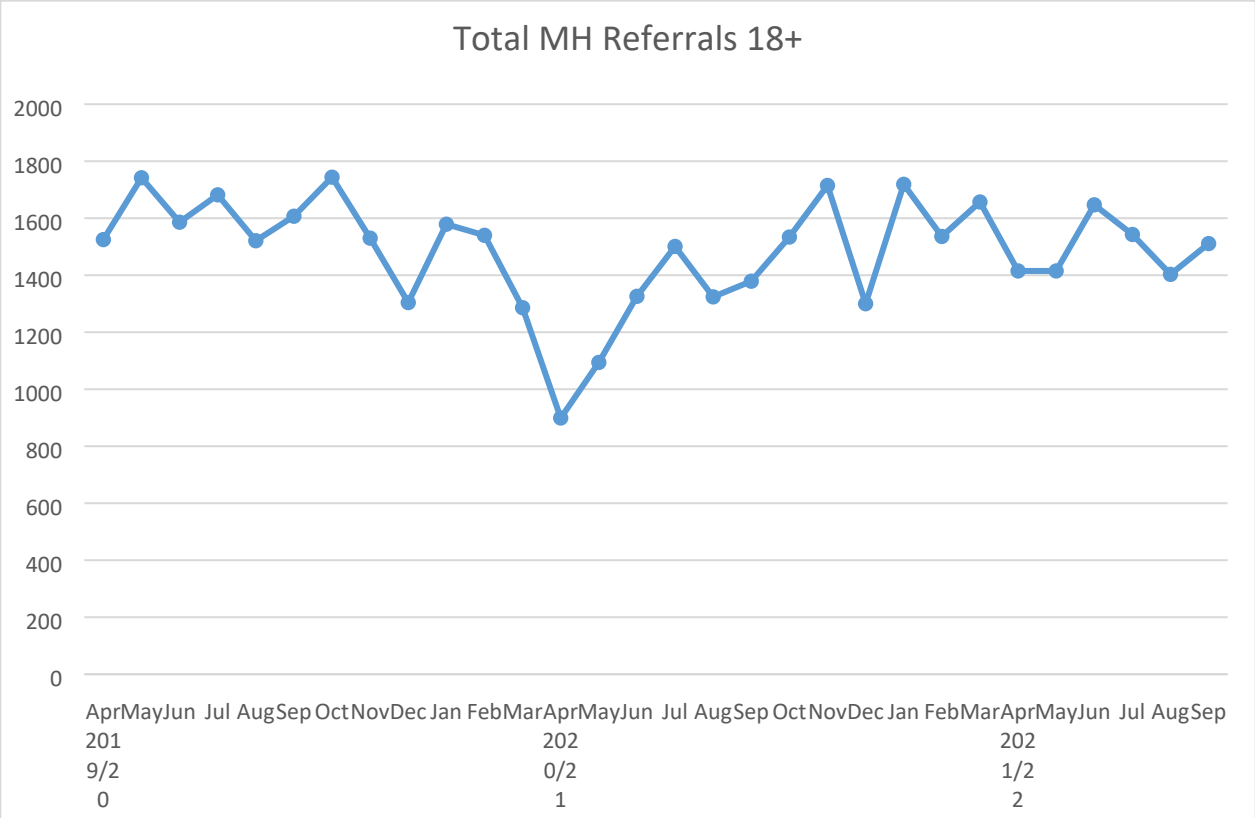
Emergency hospital admissions for intentional self-harm are higher among females in Bradford compared to males in Bradford, consistent with evidence for the risk of self-harm being higher in women than in men.

Loneliness

The latest figures (2019/20 – the only data available for this measure) state that 21.2% of adults in Bradford are lonely either often, always, or some of the time. This is statistically similar to National rates (22.3%).

Mental Health Services Data

By extracting data from the mental health commissioning dataset relating to referrals into BDCFT adult mental health services, referral information shows a reduction in referrals during the beginning of Covid, with referrals subsequently coming back up to pre-Covid levels.



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Appendix 2

Investments during the past 18 months to prevent mental health decline

Public Health investment

Over the past 18 months, and in response to the rapid covid-19 needs assessment, a large number of new services and contracts have been put in place through Public Health to help prevent mental health decline in the wake of the covid-19 pandemic.

This has been possible as a result of increased funding for mental health from covid-19 monies, additional funding from NHS England, and a grant from the Office for Health Improvement and Disparities (OHID - formerly Public Health England, PHE), in addition the core mental health budget. This funding has been split between funding for children and young people, and funding for adults.

The adults' services recently put in place, to promote and protect public mental health range in value from £155,000 per year for the largest contracts, to £30,000 for smaller contracts, and include:

- **Carers' Resource** – project to improve digital access for people without the means or the knowledge to access online support, services and media.
- **Carers' Resource** – project to support new carers, particularly those from BAME communities.
- **Sharing Voices** - project to prevent destitution and improve access to services
- **Inspired Neighbourhoods** – provision of culturally competent counselling and support, focusing on people from Black and minority ethnic communities.
- **Counselling Collaborative** – provision of counselling, including bereavement counselling
- **BDCT** – provision of IAPT to older people with long term conditions
- **QUELL** – digital mental health support for people aged 18+
- **Credit Union** – project to incentivise saving for low income households.
- **Wellbeing Champions** – project using around 250 volunteers in the community to work with their peers and contacts to improve mental health, reduce loneliness and isolation, and gather insight into barriers and difficulties faced by Bradford residents.
- **Hitch** – behaviour change and social marketing project to promote good mental health among groups who may be missed by traditional campaigns
- **Cellar Trust** – a mental health training network to provide free, accessible training for VCS, health and social care workforce, employers, and residents of Bradford on a wide range of topics related to mental health
- **CNET** – small grants programme for VCS providers working in communities to improve mental health

In addition, a number of smaller contracts have been put in place for diverse, bespoke provision such as targeted suicide prevention campaigns.

Bradford District & Craven CCG Investment

In 2020/21 total investment was £99.1m on mental health, with **£89.7m** allocated to adult mental health services.

In 2021/22 investment for adult mental health services has increased to **£99.1m**, including £3m which is non-recurrent funding.

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healthy
minds
ACTasONE
Better lives,
brighter futures
Adult Mental Health and Wellbeing
2021-2031

VISION

Better lives, brighter futures for the people of Bradford district and Craven so they can live happy, healthy at home.

PRINCIPLES

Person at the heart, family approach, strengths based approach

Physical and mental health are treated equally and together

Promotion and prevention focus, taking a wider determinants view to mental health and addressing stigma, prejudice and under representation

Our approach is founded on compassion, responsiveness, flexibility and ensuring a recovery focus is informed by the understanding of trauma, culture and context of people's lives.

We Act as One – involving everyone and working together

OUTCOMES

I am a person with abilities, possibilities and a future

My family or carer who may support me, are actively supported and involved in my care. Give them the support, care, respect and information they need.

My voice is heard and included.

I have access to the information, support and care that meets my cultural choices.

I will know the name of the person who coordinates my support

Not repeating my story, share information appropriately. Ask for my consent.

I am in control and actively involved in my care and support

When I need help, I can access this quickly and easily

I am not defined by my diagnosis and the level of my distress

I am supported through the stages of life where things that be difficult

COMPARITIVE SPEND. 2020/21

NHS Spend on mental health: £ 99.1 m
CBMDC spend on mental health: £ 18.0 m
Total: £117.1 m

	National	Bradford	Difference
18+ (NHS MH)	**£189 per head**	**£158 per head**	**- £31**
18+ (Social Care)**	£444 per head	£380 per head	- £64
18+ (Social Care MH)	**£41 per head**	**£33 per head**	**- £8**

3.1% spent on VCS

** figure is for all social care (wider determinant factor)

NHS Spend against the Mental Health Investment Standard – How we compare to our West Yorkshire partners*

	POPULATION SIZE (approx.)	MENTAL HEALTH INVESTMENT SPEND 000s	Per head	BENCHMARK (where we should be to meet the MHIS) 000s	BENCHMARK (where we should be against NHSE average MHIS) 000s
NATIONAL	**55,980,000**	**1.4bn**	**189**		
WAKEFIELD	370,000	61,596	166	63,868	69,930
LEEDS	870,000	144,098	165	147,517	165,430
CALDERDALE	220.000	35,442	161	38,888	41,580
BRADFORD + CRAVEN	**620,000**	**99,079**	**158**	**103,018**	**119,180**
KIRKLEES	437,000	65,721	150	68,394	82,593

*Please note this data is currently being revised

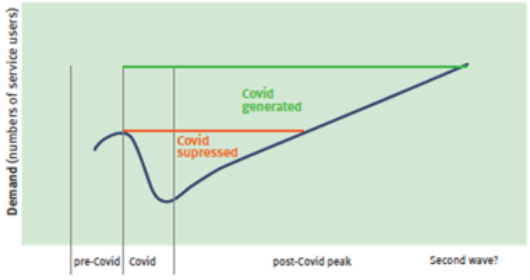
DEMAND FOR MH SERVICES

Future demand for services

Centre for Mental health

Forecast that up to 10 million people (almost 20% of the population) will need either new or additional mental health support as a direct consequence of the crisis)

1.5 million of those will be children and young people under 18



Model is broadly applicable to all areas but will vary in impact by service line

Covid-supressed
People known to services who have currently ceased/ postpone their engagement with these services. It is assumed these will return to services over time, however, their mental health could be changed from pre-Covid state.

Covid-generated
People not yet known to services, whose experiences of Covid, both direct and indirect, have caused them to develop a degree of mental illness.

Covid-altered interventions
Service users in this group have remained in contact with services, but have received a changed intervention, i.e. telephone and/or video call. For some, this will result in a change in their mental health.

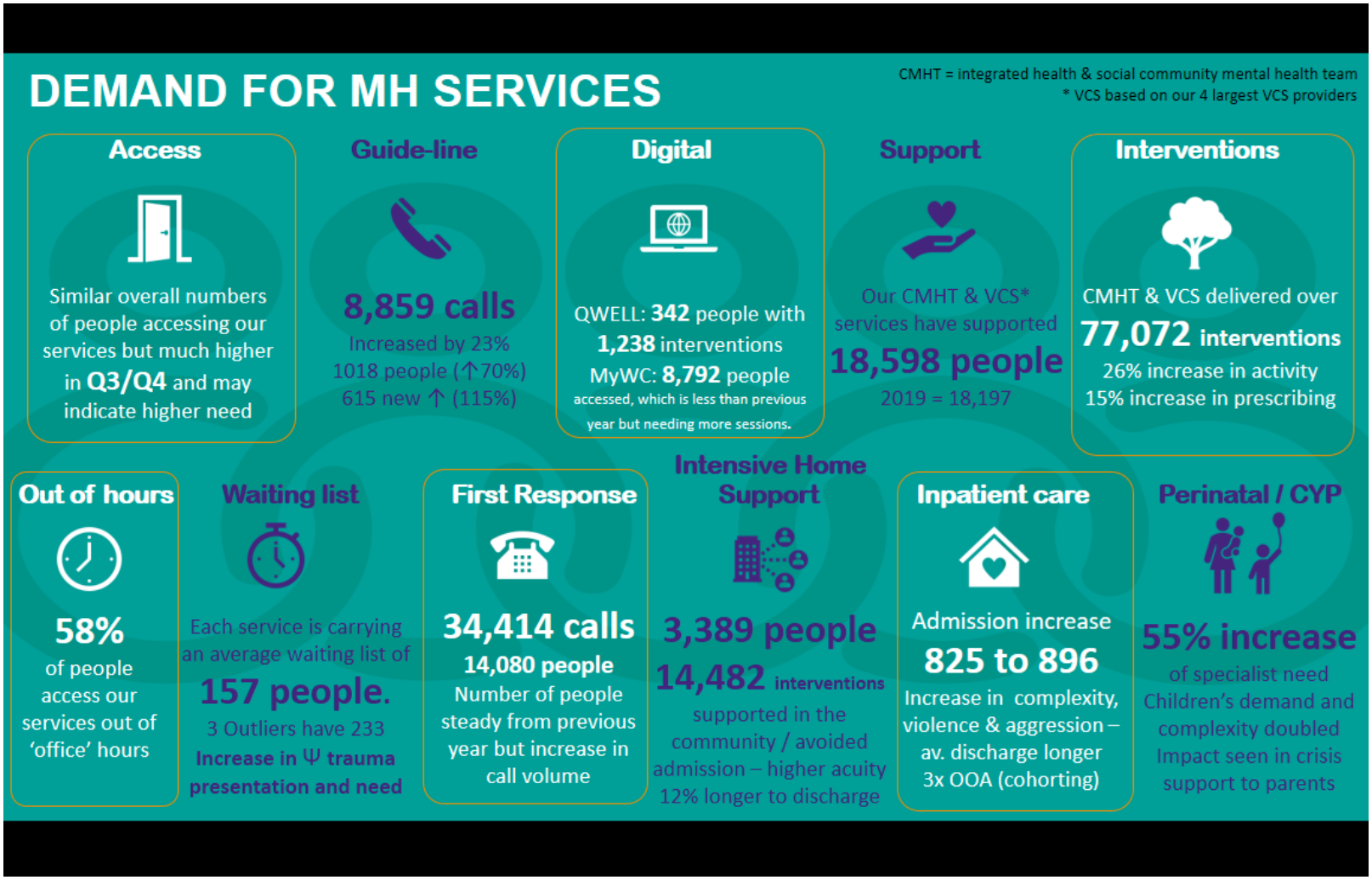
Forecasting demand for mental health services

Impossible to accurately forecast but....

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
SARS 2003 patients (CMH)	12 months later (20-25% PTSD; 60% depressive disorder)	impact on 11,700 known COVID cases (October)
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 570 known COVID deaths (October)

- Some groups more vulnerable than others
- Different mental health issues for different groups of people
- Disadvantages for BAME groups
- Emerging gaps through the switch to digital delivery
- Workforce wellbeing issues to consider

Bradford's Mental Health Task and Finish Group have 23 separate work streams to co-ordinate our approach.


DEMAND FOR MH SERVICES
CMHT = integrated health & social community mental health team
* VCS based on our 4 largest VCS providers
Access
Similar overall numbers of people accessing our services but much higher in Q3/Q4 and may indicate higher need
Guide-line
8,859 calls
Increased by 23%
1018 people (↑70%)
615 new ↑ (115%)
Digital
QWELL: 342 people with 1,238 interventions
MyWC: 8,792 people accessed, which is less than previous year but needing more sessions.
Support
Our CMHT & VCS* services have supported
18,598 people
2019 = 18,197
Interventions
CMHT & VCS delivered over
77,072 interventions
26% increase in activity
15% increase in prescribing
Out of hours
58%
of people access our services out of 'office' hours
Waiting list
Each service is carrying an average waiting list of
157 people.
3 Outliers have 233
Increase in Ψ trauma presentation and need
First Response
34,414 calls
14,080 people
Number of people steady from previous year but increase in call volume
Intensive Home Support
3,389 people
14,482 interventions
supported in the community / avoided admission – higher acuity
12% longer to discharge
Inpatient care
Admission increase
825 to 896
Increase in complexity, violence & aggression – av. discharge longer
3x OOA (cohorting)
Perinatal / CYP
55% increase
of specialist need
Children's demand and complexity doubled
Impact seen in crisis support to parents

Healthy Minds Overview

Visitors
25,108

How many people visited our website?

Viewed any Content
3,938
(15% of all visitors)

How many looked at services or article content?

Wellbeing Assistant completion
4,388

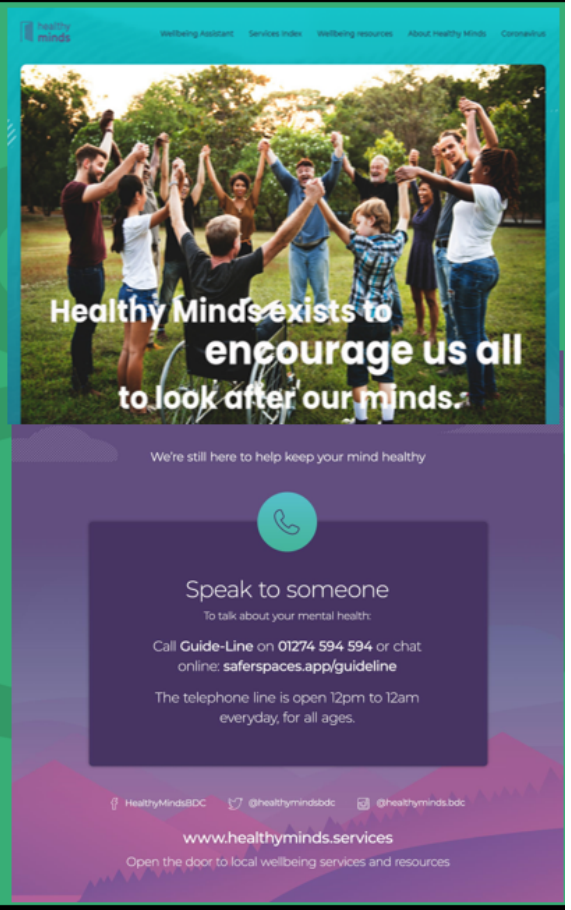
How many people received a service recommendation?

Conversion
17%

What proportion of people completed the Wellbeing Assistant who visited?

KEY THEMES:

isolation & loneliness | sadness depression | stress anxiety | School/skills/ employment | abuse | hearing voices | children young people



FUTURE LEGISLATIVE AGENDA

Reforming the Mental Health Act (consultation closed)

Legislative reforms – new guiding principles

- Clearer, stronger detention criteria
- Giving patients more rights to challenge detention
- Strengthening patients' rights to choose / refuse treatment
- Improving support for people who are detained
- Community Treatment Orders
- Interface with the Mental Capacity Act
- Caring for patients in the Criminal Justice System
- People with learning disabilities or autism
- Children and young people
- Experiences of ethnic minority communities

Reforming policy and practice

- Transforming mental health services
- Supporting people in the community
- Improving ward culture for patients and staff
- The role of the CQC
- Removing police cells as 'places of safety'
- The workforce

Introduction of Liberty Protection Safeguards (formerly DOLS)

Key changes to modernise the legislation

- Three assessments to form the basis of LPS
- Greater involvement for families
- A more targeted approach
- Extending the scheme to 16-17 year olds
- Extending the scheme to domestic settings
- New role for CCGs as responsible bodies

Implementation by April 2022

OUR ICP PARTNERSHIP BOARD

ACTasONE

Community Mental Health Transformation Programme

Apr 2021

SRO: Iain MacBeath

Author(s): Himanshu Garg/ Sasha Bhat

Clinical Lead: Dr Himanshu Garg

Programme Manager: To be recruited (currently supported by CCG team)

Project Update

- Transformation plans set by the SRO. Programme charter in development
- Transformation bid approved by NHSE/DoH – formal letter received.
- It has been agreed that there will be 4 Key internal workstreams: PCN engagement led by Kelly Barker & Himanshu Garg; Rehab led by Dr Anita Brewin; Personality disorder led by Chris D & Dr Emma Van der Gucht; Eating disorder led by Cathy Wright with an understanding that employment/enablement/IAPT would be part of all the above.
- Key recruitments: Head of Transformation at BDCFT and Programme manager through Local Authority
- White paper consultation on MHA completed.
- Workshops at ICS level are ongoing to finalise outcome framework, IG support, workforce requirement and operational input.
- Partnership development with PCNs and other stakeholders.
- Feedback from early implementation sites gathered and intelligence from other places on PCN engagement shared.

Activities Planned for Next Period

- Complete programme charter with SRO
- Communication support to be finalised.
- Financial baseline for community mental health across health and care with clarification on funding of ARRS.
- Establish data streams, reporting and governance oversight for workstreams with SRO
- Strategy and commissioning alignment planned
- Workshops at both Trust and systems level to give momentum to the project.

Issues

- Data and baselines may not be easily available and potential to have a data group across all mental health programmes to ensure quality and evaluation.
- Balance between national, ICS and place priorities/demands.
- Secondary care funding of ARRS posts at PCN is not clear.
- Covid-19 continues to put heavy demand on the services in terms of resource and provision.
- Avoid any duplication of work between workstreams as well as ICS & place.
- Momentum to the transformation needed with alignment of workstreams through a leadership meeting.

Risks

- Covid-19 pressures with increased demand and new evidence.
- Existing workforce gaps and impact on it in the light of transformation.
- Resource and demand/capacity (some work taking place at ICS level to support demand management).
- If there is inadequate gap analysis and mapping of resources at the start of the programme.
- If the outcome framework is not clearly defined that the progress could not be measured.

Support & Decisions

- Complete resource review of programme support.
- Support and prioritisation of work by health and care.
- Alignment of all the mental health programmes among each other as well the other physical health Act as One programmes.
- Alignment of ongoing work at informatics department in regards to sharing of records between primary & secondary care.

ACTasONE

Crisis and Liaison Acute Mental Health Services / Highlight Report

09th April

Patrick Scott

Clinical Lead: Ash Khan

Programme Manager: Louise Atherton/ Sasha Bhat

looked at its key principles and
the Crisis Alternatives
to meet and has incorporated the key
ation of Core 24 and the future planning re

has been drawn up, job description are in
being had. The emphasis on Core 24 is on
ithin the acute setting in the ED team .
links to the multi agency social care and VCS

s and liaison staff team is straight forward at
Bradford Royal infirmary partially due to ongoing
ue to the physical footprint of the Emergency
worked through but there is a lot of enthusiasm for
t both hospitals.
drawn down from BTHFT and is being matched up to
the service can be measured aga
C is being finalised and a timeline

/next Period

tart to scope the next 3 area of wo
ephone and home triage
e treatment
vices including therapeutic support

Issues

- NHSE have not as yet confirmed the expectation re Core 24 this may make implementation of the model within the timeframes expected difficult.
- Baseline data has been received but it is difficult to track of outcomes anonymised data .
- NHSE requirement for freephone access for crisis support has introduced additional work to the workstream around 111 access.

Risks

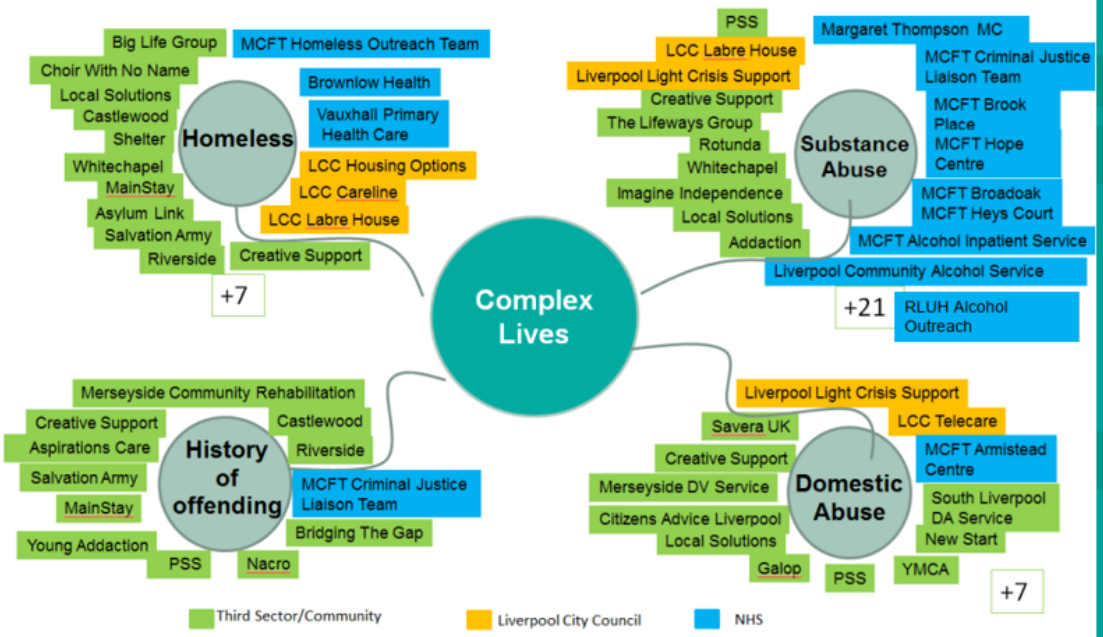
- Timelines very tight on Core 24 and Crisis alternatives delays in information needed from NHSE makes this one very tight. However as far as possible plans have been put in place to mobilise as soon as possible.
- There are risks in terms of resource to guide any process however a possible solution is being scoped.

Support & Decisions

TACKLING THE WIDER DETERMINANTS

Some learning from Merseyside on a strong partnership to tackle the wider determinants when looking at mental health…

However our current offer often concentrates on conditions, rather than the family



TACKLING THE WIDER DETERMINANTS

A strong partnership approach to tackling the wider determinants when looking at mental health…

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 16 December 2021

P

Subject: HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME 2021/22

Summary statement:
This report presents the work programme 2021/22

Parveen Akhtar
City Solicitor

Portfolio:

Healthy 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 2021/22.

2. Background

2.1 The Committee adopted its 2021/22 work programme at its meeting of 28 July 2021.

3. Report issues

3.1 **Appendix A** of this report presents the work programme 2021/22. It lists issues and topics that have been identified for inclusion in the work programme and have been scheduled for consideration over the coming year**.**

4. Options

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

5. Contribution to corporate priorities

5.1 The Health and Social Care Overview and Scrutiny Committee Work Programme 2021/22 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).

6. Recommendations

6.1 That the Committee notes the information in **Appendix A**

7. Background documents

7.1 Constitution of the Council

8. Not for publication documents

None

9. Appendices

9.1 **Appendix A** – Health and Social Care Overview and Scrutiny Committee work programme 2021/22

Appendix A

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
Thursday, 27th January 2022 at City Hall, Bradford Chair's briefing 07/01/22. Report deadline 13/01/22			
1) Integrated Health and Care Partnership arrangements progress update and Act as One transformation programme update	Update	James Drury / Helen Farmer / Mark Hindmarsh	Resolutions of 26 Jan 2021 and 26 September 2021
2) Transitions between children's and adult services	Update	Elaine James	Last considered in November 2017
3) Adult Autism	Update following 28 July 21 meeting - report to include case studies of people moving through the autism	Ali Jan Hader	Resolution of 28 July 2021
Wednesday, 23rd February 2022 at City Hall, Bradford **Report deadline 10/02/22**			
1) Better Births	Update on Better Births, one of the priority Act as One transformation programmes	TBC	
2) Public health commissioned 0-19 services	To include health visiting and school nursing	Liz Barry / Duncan Cooper / Joanna Howes / Jo Holt	
Thursday, 17th March 2022 at City Hall, Bradford **Report deadline 03/03/22**			
1) Care Quality Commission	Annual update	Lorna Knowles	
2) Cancer / lung cancer	Update	TBC	Resolution of 4 July 2019 (was previously scheduled for April 2020 meeting that did not go ahead)
3) Health and Wellbeing Commissioning Strategy and Intentions - Adult Social Care	Progress against the strategy and update on future intentions	Jane Wood / Holly Watson	Resolution of 16 Feb 2021

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