

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.

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

Portfolio:

Healthy People and Places

Report Contacts: Kris Farnell/Sarah
Exall
Phone: (01274) 237537
E-mail: Kristian.farnell@braford.nhs.uk
sarahexall@bradford.gov.uk

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.

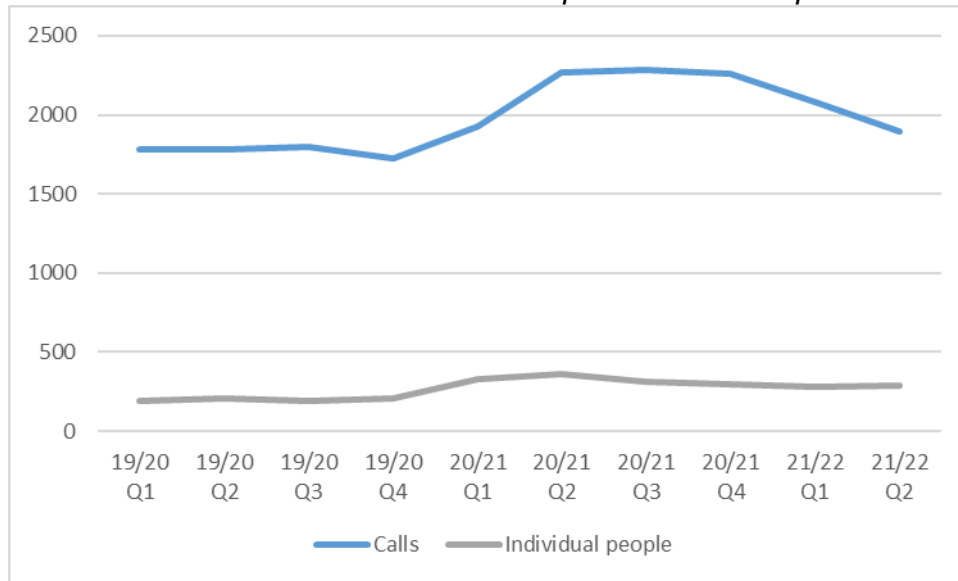
- 2.7 It is important to note that we are still working in the context of Covid. This affects the system in a number of ways, including staff sickness; adjustments made by service providers to maximise the health and safety of staff and service users; increased need caused by both the direct impact of 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

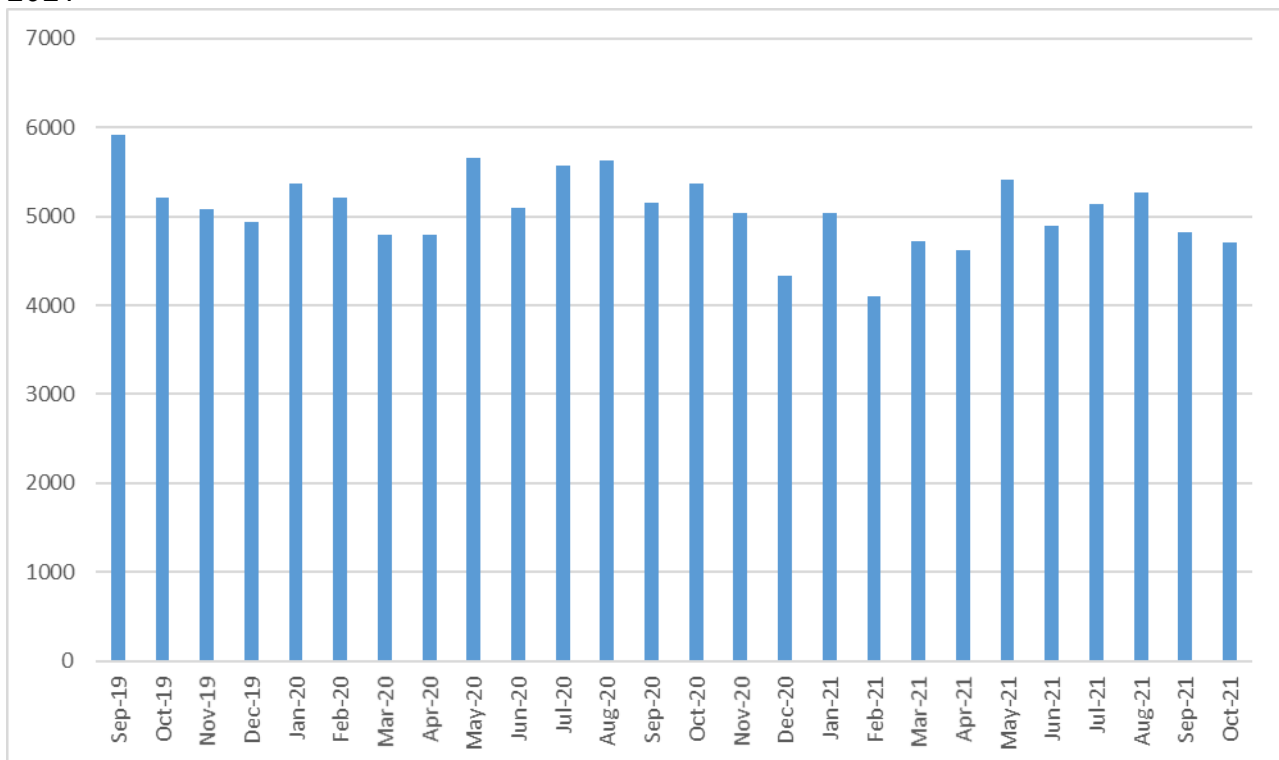
- 3.1.1 Although evidence suggests that the prevalence of mental illness is likely to increase as a result of the ongoing pandemic, routine local outcomes data available nationally does not always bear this out, particularly as in general, data are only available up to 2019/20 (for further information 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

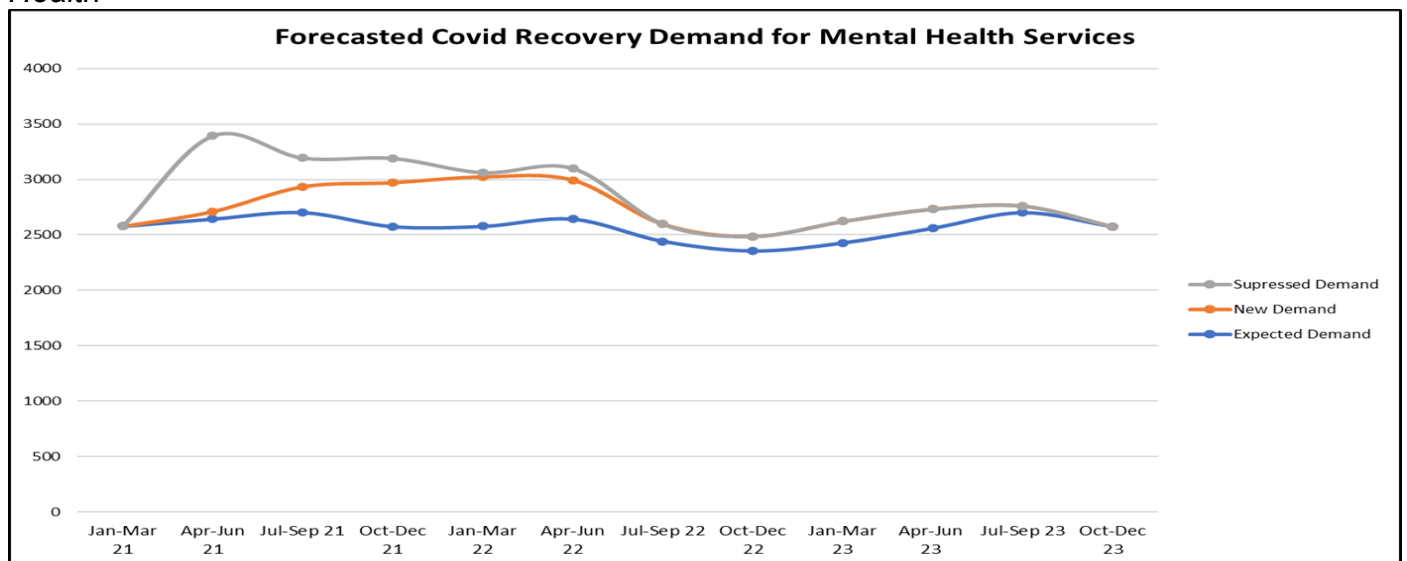
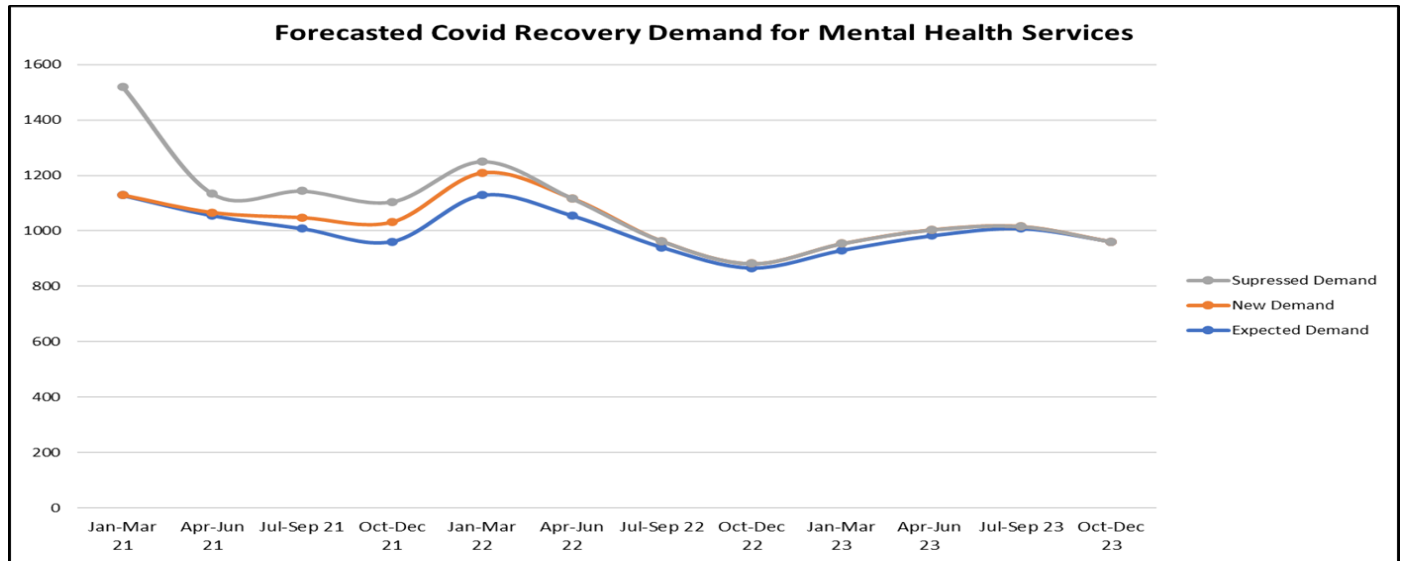


Figure 4 – Bradford District Forecast COVID Recovery Demand Age 65+: Secondary Mental Health



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 portal¹ 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 is in the process of being agreed. It is focused on our vision to support people to be happy, healthy and at home, with a focus on preventing unnecessary hospital attendances and appropriate support to return people home quickly and safely. 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%20do%20miciliary%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