

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

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## **Subject:**

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

## **Summary statement:**

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

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## 1. SUMMARY

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

## 2. BACKGROUND

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

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

## 3. REPORT ISSUES

### 3.1 Needs Assessment and Impact of Covid

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

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

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

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

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

- 3.1.5 Across the country we have seen new mental health risk emerge for front line healthcare workers, those shielding with their families, or pushed into financial difficulty, and across BAME groups and deprived populations that have suffered higher COVID19 death rates.
- 3.1.6 Our local analysis of the Bradford Population since lockdown has shown us that: *Fear of coronavirus affects many and is widespread (particularly in BAME groups, the shielded population and some elderly).*
- 3.1.7 Evidence from previous pandemics and economic crisis suggest that an additional 4,000 people in Bradford District may develop new mental health conditions as a result of the social and health impact of coronavirus, depression being the most common (with a potential 10% rise in the suicide rate). Post-traumatic stress disorder for survivors and front line staff is a real risk.
- 3.1.8 It is important not to medicalise normal reactions to the stressful circumstances of COVID-19, as everyone's mental wellbeing will be affected in some way.
- 3.1.9 **Children and Young people**  
Commonly reported issues to the Kooth mental health service for children and young people (CYP) after lockdown were anxiety and stress, uncertainty for the future, fear of contracting COVID-19, feeling overwhelmed by media, and tensions in homes. New Kooth service registrations after lockdown from young females outnumbered males by 4 to 1.  
An increase in domestic violence and its impact (within the home environment) has led to a 50% increase in Child Protection notifications for domestic abuse.
- 3.1.10 **Working age adults**  
Key mental health issues for working age adults centre around increased isolation, fear and anxiety related to COVID-19, financial concerns, sleep problems and 'juggling' a new busier home environment. There has been a worrying increase in the complexity of adults presenting at crisis services. Local surveys show that more people describe their mental health as poor since lockdown, with the risk greater for those struggling financially.  
There has been no national or local rise in the suicide rate during April-June 2020, although our first response service has seen a sharp rise in out of hours calls (mainly via self-referral or from the police).
- 3.1.11 **Older adults**  
Older adult who appear to be particularly affected include those with cognitive decline/dementia (a quarter of deaths due to covid19 were as in those with dementia). There is a reported increase in self-harm associated with dementia, a drop in referrals to memory clinics and a reduction in dementia care planning. Some families with caring duties have coped well but many report feeling abandoned, with both young and older carers feeling the reduction or suspension of respite care and home visits.  
Referrals to bereavement counselling has not increased despite the increased death rate since March (suggesting a potential unmet need for the post lockdown period).

### 3.1.12 **Mental health services**

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

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

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

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

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

### 3.1.17 **BAME communities**

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

### 3.1.18 **Community interventions**

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

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

## 3.2 The Covid-19 Task and Finish Group

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

### 3.2.2 **Service continuity**

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

### 3.2.3 **Spotlight areas**

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

### 3.2.4 **Communications**

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

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

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

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

#### **4. FINANCIAL & RESOURCE APPRAISAL**

- 4.1 As a result of the above work, The CCG and Council made resources available to support the impact of Covid19 on mental health services. These are summarised in Appendix 4 and 5.
- 4.2 BDCFT received direct financial assistance from NHS England to support patient flow and discharge.

#### **5. RISK MANAGEMENT AND GOVERNANCE ISSUES**

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

#### **6. LEGAL APPRAISAL**

- 6.1 No issues arising.

#### **7. OTHER IMPLICATIONS**

##### **7.1 EQUALITY & DIVERSITY**

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

##### **7.2 SUSTAINABILITY IMPLICATIONS**

None.

##### **7.3 GREENHOUSE GAS EMISSIONS IMPACTS**

None.

##### **7.4 COMMUNITY SAFETY IMPLICATIONS**

There are no community safety implications arising from this report.

##### **7.5 HUMAN RIGHTS ACT**

None.

##### **7.6 TRADE UNION**

Not applicable.

## **7.7 WARD IMPLICATIONS**

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

## **7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS**

Not applicable.

## **7.9 IMPLICATIONS FOR HEALTH & WELLBEING BOARD**

Members are requested to review the information presented.

## **7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT**

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

## **7.11 CORPORATE PARENTING ISSUES**

None.

## **8. NOT FOR PUBLICATION DOCUMENTS**

8.1 None.

## **9. OPTIONS**

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

## **10. RECOMMENDATIONS**

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

## **11. APPENDICES**

Appendix 1: Needs Assessment

Appendix 2: Work Stream

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

Appendix 4: Council Mental health spend for Covid

Appendix 5: CCG Mental health spend for Covid

## **12. BACKGROUND DOCUMENTS**

None