Public Document Pack

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Wednesday 10 March 2021 at 4.00 pm

To be held as on online video conference

The Press and Public are Welcome to Attend

Membership

Councillor Cate McDonald (Chair), Steve Ayris (Deputy Chair), Sue Alston, Angela Argenzio, Vic Bowden, Lewis Dagnall, Mike Drabble, Jayne Dunn, Adam Hurst, Talib Hussain, Abdul Khayum, Martin Phipps, Jackie Satur, Gail Smith and Garry Weatherall

Healthwatch Sheffield
Lucy Davies and Dr Trish Edney (Observers)

Substitute Members
In accordance with the Constitution, Substitute Members may be provided for the above Committee Members as and when required.

Sheffield City Council

PUBLIC ACCESS TO THE MEETING

The Healthier Communities and Adult Social Care Scrutiny Committee exercises an overview and scrutiny function in respect of the planning, policy development and monitoring of service performance and related issues together with other general issues relating to adult and community care services, within the Neighbourhoods area of Council activity and Adult Education services. It also scrutinises as appropriate the various local Health Services functions, with particular reference to those relating to the care of adults.

A copy of the agenda and reports is available on the Council's website at www.sheffield.gov.uk. You can also see the reports to be discussed at the meeting if you call at the First Point Reception, Town Hall, Pinstone Street entrance. The Reception is open between 9.00 am and 5.00 pm, Monday to Thursday and between 9.00 am and 4.45 pm. on Friday. You may not be allowed to see some reports because they contain confidential information. These items are usually marked * on the agenda.

Members of the public have the right to ask questions or submit petitions to Scrutiny Committee meetings and recording is allowed under the direction of the Chair. Please see the website or contact Democratic Services for further information regarding public questions and petitions and details of the Council's protocol on audio/visual recording and photography at council meetings.

Scrutiny Committee meetings are normally open to the public but sometimes the Committee may have to discuss an item in private. If this happens, you will be asked to leave. Any private items are normally left until last. If you would like to attend the meeting please report to the First Point Reception desk where you will be directed to the meeting room.

If you require any further information about this Scrutiny Committee, please contact Emily Standbrook-Shaw, Policy and Improvement Officer on 0114 27 35065 or email emily.standbrook-shaw@sheffield.gov.uk

FACILITIES

There are public toilets available, with wheelchair access, on the ground floor of the Town Hall. Induction loop facilities are available in meeting rooms.

Access for people with mobility difficulties can be obtained through the ramp on the side to the main Town Hall entrance.

HEALTHIER COMMUNITIES AND ADULT SOCIAL CARE SCRUTINY AND POLICY DEVELOPMENT COMMITTEE AGENDA
10 MARCH 2021

Order of Business

1. Welcome and Housekeeping Arrangements

2. Apologies for Absence

3. Exclusion of Public and Press
To identify items where resolutions may be moved to exclude the press and public

4. Declarations of Interest (Pages 5 - 8)
Members to declare any interests they have in the business to be considered at the meeting

5. Minutes of Previous Meeting (Pages 9 - 18)
To approve the minutes of the meeting of the Committee held on 10th February, 2021.

6. Public Questions and Petitions
To receive any questions or petitions from members of the public

7. Covid 19 Pandemic and Mental Health (Pages 19 - 102)

Report of the Director of Strategy and Commissioning, Sheffield City Council People Portfolio and Director of Commissioning and Performance, NHS Sheffield CCG.

8. Sheffield Health and Social Care Trust - CQC Improvement Plan Progress Report (Pages 103 - 112)
Report of the Sheffield Health and Social Care NHS Foundation Trust.

9. Covid 19 and Disability
Report of the Scrutiny Sub-Group to follow.

10. Work Programme (Pages 113 - 118)

Report of the Policy and Improvement Officer.

11. Date of Next Meeting
The next meeting of the Committee will be held on a date to be arranged.

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ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

If you are present at a meeting of the Council, of its executive or any committee of the executive, or of any committee, sub-committee, joint committee, or joint sub-committee of the authority, and you have a **Disclosable Pecuniary Interest** (DPI) relating to any business that will be considered at the meeting, you must not:

- participate in any discussion of the business at the meeting, or if you become aware of your Disclosable Pecuniary Interest during the meeting, participate further in any discussion of the business, or
- participate in any vote or further vote taken on the matter at the meeting.

These prohibitions apply to any form of participation, including speaking as a member of the public.

You **must**:

- leave the room (in accordance with the Members' Code of Conduct)
- make a verbal declaration of the existence and nature of any DPI at any meeting at which you are present at which an item of business which affects or relates to the subject matter of that interest is under consideration, at or before the consideration of the item of business or as soon as the interest becomes apparent.
- declare it to the meeting and notify the Council's Monitoring Officer within 28 days, if the DPI is not already registered.

If you have any of the following pecuniary interests, they are your **disclosable pecuniary interests** under the new national rules. You have a pecuniary interest if you, or your spouse or civil partner, have a pecuniary interest.

- Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner undertakes.

- Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period* in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

  *The relevant period is the 12 months ending on the day when you tell the Monitoring Officer about your disclosable pecuniary interests.

- Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority –

  - under which goods or services are to be provided or works are to be executed; and
  - which has not been fully discharged.

- Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.

- Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.

- Any tenancy where (to your knowledge) –
  - the landlord is your council or authority; and
  - the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.

- Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -

  (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and

  (b) either -
    - the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or
    - if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

If you attend a meeting at which any item of business is to be considered and you are aware that you have a **personal interest** in the matter which does not amount to a DPI, you must make verbal declaration of the existence and nature of that interest at or before the consideration of the item of business or as soon as the interest becomes apparent. You should leave the room if your continued presence is incompatible with the 7 Principles of Public Life (selflessness; integrity; objectivity; accountability; openness; honesty; and leadership).

You have a personal interest where –

- a decision in relation to that business might reasonably be regarded as affecting the well-being or financial standing (including interests in land and easements over land) of you or a member of your family or a person or an organisation with whom you have a close association to a greater extent than it would affect the majority of the Council Tax payers, ratepayers or inhabitants of the ward or electoral area for which you have been elected or otherwise of the Authority's administrative area, or

- it relates to or is likely to affect any of the interests that are defined as DPIs but are in respect of a member of your family (other than a partner) or a person with whom you have a close association.

Guidance on declarations of interest, incorporating regulations published by the Government in relation to Disclosable Pecuniary Interests, has been circulated to you previously.

You should identify any potential interest you may have relating to business to be considered at the meeting. This will help you and anyone that you ask for advice to fully consider all the circumstances before deciding what action you should take.

In certain circumstances the Council may grant a **dispensation** to permit a Member to take part in the business of the Authority even if the member has a Disclosable Pecuniary Interest relating to that business.

To obtain a dispensation, you must write to the Monitoring Officer at least 48 hours before the meeting in question, explaining why a dispensation is sought and desirable, and specifying the period of time for which it is sought. The Monitoring Officer may consult with the Independent Person or the Council's Audit and Standards Committee in relation to a request for dispensation.

Further advice can be obtained from Gillian Duckworth, Director of Legal and Governance on 0114 2734018 or email gillian.duckworth@sheffield.gov.uk.

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SHEFFIELD CITY COUNCIL

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Meeting held 10 February 2021

(NOTE: This meeting was held as a remote meeting in accordance with the provisions of The Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020).

PRESENT: Councillors Cate McDonald (Chair), Steve Ayris (Deputy Chair), Sue Alston, Angela Argenzio, Vic Bowden, Lewis Dagnall, Mike Drabble, Jayne Dunn, Adam Hurst, Talib Hussain, Abdul Khayum, Martin Phipps, Jackie Satur, Garry Weatherall and Sue Auckland (Substitute Member)

Non-Council Members (Healthwatch Sheffield):-

Lucy Davies

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1. APOLOGIES FOR ABSENCE

1.1 An apology for absence was received from Councillor Gail Smith. Councillor Sue Auckland attended as her substitute.

2. EXCLUSION OF PUBLIC AND PRESS

2.1 No items were identified where resolutions may be moved to exclude the public and press.

3. DECLARATIONS OF INTEREST

3.1 There were no declarations of interest.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the meeting of the Committee held on 13th January, 2021 were approved as a correct record. With regard to the recommendation at item 6(f) – to consider further scrutiny work on the relationship between disability and Covid - the Chair reported that she was in the process of setting up a meeting with Healthwatch Disability Sheffield to discuss this matter, which was to be held on 3rd March, 2021, between 10.00 a.m. and 11.30 a.m., and asked for any volunteers to attend this meeting. Councillors Angela Argenzio and Garry Weatherall volunteered to attend. The Chair added that she would report the outcome of that meeting to the next meeting of this Committee.

5. PUBLIC QUESTIONS AND PETITIONS

5.1 There were no questions raised or petitions submitted by members of the public.

6. ACCESS TO DENTAL SERVICES DURING COVID

6.1 The Committee received a report on how dental services in Sheffield had been impacted upon by the Covid- 19 pandemic and how access to those services had been affected.

6.2 Present for this item were Debbie Stovin (Dental Commissioning Manager NHS England), Deborah Pattinson (Dental Commissioning Lead, Yorkshire and Humber and NHS England) Margaret Naylor (South Yorkshire and Bassetlaw Local Dental Network), Sarah Robertson (Consultant in Dental Public Health, NHS England), Zoe Marshman (University of Sheffield), Jim Lafferty (Practising Dentist) and Emma Wilson (Head of Co-commissioning Yorkshire and Humber and NHS England).

6.3 The Chair, Councillor Cate McDonald, stated that the reason this item had been brought before the Committee, was due to several complaints/enquiries that had been received regarding dental services within the city.

6.4 Emma Wilson stated that the report set out details on how the impact Covid-19 had continued to have on NHS dental services in the city. She said that following advice from the Chief Dental Officer, dentists were asked to stop routine treatment and provide remote consultations and triage. An urgent dental care system had been established to ensure that patients, who were in pain or who had an urgent and immediate need, could access remote triage, and then be offered face to face treatment, where it was deemed clinically necessary and appropriate. She stated that, to ensure that both clinicians and patients were safe, all practices had to follow the stringent infection prevention and control measures published by the Chief Dental Officer and Public Health England. Emma Wilson further stated that all dental practices in the city were open, and patients would be offered appointments if deemed necessary. Unlike GP surgeries, there was no registration system in dental practices, with patients being able to have regular access to a dental treatment if they wished.

6.5 Jim Lafferty stated that offering appointments to patients has been quite challenging. He stated that the Personal Protective Equipment (PPE) worn by dental staff had proved to be quite onerous and that the aerosol spraying water, which was used to keep equipment cool, had the potential to spread the virus, thereby restricting access to dental services. Jim Lafferty stated that when surgeries re-opened last June, there had to be a one-hour turnaround time between patients to allow for the equipment to cool down and premises to be deep cleaned, which had a knock-on effect on the number of patients being given an appointment each day. However, the cool down time had since reduced to 10 minutes and a further 10 minutes to deep clean the premises. There was now a backlog of routine check-ups due to these restrictions.

6.6 Zoe Marshman referred to the work of the Oral Health Prevention Team which had been severely impacted by the pandemic. She stated that pre-Covid, there had been toothbrushing clubs attended by thousands of children in schools around the city, which ensured children cleaned their teeth every day, but these

had been temporarily closed. She stated that during the summer, she had been working with food banks, the Healthy Hamper Programme and other agencies to handout toothbrushes and toothpaste as part of food parcels.

6.7 Lucy Davies stated that there had been consistency throughout the country regarding issues linked to capacity, due to measures put in place for dental services, to keep everyone safe. Healthwatch Sheffield had received weekly feedback of the concerns expressed in the report, with the standout issue relating to equity, in that people who don't have a regular dentist were having problems accessing treatment, as well as the problems that arose through NHS versus private care. Lucy Davies stated that there had been a significant increase in the number of people seeking NHS dental care being told that they could be seen more quickly if they paid for their care. There were those who could afford to pay for private care and there was concern about this disparity, which could impact on existing health inequalities.

6.8 Members of the Committee made various comments and asked a number of questions, to which responses were given as follows:-

- During the pandemic, several phases were put in place and dental practices were asked to prioritise patients to them going to Accident and Emergency in pain, which would increase pressure on the NHS. Patients were able to obtain prescriptions and triage services remotely. On 8th June, 2020, dental practices were permitted to re-open subject to the correct PPE equipment in place, and from 10th July, 2020 onwards, dentists had been dealing with urgent cases which, if not treated, would have resulted in patients having to go to hospital. Several factors were considered, such as the socio-economic status of inhabitants, the likelihood of them being able ???to attend the surgery, and the stability of practices. The commissioning of dental activity was based on courses of treatment and Units of Dental Activity (UDAs), which represent money paid by the Government to dentists, and some surgeries with smaller contracts might be unable to reach their pre-pandemic UDA targets.

- Regarding the issue of private dental care and services offered by the NHS, many practices were mixed, offering both private and NHS patients. It was often the case that when NHS sessions were full, patients would then be offered private care, which was the reason why people were being offered private sessions.

- If additional funding was made available to dental practices, more appointments would be offered. The Commissioners have done their best to address issues around access.

- Some patients who have been unable to attend for regular check-ups may require additional treatment, therefore the appointment time would be longer.

- NHS England were responsible for commissioning and contracting dental services across all 66 dental practices in the city. Occasionally, there was

clawback in resources and the Commissioners looked to see if that money was being used efficiently and how ? to make it work more effectively. There needs to be flexible commissioning to use money to work differently. When the pandemic was over, there would be increased challenges and support would be given to practices, but the level of funding available in next year's budget remained unclear. There was a need to improve the inequalities in dental care and make sure that there was access for all. NHS England had confirmed that all dental team members and their support staff in NHS and private settings would receive priority access to the Covid vaccine.

- It was felt that the current dental contract, which was implemented in England and Wales in 2006 and which remunerated dentists purely on activity, was not fit for purpose and there was a need for the Department of Health and Social Care, NHS England, and its local commissioners to drive forward meaningful contract reform.

- With regard oral health inequalities, the Council had a Health Promotion Team which was responsible for oral health improvement, and was working on a number of programmes to address this. Training was being offered to health professionals, and health visitors had been handing out oral hygiene packs, and it was hoped that toothbrushing clubs were able to re-open as soon as Public Health guidance allowed. One of the main factors was prevention, and the introduction of water fluoridation neededto be progressed.

- Communication over the past nine months had been given to patients, advising them of how to access emergency services if they were in pain. It was felt there was a need for patients understand that, unlike being registered with a GP, there was no obligation for dental practices to register patients as some people did not wish to attend regularly, just when they considered it necessary.

- It was a matter of managing patients' expectation, most NHS dentists will see people, but people were contacting them to plan for routine appointments and at present, dentists were not able to offer routine check-ups, as there was the need to prioritise those in pain or having problems.

- The current contract was based on services that had been provided between 2005/06, and hadn't changed over the years. Only 56% of the population had accessed dental services during that year, so current funding was based on that percentage, and it hadn't increased.

- Medical and dental services were not integrated. If a patient informed their dental practice that they were receiving treatment for cancer and a heart condition, they would be seen as a priority.

- With regard to inequalities, there was no structured guidance for practices coming out of Covid, but vulnerable groups would be prioritised. However, at present, no structure was in place as to how this would be achieved.

- NHS England had been posting messages on social media platforms on a weekly basis on how to access dental care, and what was considered to be urgent dental care during Covid. However, input from Healthwatch would be welcomed on what further information could be communicated.

- Each South Yorkshire Local Authority had its own oral health improvement action group, and had been charged with identifying groups within their communities that needed to focus on people being able to access dental care. In Rotherham and Barnsley, there had been links with safeguarding teams to identify vulnerable children to make sure they have access to dental care

- The guidance from the National Standard Operating Procedure was to deliver the safe and effective provision of the full range of care in all practices. The enduring priorities was for the protection of patients, the dental team, and the wider community. Practices had prioritised in certain ways, knowing their patients with high needs, those with gum disease and those with significant health issues. From a shielding perspective, many patients hadn't been out of the house since last March, and had still not sought the care and treatment they ought to get, as well as considering dental care and treatment to be an ongoing challenge. Practices had used their websites to show patients what to expect when visiting surgeries, how the patient journey has changed i.e., temperatures being taken, handwashing, screening, etc., in an attempt to alleviate these fears.

- The question regarding "registered" or "regular" patients was open to interpretation and was subjective. Patients who normally attend for "regular" six-monthly check-ups hadn't been able to be seen regularly, so this was becoming a problem.

- A number of projects for those "at risk" and vulnerable groups had commenced, one such project was to contact those of no fixed abode. It was hoped that the new contract would ensure more flexibility and be able to be more creative and responsive in doing things differently and getting it right for everyone.

- Practices had responded to urgent needs. The challenge post-Covid was to be reactive rather than proactive but there was a supportive regional team to focus on the wider recovery plan. Sheffield was one of the first cities to be up and running with its dental services throughout the pandemic, so whilst not being able to provide a full service, dental practices had coped reasonably well, and the focus now was on the wider recovery plan over the next few months.

- The Department for Health had acknowledged that the current contract for dental services was 13 years old and that dental services were restricted by that contract and its lack of flexibility and ability to target groups governed by that contract. The feeling was that there was a need to make local commissioning "local", which didn't exist in dentistry at the moment.

- The majority of dental practices were working at maximum capacity to see as many patients as possible, given the restrictions imposed. Extra resources were not the answer, many buildings would have to be redesigned, be subject to planning permission It would possibly take six months to carry out the works, and would cost a significant amount of money to achieve this, therefore was not considered feasible. Also, there was a shortage of dentists and dental nursing staff, so it would be impossible to supply personnel to work in extra buildings should they be made available.

- Dentists had been set a target to achieve 45% UDAs but it was impossible to reach 45% UDAs due to the pandemic. There were perverse – is this right? incentives not to exceed 45%. Many practices were achieving the target due to prioritising dental care, but it was known that some practices were just prioritising urgent care, as the Commissioners had made it more attractive to offer urgent care.

6.9 RESOLVED: That the Committee:-

(a) thanks Debbie Stovin, Deborah Pattinson, Margaret Naylor, Sarah Robertson, Zoe Marshman, Jim Lafferty and Emma Wilson for their contribution to the meeting;

(b) notes the contents of the report and responses to the questions raised;

(c) notes that greater local flexibility is required in the contracting arrangements for dental services, and requests the Chair of the Committee to write to the appropriate organisations to express the Committee's views on this, including concern over activity targets and perverse financial incentives;

(d) recognises the challenges facing commissioners in the context of Covid, and the importance of undertaking impact assessments and developing a recovery plan; and

(e) notes that the Committee has a track record of supporting consideration of whether fluoridation would be appropriate for Sheffield.

7. MAINTAINING A STABLE ADULT SOCIAL CARE MARKET

7.1 The Chair informed the Members that she had received a letter from lawyers on behalf of Sheffield Care Association expressing its concerns at the contents of the report. She said the Association thought that it was the Cabinet that was going to make a decision on this matter. She wanted to let people know the letter had been received, and that the Committee was not ignoring the issues raised.

7.2 The Committee received a report setting out the Council's approach to reviewing the adult social care market and setting the fees for contracted, independent sector care homes, home care, extra care, supported living and day activity providers in

Sheffield for the Financial Year 2021-22. The report also described the review of rates for Direct Payments for people who chose this means of arranging their own care and support.

7.2 Present for this item were John Doyle (Director of Strategy and Commissioning) and Joe Horobin (Head of Commissioning, Strategy and Commissioning, Adult Services).

7.3 Joe Horobin introduced the report and stated that it was always challenging to analyse the market, but it had been particularly challenging during the current climate. The report showed the process and methodology that was followed and asked for the Committee's input into the process. The Service was working through feedback from care providers which will form part of the final report to be submitted to Cabinet in March, 2021. She said the report was an annual process and this year there was additional input from some external consultants working on the strategic review of the adult care sector. John Doyle added that it was always a difficult process for the care sector, but there were more pressures around fee rates and occupancy, the changing marketplace and very uncertain pattern of demand.

7.4 Members of the Committee made various comments and asked a number of questions, to which responses were given as follows:-

- It was acknowledged that fundamentally, the Council needed to be commissioning services that were co-produced and co-designed with those who used them.

- Relating to direct payments, it was hoped that annual market analysis and fee review would reflect more on customer experience, and that the customer and carer voice would come through in that analysis. The Service was keen to hear the views of Members of what they think could be factored into the analysis. The Council had a duty under the Care Act to meet the needs and wellbeing of the people of the city.

- The focus of the report formed part of a bigger discussion. The wider strategy was about how do we support families sooner.

- The Council was looking into a review of the services it provided and it was important to look at this year on year to keep going forward, because it was essential that the Council didn't stand still on these issues.

- In terms of the contribution that an individuals made towards the cost of their care, there was a difference between the calculation for home care and residential care in that if someone was receiving home care, the value of their home wasn't taken into account.

- The Consumer Price Index (CPI) was determined every year in September, in line with the level of pensions determined by the Department for Work and Pensions and was used to determine the CPI for the next financial year.

- Consultants had been engaged to carry out the strategic review into Older Adult Care Homes, and initial feedback has been very useful A final report of the review was expected by the end of February 2021, before submission to Cabinet in March 2021. The review would show the medium and long- term recommendations for the future demand for, and shape of, the care home market and support for older people. The pandemic has had a catastrophic impact on care, and had shown that providers needed to shift to a different footing and work closely with the older care sector. One area was to ensure the level of capital expenditure to support the aging housing ?? stock and ensure ?? sure the Council had a 10-15 year strategy for older peoples care homes, ensuring they are well designed and fit for purpose.

- The Council needed to understand what the effect the current low occupancy in care homes would have on the long-term funding strategy. At present, there was 78%-79% occupancy of beds in the city, and it was not known what support would come from the Government.

- The draft White Paper did not suggest anything about more funding for the care sector, and there hadn't been any investment over many years. At present, there was a two-tier system, with those who could pay for care and those who could not, but it was considered there was a need to offer good quality of care for everyone.

- One concern for care home providers was the non-staffing element and whether it was sufficient to cover their costs. In Sheffield, there were fewer homes with a mixed economy of self-funders and Council-funded placements, so cross-subsidy was far less than it used to be. The Council's duty, when understanding the cost of care, was to ensure the rates it paid was sufficient to ensure quality of care that assumed no third-party contribution. However, this does not mean cross-subsidy does not exist.

- The Council could anticipate that there would be less demand for care homes in that people would want to receive more care in their own homes. The pandemic had been damaging to the reputation of care homes, and it was anticipated that there would be shorter lengths of stay and higher turnover of residents in care homes, resulting in a need for the costs of these changes to be assessed.

- Care homes had the lowest turnover of staff as they tended to work as a team and supported living teams have a more stable cohort., Staff delivering home care tended to have the highest turnover, and the aim was to ensure that staff were properly renumerated, supported and respected, with the aim of reducing the level of stress and build in a more resilient workforce.

- Strategic Review means as much about staff and it does about buildings.

- It was acknowledged that this was an annual process which has historically been fixed on fees and providers, and that the Council must be able to account for that. The stakeholders were largely health and social care professionals, and the invitation to be involved could be extended to include

Healthwatch, the Carers Centres and the next step was to consider what the people of Sheffield want, which should be highlighted in the Strategic Review.

- The trade unions had not been part of the Review but there was no reason why not to engage with them. The Council holds regular meetings regarding changes to home care.

7.5 RESOLVED That the Committee:-

(a) thanks John Doyle, Joe Horobin and Councillor Jackie Drayton for their contribution to the meeting;

(b) notes the proposal set out in the paper;

(c) calls on Government to urgently respond to the national funding crisis in adult social care;

(d) recognises the difficulties that care providers in the city are facing;

(e) will schedule a future look at the full strategic framework for Adult Social Care as soon as is appropriate; and

(f) would like to see a wider range of stakeholders involved in the consultation process including trade unions and service users.

8. WORK PROGRAMME

8.1 The Committee received a report of the Policy and Improvement Officer on the Work Programme for the Committee.

8.2 RESOLVED: That the Committee approves the contents of the Work Programme.

9. DATE OF NEXT MEETING

9.1 It was agreed that the next meeting of the Committee will be held on Wednesday, 10th March, 2021, at 4.00 p.m.

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Report to the Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee
10TH March 2021

Report of: John Doyle, Director (Peoples Portfolio), Sheffield City Council; and Sandie Buchan, Director of Commissioning and Performance, NHS Sheffield Clinical Commissioning Group

Subject: COVID-19 Pandemic and Mental Health

Author of Report: Sam Martin, Head of Commissioning (Vulnerable People), Sheffield City Council;
Dr Steve Thomas, Clinical Direcor for Mental Health, Learning Disability and Dementia, Sheffield Clinical Commissioning Group
Heather Burns, Head of Commissioning/Acting Assistant Director Mental Health Transformation, Sheffield Clinical Commissioning Group
Jan Ditheridge, Chief Executive, Sheffield Health and Social Care NHS Foundation Trust
Dr Mike Hunter, Executive Medical Director, Sheffield Health and Social Care NHS Foundation Trust
Collette Harvey, Sheffield Mind
Jo Rutter, Health Improvement Principal, Sheffield City Council.

Summary:
This report provides the Scrutiny Committee an update on the COVID-19 Pandemic and the impact this is having on the emotional and mental wellbeing of the people of Sheffield. The psychological impact of COVID-19 will be as significant as the physical and economic impact; and in many respects will last much longer. It is important therefore that mental wellbeing remains a key component of the cities ongoing response to COVID-19 both in terms of supporting the wider population, particular vulnerable groups and supporting our staff and other key workers.

Type of item: The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	✓

Other	

The Scrutiny Committee is being asked to:

Consider the contents of the report and provide views and comments.

Background Papers:
Not Applicable

Category of Report: OPEN

Report of the Director (Peoples Portfolio) (Sheffield City Council) and Director of Commissioning and Performance, (NHS Sheffield Clinical Commissioning Group)

The COVID-19 Pandemic and Mental Health

In August 2020 the Scrutiny Committee considered a report on the impact of the COVID-19 Pandemic on mental health services and the wider mental health and emotional health and wellbeing of the people of Sheffield. The report explained that the psychological impact of COVID-19 was expected to be as significant as the physical and economic impact, and in many respects will last much longer. It stated the importance of mental wellbeing remaining a key component of the cities ongoing response to the pandemic, both in terms of the wider population and particular vulnerable groups, but also in supporting our staff and other keyworkers.

This new report provides an update on the impact of the pandemic on mental health. Since the last consideration of this issue by the Committee, a comprehensive *Impact Assessment* has been completed which forms part of a wider suite of impact assessments commissioned by the Sheffield Health and Wellbeing Board. This impact assessment draws upon a wide range of data and intelligence, and considers in more detail the likely ongoing impact of the pandemic on mental health and emotional wellbeing, based on local and national emerging evidence. It is the best available intelligence we have as a city in emerging need and potential future demand.

The full report for the Health and Wellbeing Board contains a much wider range of data and intelligence about the impact of the pandemic on services like housing,education and social care, the economic impact on the city, and impact on particular groups such as black and minority ethnic communities. For the benefit of the Committee, the web address for access to the full report is included below, so that the findings and recommendations around mental health can be seen in a wider context.

https://sheffieldcc.moderngov.co.uk/documents/b23513/Covid-19%20Rapid%20Health%20Impact%20Assessments%20Appendix%20Thursday%2010-Dec-2020%2015.00%20Sheffield%20Health%20and%20.pdf?T=9

None of these services or issues stand alone; losing employment, social isolation, children being out of school and not seeing their friends or family, bereavement, or being a victim of domestic violence, for example, inevitably have an impact on people's emotional wellbeing and mental health. The wider social and emotional support that people have through their families, friends, wider communities, employers, and so on, are the essential foundations for resilience in the face ot the challenges of the pandemic. Tackling the mental health impacts of the pandemic is therefore a whole city, and wider societal, challenge much wider than specifically mental health or NHS run clinical services.

The Mental Health Impact Assessment report contains a number of recommendations for actions to mitigate the impact of the pandemic on the mental health of the people of Sheffield. As part of the response to the pandemic and lockdown, as a city we have reviewed and recommitted our efforts to a broad partnership, through the *Mental Health, Learning Disabilitiy, Dementia And Autism Board*, to coordinate and strategically drive improvements in our services, including taking the lead on responding as a system to the challenges of coronavirus.

A summary of the actions being taken to address the recommendations from the Impact Assessment are set out below:

Impact Assessment Recommendation	**What Are We Doing Across the System to address this?**
If the city is going meet the demand for mental health services that existed prior to the pandemic and adapt to the predicted upsurge in demand following the pandemic, greater investment will be required in the coming 18 months – 3 years. System leaders should strive to increase the proportion of healthcare spend on mental health services from the current 12%. This investment should also be disproportionately allocated in order to tackle inequalities and support prevention.	Additional Investment in frontline mental health services has been made this year including to increase capacity in Community Mental Health Services, responding to increased demand fo acute and inpatient services, and a wide range of awareness raising and capacity building materials made available through public health campaigns. Despite this there continue to be significant demands on both community and acute/inpatient services. Additional resources for local mental health provision linked to primary care and local communities, and crisis services has been secured through NHS England.
The VCSE sector should see additional resources to enable an ongoing community conversation between the people of Sheffield and the health system. A	New investment in the VCSE Sector is being delivered through the Primary Care Mental Health programme, which has in it's first year already helped over 1000

strengthened VCSE sector would help us to develop a framework for rapid and progressive commissioning of mental health services which enables a timely response to changing community mental health support needs and service demands.	people. A new Mental Health Collaborative is being established by Healthwatch Sheffield to facilitate the voice of people with lived experience to be heard in the health system The Sheffield Mental Health Partnership Network is in the final stages of a Comic Relief Bid, which, if successful, will provide further significant community resources and infrastructure to support the people of Sheffield to speak up about their mental health experiences over the next 4 years.. Our work on a future vision for mental health for Sheffield is being co-produced with colleagues in the VCSE Sector.
Given the disproportionate impact of Covid-19 on BAME communities, it is imperative that we work with and invest in BAME-led VCSE organizations to understand community needs, develop partnerships based on trust and develop culturally competent services.	New partnerships and initiatives have been developed between the Care Trust and BAME organisations , including a recent event for young people organised by Adira and Sheffield Flourish in collaboration with the Sheffield Health and Social Care Trust.
The H&WBB is asked to support the identification of Public Health intelligence capacity to work with commissioners, expert providers and experts by experience to quantify the predicted increase in demand. This is necessary to assess the city's ability to meet need, map the projected resource gap, and to support a city-wide public health response to the pandemic.	There is a national lack of robust demand modelling tools to help us estimate the likely increases in demand and resources. A number of potential tools are being tested and are emerging. Public health colleagues are working with the MHLDDA Board to evaluate and make use of these tools for future strategic planning.
Sir Simon Steven's letter to NHS organisations in August 2020 emphasises the need for investment in early intervention and prevention support for mental health as part of the phase 3 response to Covid-19. H&WBB is asked to support the continued investment in & development of a Primary Care MH & Wellbeing offer including IAPT & social prescribing and encourage greater working with the VCSE sector to further development interventions that de-stigmatise & encourage easy access to wellbeing support.	We have secured additional investment for the Primary Care MH and Wellbeing offer, to enable this to be rolled out to all GP networks in the city in 2022. This is a significant achievement for the city and a great opportunity to embed mental health care in Primary Care and local communities.
Covid-19 has provided an urgent and timely opportunity to review the provision of bereavement care in Sheffield. One of the work streams of the Sheffield Psychology Board was tasked with this	Bereavement training has been rolled out in particular to the VCSE Sector via St Lukes and was well attended and received.

review and has made a number of recommendations, the core of which being the establishment of a clear coherent bereavement pathway for Sheffield. H&WBB is asked to support the establishment of a comprehensive bereavement offer for Sheffield in line with the recommendations of the SPB work stream.	
H&WBB should oversee the preparation across the system for both a V-shaped and a W-shaped recession during the next five years, with resources (financial and human) to respond either to a single, deep recession this year or to a series of economic shocks each of which will create additional need for mental health support.	Use of more refined modelling and demand tools will enable us as a system to be clearer where demand is likely to increase and by how much. However, at this stage any estimates are likely to be subject to a wide margin of error.
The impact of the pandemic on the mental health and wellbeing of children and young people has been substantial and is increasing, leading to further pressure on the city-wide problem of waiting lists and under funding of young peoples' mental health services. The H&WBB is asked to recognise the range of mental health services delivered by the VCSE and support them to work with mental health care providers to develop a coordinated and youth-led provision across the city that prioritises early intervention, prevention and emotional wellbeing, and to support the call for increased funding to children and young people's mental health services.	Additional resources have been secured to improve crisis services for children and young people. Joint commissioning priorities for SCC and the CCG for 2021-22 include a clear ambition to support children and young people's mental health and emotional wellbeing. A new task group has been established, bringing together representatives form children s services, mental health, voluntary sector and education, to coordinate and improve early help and prevention support.
Recognising that Covid-19 is a multi-system disease that affects both physical and mental health it is essential that mental health and psychological interventions are embedded in post-Covid care, support and treatment pathways.	The Sheffield Psychology Board is developing a specific pathway to address the issues relating to emerging evidence around 'long covid', including recognition and support for emotional health and wellbeing.
This RIA has demonstrated the massive shift to digital delivery of mental health and wellbeing services and interventions since the start of the lockdown. Despite some easing of restrictions, there is still the potential for further lockdowns during any subsequent waves of Covid-19 spread meaning that digital delivery of services is planned to continue in the 'new normal'. There needs to be a review of the level of engagement with digital technology, particularly of people with severe and enduring mental health issues. Digital inclusion is not just about whether people have access to technology, it is also about whether or not they are	A formal review has not begun. Anecdotal evidence remains mixed: many people have struggled to engage or benefit from digital based support, although it clearly has an important place in the overall system of support, advice and information. There is work across the system considering the way digital delivery can be part of both the COVID-19 recovery and the 'new normal' for services. This will be developed into a specific workstream lined to wider approaches to digital inclusion and transformation that are emerging from the cities' COVID-19 recovery plans.

able to engage with services via technology. H&WBB is encouraged to resource the VCSE sector to carry out community research on access to MH services and to ensure that the patient experience is considered in future service development plans.	

1 Mental Health Rapid Impact Assessment: Executive Summary

What was the situation before Covid-19?

Mental ill health represents up to 23% of the total burden of ill health in the UK and is the largest single cause of disability. Nearly 13% of England's annual secondary care health budget is spent on mental health.

Mental health and wellbeing pathways are not considered on the same par as physical health pathways and there is often not adherence to evidence based 'time to treatment' times.

What we have seen happen so far?

Psychological distress and levels of mental illness are rising as a consequence of Covid19. NHS England anticipates an increase in emotional and mental health problems associated with Covid-19 of up to 40%.

People from BAME communities have been disproportionately impacted by Covid-19. This has coincided with the BLM protests and a greater awareness of the impact of structural racism on the mental health of people from BAME communities.

Clinical staff & care workers have suffered the effects of burn out, psychological distress & bereavement.

Social isolation and increased levels of stress and anxiety has led to the exacerbation of existing mental health conditions as well as leading to new problems arising.

Primary Care survey data indicates a 60% increase of consultations related to depression and anxiety, 50% for alcohol related problems and a clear recognition of the deterioration for those living with existing complex mental health problems.

Over 60% of responders to a survey conducted by Sheffield Flourish reported that their mental health had worsened during the pandemic.

In the early days of the lockdown, referrals to IAPT dropped by 50% and to CYP MH services by 40%.

Recent ONS analysis has found that that depression has doubled during the pandemic in the adult population to 1 in 5 with those aged 16-39, being female, challenged financially or being disabled being more likely to experience depression.

Worsened physical health – long term condition management; exercise; diet and weight gain. People living with SMI and LD are already likely to die 15 to 20 years earlier than the general population from preventable causes.

Covid-19 has revealed and confirmed the health and social inequalities that were already known. These inequalities drive poorer mental health outcomes across all population groups.

What we might expect to happen next?

National forecasting would indicate that the pandemic would increase the number of people experiencing mental health problems by approximately 500,000 in the UK. This would likely mean an increase of between 3.5-5 thousand additional people seeking help for mental health problems in Sheffield.

Need for mental health services were very likely to have been 'supressed' during the pandemic. As services open up, this will re-emerge alongside demand ‘generated’ as a result of the pandemic resulting in increased demand.

Particular groups of people have and are facing higher risks to their mental health and wellbeing due to the pandemic, the extent of this is still emerging.

Recommendations:

- If the city is going meet the demand for mental health services that existed prior to the pandemic and adapt to the predicted upsurge in demand following the pandemic, greater investment will be required in the coming 18 months – 3 years. System leaders should strive to increase the proportion of healthcare spend on mental health services from the current 12%. This investment should also be disproportionately allocated in order to tackle inequalities and support prevention.

- The VCSE sector should see additional resources to enable an ongoing community conversation between the people of Sheffield and the health system. A strengthened VCSE sector would help us to develop a framework for rapid and progressive commissioning of mental health services which enables a timely response to changing community mental health support needs and service demands.

- Given the disproportionate impact of Covid-19 on BAME communities, it is imperative that we work with and invest in BAME-led VCSE organizations to understand community needs, develop partnerships based on trust and develop culturally competent services.

- The H&WBB is asked to support the identification of Public Health intelligence capacity to work with commissioners, expert providers and experts by experience to quantify the predicted increase in demand. This is necessary to assess the city’s ability to meet need, map the projected resource gap, and to support a city-wide public health response to the pandemic.

- Sir Simon Steven’s letter to NHS organisations in August 2020 emphasises the need for investment in early intervention and prevention support for mental health as part of the phase 3 response to Covid-19. H&WBB is asked to support the continued investment in & development of a Primary Care MH & Wellbeing offer including IAPT & social prescribing and encourage greater working with the VCSE sector to further development interventions that de-stigmatise & encourage easy access to wellbeing support.

- Covid-19 has provided an urgent and timely opportunity to review the provision of bereavement care in Sheffield. One of the work streams of the Sheffield Psychology Board was tasked with this review and has made a number of recommendations, the core of which being the establishment of a clear coherent bereavement pathway for Sheffield. H&WBB is asked to support the establishment of a comprehensive bereavement offer for Sheffield in line with the recommendations of the SPB work stream.

- H&WBB should oversee the preparation across the system for both a V-shaped and a W-shaped recession during the next five years, with resources (financial and human) to respond either to a single, deep recession this year or to a series of economic shocks each of which will create additional need for mental health support.

- There needs to be a review of the level of engagement with digital technology, particularly of people with severe and enduring mental health issues.

- The impact of the pandemic on the mental health and wellbeing of children and young people has been substantial and is increasing, leading to further pressure on the city-wide problem of waiting lists and under funding of young peoples' mental health services. The H&WBB is asked to recognise the range of mental health services delivered by the VCSE and support them to work with mental health care providers to develop a coordinated and youth-led provision across the city that prioritises early intervention, prevention and emotional wellbeing, and to support the call for increased funding to children and young people's mental health services.

- Recognising that Covid-19 is a multi-system disease that affects both physical and mental health it is essential that mental health and psychological interventions are embedded in post-Covid care, support and treatment pathways.

- This RIA has demonstrated the massive shift to digital delivery of mental health and wellbeing services and interventions since the start of the lockdown. Despite some easing of restrictions, there is still the potential for further lockdowns during any subsequent waves of Covid-19 spread meaning that digital delivery of services is planned to continue in the 'new normal'. There needs to be a review of the level of engagement with digital technology, particularly of people with severe and enduring mental health issues. Digital inclusion is not just about whether people have access to technology, it is also about whether or not they are able to engage with services via technology. H&WBB is encouraged to resource the VCSE sector to carry out community research on access to MH services and to ensure that the patient experience is considered in future service development plans.

Introduction

We are fully aware that mental ill health accounts for nearly 25% of the illness and disability that the NHS deals with but currently has approximately 13% of resources allocated.

Also only a quarter of all those with mental illness are in treatment, compared with the vast majority of those with physical conditions. Currently in Sheffield we have approximately 90,000 people living with depression or anxiety conditions, yet three quarters of these receive no treatment.

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

In addition, we already know a range of risk factors for the development of poor mental health including unemployment, deprivation, poor physical health and substance misuse. 50% of lifetime mental health problems have established by the time a child reaches the age of 14 and 75% by the time a young person reaches the age of 20.

During the unprecedented times of the Covid-19 pandemic and government response, mental health and wellbeing is likely to be significantly challenged, as some risk factors for the development of mental illness and poor wellbeing will be exacerbated - for example social isolation, financial strain, deterioration of physical health and the exacerbation of inequalities for both children and adults.

Nearly a third of all people with long-term physical conditions have a co-morbid mental health problem like depression or anxiety disorders. These mental health conditions **raise the costs** of **physical health-care** by at least 45% for a wide range of conditions including cardiovascular, diabetes and respiratory diseases.

Covid-19 has revealed, confirmed and exacerbated the **health and social inequalities** that were already known.

Context to this paper

This RIA is part of a suite intended to be of benefit beyond commissioning and service planning for Sheffield. It will provide intelligence which can be widely used to aid recovery planning and decision-making during and post Covid-19. We expect that the number of people who are identified as disadvantaged will increase significantly as a result of the pandemic. It will be important to use the RIA data and narrative to influence the city's economic strategy so that the impact on health and wellbeing is considered alongside business and financial recovery plans, and reduce the risk of further adverse effects on deprivation and inequality.

This RIA is also underpinned by the view that communities in Sheffield have shown incredible levels of resilience during this pandemic and that this RIA is not just trying to quantify an assumed surge in demand for mental health services, but is also an attempt to identify and target mitigating and preventive actions and interventions that will strengthen communities and do all we can as a city to maintain levels of positive mental health and wellbeing. Therefore, some of the focus of this RIA will be to harness and learn from some of that innovative development so that it is developed further as the city moves into its recovery and recalibration phases.

Methods and sources of intelligence for the RIA

There are four main sources of intelligence for this RIA:

1. A rapid **review of the available literature**. Given the emerging nature of Covid-19, this will include peer reviewed journal articles and papers, briefings and comment from leading organisations and charities operating in this field.

2. **Review available data** on the impact of Covid-19 on our local primary, secondary and VCSE/3rd Sector health and wellbeing services.

3. The task and finish group recognises that an increased demand is not yet being measured at the service activity level and so, this RIA will **review the emerging modelling databases** to establish the appropriateness of using them to quantify local demand.

4. By seeking the **views and contributions of key stakeholders** and providers in the city, we will:
    a. gather service level intelligence and data from sector providers to identify emerging issues, demands and the capacity of providers to respond to needs particularly in relation to population groups and risk/protective factors.

    b. identify interventions to promote wellbeing and prevent mental illness, which can be sustained or developed as we move on form the crisis response phase.

We will do this in a number of ways including;

- Working in collaboration with the Mental Health Partnership Network lead, we will conduct a survey and focus group of its member organisations to gather local qualitative intelligence

- A citizen space survey to all Sheffield General Practices

- A survey of Children & Young People

- Zoom calls to key stakeholders as identified by the task and finish group

Impact of coronavirus on mental health will be identified in a number of the other RIA themes as mental health is such a cross cutting issue. Consequently, we will also **consult with other RIA theme leads t**o ensure that any relevant evidence is considered. However this report acknowledges but will **not specifically expand on issues relating to Domestic Violence, Adverse Childhood Experiences, Housing and Employment.**

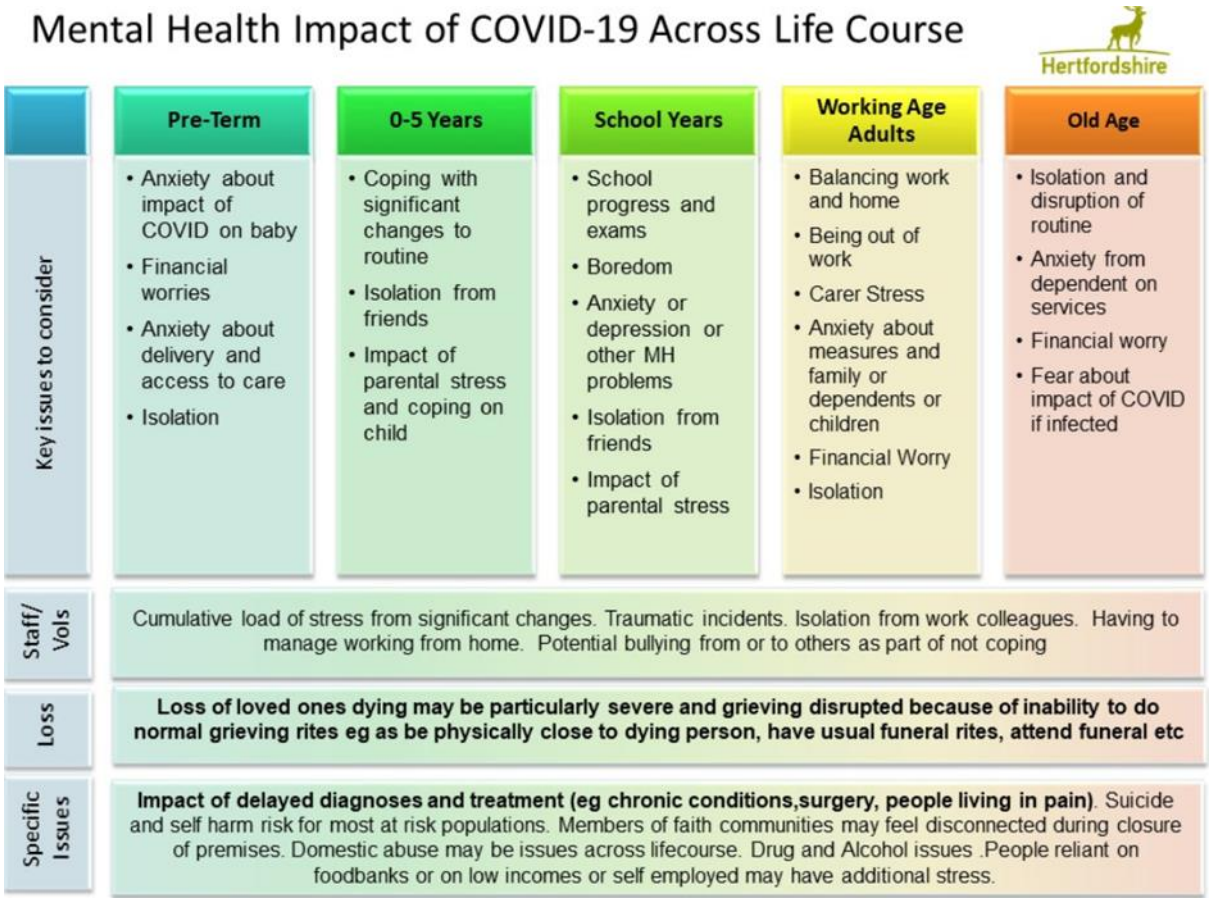
RIA Findings

Literature Review

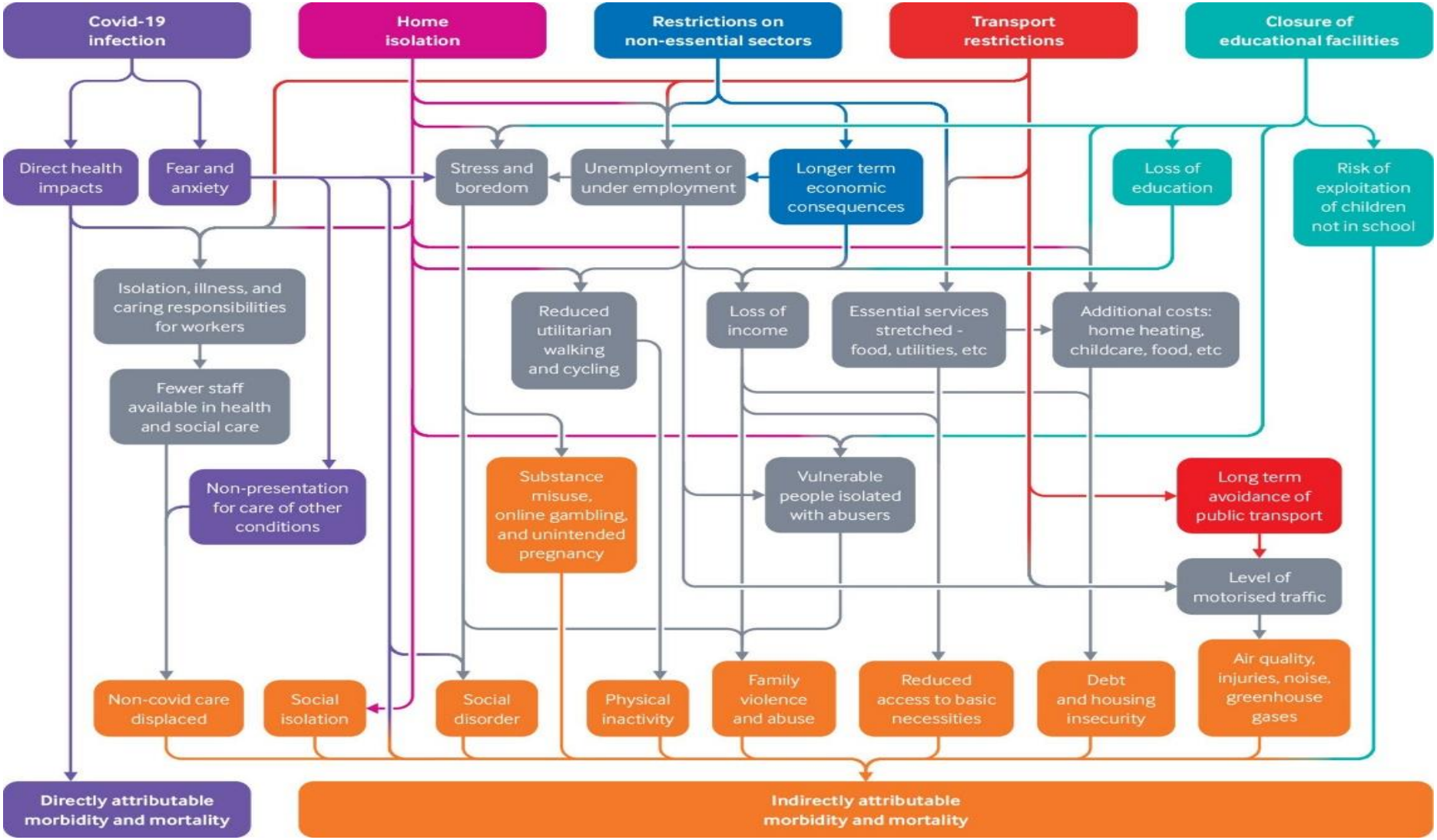
This section presents an overview of some of the key themes identified in the literature regarding the impact of Covid-19 and a consideration of some of the key population groups affected. Appendices provide further information and summaries of the wider literature collated as part of the RIA.

Determinants of Mental Illness

The behaviours and environments needed to curtail the spread of Covid-19 are known risk factors for mental health difficulties. The diagram below sourced from Hertfordshire, shows potential mental health impacts of Covid-19 across the life course. There will be additional impacts for people with a learning disability and/or autism which will need careful consideration. Students and frontline staff are likely to have additional impacts too.



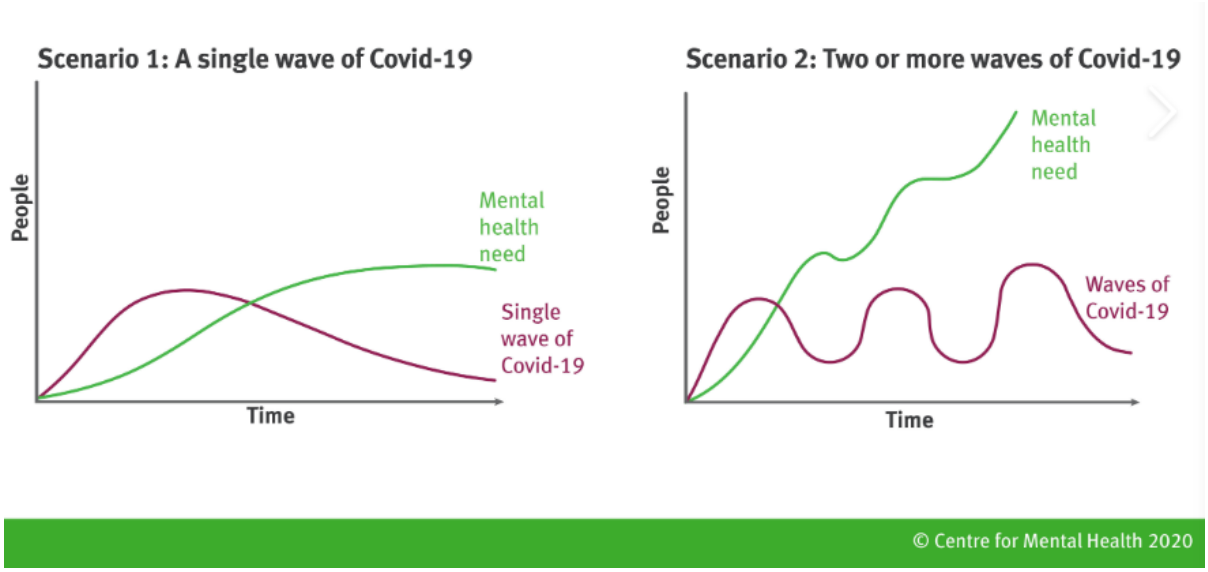
The below table shows the complexity of the pathways through which the multifactorial effects of Covid-19 may arise.



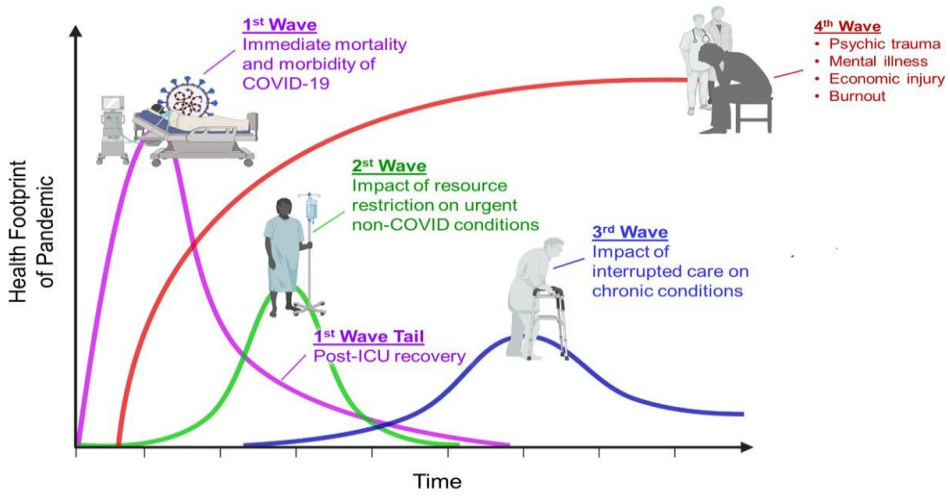
BMJ (2020) https://doi.org/10.1136/bmj.m1557 **(Published 27 April 2020)**

Impact – over time

The impact of mental health problems upon populations will likely be variable over time, with some impacts of the Covid-19 pandemic emerging early and in line with the main response to the pandemic in the UK. Other impacts may emerge at a later stage, when the initial, ostensibly physical health response to Covid-19 has largely passed, but when the economic and social consequences are likely to become more apparent. The Centre for Mental Health has proposed at least two scenarios:



In addition to the above from the Centre for Mental Health, this conceptual illustration has been offered of how we might need to handle later effects of a pandemic as they ripple outwards.



Ref: https://twitter.com/VectorSting

Both of these charts are included in this RIA to illustrate the point that, unlike physical health services, we are yet to see the full impact of Covid-19 on our mental health and wellbeing services. Recovery planning for mental health services in Sheffield needs to span the next 18 months to 3 years.

Impacts- which risk factors and aspects of mental health are likely to be exacerbated in the immediate response to Covid-19?

(These impacts are based purely on application of existing knowledge to the context surrounding Covid-19);

Immediate impact

- Isolation and loneliness
- Stressful living circumstances, child abuse, domestic violence
- Alcohol and drug use
- Health related anxiety (both directly attributable to Covid-19 and indirect consequences of the response such as delayed treatment)
- Bereavement
- Food poverty/insecurity
- Carer stress/Young carers
- Concern over academic achievement, employment and unemployment, significant financial worries, suicide
- Exacerbation of anxiety and depression (AND/OR new anxiety and depression diagnoses)
- Children's mental health will also be impacted by all the above conditions with the added pressure of having little agency to change their situation.

Of immediate impacts, some may resolve following the 'peak' of the outbreak, and a return to normal living circumstances. This might include aspects of isolation, concern over food and medical supplies, and acute Covid -19 health anxiety. However, it is currently unknown how long the return to normal circumstances will take, and for some, the economic and social impact of Covid-19 will not allow a return to normal life.

Likely longer-term impact

- Impacts related to likely economic downturn including further unemployment, loss of business, homelessness, ingrained poverty, suicide.
- Children and young people struggle to manage their emotional regulation across the school day as current informal strategies are restricted through social distancing and protective bubbles.
- Children and young people's increase in depression, anxiety and sleep disorders with reduced activity, productivity, social contact and sense of purpose.
- Children experiencing adverse childhood experiences are likely to experience heightened levels of stress and trauma and a reduction in contact with other protective adults and activities.
- Ongoing distress due to bereavement
- PTSD- particularly health care workers, those in areas of high outbreak, members of the public having lost family members in particularly tragic circumstances.
- On-going depression and anxiety triggered by the initial Covid response
- Some health-related anxiety may continue (e.g. delayed treatment or diagnosis of cancer)

Specific population groups that have been differentially affected about by the response to Covid-19

The Centre for Mental Health published a paper in May 2020 that highlighted the following population groups that the emerging evidence suggests will be impacted significantly following the pandemic:

People **directly affected** by Covid-19:

- Patients – hospitalised (including those ventilated) during the pandemic
- Patients – accessing mental health services
- People affected by grief, loss and bereavement
- Health and care workforce
- People from BAME backgrounds

People **indirectly affected** by Covid-19:

- People with existing mental health difficulties
- People with Long term physical health conditions
- People who experience heightened risks from being locked down at home
- People on lower incomes and with precarious livelihoods
- People from BAME Communities
- Children and Young People
- People with learning disabilities or autism

Impacts - How have changes to employment and finances impacted mental health during lockdown?

A report by The Health Foundation in June 2020 explored how changes in people's economic circumstances relate to their mental health during the early lockdown period. It used data collected in a YouGov survey of 6,005 respondents between 6 and 11 May 2020. Their main findings are summarised below;

- In the early lockdown period survey results show that, overall, people of working age (18–65) were more concerned about their own or their family's mental health (62%) and physical health (65%) than they were before the outbreak began. And people were more concerned about these than their household finances (48%).

- People experiencing a worsening in their family's finances during lockdown were more likely to be highly or very highly concerned with their family's mental and physical health than when finances had stayed the same or improved.

- 46% of respondents were found to have poor mental health. This was more common among young people (aged 18–24), women, single people and renters. While these patterns pre-date the current crisis, other research suggests greater deterioration in mental health for young people and women relative to other groups since lockdown.

- Regardless of income, the likelihood of poor mental health was higher if families had experienced a deterioration of their finances during lockdown or expected one in the next 3 months. However, in the poorest 20% of families almost three-quarters (72%) reporting a worse financial position had poor mental health, compared to around half (48%) in the richest 20%.

- People who were still working or had been furloughed were less likely to report poor mental health than those who had lost their jobs since lockdown. Retaining a job through being furloughed may have helped prevent a rise in unemployment-related mental health problems. Given the negative health consequences of unemployment, the government should be ready to extend the furlough scheme as necessary to prevent a sharp rise in unemployment. This could better protect household incomes and ultimately our nation's health.

What has been the impact on local services?

Data from Sheffield Health & Social Care NHS Foundation Trust

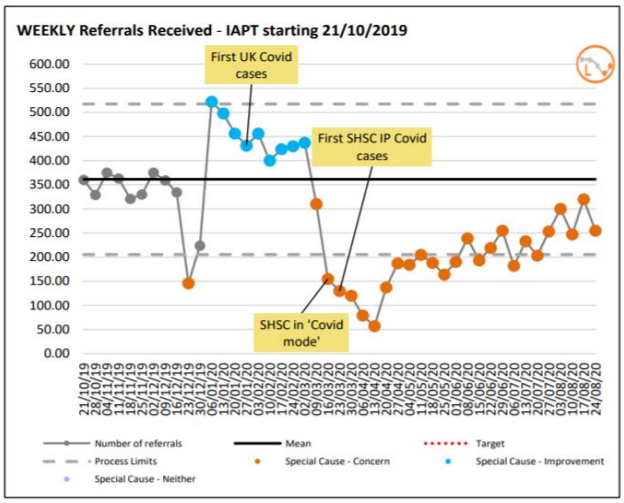
The following data has been taken from the Situation Report that has been produced daily by SHSCFT. The data included here does not reflect the entirety of the available data, just what was selected as the most relevant for this RIA.

There was little surprise that referral rates and activity for mental health services rapidly declined in the initial phase of lockdown. Improving Access to Psychological Therapies (IAPT) activity declined by 50% and most other mental health services had a decline of up to 40%, including for children and young people.

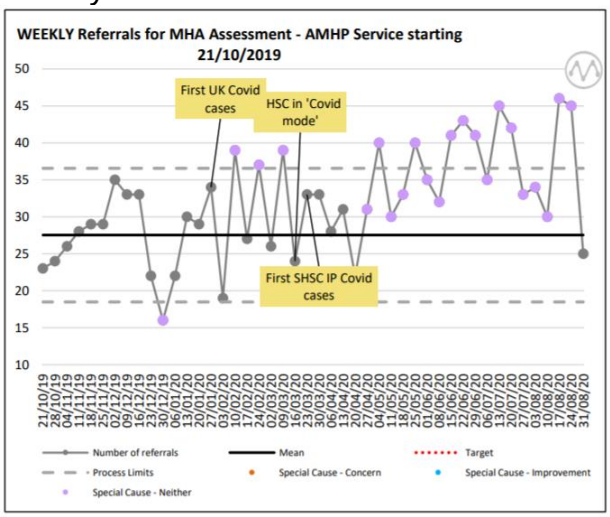
As of the 28th August 2020, the Single Point of Access (SPA) waiting list for assessment was 1,041 which include safeguarding and Attention Deficit Hyperactivity Disorder (ADHD). In order to stabilise the system and allow more capacity and more ability to deal with any upsurge in future demand, it would be reasonable and sensible to tackle existing waiting lists with the aim clearing them as far as possible.

As well as an initial drop in presentations, which has since risen back to pre-Covid levels, providers are also reporting an increase in acuity and complexity of cases, often leading to the use of the Mental Health Act and necessitating out of area placements. This is unprecedented as Sheffield has had no out of area placements for 5 years previously.

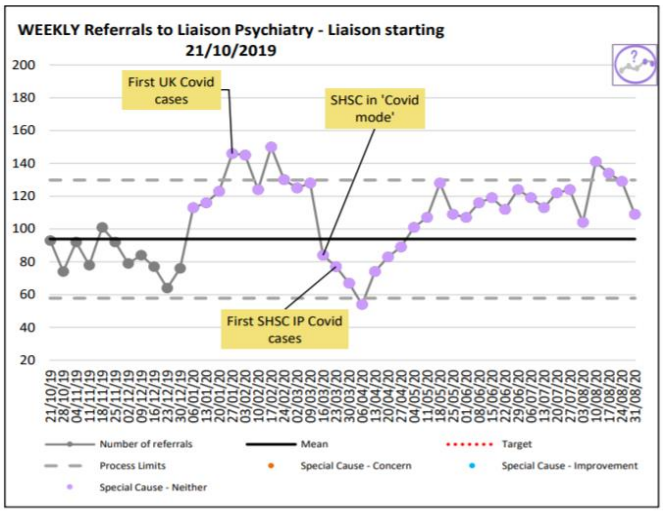
Referrals to IAPT



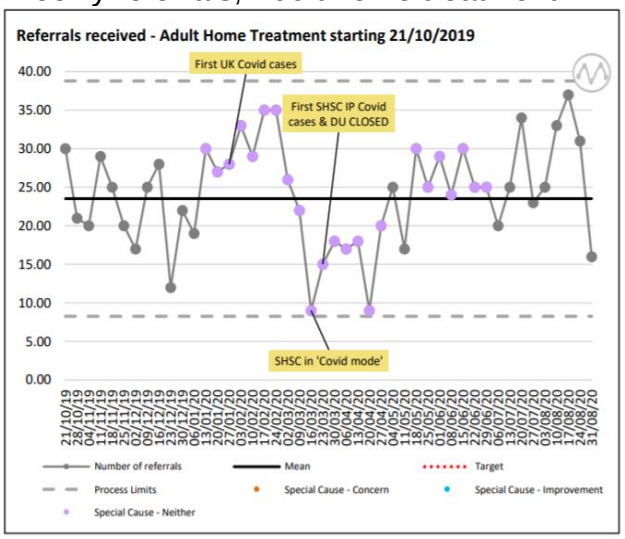
Weekly referrals for MHA Assessment



Weekly psychiatry liaison referrals



Weekly referrals; Adult home treatment



Improving Access to Psychological Therapies (IAPT)

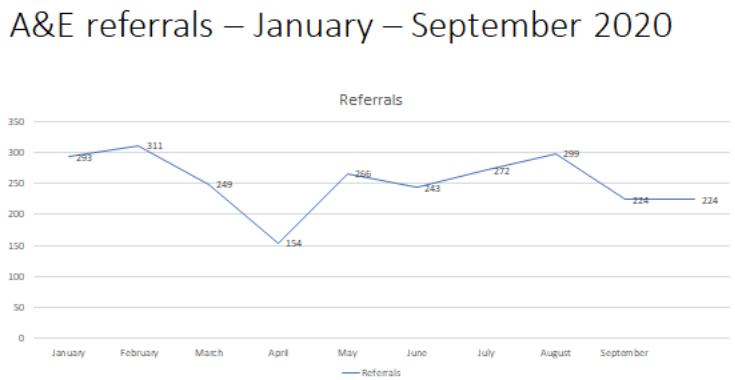
Existing provision	Concerned that existing plans to expand IAPT provision from 15k to 22k referrals as part of the NHS long term plan will be sucked up by Covid demand and there will be a need for additional provision to cope with both existing and new demand, especially in capacity to meet a rise in demand for interventions relating to depression.
	Referral from GP's dropped during the lockdown, which was to be expected. However, work is needed to increase referrals GP's in the future. Just prior to lockdown, referrals also dropped for OCD and Health Anxiety. Believe this was due to clients being worried about catching the virus – more are presenting now.
	Already a strong offer regarding long term conditions (LTC). Currently includes health worries and respiratory. IAPT are currently considering what courses will need in the future.
Changes made during the pandemic to service delivery	IAPT are now offering : • Psychological First Aid course (aimed at frontline workers) • Coping with Covid course There is capacity for further take up of these courses given the online nature of delivery.
	IAPT staff are currently being trained to deliver online 1 to 1 and group work.
	Moved to telephone support and online group delivery. No face to face contact with patients.
	IAPT are currently undertaking a piece of work to better understand the demographics of people accessing their services, but do not believe there have been any untoward negative impact on access from the changes to delivery.
BAME	Interpreters are available for both telephone and video based sessions. BSL interpreters are also able to join video based sessions.
	IAPT staff have recorded videos in key languages regarding Covid and accessing IAPT. In addition, IAPT staff are proactively contacting GP practices to increase awareness of the videos.
	IAPT are currently developing Improving Wellbeing group work session in both Arabic and Urdu, informed by focus groups.

Looking to the future	Need to normalise peoples responses and not pathologise.
	IAPT intend to develop further 'phases' of the coping with Covid course to include emerging issues e.g. fatigue.
	Existing IAPT LTC courses will be developed further to respond to issues as the pandemic impact is better understood. This is likely to reflect the view that there may be an 18 month recovery period from the effects of having Covid-19.
	More work needed to raise the profile of IAPT services in GP practice and increase referrals. This would be a key mitigation measure in managing future surge.
	IAPT believe they will not be going back to face to face delivery in the near future and that remote service delivery is here to stay. Believe that people prefer the convenience and anonymity that online platforms offer, but acknowledge that it doesn't remove all barriers in access for clients.

Data from Sheffield Teaching Hospitals NHS Foundation Trust

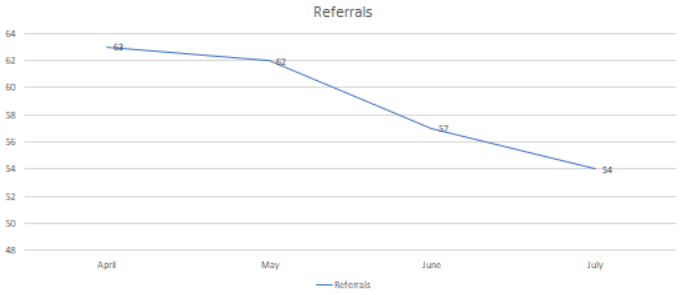
The charts below show the numbers of referrals from Accident and Emergency and from the Acute Medical Unit (AMU) into the Liaison Psychiatry Service over time since the start of the pandemic.

As seen with other providers, referrals from A&E dropped off significantly at the start of the pandemic, but quickly returned to very near pre pandemic levels over the summer.



However, this pattern has not been seen with referrals from AMU which has continued to fall throughout the summer.

AMU referrals – April – July 2020



In line with other providers, staff from Liaison Psychiatry also report having seen a lot of patients with Covid related mental ill health as a result of isolation and resulting hardship. Some of these patients have been psychotic/depressed and some suicidal.

Primary Care Data

General Practice similarly recognised an initial reduction contact for non-respiratory/infection related Covid-19 activity. This was short lived as General Practice quickly began using remote consultation techniques such as telephone and video consultations. This rapidly revealed psychosocial need particularly related to depression, anxiety, insomnia and the consequences of loneliness. Survey data indicates a 60% increase of consultations related to depression and anxiety, 50% for alcohol related problems and a clear recognition of the deterioration for those living with existing complex mental health problems.

A survey of General Practice was carried out (Appendix D) and whilst the numbers of responders was relatively low, the findings triangulate with national data.

Some narrative responses from the survey illustrate some key issues:

- *Patients felt really uncomfortable about the lack of face to face contact with health practitioners especially if the problems were related to loneliness etc.*

- *IAPT moving to an entirely digital platform could be beneficial **IF** it genuinely increases capacity and responsiveness **BUT** digital poverty is a significant problem and we must not increase inequality of access.*

- *We feel in my practice that my team has been really drained by management of huge number of mental health problems and we feel that we need support in the near future, especially if there will be a second wave of the Covid-19 as we may not be able to maintain this level of care for much longer.*

- *I worry about issues related to potential domestic abuse and safeguarding issues with children that have been 'hidden' over the last four months…*

- *Most anxiety cases have been more acute and severe with difficulty accessing secondary care services. Cases have been more complex as many lifestyle measures we would discuss have been more challenging due to lockdown restrictions. Some people have had difficulties balancing pressures from work and childcare during the pandemic. Myself and patients have had difficulty accessing the SPA crisis team. GP*

Data from Sheffield Children's Hospital NHS Foundation Trust

At an early stage in the pandemic it was recognised that additional resources would be required to meet the mental health needs of children and families post Covid & to support the emotional impact on staff. All of the following services have been involved in developing an overview of the expected impact of Covid-19 on the mental health of their patients: which has been provided for a Sheffield Psychology Board (SPB) paper:

- Paediatric Psychological Services
- Neuro-Disability & Neurology Psychology (Ryegate)
- Chaplaincy
- Bereavement
- Administration
- Re-deployed resource into staff support

An overall increase of 40% in mental health presentation across these services has been predicted, 20% presenting in physical health services & 20% in mental health services. This increase in demand is additional to existing pre-Covid-19 waiting lists/legacy waits in Paediatric Psychological Services.

The nature of the Covid-related demand is expected to include:

- Increased urgency of referrals
- Increased trauma from witnessing or experiencing domestic violence & sexual abuse and resulting from Covid-19 pandemic
- Increased Health Anxiety due to threat of Covid-19
- Presentation of physical health difficulties which have a psychosomatic base
- Increase in atypical bereavement reactions
- Increased demand for chaplaincy services

Older Adults in Sheffield Health and Social Care NHS Foundation Trust

Older adults have experienced an extremely harsh form of lockdown. The report on the emerging evidence of the detrimental effects of confinement and isolation on the cognitive and psychological health of people living with dementia during Covid-19, and mitigating measures provides a helpful summary of the emerging impacts for this population cohort.

Included below are a number of reflections from older adult psychiatrists from both the community and home treatment teams in Sheffield:

- "*I've not particularly issued more prescriptions except for a small number of ones for anxiolytics related to Covid / lockdown pressures, and also to ease stress for families who are having difficulty getting prescriptions from GPs. I would say my few extra ones have been equally divided between functional and organic patients."*

- *"I can't really comment on increased prescriptions compared to pre-Covid. However, I have seen an increased caring burden on families, and increased symptoms of loneliness and isolation (as expected). Carers of people with Dementia have struggled to cope with not having any activities/day centres."*

- "*From a hospital liaison perspective, there was initially a lull in referrals and liaison assessments (this was the case in Rotherham and I've heard that the situation was similar in Sheffield) at the outbreak. However we are seeing a lot of Covid-related delirium in hospital which is likely leading to an increase in prescriptions."*

- *"We may be seeing an increase in prescriptions for more acute medications such as benzodiazepines particularly in organic cases for symptom management. This is in part due to lockdown restrictions and reduction input from social care services such as day respite. I've also had occasional prescriptions for patients who have been shielding and concerned about being able to access medication from GP but there's only been a couple of those. I should also point out a lot of the pharmacies across the city have been helpful in allowing us to fax prescriptions and supply medication quickly, especially when I had a patient who urgently needed medication on Good Friday. Our admin team have also been amazing at sorting out all the prescriptions to get them to the right place."*

- *"I am not sure that I have suggested starting medication much more than pre Covid, however, I may have issued more scripts than pre Covid, trying to ease pressure on GPs and make sure the patient gets their medication ASAP."*

- *"I think there may be evidence for more first onset functional mental health problems in older people."*

- *"I also work onto Dovedale ward (ward for OA with functional MH problems) and I would say that for the majority of people who have been admitted during Covid has been a significant factor in their admission, either exacerbating a pre-existing MH difficulty or triggering due to really high levels of anxiety or psychotic/paranoid symptoms".*

Both Dovedale and G1 are experiencing high levels of clinical activity and staff report that service users are more unwell than pre-Covid.

National data and evidence

There are a number of tools being developed at the national level by NHSE and PHE designed to support local rapid impact work and in particular to support surge modelling and forecasting.

Unfortunately, many of these tools are not yet available to local areas. Local bespoke tools have been created in the meantime in some areas and the SYB ICS is exploring the robustness of these tools and how we might use one to model future prevalence of MH conditions across Y&H.

In Sheffield, we have asked our SCC Business Intelligence service to explore the possibility of using a tool developed by the **Lancashire and South Public Health Collaborative**, and applying Sheffield data.

The Lancashire and South Cumbria tool recognises that while our systems (health and local government) are focused on coping with the pandemic, demand for future mental health services is increasing. They define this demand in two ways:

- Covid-19 suppressed. This is demand that would have occurred had the pandemic not happened, and

- Covid-19 generated. This is demand that is directly attributable to peoples' experiences of the pandemic.

Emerging findings from the Mental Health and Wellbeing Surveillance Report

PHE has developed a new routine Covid-19 mental health and wellbeing (MHW) surveillance report. It aims to provide data and information in as near to real time as possible and provide a timely sense of the impacts on people and communities. The intention is for local systems to use this information to deliver a timely response and inform policy decisions for the recovery phase.

Published in September 2020, a link to the full report is provided here and a summary of the emerging findings for this RIA is provided below.

Changes in population mental health and wellbeing

There is evidence that self-reported mental health and wellbeing worsened during the Covid-19 pandemic. The decline was largest in April. There is evidence of some recovery since then, but not yet to pre-pandemic levels.

Data from longitudinal cohort studies provide useful information about change over time. Longitudinal cohort studies return to the same sample of people at regular intervals – often to see how responses to the same questions change over time. Data from the UK Household Longitudinal Survey (UKHLS) suggests that, among adults:

- mental distress (measured using GHQ-12) was 8.1% higher in April 2020 than it was between 2017 and 2019[1]

- mental distress in April 2020 was 0.5 points higher than expected (on the GHQ-12 scale), after taking into account increases in mental distress since 2013[2]

- in April 2020 over 30% of adults reported levels of mental distress indicative that treatment may be needed, compared to around 20% between 2017 and 2019[3] [4] [5]

- estimated prevalence of common mental disorders was lower in May 2020 than in April 2020, but still higher than between 2017 and 2019[5]

Considering emerging differences across population groups:

- young adults and women have been more likely to report worse mental health and wellbeing than older adults and men
- adults with pre-existing mental health conditions have reported higher levels of anxiety, depression and loneliness than adults without pre-existing mental health conditions
- adults who were not in employment before or since the lockdown were more likely to report worse and increasing loneliness, higher levels of anxiety and mental distress

Other population groups that appear to be disproportionally affected include adults:

- with low household income or socioeconomic position
- with long term physical health problems
- living in urban areas
- living with children
- who have had coronavirus related symptoms

The evidence of the impact of the pandemic on mental health and wellbeing of BAME communities continues to emerge and PHE intends to continue to track the impact and report as more evidence becomes available.

Suicide Prevention and Self Harm intelligence

The mental health effects of the coronavirus pandemic might be profound and there are suggestions that suicide rates will rise, although this is not inevitable.

Suicide is likely to become a more pressing concern as the pandemic spreads and has longer-term effects on the general population, the economy, and vulnerable groups.

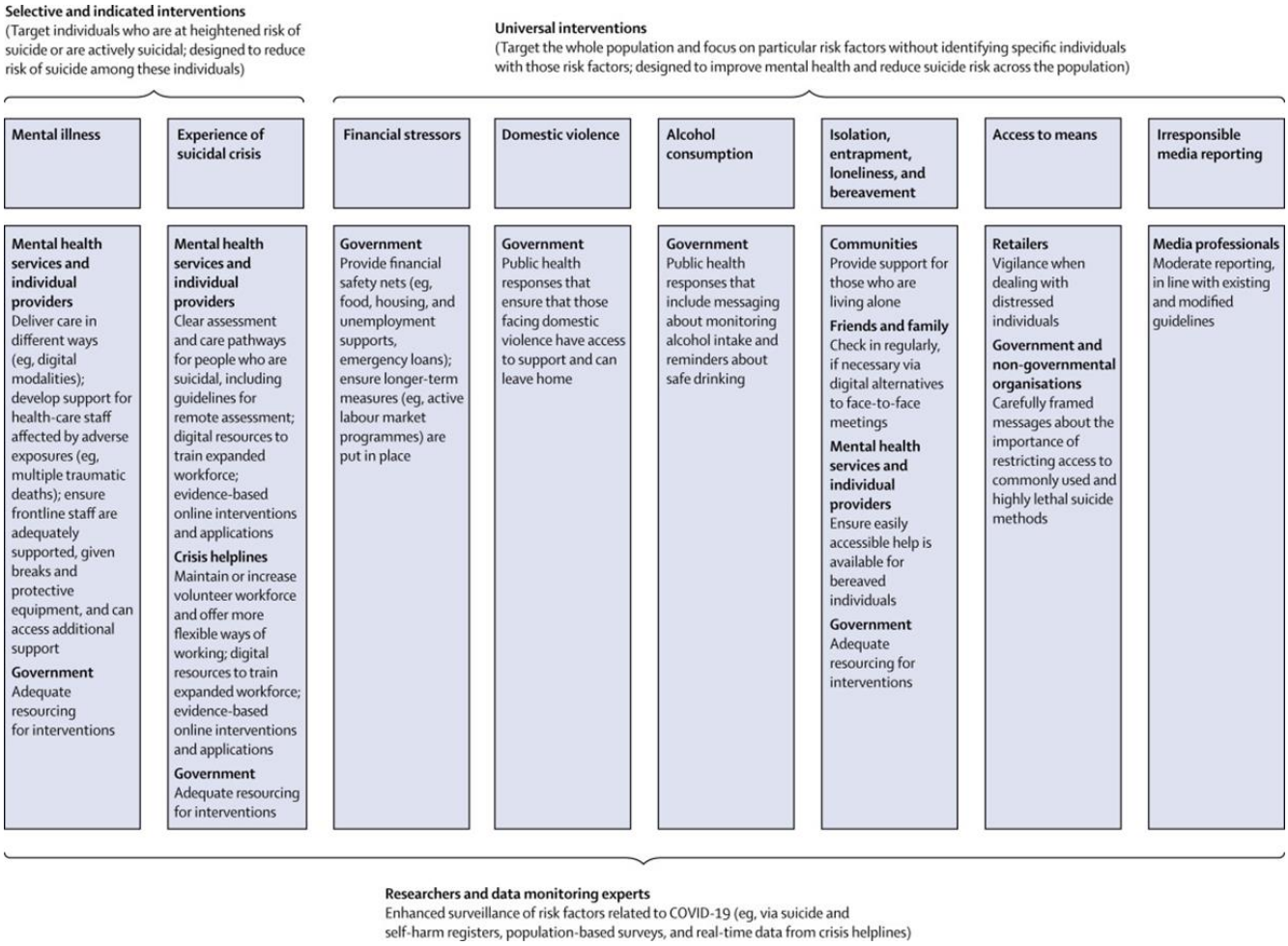
Preventing suicide therefore needs urgent consideration. The response must capitalise on, but extend beyond, general mental health policies and practices.

Suicide risk factors during Covid-19

A recent paper indicated that many of the emerging consequences of the coronavirus pandemic and the policy response are known risk factors for suicide (Gunnel, 2020). These include;

- Loss of employment and financial stressors
- Increased alcohol use and domestic violence
- Social isolation, loneliness and entrapment
- Anxiety, depression, PTSD

The paper presented a range of suicide prevention strategies during Covid-19, including actions that could be taken by government, mental health services, retailers, communities and the media.



Key messages for local suicide prevention plans from NHSE

- Too early to see change in suspected suicide numbers
- NCISH are collating real time surveillance data from local areas to monitor this
- Increase in suicide rate is not inevitable
- NHSE - have asked local areas to review their plans in light of the risks and see what is feasible re delivery
- Updated guidance to inform local delivery plans will be published in September 2020

Information and intelligence from the Sheffield Psychology Board (SPB)

Established as part of the response to the Covid-19 pandemic, SPB was tasked with oversight of the psychological offer and information available to Sheffield citizens during the pandemic. SPB delivers this remit through a number of work streams, each with a named lead and tasked with leading

projects within their remit and reporting on progress to weekly SPB meetings. SPB is accountable to the Mental Health, Learning Disabilities, Dementia & Autism Delivery Board (MHLDDADB). The work of some of the work streams most relevant to this RIA has been summarised below:

Communications work stream

As a key part of the Communications work stream, a suite of information resources were developed in collaboration with VCSE sector partners and made available to Sheffield residents via a number of channels (see here.) More recently SPB produced a video that highlights the various sources of mental health support available to Sheffield residents and can be viewed here.

Bereavement work stream

The initial focus for this work stream was to clarify the bereavement offer in Sheffield. However, it became evident that there was no strategic oversight for the bereavement pathway therefore the work stream undertook to address following:

- What are the requirements for a comprehensive bereavement support offer for Sheffield citizens, in the context of Covid-19?
- What is the existing bereavement provision in the city?
- What are the gaps and shortfall?
- Recommendations for improved provision of bereavement care

The work stream made a number of recommendations to SPB in September 2020;

Strategic

- Agree strategic direction, Sheffield Strategy for Bereavement Care, and city-wide oversight of bereavement care provision for adults, children and young people.
- Align with Compassionate Cities and 'Towards an intelligence-led End of Life strategy for Sheffield'
- Ensure meaningful engagement of service users in shaping bereavement care

City-wide join up

- Establish a Sheffield Bereavement Forum/Community of Practice
- Clarify interface between bereavement care and mental health services

Sheffield Bereavement Care Pathway

- Ensure existing services have capacity to meet demand in context of Covid-19, and ensure timely equity of access to components 2 and 3
- Ensure consistent provision of timely, high quality communication, information and resources

- Provision of information on existing services that is good quality, easy to access and easy to navigate

Knowledge and skills

- Ensure all relevant agencies and services understand their role in providing component 1 support, and have the knowledge, skills and confidence to do so

- Ensure knowledge and skills to assess or triage need

- Ensure culturally competent bereavement care

These recommendations will be discussed at Mental Health and Learning Disabilities Board in October 2020.

Health and Social Care staff resilience and support

Sheffield Health and Social Care NHS Foundation Trust

- Support to staff in care homes during Covid:
    - A number of resources were developed to support staff working in care homes (specifically older adult care homes within Sheffield) and sent to all care homes and uploaded onto the Council's website for easy access. The resources included ideas for staff to think about their own well-being, that of their residents and of family and friends and were a mix of practical tips, links to websites and signposting to existing services.

    - Following this a couple of sessions were provided through the care homes network a by a psychologist on Psychological First Aid approach for staff to think about resilience and self-care/how they support each other in more detail.

    - There are a small number of care homes who have engaged with more intensive support for staff where there have been specific issues related to a service user.

- Staff Support
    - A 24/7 helpline was established by SHSC for the staff within the city. On a 9-5, Monday to Friday basis this was run via SHSC Workplace Wellbeing service with additional counselling staff supporting this work from Sheffield MIND and IAPT. The Covid-19 Professional Helpline is open to all staff who are working with Sheffield and exposed to Covid 19 related difficulties. These staff groups include members of the different NHS Trusts, Care staff, police and ambulance workers.

    - Staff were also supported within teams within SHSC by Psychological practitioners beneficial in:
        - Providing staff with support and the opportunity to decompress following difficult and challenging situations at work.

- Allowing staff the opportunity to problem solve during the telephone / group support would help with stressful team dynamics, ensure that difficult situation are not personalised.

- Help staff to maintain a positive work life balance, allowing staff to leave behind difficult and challenging work situations.

- Work to prevent the development of PTSD.

Sheffield Children's Hospital NHS Foundation Trust;

- Staff support has focused on an individual level (e.g. 'drop in' support sessions in the anticipated high-pressure areas such as the Emergency Department, Paediatric Critical Care and Theatres) alongside team/group interventions (e.g. supporting senior leaders in managing change, facilitating rapid communication within teams, piloting supervision structures, and building and sustaining peer support relationships within teams). Broader organisational strategies have also been implemented (e.g. signposting to existing support options, establishing divisional structures to support staff wellbeing and developing organisational wide training). There are ongoing plans to invest in organisational structures to benefit staff wellbeing (e.g. considering expanding existing debriefing structures).

Sheffield Teaching Hospitals NHS Foundation Trust

- From March 2020 the Department of Psychological Services (DPS) at Sheffield Teaching Hospitals (STH) redeployed a significant number of psychologists to focus on staff support across the organisation, with the aim of fostering resilience, enhancing staff wellbeing and responding to any key areas of need during the peak phase of the pandemic. This included providing over 500 STH staff with Wellbeing and Resilience training prior to redeployment to Critical Care or Covid wards, of which over 200 were provided with ongoing support through provision of reflective practice sessions during their redeployment. Key areas such as Critical Care and the Emergency Department were provided with a bespoke package of support for staff, with examples including consultation for senior leaders and managers, provision of reflective practice groups and psychology attendance at Calm rooms. A number of managers and senior leaders from settings across the organisation were also offered consultation on how to support staff wellbeing during the pandemic and reflective practice sessions were provided on request. This has provided an opportunity for DPS to work with a wider range of staff teams than we would not normally get to work with and the feedback we have received has been positive. Key themes identified in reflective practice sessions have also been passed on to senior leaders for consideration in future planning.

- During the initial wave of the pandemic, in order to support STH psychologists through the period of their redeployment and changed roles, including their work with the broader Trust staff teams, a number of DPS initiatives took place. These included creation, maintenance and dissemination of up to date self-care and wellbeing resources; introduction of regular Reflective Practice groups for psychology staff; and, via Sheffield Psychology Board,

provision on a significant scale of support and supervision by SHSC psychology staff to their STH psychology colleagues, work that proved invaluable and was much appreciated by staff.

In its paper to MHLDDADB in June 2020, the SPB highlighted some of the estimated impacts on mental health echoed elsewhere in this RIA and proposed a stepped care approach to building a Psychological resilience model in Sheffield.

Estimated impacts from SPB paper

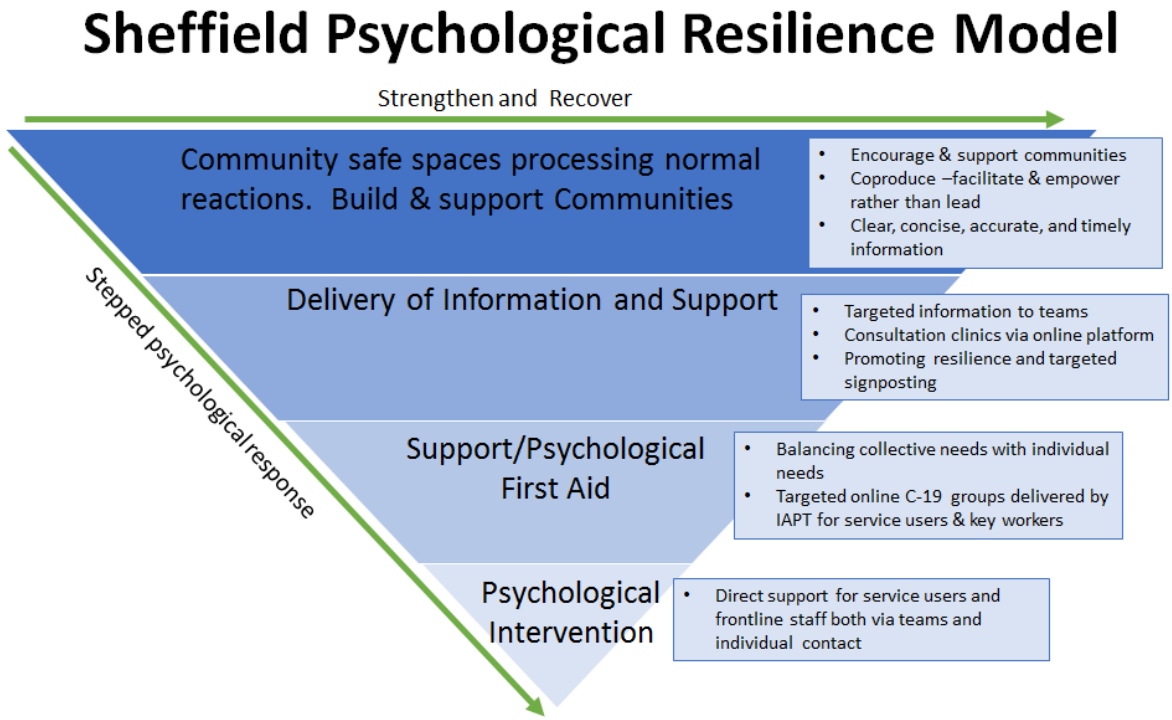
- Using the figure that NHS England suggested, that there could be an increase in emotional and mental health problems associated with Covid-19 of up to 40%, the SPB suggest a best estimate of between 1400 – 1800 extra referrals per month for adults in Sheffield, and that this is mirrored by an estimated 40% increase in referrals for children and young people per month.

- Statutory services across Sheffield give estimates of a Covid-19 lockdown reduction in referrals and service usage between 20- 50%. SHSC Trust have continued to deliver a clinical service throughout the Covid period but noted a reduction in the number of referrals over the last three months. However, they are starting to see a stepping up in demand particularly in IAPT services around 300 referrals per week and in SHSC's Liaison Mental Health (LMH) service (LMHS). LMH for example, already show an increase of 20% of referrals for the first two weeks of May 2020. Psychology services in Sheffield Teaching Hospitals Trust (physical health for adults) stepped down all services to non-essential clinics to attend to Covid-19 demands; they are currently reconfiguring its resources again to attend to a Trust-wide Covid-19 service in addition to areas of urgent clinical need.

Proposed Sheffield Psychological Resilience Model

In line with the WHO Psychological First Aid model, SPB has been clear in its fundamental approach to Covid-19 in not to pathologise normal psychological reactions to unprecedented circumstances. SPB also recognises that not everyone has been affected equally by this pandemic; some will have remained reasonably unaffected whilst others have suffered extensively. As this means psychological needs are on a continuum, the mental health stepped-care model differentiates level of need appropriately and matches need with corresponding clinical expertise. Some people may benefit from good quality information and self-help resources, whilst others may need individual interventions for complex problems such as post-traumatic stress disorder.

It is therefore important to ensure matching the right level of intervention with the right psychological need, and it is equally important to do so at the right time. If this is done prudently we would prevent incremental drift to higher levels of need, including an incremental drift to formal mental health services. The following illustrates a stepped care approach to building a Psychological resilience model:



The stepped-care model also proposes new integrated approaches by bringing people together in physical and virtual community spaces. We can apply learning from both what has worked locally during the outbreak phase, as well as by translating learning from national leaders and projects that have strengthened partnership working with communities and community organisations. For example:

- Grenfell Tower Community engagement and outreach work supported communities to thrive following collective and individual trauma https://www.acamh.org/blog/grenfell-tower-fire/
- Centre for Local Economic Strategies (CLES) considers the impact of progressive procurement on community wealth building and the wider determinants of community health https://cles.org.uk/community-wealth-building/what-is-community-wealth-building/

Psychologists and mental health experts in the VCSE sector can support key community leaders and organisations to set up safe physical and virtual spaces for people to share experiences, have conversations, start to heal, and to think about how to build on positive social action. Communities can be both geographical communities and city-wide communities of interest. Health Watch and others can be engaged to co-create inviting, welcoming, non-stigmatising environments where, in non-judgmental, trusted and accepting settings, people can witness each other's stories and start to knit together collective hopes.

The support offered in the community would also meet the needs of individuals for whom group support options are not suitable. The VCSE sector, with its strength in diversity, is well placed to provide such community support and psychological interventions. With a wide range of organisations and services in its fold it can flex and adapt in a timely way to meet changes in service

demand. It could innovate and provide community MH services and support both during the recovery phase if resourced appropriately.

Good quality information is key to a stepped-care approach. This is so within itself if that is the only level of need, but also true when dovetailing information with other levels of intervention in the model.

Psychological interventions increase in complexity to match the needs of the people presenting in line with NICE guidelines. IAPT are running a Covid-19 recovery group and have a website with targeted self-help information with good feedback from service users. VCSE sector providers are able to offer a range of psychological interventions via telephone, video calls or email. At the apex of the stepped-care model there will be need for specialist skills sets to provide services for a range of problems such as complex trauma/PTSD, significant depression, anxiety/OCD, fatigue, neuropsychological symptoms, persistent physical symptoms, etc.

Summary of qualitative intelligence from local stakeholders

One of the key ambitions of the RIA was to capture the views from VCSE organisations working in Sheffield on the impact Covid-19 had had on the people they work with. To do this, we worked with the Coordinator of the Mental Health Partnership Network to develop a short survey that was sent out to all members of the partnership and complemented by a focussed discussion at one of their weekly zoom Network meetings. The survey was sent to all members of the Network and 15 organisations replied.

A copy of the survey and a list of the contributors can be found in Appendix E and the key findings are summarised in the table below.

Overall, while there is evidence that the Covid-19 pandemic has negatively impacted on people's mental health, it is difficult to assess and predict exactly what shape this will take in the short, medium and long-term future. Early community-based intervention and flexibility in service provision are crucial, so that people can access services in a timely way to receive the help they need in a community setting.

Concern/Issue or population group highlighted	Comments from the survey
BAME communities	• Lockdown has increased stress, community disconnection and cultural separation. • Especially hard for: people with existing MH conditions refugees and asylum seekers who have found lockdown triggering due to previous traumatic experience mothers stuck at home with small children who may be fearful of leaving the house older BAME people men, would normally have met up in cafes, etc.

	• Intergenerational homes have limited the opportunities for quiet time and space apart from other family members • The lack of social contact has been made worse due to lack of access to phones, social media, ESOL and confidence dealing with services • Difficulty understanding national Covid-19 guidance • Feelings of guilt about not being able to honour deceased relatives due to Covid restrictions on funerals, etc. • "The pandemic has highlighted clearly the impact of disadvantage and inequality in society. In particular we have seen this in the groups identified at greatest risk from the disease as a result of health, lifestyle and wider societal inequality (i.e. BAME, income, etc.). This along with other events that have occurred during the pandemic such as the prominence of Black Lives Matter must result in meaningful change as without it we will see the same issues return and occur again and again".
Asylum seekers and refugees	• For those who were traumatised it has exacerbated their MH distress, increased their isolation and impacted on integration. Some are unable to continue to access therapeutic services as they did not want to do trauma work from their home due to partners/children or their home becoming associated with past traumas. • Many have coped well as they are pragmatic and have endured many years of difficult living conditions elsewhere • Older Syrian refugees who have chronic health problems have become very isolated due to shielding • Rarely seen within IAPT and so therapy offered via VCSE sector, given few services are appropriate and accessible to our clients.
People with pre-existing mental health needs	• Covid has exacerbated existing mental health needs. • Harder to access services as many are not interested in/don't have access to video conferencing, including those with: severe mental illness. • Increase in people needing to access food banks. • Anecdotally, it would seem that many people with mental health problems have responded to Covid-19 with fear – they are isolating and shielding and this has affected their ability to get their own food, manage their money and interact with other people. People who find it difficult at the best of times to interact with their local community are now very isolated. In addition, many do not use / cannot afford / are fearful of digital technology, so their independence has decreased. • Lockdown had the effect of "trapping" many people with hoarding disorder in their hoarded homes. Now with the easing of lockdown this is enabling people to be able to go out more to get away from the situation, which is often a strategy used. It has had the effect of cutting off some people's acquiring methods e.g. charity shops were shut. But some have been ordering online and are now in financial difficulty as a result. • It has been hard to engage with people with a mental health disorder due to not understanding or wanting to use technology. Many have not even wanted to talk on the phone.
People who have experienced complex trauma	• For clients with complex trauma they have been impacted greatly by the COVID pandemic as it has re-traumatised them. Themes that have come up for these clients include: being told what to do, feeling locked up, feeling controlled and things being unfair. These were often things that the client had experienced as part of their abuse.
Young Carers	• The level of caring has increased in the crisis, as well as levels of family

	conflict. The VCSE sector have been able to support young carers and their families to manage their mental health within the lockdown, but also supported them to seek help before a crisis is reached.
Women	• Hard for single parents to keep everyone safe and motivated • Some felt safer during lockdown as staying at home, could be new challenges as lockdown eases • Those with complex trauma have been re-traumatised by the pandemic. Previous coping strategies were removed due to lockdown conditions. • Impact of increased levels of domestic abuse. Many women who are current victims of domestic abuse often also have histories of trauma and abuse, and that the current crisis has potential to cause additional trauma, will increase the risk of abuse, and also exacerbate trauma symptoms.
Children and Young People	• Increase in child safeguarding concerns and an increase in calls to the safeguarding hub for those who were in touch with services. • There is a lot of concern about C&YP who have been more hidden during this time and for whom there may be safeguarding issues which would normally have been picked up when the C&YP were accessing other services, not necessarily mental health focused. • Concern about C&YP and impact of ACEs during this time: family break up, death, domestic violence, deprivation, etc. • Concern about the impact of parental mental health on C&YP. Many vulnerable children did not take up a place at a school due to a variety of reasons: fear of Covid, parental loneliness, lack of structure, parental mental health. • Impact of educational attainment and employability due to schools closing and economy shrinking
Employment and mental health	• Jobs more insecure due to Brexit and Covid. • People are fearful of raising their mental health issues at work for fear this may increase their chances of being selected for redundancy • People feel they have been “abandoned” by their employer and have received no support to do their work. • Less referrals from GPs to employment advice. • Job security/vulnerability and financial insecurity will be a driver of workplace health issues over the next 6 months. Many organisations are telling their employees that they will be working from home for at least another 6 months, if the lack of self-risk assessment continues. • There may be mental health repercussions of Covid impacting on people’s employment e.g. Increased bereavements, job losses, trauma of being/relatives being in ICU, changes to working practices (the blurring of home/work life), MH impact on children not being in school/needing to be reintegrated back to school. • An increase in number of homeless people needing support, as people have lost jobs and many were in insecure tenancies. Whilst they are assured tenancies at present this is likely to change after lockdown lifted. Expectation that: • MSK will be a driver of mental health issues • Job security/vulnerability and financial insecurity will be a driver of workplace mental health issues in the future

How MHPN members have adapted their services to support people living with MH issues	• 2 organisations reported having to close their services and furlough staff which will have impacted directly on their clients • Others introduced new systems in order to prioritise those service users most at risk • Most members had to cease face to face and group work though one group reported that it was currently co-producing with members an online group format • Families were a group that members struggled to engage with especially as they normally receive face to face support, Some orgs adapted and offered activity packs for children Many members also reported stepping up of existing services such as • increasing the number of wellbeing checks on their users • some also saw an increase in the number of calls for support • interpreting guidance for users and distributing this alongside packs of masks, gloves, hand sanitiser All members reported flexing their services to maintain maximum provision to users, this included; • expanding their online content esp. for young people • Therapy was offered via zoom and telephone for refugees and resettlement support continued throughout • Other members were exploring the potential for offering video therapy led by the needs and wishes of their service users • Providing or arranging essential food/medication, bill pay and mobile phone top up services esp. for people who were shielding • Continuing to offer 1 to 1 support to women suffering from abuse via the phone • Offering signposting and support even where clients preferred not to engage during lockdown New activities were also developed at pace including • the establishment of community WhatsApp groups for service and peer support • WhatsApp based chairobics session • Pen pal scheme to support isolated people • Weekly newspaper with contributions from service users
Adapting to online service delivery	In addition to those comments included above • 1 member established a phone line for over 50's to support people coping with loneliness and isolation • 1 member reported seeing a drop in DNA's since adapting to using zoom Overall there were mixed views about the preferences of service users to online service delivery. Some reported that users preferred telephone as a method, others preferred video. Trend is not clear Concern about the long term impact on service users of the lack of face to face support esp for traumatised people such as refugees, but also for families where the means of support is as important as the support itself. • A number of members reported that some clients had chosen to wait for face to face support

Looking to the future	• A number of members reported that they will continue to utilise video technology for networking e.g. keeping in touch with volunteers, and especially for networking with other organisations. Suggestions included sharing skills and training via this platform • There was a desire for greater and continued collaboration with statutory services to aid early intervention and prevention to minimise escalation of crises • There was a desire for more involvement in planning and policy making structures for BAME voices • In the event of future lockdowns, that the ability of local communities to communicate and use their voice and influence should be part of the development of national strategy, not left to underfunded VCS orgs • A number of members reported that they will continue to offer remote therapy as part of their core offer, increasing choice, flexibility and accessibility • The suggestion was also made though, that there needs to be a review of the level of engagement with digital tech for people with severe and enduring mental health issues • Felt that there was a need for more mental health support, but not just more, there is also a need for services to be more joined up and in contact with other services to maximise impact • Concerns raised about capacity and burnout of staff in the VCS due to the additional pressures caused by the pandemic • Need for the development of more capacity within VCS organisations so that they can support people, keep them stable and prevent demand on statutory services

Sheffield Flourish Public Survey

Sheffield Flourish also conducted a survey during the lockdown period. The survey was completed online and was designed to explore the challenges people were facing in lockdown, what they were doing to support their mental health and their thoughts and related experiences. 66 people responded. A link to the full report is below. Key findings included;

- In response to the statement – 'Covid-19 and the response to it has made my mental health', 54.5% and 6.1% of responders reported their mental health had either got worse or a lot worse
- When asked to reflect on what were the biggest concerns responders had about their mental health and wellbeing, responses grouped into the following themes
    - Physical exercise and mental health
    - Fear of isolation especially those who are elderly or more vulnerable
    - Depression
    - Previously dormant mental health conditions being triggered
    - Fear of family or friends getting ill and dying
    - Stress related to education/job insecurity
    - Home schooling, especially for working single parents
    - Fear of financial impact
    - Unsure of what services are running or available

    - Fear about what the future will look like
- When asked to reflect on why their mental health had been better due to social isolating or Covid-19, responders reported the following
    - More time for friends and family
    - A break for yourself, time to think and process
    - Time to get creative
    - It has been good for the environment
    - Less pressure to do social things
    - Fewer expectations from family or work
    - More control at home
    - More civility/friendliness in the street

Findings from the Sheffield Children's Hospital Healthy Minds Covid-19 Children and Young People Survey

The loss of structure, activities and social contact combined with the pressures on families within an uncertain and anxious context are a toxic mix which can eat away at even the most resilient of young people. It will exacerbate underlying conditions both for young people with low level mental health concerns and the most vulnerable, surviving adverse childhood experiences and trauma.

50% of lifetime mental health concerns start by age 14. There is therefore an **urgent need to offer early intervention and prevention measures** to address children and young people's mental health to protect them against enduring mental illness. As Covid-19 measures strips CYP of their normal coping mechanisms it is likely more will struggle with their mental health.

The key protective factor for children is the **quality of interactions and relationship**s around them and it is possible that the adults in their lives both parents /carer and school / nursery staff may be struggling with their own emotional regulation at this time and therefore are struggling to offer reliable support.

Other protective factors for emotional wellbeing for children are a **sense of agency, productivity**, and **self-worth**. Social connectedness, physical health, appropriate emotional regulation strategies, supportive relationships – all which have been challenging during Covid measures, particularly lockdown.

An effective and efficient way to **reach *all* children** and young people in Sheffield is to **offer support to the key adults in their lives** who can then best support them no matter what the emerging

concern is – bereavement and loss, anxiety, low mood. We can do a lot by shoring up the key adults in their lives so they can best support them which will ensure a greater reach and free up specialist service provision to meet the needs of the CYP who need it most.

We know children and young people can adapt and even thrive in the face of stressful events with appropriate levels of protection, comfort and the opportunity to process and learn from their experience. The children and young people we would be most concerned about are those without these protective factors.

It is likely that the effect of Covid-19 measures will increase social disadvantage as children and young people who feel well supported by family and friends and who have access to activities, learning and physical exercise will best be able to cope with the measures and in some instances thrive and those who do not have these levels of support are likely to experience a more significant impact on their emotional wellbeing and their developing executive functioning and emotional regulation skills.

7% of primary children and 12% of secondary students who responded to these surveys report not feeling very well looked after by their family, possibly these children would rate themselves similarly pre-Covid but lockdown will have increased their sense of isolation and lack of contact with other possible protective relationships.

Covid-19 related findings from the Physical Health Improvement Group (PHIG) engagement survey

As part of finalising the development of the Sheffield Strategy to improve physical health for people with severe mental illness, learning disabilities, and autistic spectrum condition, PHIG invited people with lived experience, family carers, staff working with people living with SMI/LD/ASC, and wider stakeholders (e.g. advocate organisations and forums) to provide feedback. Below is a summary of some of the comments received from contributors when asked about the impact of the pandemic (including lockdown) on people with SMI/LD/ASC and their physical health.

- “I am part of a group that has been organising walks and picnics to encourage autistic adults to get outside and to get exercise. Maybe institute a specific 'park walk' - same time same place each week, not too early in the day.”
- “Alternatives to telephone helplines - e.g. somewhere you can email and that a responder will arrange to talk to you via some mechanism.”
- “We have been running weekly zoom exercise classes for our cyclists.”
- “Depending on the individual, perhaps more contact over the phone by professionals asking how you are.”
- “Encouragement and support to do small activities that can be done at home or locally for example going for a walk or cleaning the house.”
- “Encouragement to take part in exercise & practical information on healthy eating.”

- “More options available to them to actively take part not just Facebook and videos. Zoom groups and social distancing walk and talk small groups set up near where they live.”
- “Support and contact from others”
- “Access to online resources including remote video support from health advisors”

Recommendations

Services and organisations in both the statutory and VCSE sector that support the mental health and wellbeing of people living in Sheffield have responded in an unprecedented way to the impact of the Covid-19 pandemic and social policy measures put in place to restrict its spread. This RIA has brought together the available literature on the likely impacts on mental health of Covid-19 with local intelligence and information from VCSE organisations, community, primary and secondary care services and has used that evidence to make the following recommendations to inform the future planning and commissioning of mental health services as we move into the next phase(s) of our response.

1. National forecasting would indicate that the pandemic would increase the number of people experiencing mental health problems by approximately 500,000 in the UK. This would likely mean an increase of **between 3.5-5 thousand additional people seeking help for mental health** problems in Sheffield. Currently, mental ill health accounts for 25% of the morbidity and mortality demand for NHS services, yet it only receives approximately 13% of the NHS target set for the Minimum Mental Health Investment Standard (MHMIS). This does not currently enable the city to meet the demand for mental health services that existed prior to the predicted impact of the pandemic. Greater investment will be required to meet the predicted upsurge in demand in the coming 18 months – 3 years.
   This additional investment should be targeted towards the areas of greatest needs and the H&WBB should give seriously consideration to disproportionate allocation in order to tackle inequalities and support prevention.

2. The development of national tools to support the forecasting and modelling of future mental health need has been slow and tools have not been available to local areas in time to inform RIA's. The H&WBB is asked to support the identification of Public Health intelligence capacity to work with commissioners, expert providers and experts by experience to **quantify this predicted increase in demand**. This is necessary to assess the city's ability to meet need, map the projected resource gap, and to support a city-wide public health response to the pandemic.

3. Covid-19 has revealed and confirmed the **health and social inequalities** that were already known. These same groups will also be the most vulnerable to mental health difficulties longer term, as the pandemic leaves behind an unequal legacy of complicated bereavement, trauma and economic repercussions which will push more people towards financial insecurity and poverty, significant risk factors for poor mental health. Unequal experiences of grief, loss, trauma, injustice and abandonment all add to the psychological damage caused by Covid-19. Mental Health is a cross cutting issue and many of the recommendations of other RIA's (e.g. **Loneliness** and Isolation, **Domestic Violence**, **Adverse Childhood Experiences, Housing** and **Employment**) will also have a significant impact on mental health and wellbeing of Sheffield residents and it is important that those recommendations are acknowledged here.

4. People from BAME communities have been disproportionately impacted by Covid-19. This has coincided with the Black Lives Matter protests and a greater awareness of the impact of

structural racism on the mental health of people from BAME communities. This impact has been evidenced in both the national and local intelligence gathering as part of this RIA. If we assume that this disproportionate impact will result in a disproportionate future need for mental health support by people from BAME communities, then it is imperative that we **work with and invest in BAME-led VCSE organizations to understand community needs and develop culturally competent services.** H&WBB is asked to prioritise working with BAME led community organisations to carry out safe and culturally appropriate action-research to assess the impact that Covid-19 has had on the well-being of our most vulnerable and wider community members. The development of future services should be informed by partnership and co-production. This should dovetail with the BAME Health Needs Assessment work already in progress.

5. The VCSE sector should **be resourced to enable an ongoing community conversation** between the people of Sheffield and the health system. People's environment, and therefore their needs, are changing rapidly and are likely to continue to do so for some time. Therefore, regular co-production with the population of Sheffield is necessary in order to ensure that people's needs are addressed in the most effective and efficient ways. This could be done with VCSE partners who have pre-existing relationships of trust in local communities around Sheffield, including with those who are less often heard. The results from these workshops would be relevant to health, social care and VCSE organisations (amongst others), and therefore a great value could be drawn for them regarding Sheffield's response as a whole.

6. To recognise that we need to capitalise on the strengths that are emerging in grass roots, community initiatives, and deepen partnerships with the voluntary sector, universities, and schools to develop community-based service models. A strengthened VCSE sector would help us to develop a framework for **rapid and progressive commissioning of mental health services which enables a timely response to changing community mental health support needs and service demands**. There is an opportunity to look at an alliance model between the statutory and third sector providers with integrated pathways.

7. Sir Simon Steven's letter to NHS organisations in August 2020 emphasises the need for investment in early intervention and prevention support for mental health as part of the phase 3 response to Covid-19. H&WBB is asked to support the continued investment in & **development of a Primary Care MH & Wellbeing Offer** including IAPT & social prescribing and encourage greater working with the VCSE sector to further development interventions **that de-stigmatise & encourage easy access to wellbeing support.**

8. Covid-19 has provided an urgent and timely opportunity to review the provision of bereavement care in Sheffield. Sheffield Psychology Board has begun this work. H&WBB is asked to support the **establishment of a comprehensive bereavement offer for Sheffield** in line with the recommendations of the SPB work stream.

9. The City should prepare for both a V-shaped and a W-shaped recession during the next five years, with resources (financial and human) to respond either to a single, deep recession this

year or to a series of economic shocks each of which will create additional need for mental health support.

10. This RIA has demonstrated the massive shift to **digital delivery** of mental health and wellbeing services and interventions since the start of the lockdown. Despite some easing of restrictions, there is still the potential for further lockdowns during any subsequent waves of Covid-19 spread meaning that digital delivery of services is planned to continue in the 'new normal'. There needs to be **a review of the level of engagement with digital technology, particularly of people with severe and enduring mental health issues**. Digital inclusion is not just about whether people have access to technology, it is also about whether or not they are able to engage with services via technology. H&WBB is encouraged to resource the VCSE sector to carry out community research on access to MH services and to ensure that the patient experience is considered in future service development plans.

11. Recognising that Covid-19 is a multi-system disease that affects both physical and mental health it is essential that mental health and psychological interventions are embedded in post-Covid care, support and treatment pathways.

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Dr Steve Thomas, GP & Clinical Director, NHS Sheffield Clinical Commissioning Group

Julia Thompson, Public Health Principal, Sheffield City Council

Completed the RIA survey, shared written feedback or attended the feedback workshop:

1. City of Sanctuary (via VAS)
2. Element Society
3. Hoarding Disorders UK (North)
4. Maan Somali Mental Health
5. Refugee Council
6. Saffron
7. Share Psychotherapy
8. Sheffield Flourish
9. Sheffield Mind
10. Sheffield Young Carers
11. SOHAS
12. St Wilfrid's Centre
13. SYArts
14. Terminus Initiative
15. VAS
16. Co:create
17. Big Issue North
18. Chilypep
19. SYEDA

Additional organisations who contributed via the earlier network survey:

20. Art House Sheffield
21. Heeley City Farm
22. No Panic Sheffield
23. SACMHA Health and Social Care

7.1 Appendix A

Baseline mental health disorders in Sheffield

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

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

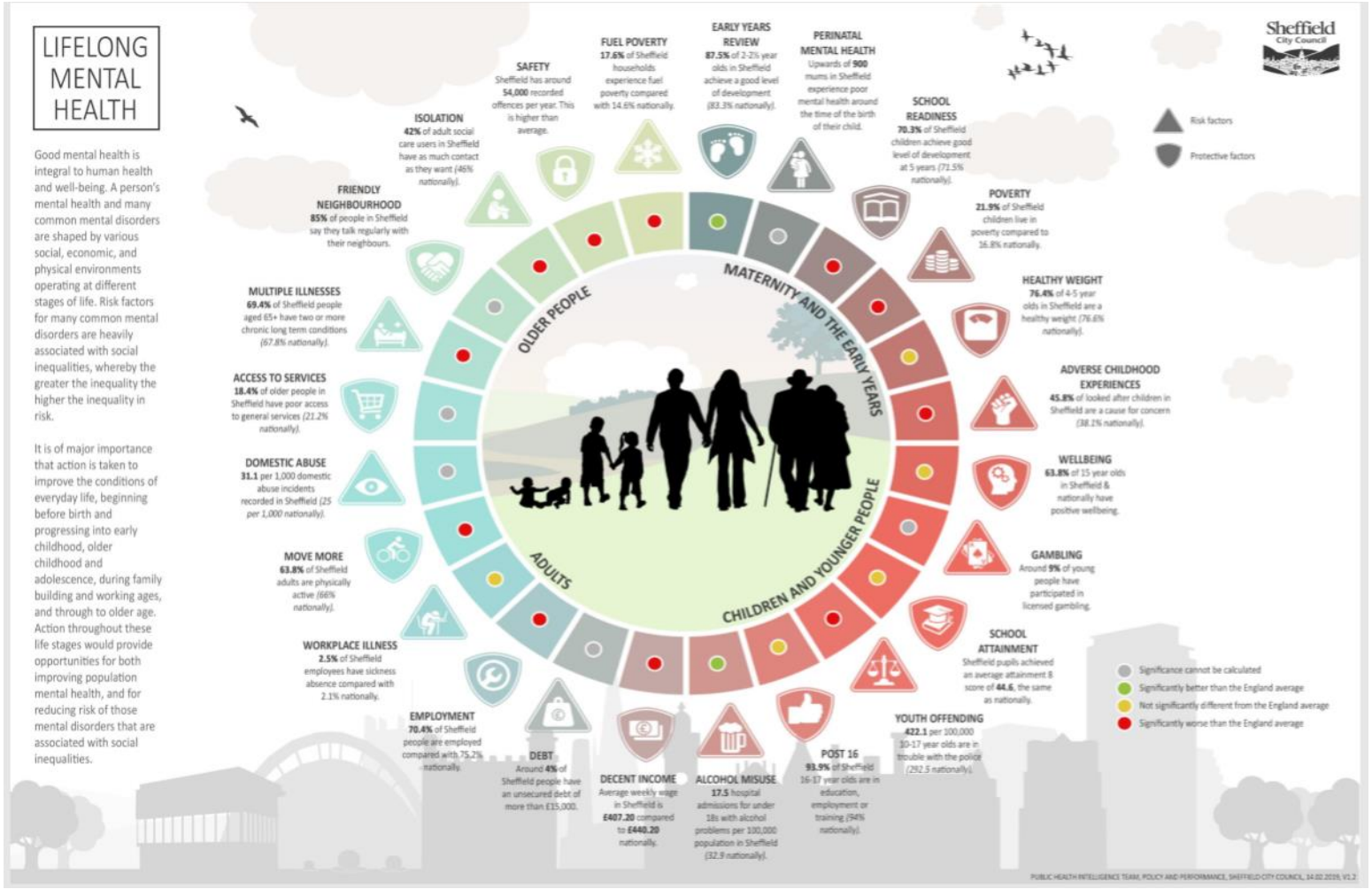
Population group	Mental health condition/ situation	Estimated count	Estimated frequency (prevalence / incidence/ count)	Notes
Pregnancy and perinatal period	Postpartum psychosis	10		2017/2018. Estimated number of women.
	Severe depressive illness in perinatal period	149		2017/2018. Estimated number of women.
	Mild- moderate depressive illness and anxiety in perinatal period	495 - 743 (lower-upper estimate)		2017/2018. Estimated number of women.
Children and Young People (CYP)	Mental disorders (total)	10,190		2017/2018. Estimated numbers of CYP with mental disorders. (5-17 years)
	Emotional disorders (anxiety disorders and depression)	Estimated 2,832 based on ONS populations	3.7%	Estimated prevalence, aged 5-16 years. 2015 data.
	Hospital admissions as a result of self-harm.	365	297.1/ 100,000	2018/19 data. 10-24 years.
	Percentage of looked after children whose emotional wellbeing is	69	48.6%	2018/19 data.

	a cause for concern			
	Autism			Children with autism known to schools in Sheffield
	Learning disability	4,489	5.6%	Pupils with Learning Disability: % of school aged pupils (2017)
Working age adults 16-64 years	Psychosis (new cases)		26/100,000	2011 data. Estimated incidence from modelling data.
Adults (all ages) ≥16 years	Common mental disorder (CMD) prevalence	Estimated 87,458 based on ONS populations	18.5%	2017 data. CMD= any depression or anxiety
	Depression	49,431 person	10.2%	2018/19 recorded prevalence age 18+
	Serious mental illness (SMI)			SMI includes major depressive disorder, schizophrenia and bipolar disorder. 2018/19 prevalence QOF. District estimate.
	Autism			National estimate (Brugha *et al.*, 2016)Data source: Adult Psychiatric Morbidity Survey (2007) and Intellectual Disability Case Register study (IDCR) (2010) combined,
	Suicide	Average 40 deaths per year	8.1 per 100,000 120 over three year period.	Suicide rate (persons) 2016-2018
Adults (all ages) ≥18	Learning disability – adults receiving long			

years	term support from the LA			
Older population ≥65 years	Common mental disorder (CMD) prevalence	Estimated 10,438 based on ONS populations	11.2%	2017 data. CMD= any depression or anxiety
	Dementia	5,039	5.17%	Prevalence. 2019 data. Highest in Y&H
Whole population	Learning disability (QoF)	4,288	0.7%	2018/19 QoF data – Same as YH proportion

1.2 Appendix B

Baseline risk and protective factors for mental health across the life course in Sheffield



Appendix C Literature Review

Emerging evidence of the impact of coronavirus in the UK

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

Two surveys conducted by the UK Academy of Medical Sciences and the research charity MQ: Transforming Mental Health informed the position paper- one, of over 2000 people with lived experience of mental health, and the other- a nationally representative sample of the general population, aged 16-75 years. Those with previous experience of mental health issues expressed concerns about **social isolation, increased feelings of anxiety and depression** and particular concerns about exacerbation of pre-existing MH issues. There were also **reported difficulties in accessing MH services** and support during the coronavirus pandemic. Concerns over the effect of Covid on the mental health of children and older people were also expressed (Holmes et al, 2020).

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

<table>
<tr><td colspan="2">Change in health- related behaviours: Findings from 'Life Under Lockdown Survey' of the UK general population:</td></tr>
<tr><td>Risk behaviours for mental health</td><td>Protective behaviours/ help seeking</td></tr>
<tr><td>• 38% slept less or less well than normal.
• 35% ate more food or less healthy food than normal
• 19% consumed more alcohol than normal
• 19% argued more with their family or housemates than normal
• 7% Used non-prescription drugs to deal with stress or anxiety</td><td>• 83%: Contacted family and friends more by phone or video calls and texting apps.
• 49% Exercised outside home
• 42% Exercised at home, for example, using online tutorials/videos
• Help seeking: 6% had phoned a counselling or support service
• Social support: 60% have offered help to others, and 47% have received help from others.</td></tr>
</table>

The ONS is conducting weekly surveys into the social impact of coronavirus. The most recent survey found that **coronavirus was affecting wellbeing to a greater extent in those with an underlying health condition** (55.6%) compared to adults in general (49.9%). This figure was slightly lower for those aged 70 years and over, at 45.5%. Nearly one in four (23.9%) of those whose well-being has reportedly been affected said it was making their mental health worse (ONS, 2020a).

Suicide risk factors during Covid-19:

Suicide is a tragic aspect of mental health and beyond the loss of individual life, can significantly impact the lives of family and friends. A recent paper indicated that many of the emerging consequences of the coronavirus pandemic and the policy response are known risk factors for suicide (Gunnel, 2020). These include;

- Loss of employment and financial stressors
- Increased alcohol use and domestic violence
- Social isolation, loneliness and entrapment
- Anxiety, depression, PTSD

The paper presented a range of suicide prevention strategies during Covid-19, including actions that could be taken by government, mental health services, retailers, communities and the media (Gunnell, 2020).

Emerging evidence globally

SARS, 2003. Evidence relating to the impact of previous epidemics has been commonly referred to in the literature. Whilst not perfect, this may give an indication of common mental health impacts and effective interventions. Following the SARS outbreak in 2003, patients who had experienced severe illness were at risk of depression and PTSD and around 50% of recovered patients remained anxious. There was a 30% increase in suicide in those aged 65 years and older and probable emotional distress occurred in 29% of healthcare workers (Holmes et al, 2020).

Literature review: Covid-19 and mental health (Rajkumar, 2020)

A recent review paper (Rajkumar, 2020) gathered evidence and opinion from 28 publications on mental health and Covid-19. Most of the pieces were commentary or correspondence, with 2/3 originating from China. One online survey of the general population in China indicated rates of moderate to severe depression occurring in 16.5% of their sample, as well as moderate to severe anxiety symptoms being expressed in 29%. Anxiety was seen to be the predominant psychological response to Covid in this review. Symptoms of severe stress were also reported by 8% of those completing the survey.

Collated sources for the Literature Review

Reports

Title: Covid-19 and the nation's Mental Health: Forecasting needs and risks in the UK

Source: Centre for Mental Health | 15th May 2020

This briefing looks at specific groups of people whose mental health will be put at risk as a result of the virus and the lockdown. These include people who have been bereaved at this time, those who have received intensive hospital treatment for the virus, and staff working in health and care services. Many people who have been through these experiences will experience serious grief and trauma symptoms over a long period of time.

The briefing also notes that some groups of people face an especially high risk to their mental health. They include people facing violence and abuse, people with long-term health conditions, and people from Black, Asian and minority ethnic communities. People with existing mental health difficulties also face significant risks that their health will worsen at this time.

Full report: Covid-19 and the nation's mental health

Title: Loneliness, social isolation and Covid-19: practical advice

Source: Local Government Agency | published 21st May 2020

The LGA and Association of Directors of Public Health (ADPH) have jointly produced this practical advice for Directors of Public Health and others leading the response to the loneliness and social isolation issues arising from the Covid-19 pandemic.

Intervening early to tackle loneliness and social isolation during the Covid-19 pandemic and beyond will help to prevent more costly health and care needs from developing, as well as aiding community resilience and recovery. This can only be done at the local level through partnerships between the council, voluntary and community sector, councillors, primary care networks and relevant others. Councils have a key role to play in this, because they own most of the assets where community action could or should take place, such as parks, libraries and schools, with councillors creating the localised neighbourhood partnerships to deal with a range of mental and physical health issues. There is also an opportunity to harness and develop the positive changes that we are seeing, such as greater awareness about the impact of personal behaviours on mental wellbeing.

Full document: Loneliness, social isolation and Covid-19: practical advice

Title: The impact of Covid-19 on mental health trusts in the NHS

Source: NHS Providers | 3rd June 2020

NHS trusts providing mental health and learning disability services have been playing a critical role, both to maintain services and to respond to the current environment alongside their colleagues in the acute, community ambulance and primary care sectors. While the main public, media and political focus has been on the impact of Covid-19 on hospitals, it is important to put the spotlight on what is happening in other parts of the NHS frontline.

This briefing sets out the immediate challenge of Covid-19 for mental health trusts, how the sector has responded and what is needed to navigate the next phase.

Full briefing: Spotlight on… The impact of Covid-19 on mental health trusts in the NHS

Title: Covid-19: Looking after your mental health during pregnancy and after birth

Source: Maternal Mental Health Alliance | 7th May 2020

This is understandably a difficult and stressful time for many people. And it may be particularly so if you are pregnant or have recently had a baby. This is why it's important to take care of yourself and use support services if you have any concerns about your health or your baby's health.

To help you do this, the Maternal Mental Health Alliance have created the following guidance:

- Mental health and wellbeing tips for women who are pregnant or have recently given birth during the pandemic
- Guidance if you are concerned that you or a loved one are unwell with a maternal mental health problem during the pandemic

Title: Trauma, Mental Health and Coronavirus: Supporting healing and recovery

Source: Centre for Mental Health | May 2020

The Centre for Mental Health has released a briefing that emphasises that when the acute phase of the physical health crisis has passed, addressing these social and psychological consequences of coronavirus must be made a priority. Careful thought needs to be given to how we can repair the social fabric and support those who have experienced the most distress. A trauma-informed approach to both collective and individual recovery will be needed.

Full document at Centre for Mental Health

Title: Public Mental Health and Wellbeing and Covid-19

Source: Local Government Association

The LGA and the Association of Directors of Public Health (ADPH) have jointly produced this briefing for Directors of Public about the public mental health and wellbeing issues arising from the Covid-19 outbreak. Effective responses to the public mental health and wellbeing impact of Covid-19 will be essential to sustain the measures necessary to contain the virus and aid recovery.

Full document: Public Mental Health and wellbeing and Covid-19

Title: Coronavirus: Impact on Young People with Mental Health Needs

Source: YoungMinds | March 2020

YoungMinds carried out a survey with young people with a history of mental health needs between Friday 20 March 2020 (the day that schools closed to most children) and Wednesday 25 March 2020 (when there had been a further tightening of restrictions) in order to establish the impact of the pandemic on their mental health and on their ability access to support. The survey also asked respondents about helpful and unhelpful coping strategies and for advice to other young people.

The report found that the coronavirus and the public health measures designed to prevent its spread are having a profound effect on many young people with a history of mental health problems. When asked what impact the pandemic was having:

- 32% agreed that it had made their mental health much worse
- 51% agreed that it had made their mental health a bit worse
- 9% agreed that it made no difference to their mental health
- 6% said that their mental health had become a bit better
- 1% said that their mental health had become much better

Full report: Coronavirus: Impact on Young People with Mental Health Needs

Title: Life Under Lockdown: Coronavirus In The UK

Source: King's College London | April 2020

The survey is based on 2,250 interviews with UK residents aged 18-75, and was carried out between 1 and 3 April 2020. The survey found that the threat from the virus and restrictions on behaviour are having an impact on some people's wellbeing:

- Half of people say they have felt more anxious or depressed than normal as a result of coronavirus.
- 38% have slept less or less well than normal.
- 35% have eaten more food or less healthy food than normal.
- 19% have drunk more alcohol than normal.
- 19% have argued more with their family or housemates than normal.
- 6% have phoned a counselling or support service.
- 25% of people are checking social media several times a day for updates on coronavirus, and 7% are checking once an hour or more.

However, people are supporting each other more:

- 60% have offered help to others, and 47% have received help from others.
- 6% say they have signed up to NHS Volunteer Responders, and a further 11% say they will.

Full publication: Life Under Lockdown: Coronavirus In The UK | King's College London

Title: Understanding people's concerns about the Mental Health impacts of the Covid-19 Pandemic

Source: Academy of Medical Sciences (AMS) | April 2020

The AMS, together with the research charity MQ: Transforming Mental Health, are working with researchers and those with lived experience to ensure that mental health is at the heart of research into the impacts of Covid-19.

This report describes the findings of a consultation undertaken in late March 2020, the week that the Prime Minister announced the UK lockdown in response to the Covid-19 pandemic.

Full report: Survey Results: Understanding people's concerns about the Mental Health impacts of the Covid-19 Pandemic

Title: Mental health and psychosocial considerations during the COVID-19 outbreak

Source: World Health Organisation | March 2020

The considerations presented in this document have been developed by the WHO Department of Mental Health and Substance Use as a series of messages that can be used in communications to support mental and psychosocial well-being in different target groups during the outbreak.

Full document: Mental health and psychosocial considerations during the COVID-19 outbreak

Title: Implications of the broader impacts of Covid19 for healthcare

Source: The Strategy Unit | 29th May 2020

Emerging evidence suggests long -term effects for Covid -19 patients. However, there are also impacts on health outcomes for the general population to consider. For example, negative impacts associated with continued stress and reduced physical activity but potentially also positive impacts from reported improvements in air quality. This rapid scan has been created to collate new and emerging evidence on broader health outcomes of the pandemic, providing a high level summary of some of the key insights.

Full document: Implications of the broader impacts of Covid19 for healthcare

Title: The Covid-19 pandemic, financial inequality and mental health

Source: Mental Health Foundation | May 2020

The distribution of infections and deaths during the Covid-19 pandemic, the lockdown and associated measures, and the longer-term socioeconomic impact are likely to reproduce and intensify the financial inequalities that contribute towards the increased prevalence and unequal distribution of mental ill-health. This briefing discusses the mental health effects of these financial inequalities in the context of the Covid-19 pandemic.

Full briefing: The Covid-19 pandemic, financial inequality and mental health

Title: The mental health effects of the first two months of lockdown and social distancing in the UK

Source: Institute for Fiscal Studies Working Paper W20/16 | 10th June 2020

This working paper found that mental health in the UK worsened substantially as a result of the Covid-19 pandemic – by 8.1% on average and by much more for young adults and for women which are groups that already had lower levels of mental health before Covid-19. Hence inequalities in mental health have been increased by the pandemic.

Even larger average effects are observed for measures of mental health that capture the number problems reported or the fraction of the population reporting any frequent or severe problems, which more than doubled for some groups such as young women.

Full document: The mental health effects of the first two months of lockdown and social distancing during the Covid-19 pandemic in the UK

Research

Title: Impact of coronavirus outbreak on psychological health

Journal of Global Health. 10 (1):010331 | Published June 2020

This paper that argues it is imperative to evaluate and develop strategies to address psychological health and psychiatric aberrations caused by direct or indirect exposure to the situation. These strategies are specific to target the communities or entire populations as well as the individuals with psychiatric symptoms resulting from the actions taken by the government against coronavirus epidemic, viral infection, and fear of infection.

Full paper: Impact of coronavirus outbreak on psychological health

Title: Handling uncertainty and ambiguity in the Covid-19 pandemic.

Source: Psychological Trauma: Theory, Research, Practice, and Policy | Advance online publication

The 2019 novel coronavirus outbreak is unprecedented. Yet some look to ready-made models to address it. This creates confusion about more adaptive responses that reflect an uncertain and ambiguous context. Those assessing associated mental health challenges must be wary of overdiagnosis. Handling the pandemic well, requires engaging the public as mature partners.

Further detail: Handling uncertainty and ambiguity in the Covid-19 pandemic.

Title: Global mental health and Covid-19

Source: The Lancet Psychiatry | 2nd June 2020

The Covid-19 pandemic has disrupted the delivery of mental health services globally, particularly in many lower-income and middle-income countries (LMICs), where the substantial demands on mental health care imposed by the pandemic are intersecting the already fragile and fragmented care systems. The global concern regarding the psychosocial consequences of Covid-19 has led major funding bodies and governments to increasingly call for proposals to address these effects.

Full document: Global mental health and Covid-19

Title: How mental health services are adapting to provide care in the pandemic

Source: BMJ 369: m2106| 2nd June 2020

As the NHS rapidly ramped up critical care capacity to deal with the surge of severely ill Covid-19 patients, other specialties quickly had to rethink how to manage routine care while avoiding face-to-face contact with patients when possible. For mental health services this has meant a host of changes, the biggest being the rapid adoption of video and phone consultations— an approach that had rarely been used in a field where relationships and trust between clinicians and patients are vital, and where body language and eye contact are a key part of assessment.

Full detail: How mental health services are adapting to provide care in the pandemic

Title: Mitigating the psychological effects of social isolation during the Covid-19 pandemic

Source: BMJ | 2020; 369: m1904 | Published May 21st 2020

This article offers an approach to identifying and managing adults impacted by the psychological effects of social isolation during the Covid-19 pandemic, and to mitigate the adverse effects of physical distancing.

Full paper: Mitigating the psychological effects of social isolation during the Covid-19 pandemic

Title: The potential impact of Covid-19 on psychosis

The potential impact of Covid-19 on psychosis: A rapid review of contemporary epidemic and pandemic research | Schizophrenia Research | 6th May 2020

Abstract:

The Covid-19 outbreak may profoundly impact population mental health because of exposure to substantial psychosocial stress. An increase in incident cases of psychosis may be predicted. Clinical advice on the management of psychosis during the outbreak needs to be based on the best available evidence.

We undertook a rapid review of the impact of epidemic and pandemics on psychosis. Fourteen papers met inclusion criteria. Included studies reported incident cases of psychosis in people infected with a virus of a range of 0.9% to 4%.

Psychosis diagnosis was associated with viral exposure, treatments used to manage the infection, and psychosocial stress. Clinical management of these patients, where adherence with infection control procedures is paramount, was challenging.

Increased vigilance for psychosis symptoms in patients with Covid-19 is warranted. How to support adherence to physical distancing requirements and engagement with services in patients with existing psychosis requires careful consideration.

Full article*:* The potential impact of Covid-19 on psychosis: A rapid review of contemporary epidemic and pandemic research

Title: The psychological impact of quarantine and how to reduce it: rapid review of the evidence

Source: The Lancet | February 2020

A review of the psychological impact of quarantine.

Full document at The Lancet

Title: The Covid-19 pandemic and its impact on mental health

Source: Progress in Neurology and Psychiatry | May 2020

Similarities exist between our past experience of viral diseases and Covid-19 concerning the mental health issues of sufferers of an epidemic, frontline health workers and the social and psychological impact on society. There is significant evidence that a novel illness such as Covid -19 can cause widespread fear, panic, anxiety and xenophobia. Dr Chakraborty explores the latest literature and what it means for mental health.

Full document: The Covid-19 pandemic and its impact on mental health

Title: Addressing the public mental health challenge of Covid-19

Source: The Lancet Psychiatry | 9th June 2020

The Covid-19 pandemic presents a triple global public mental health challenge: (1) to prevent an associated increase in mental disorders and a reduction in mental wellbeing across populations; (2) to protect people with a mental disorder from Covid-19, and the associated consequences, given their increased vulnerability; and (3) to provide appropriate public mental health interventions to health professionals and carers.

This challenge is compounded by the inadequate population coverage of evidence-based public mental health interventions before Covid-19, even in high-income countries. However, a key opportunity exists to mitigate this challenge through early action to increase coverage of public mental health interventions.

Full paper: Addressing the public mental health challenge of Covid-19

Title: Coronavirus and anxiety, Great Britain: 3 April 2020 to 10 May 2020

Source: Office for National Statistics | Last updated: 15th June 2020

The number of people reporting high levels of anxiety has sharply elevated during the coronavirus (Covid-19) pandemic. This article will provide insights into which socio-demographic and economic factors were most associated with high levels of anxiety during the first weeks of lockdown.

Full detail: Coronavirus and anxiety, Great Britain: 3 April 2020 to 10 May 2020

Title: Supporting young people and parents: the impact of Covid-19 on adolescents, parenting and neglect

Source: The Children's Society | June 2020

This briefing explores the challenges that adolescents and their parents face during the Covid-19 pandemic. It offers advice for professionals on how to reduce the likelihood of neglect occurring or to mitigate its effects and includes recommendations for national and local decision makers around prevention and responses to adolescent neglect.

Full briefing: Supporting young people and parents: the impact of Covid-19 on adolescents, parenting and neglect

Title: Covid-19: understanding inequalities in mental health during the pandemic

Source: Centre for Mental Health | 18th June 2020

The Covid-19 pandemic has brought health inequalities into sharp focus. The unequal impacts of the virus are also extending inequalities in mental health.

This briefing paper, produced by Centre for Mental Health and supported by 13 other national mental health charities, explores the mental health inequalities that are associated with the pandemic in the UK. It finds that the virus and the lockdown are putting greater pressure on groups and communities whose mental health was already poorer and more precarious.

Full paper: Covid-19: understanding inequalities in mental health during the pandemic

Title: How might the mental wellbeing of older people living in the community be supported when shielding and social distancing has been recommended for an extended period of time?

Source: Public Health Wales Evidence Service | June 2020

Four systematic reviews were identified from a search of the literature conducted in June 2019. Most provided data from qualitative research and captured the perceptions of older people on quality of life, meaningful occupations and experience of technology.

Full document: How might the mental wellbeing of older people living in the community be supported when shielding and social distancing has been recommended for an extended period of time?

Research

TITLE: Preparing for the aftermath of Covid-19: shifting risk and downstream health consequences

Source: Psychological Trauma: Theory, Research, Practice, and Policy | Online First Publication, 1st June 2020

Due to the Covid-19 pandemic, the public is currently living through a collective continuous traumatic stressor. Objective risk levels shift with each new piece of data regarding the coronavirus. These data points are communicated through public health officials and the media, easily accessible through modern advanced technology including online news and push notifications.

When objective risk changes, individuals must reappraise their subject risk levels. Updating subjective risk levels several times per week is linked to ambiguity of the situation and uncertainty in daily life.

The uncertainty and potential feelings of uncontrollability is linked to heightened anxiety. The continuous stress, anxiety, and uncertainty may have several negative downstream mental and physical health effects nationwide. The health care sector must begin preparing for the long-term consequences of the pandemic.

Full document: Preparing for the aftermath of Covid-19: Shifting risk and downstream health consequences

Title: Lessons learned from 9/11: Mental health perspectives on the Covid-19 pandemic

Source: Psychiatry Research | Volume 288, June 2020

Abstract

The Covid-19 pandemic will likely lead to high rates of PTSD, depression, and substance misuse among survivors, victims' families, medical workers, and other essential personnel.

The mental health response to the 9/11/01 terrorist attacks, culminating in a federally-funded health program, provides a template for how providers may serve affected individuals. Drawing on the 9/11 experience, we highlight effective prevention measures, likely short and long-term treatment needs, vulnerable subgroups, and important points of divergence between 9/11 and the Covid-19 pandemic.

Mental health monitoring, early identification of at-risk individuals and treatment irrespective of financial barriers are essential for minimizing chronic distress.

Full document: Lessons learned from 9/11: Mental health perspectives on the Covid-19 pandemic

Title: Resilience is spreading: mental health within the Covid-19 pandemic

Source: Psychological Trauma: Theory, Research, Practice, and Policy | Advance online publication

The Covid-19 global pandemic is in many ways unchartered mental health territory, but history would suggest that long-term resilience will be the most common outcome, even for those most directly impacted

by the outbreak. We address 4 common myths about resilience and discuss ways to systematically build individual and community resiliency. Actively cultivating social support, adaptive meaning, and direct prosocial behaviours to reach the most vulnerable can have powerful resilience promoting effects.

Full document: Resilience is spreading: Mental health within the Covid-19 pandemic.

Title: The Psychosocial Impact of Covid-19 Pandemic in Italy: A Lesson for Mental Health Prevention in the First Severely hit European Country

Source: Psychological Trauma: Theory, Research, Practice, and Policy | Advance online publication

Italy was the first European country severely hit by the Covid-19 pandemic. While the containment measures were relatively effective in the acute phase, the current post emergency phase addressing the long-term psychosocial consequences is the key challenge for our healthcare system, where the importance of mental health prevention is not sufficiently recognized.

Full document: The Psychosocial Impact of Covid-19 Pandemic in Italy: A Lesson for Mental Health Prevention in the First Severely hit European Country

Title: The benefits of meditation and mindfulness practices during times of crisis such as Covid-19

Source: Irish Journal of Psychological Medicine | published online 14th May 2020

Meditation and mindfulness are practices that can support healthcare professionals, patients, carers and the general public during times of crisis such as the current global pandemic caused by Covid-19. While there are many forms of meditation and mindfulness, of particular interest to healthcare professionals are those with an evidence base such as mindfulness-based stress reduction (MBSR).

Systematic reviews of such practices have shown improvements in measures of anxiety, depression and pain scores. Structural and functional brain changes have been demonstrated in the brains of people with a long-term traditional meditation practice, and in people who have completed a MBSR programme.

Mindfulness and meditation practices translate well to different populations across the lifespan and range of ability. Introducing a mindfulness and meditation practice during this pandemic has the potential to complement treatment and is a low-cost beneficial method of providing support with anxiety for all.

Full document: The benefits of meditation and mindfulness practices during times of crisis such as Covid-19

Title: Covid-19 & clinical management of mental health issues

Source: Oxford Precision Psychiatry Lab | updated 11th June 2020

This focussed summary of guidance is about key Covid-19 questions that frontline mental health clinicians are facing every day. This is not a legal or NHS approved document, but follows a rigorous methodological approach to search and select the information (published and unpublished) needed to answer these specific questions.

Full detail: Covid-19 & clinical management of mental health issues

Title: The psychological impact of pre-existing mental and physical health conditions during the Covid-19 pandemic

Psychological Trauma: Theory, Research, Practice, and Policy | 11th June 2020

This study recruited 620 young adults to determine whether there were differences in self-reported anxiety and depression in the weeks following the pandemic declaration by gender (male, female, or nonbinary) and health status (i.e., the absence of health conditions, the presence of either physical or mental health conditions, and the presence of both physical and mental health conditions) using a 3 × 4 analysis of variance.

For both depression and anxiety, nonbinary participants reported the highest levels, followed by female participants. For health status, those with both mental and physical health conditions reported the highest anxiety and depression, followed by those with mental health conditions, physical health conditions, and no health conditions. These findings call for resources to be directed toward individuals who fall into groups reporting greater emotional distress, so that clinicians can intervene as early as possible to prevent mental health decline.

Full document: The Psychological Impact of Pre-existing Mental and Physical Health Conditions during the Covid-19 Pandemic

Title: Impact of the Covid-19 pandemic on patients with pre-existing anxiety disorders attending secondary care.

Source: Irish Journal of Psychological Medicine | June 2020

Semi-structured interviews were conducted with 30 individuals attending the Galway-Roscommon Mental Health Services with an ICD-10 diagnosis of an anxiety disorder to determine the impact of the Covid-19 restrictions on anxiety and mood symptoms, social and occupational functioning and quality of life.

The study concluded that the psychological and social impact of COVID-19 restrictions on individuals with pre-existing anxiety disorders has been modest with only minimal increases in symptomology or social impairment noted.

Full document: Impact of the COVID-19 pandemic on patients with pre-existing anxiety disorders attending secondary care.

Appendix D – Qualitative Intelligence gathering - Survey sent to GP's

Mental Health Rapid Impact Assessment

Survey questions for general practice

Background

Sheffield Health and Wellbeing Board have asked for a suite of rapid impact assessments to be conducted to assess the impact of the Covid-19 pandemic on a number of different policy and theme areas; one of these is **mental health**.

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

In addition, we already know a range of risk factors for the development of poor mental health including unemployment, deprivation, poor physical health and substance misuse.

During the unprecedented times of the Covid-19 pandemic and government response, mental health is likely to be significantly challenged, as some risk factors for the development of mental illness and poor wellbeing will be exacerbated- for example isolation and financial strain.

The MHRIA will rapidly review the available data and intelligence to help us identify these key risk factors for development of poor mental health and wellbeing during Covid-19 and the sub populations that are most likely to be affected.

The ask

As part of the qualitative intelligence gathering, we are seeking your contribution to this RIA and would ask that you respond to the following questions:

1. **Impact of Covid on people and communities:**

How has the Covid-19 pandemic affected your practice in terms of patients' experience of mental health & wellbeing?

	INCIDENCE			**COMPLEXITY OF CASES[1]**		
	More	Less	Same	More	Less	Same
NEW PRESENTATIONS						
Anxiety						
Depression						

Psychosis						
Self-harm (actual, threatened)						
Alcohol or substance use						
WORSENING OF CHRONIC PROBLEMS						
Anxiety / Depression						
Personality Disorder						
Psychosis						
Alcohol or substance use						
CONTACT ABOUT OTHER ISSUES						
Loneliness/Isolation						
Insomnia or sleep disturbance						
Domestic violence or abuse						
Relationship problems						
Money worries/debt						
Other (please specify)						

Complexity of cases – a mixture of severity, impact on patient and their environment, and difficulty for GP of providing or accessing appropriate solutions.

In what ways that this has changed during the easing of lockdown?

2. **Changes you made:**

Please give one or two examples of changes you had to make which had beneficial effects for patients (and may be worth retaining)

Please give one or two examples of changes you had to make which had negative effects on patient care (and which are worth learning from in the future)

3. **Changes other services made:**

Please give one or two examples of changes which other services made which you were able to use to benefit patients (and may be worth retaining)

4. **What else do you think is important and want to share?**

Appendix E – Qualitative intelligence gathering – Survey sent to Mental Health Partnership Members

RAPID IMPACT ASSESSMENT SURVEY – TO BE RETURNED BY MON 29 JUN

Firstly, what intelligence have we already developed:

1. **Intelligence already gathered** - Please share any information you have already gathered about the below topics. This could include: quantitative and qualitative data, anecdote, case studies, stories and literature reviews. For ease, share any information in its existing format.
   - the impact the Covid pandemic has had on the people and communities you work with
   - the impact of your services during the Covid pandemic
   - the contribution of your services to the citywide mental health response during the Covid pandemic

Secondly, what are the mental health needs of people/communities, and how is your organisation responding to changing needs? Please include any case studies, quotes or anecdotal evidence. You do not need to repeat information in this section which you have already shared in response to Question 1, unless you would like to highlight key points.

2. Impact of Covid on people and communities: – Describe the people/communities who your organisation works with and supports. – What were the mental health needs of the people/communities you work with pre-Covid and how have these needs been impacted by Covid-19? – How has this impact changed during lockdown and the easing of lockdown? Can you predict how this impact may change in the medium to long term future? – Please share any information about service users who have chosen not to engage during Covid-19 and any potential impact to the service user/health system.

Third and final topic, future possibilities. Stepping back from your organisation, what are your views on future possibilities across all different levels, including: individuals, organisations, sectors, systems and networks.

3. Future developments: – What changes or initiatives do you think could have the most positive impact on the mental health of the people and communities of Sheffield? – What are the good things happening that we want to keep and develop? How could we do this?
Your response:

4. What else do you think is important and want to share?

Appendix F – Sheffield Children's Hospital – Post Covid Summary

Paediatric and Neuro-Disability arm (PANDa)

Post Covid-19 Summary

Services included:

- Paediatric Psychological Services
- Neuro-Disability & Neurology Psychology (Ryegate)
- Chaplaincy
- Bereavement
- Administration
- Re-deployed resource into Staff support

- All the above services, as part of the wider CWAMH Division, have significantly contributed to the Sheffield Psychology Board SPB paper which reported on the expected impact of Covid-19 on the mental health of the populations we serve (see additional papers for SCH response to SPB & the SPB final paper). This group is considering a city wide stepped care model response involving the voluntary sector & SCH is part of this working group for both patient & family work and staff support. However, services within PANDa extend wider than Sheffield City in their remit.

- Waiting list validation/revalidation, including risk assessments will continue to take place alongside the triage of new referrals.

- Escalation of referrals will be based on patient need & staffing capacity

Expected Service Impact

Sir Simon Steven's letter of the 29th April acknowledged that:

"IMPORTANT - FOR ACTION - SECOND PHASE OF NHS RESPONSE TO Covid-19

We are going to see increased demand for Covid-19 aftercare & support in community health services, primary care, & mental health ……The pressure on many of our staff will remain unprecedented, & they will need enhanced & active support from their NHS employers to ensure their wellbeing & safety."

- SCH is looking to meet this demand in a stepped care model utilising to full capacity early intervention, voluntary sector & online resources & services in an attempt to limit number of referrals to specialist services.

- PANDa staff will continue to work with Sheffield Psychology Board & the work streams, i.e. post Covid response, bereavement & staff support

- Staff support is key to maintaining all SCH Divisions & services

It is clear that additional resources will be required to meet the mental health needs of children and families post Covid & to support the emotional impact on staff.

Key PANDa Service Considerations

- **Pre Covid 19 waiting lists/legacy waits in Paediatric & Ryegate Psychological Services:** which resulted from low current staffing levels/underfunding per referrals

- **Patient Waits during Covid-19** that have resulted from being unable to continue face to face working during the Covid-19 pandemic

- **Predicted 40% increase in Mental Health presentation**, with a prediction that 20% would present in physical health services & 20% to mental health services which would require:
  Increased staffing in Paediatric & Ryegate Psychological Services,
  Increased staffing for Chaplaincy & Bereavement:
  - Increased urgency of referrals
  - Increased trauma from witnessing or experiencing domestic violence & sexual abuse AND resulting from COVID 19 pandemic
  - Increased Health Anxiety due to threat of Covid 19
  - Presentation of physical health difficulties which have a psychosomatic base
  - Increase in atypical bereavement reactions
  - Increased demand for chaplaincy services

- **Accommodation** - both office & therapy rooms across PANDa services don't allow for social distancing so therefore access to new accommodation is essential.

- **PPE** required if we move to face to face working particularly with vulnerable children & young people

- **IT** access & virtual platforms – need increased reliability & security for both 1:1 and group work.

- **Psychological support to front line staff support** - Source & secure funding for the continued provision of this in various forms and to roll out across the whole trust

Paediatric Psychology: Current Patient Position and Post-Covid Predictions

The current position of Paediatric Psychological Services in terms of demand, capacity & backlog is presented below & the resource required to address this. The paper then sets out the resources required to meet the predicted increase in demand due to Covid-19.

Assumptions

For the purpose of this paper, the following assumptions have been made:

- 42 week year
- Calculations are based on job plans
- All appointments will be carried out by single clinicians. This is not always the case due to joint assessment models, use of reflective teams in family therapy & joint working where clinically indicated.
- Accommodation concerns are addressed
- Where there is no current waiting list in a speciality, it is assumed that current capacity can meet current demand.
- An estimated increase in referrals of 15 % will be seen in Paediatric Psychology following Covid-19 (the remaining 5% increase will be at Ryegate & further 20% in MH services).
- A WNB/ last minute cancellation rate of 15% (data taken from Generic Psychology Service Evaluation) needs to be factored into staffing
- To calculate patient input, the assumption is that on average a patient is seen for a 90 minute assessment appointment and 6 x 60 minute follow up appointments. Therefore, on average, it takes one patient 7.5 hours to complete their journey through paediatric psychology.
- These calculations do not take into account year on year increase in referral rates. For example, the Generic Service Evaluation indicated a 35% increase in accepted referrals between 2016-2018.

Backlog

As of 6 May 2020, Paediatric Psychology had 163 patients on the waiting list & 25 patients on internal waiting lists for therapy. 188x 7.5 hrs = **1410 hours of clinical face to face time.**

Using the patient contact estimates per week from our job plans (see Table One below) to calculate capacity, it is estimated that it would take **2.5 full-time Band 7 psychologists/ family therapists** one year **to clear the current backlog in Paediatric Psychology** (13.3 clinical hours x 42 weeks per year).

7	8a	8b	8c	8d

Outpatient	5.3 sessions 13.3 hours	4.5 sessions 11.3 hours	3.8 sessions 9.5 hours	3 sessions 7.5 hours	2.3 sessions 5.8 hours
Inpatient	4.2 sessions 10.5 hours	3.6 sessions 9 hours	3 sessions 7.5 hours	2.4 sessions 6 hours	1.8 sessions 4.5 hours

Table One. Patient contact estimates per week based on 1.0wte

Demand

QSM data indicates that in the period April 2019 to March 2020, 1238 referrals were made to the Paediatric Psychology Service.

If we anticipate a 15% increase in referrals due to COVID-19, this is a potential **increase of 186 referrals for the year**. Earlier intervention may reduce the hours of intervention required. This increase in referrals will require an **additional resource of 1393 hours of patient care** (186 x 7.5 hours) equivalent to **2.5 full-time Band 7 psychologists/ family therapists/art therapists**

Admin Support

Process mapping indicates that, on average, 8 hours of administrative time is required from start to end of a patient's journey through paediatric psychology. To support the increase in referrals post COVID-19, **1488 hours (186 x8) of admin time will be required.** This equates to a full time member of admin staff, probably at Band 2 grade due to the staffing structure.

Ryegate Psychology – Current Patient Position and Post-Covid Predictions

Pre-Covid	Post-C
Neurodisability Significant waits for psychology. • Emphasis on assessment (autism pathway) • Less capacity for therapeutic intervention Neurology • High number of referrals for cognitive assessment. • Prioritisation of children on the epilepsy surgery pathway (• No dedicated funding/provision for therapeutic input	Neurodisability Capacity calculations (ba • Waiting lists could be eradica referrals were accepted & no f psychologists to multi-disciplin post-diagnostic workshops. • Clinical time remaining would number of referrals into the serv 18 weeks. • Calculations do not account for with Covid-19 & 2) legacy re reflection of need in previous ye The recruitment of: • **Two psychologists (band 8a/bar** • **An assistant psychologist (band** would allow us to develop models manner Neurology • The Trust may wish to conside meet the therapeutic interventi especially given that following C children presenting with functi epileptic attacks) & exacerb neurological diagnoses. Admin • Increased referrals of 5% and ba **admin**

Chaplaincy

- Chaplaincy currently runs on 1.4 WTE
- In conjunction with on call collaboration with STH the service operates 24/7 service
- Staffing falls below NHS Chaplaincy guidelines.

- To manage Post Covid-19 demand **a full time chaplain at B6** would fulfil staffing requirements.
- This would significantly reduce the risk of burnout & continue to provide the much needed staff support post Covid.

Bereavement

- Anticipated increase in demand for bereavement co-ordination though at present no Covid related deaths in SCH.
- It is anticipated that work will result from deaths of family members or multiple deaths

Staff Support

- As noted above during the Covid-19 pandemic some staffing in PANDa has been redeployed to provide additional emotional support & reflective space to front line workers.
- This has been delivered alongside the existing resources in the trust of Occupational Health, work place well-being,viuup, Mental Health first Aiders
- **Additional staffing investment is required to maintain the provision in the Trust going forward**. Calculations, at the request of Nick Parker, are underway to cost the current additional input that has been provided during Covid-19.
- This will then be considered in terms of
    - what as a Trust we would like to provide going forward
    - Potential funding for PANDa staff to undertake and oversee and supervises this work to ensure a robust governance model
    - A stepped care model which will include training/supporting other staff in SCH to provide staff support
    - Any additional capacity that services the Trust already purchases may have (e.g. OH, viuup, work place well-being) and the viability of funding this.
    - How the voluntary sector can support the work.
    - Ensuring equity across acute staff and MH and Community staff going forward.
    - This work in part will need to be done in collaboration with the work being undertaken by Sheffield Psychology Board with Local Commissioners

Modifications to Service Delivery and Additional Resources

Paediatrics only / Ryegate only / PANDa wide (inc. Paeds/Ryegate/Chaplaincy/Bereavement services)

Multi-Disciplinary Assessments involving staff from CWAMH & MEDICINE (AUTISM PATHWAY)	Multidisciplinary assessments with multiple clinicians with a family in one room	Pre-assessment of families to assess if technology is viable (e.g. access to technology, internet access/connectivity, battery life, & also families preferences with regards to input). This pre-assessment of suitability will increase the number of contacts & therefore impact on waits. Cross Divisional / professional agreement required. Trial of assessing selected older teenagers via telephone/Attend Anywhere. If successful roll out to 11yrs+ Face to face assessments will be required to assess: • younger children • those who do not have access to appropriate technology • those with English as an Additional Language (EAL) & significant communication

Multi-Disciplinary/Family Therapy Assessments involving CWAMH, medicine & SCC	Multidisciplinary assessments with multiple clinicians & family in one room	difficulties Multiple perspectives on a child's behaviour are central to making accurate judgement service will require • installation & use of one way mirrors, • access & use of video recording • Trial of Attend Anywhere in clinic room with one clinician with other professionals calling in from a separate room/location. • Trial of setting family a specific task within their home which is observed via a video link (e.g. Attend Anywhere) Any modifications to multidisciplinary assessments may increase the time they take., impacting on capacity & waiting times Trials of Attend Anywhere already underway with some MDTs Increase availability of one way mirror facilities Face to face assessments will be required to assess: • younger children • those who do not have access to appropriate technology • those with EAL & significant communication difficulties

Therapeutic Intervention Cases inc. family therapy	Seen face to face	Access to Attend Anywhere with appropriate support/training with regards to use Pre-assessment of families to assess if technology is viable (eg access to technology, internet access/connectivity, battery life) & also families preferences with regards to input). This pre-assessment of suitability will increase the number of contacts a family will receive & therefore impact on waits. Post trauma patients will require access to a venue outside of the home In the case of "high risk" patients (mental health &/or safeguarding concerns), or families who do not have suitable IT access face to face appointments will likely be required. Hard to reach "vulnerable" families & those with EAL. Suitable rooms that allow social distancing & PPE will be required to accommodate these people
Cognitive assessments cases for ND & Neuropsychology Will apply also to a small number of paediatric patients also	Seen face to face	Assessing virtually is problematic which will negatively impact on the validity of results. Face to face appointments will be required & require: • Suitable rooms that allow social distancing • Purchasing of psychometric tests for IPADS • Increase service access to IPADs • Use of Q-global to administer questionnaires to support assessments. This limits the

		use of paper questionnaires & infection risk. The platform also scores so reduces clinical time. • History taking/feedback appointments can take place over the telephone/via video conferencing for some patients. • Dynamic risk assessment between the staff member & the young person (balancing clinical need vs Covid risk)
School Observations/school meetings	Clinician goes into the classroom & observes at a distance/attends to face to face meeting	Ability to continue these will depend on school situation & guidance from the government/LA/school.
Workshops	Face to face with groups of parents & multiple clinicians	Delivering these virtually in a webinar format requires a trust approved platform & IT support. Alternative of • re-recording the presentation • Providing families with the slides & a voice over. • Offer a follow-up telephone/video call. • Reducing size of face to face workshops to allow appropriate social distancing. This would significantly increase clinical time & would negatively impact on waits.
In patient / Ward work	Face to face assessment & intervention work	• PPE availability • Availability of rooms on main site to allow for social distancing

		• Facility to change clothes after visit This work due to the additional considerations is likely to be more time consuming
Use of Volunteers / Therapists in training	Face to face assessments & intervention work	• This will need to be reviewed in light of Government guidance & in light of foot fall counts • Cost/benefit analysis will have to be undertaken • If they are no longer used this will impact on capacity to see patients/ families & waiting times
Families requiring an interpreter		• Possible use of ENABLE to allow some telephone/video appointments. • Currently liaising with SALT who have used this
Staff support	Usually face to face either individually or in groups	Option of telephone/video conferencing
MDT/Professionals meetings	Face to face	• Option of telephone/video conferencing • new accommodation to facilitate social distancing
Consultation & Supervision	Face to face/telephone	Option of telephone/video conferencing
PPE	Not required	Maybe required for face to face appointments depending on government/trust advice. Children & families would need to be prepared for this ie development of appropriate information & adjustment to standard letters. Use of PPE may confound the results of some assessments & therapeutic outcomes

		The emotional impact of PPE on the child will also have to be considered as it may impede therapeutic alliance.
Technology	Service not set up for **agile/home working** with very few clinicians having Trust Laptop, VPN token & mobile phone	Mobiles, VPN tokens & laptops for all staff (with smart card reader to allow access to System 1 to help in the assessment of cases)
General infection control measures		• Hand sanitisers • Alcohol wipes & sprays • Uniform for staff offering face to face • Additional environmental deep cleaning • Increased supply of pencils for cognitive assessment as will need to be disposed after each patient

Sheffield Health and Social Care NHS Foundation Trust

Report to Healthier Communities and Adult Social Care Scrutiny & Policy Development Committee 10 March 2021

Report of: **Sheffield Health and Social Care NHS Foundation Trust**
Presented by: Dr. Mike Hunter, Executive Medical Director
Beverley Murphy, Executive Director of Nursing, Professions & Operations

Subject: Progress Report – Care Quality Commission (CQC) Improvement Plan

Summary:
This update report has been requested by the Committee to enable Sheffield Health and Social Care NHS Foundation Trust (SHSC) following initial presentation in August 2020, to demonstrate the progress being made in relation to the delivery of its Improvement Plan following the 2020 CQC inspection and subsequent report.

The Trust received an overall rating of Inadequate.

Type of item: The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	**x**
Other	

The Scrutiny Committee is being asked to:

Receive the progress report update

Background Papers:

Section 29a Warning Notice February 2020
CQC Well Led Inspection Report April 2020
Scrutiny SHSC CQC Improvement Plan Presentation August 2020
CQC Inspection Report October 2020

Category of Report: OPEN

Proud to care in Sheffield

NHS
Sheffield Health and Social Care
NHS Foundation Trust

SCC Health & Social Care Scrutiny Committee

10th March 2021

Proud to care in Sheffield

Back to Good progress - February 2021

Our Back to Good work is continuing to make improvements across the organisation.

By February our aim was to have completed 62 of the 73 actions.

Actions completed and approved	41
Actions completed pending final approval	12

Back to Good progress - a view from Endcliffe nurse consultant

Improvements we've made

- Nursing leadership roles recruited to. Further work to do on newly qualified nurse roles
- Implemented Physical Health monitoring tool
- Additional psychology and Occupational Therapy roles improving formulation and staff
- Relaunch of being a smokefree ward

Safe staffing

We have made good progress to ensure we have safe staffing levels across all our inpatient areas. We have a robust oversight of our staffing levels with good planned establishments.

We now benchmark as the highest Trust nationally for adult acute registered nurses per 10 beds.

SHSC	National average
12.5	7.4
nurses per 10 beds	nurses per 10 beds

Things we still need to work on

We have a number of Band 5 nursing vacancies and a lag in recruitment, as well as a number of COVID related absences which are significant daily challenges.

Workforce

What are we doing about it?

International recruitment

We are exploring the potential of a partnership with Trusts in our region to look at international recruitment.

Health Care Support Workers

NHS England and NHS Improvement are supporting us as part of a project to improve recruitment of Health Care Support Workers.

COVID-19 vaccinations

Vaccinations have been offered to all staff in the JCVI groups 1 to 4. Vaccinations have primarily been carried out through Sheffield Teaching Hospitals and Sheffield Children's Hospital, as well as through primary care networks.

56.3%

Overall vaccination rate for SHSC

91%

Of our social care staff have received the vaccination

Safeguarding Restrictive Practice

Safeguarding

- Rapid development of the safeguarding team
- Redirection of concerns from SPA to central safeguarding team
- Investment into additional posts and in IT infrastructure
- Three month implementation

Restrictive practice

- Co-production of the relaunch of work focussed on restrictive practices
- Trust wide senior nurse in post
- Developing ward level data, engagement plans and audit aligned to Perfect Ward implementation by end of Q1
- Strategy and clinical model in development with clear commitment to trauma information care and least restrictive approach

Out of area placements

There have been significant challenges created by COVID-19 for out of area placements. This has led to a rise in the number of out of area older adult beds in use.

We have also seen an increase in the use of out of area acute beds between March 2020 and October 2020 which is linked to our work to eradicate dormitory wards.

What next?

Our older adults wards have now re-opened following COVID-19 outbreaks and we are working to return people back to Sheffield as quickly as possible.

We have developed a recovery plan which includes a daily oversight of patient flow, work to reduce the average length of stay on acute wards and the launch of a purposeful inpatient admission piece of work.

22

people being cared for away from home as of 10 February

11 older adults relation to a COVID related ward closure

4 people requiring out of area PICU due to clinical reasons

7 people are inappropriately placed away from home

Estates

Environmental improvements underway

- Eradication of dormitories completed
- Immediate improvement to seclusion rooms completed
- Redecoration programme , initially focused on ward accommodation between now and October 2021. We are in the process of procuring this work.

Our journey to co -create healing environments

- We have been working with service users to co -produce art work to help enhance our inpatient environments
- We have involved staff and people who use our services in the design of these new spaces.
- All of the design work is evidence based to help further enhance recovery.

Comments and questions

Report to Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee
Wednesday 10th March 2021

Report of: **Policy and Improvement Officer**

Subject: **Work Programme**

Author of Report: Emily Standbrook-Shaw, Policy and Improvement Officer
Emily.Standbrook-Shaw@sheffield.gov.uk

This is the last Healthier Communities and Adult Social Care Scrutiny Committee meeting scheduled for the 2020/2021. The Committee's work programme for the year is set out below, if the Committee wishes to make any comments.

Type of item: The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	
Other	**X**

The Scrutiny Committee is being asked to:

- Consider and comment on the work programme

Category of Report: OPEN

HC&ASC Work Programme 2020/21	
Date	**Issue**
16th June 2020	***Impact of Covid 19 on Adult Social Care in Sheffield –*** *to consider the impact on service users, staff and providers, and how the system is responding to the issues.*
22nd July 2020	***Test, Trace & Isolate -*** *To understand how the national system operates; to understand how we are supporting and augmenting the national system in Sheffield; to seek assurance that the system in Sheffield is operating effectively.*
19th August 2020	***Impact of Covid on Mental Health and accessing services*** *– to consider the impact of Covid 19 on mental health in the city, with a particular focus on accessing services.* ***Sheffield Health & Social Care Trust: Improvement Plan*** *– to consider the how the Trust is addressing issues raised through the recent CQC inspection.*
14th October 2020	***Strategic Review of Adult Social Care*** *- Early involvement from Committee to help shape the direction, priorities and vision for ASC in Sheffield.* ***Continuing Healthcare & Winter Plannning*** *- To consider how are we using the learning/good practice developed during Covid to inform future development – including learning from people's experience; How CHC fits in with approach to winter planning* ***Continence Services Review –*** *to consider and approve the report of the scrutiny working group**.***

11th November 2020	***Update on Test, Trace and Isolate*** *– To consider performance and current issues – local focus but recognising some issues are national*
9th December 2020	***Primary Care*** *– to consider how Primary Care adapted during Covid and how it will operate moving forwards.*
13th January 2021	***Health Inequalities and Covid 19 –*** *to consider how the Covid-19 has affected health inequalities in the City, and plans to tackle this.*
10th February 2021	***Maintaining a Stable Adult Social Care Market -*** *to consider the **s**trategic review of care provider fees before a decision is made by Cabinet* ***Impact of Covid 19 on Access to Dental Services –*** *to consider what the impact has been in on services in Sheffield.*
10th March 2021	***Sheffield Health & Social Care Trust – CQC Improvement Plan Progress Update –*** *focussing on what the changes will mean for people who use services**.** (Jan Ditheridge/Mike Hunter SHSCFT)* ***Mental Health and Covid 19*** *– update following August 2020 Scrutiny discussion including progress made on actions from the Rapid Health Impact Assessment work. (Heather Burns, Steve Thomas, NHS Sheffield CCG, Sam Martin SCC)* ***Covid & Disability –*** *to consider the work of the Scrutiny Sub Group looking at the experience and impact of Covid on disabled people.*
Potential Issues for consideration	
Impact of Covid on hospital services *– waiting times and lists**.*** ***Community Pharmacy –*** *impact of Covid 19 and the new pharmacy contract.*	

Vaccine Roll-Out

Response to Scrutiny's Continence Services Report

Direct Payments *To consider the review of the direct payment model and help shape future direction*

All Age Disability Approach - *Transition for young people into adulthood – improving outcomes. Initially focussed on social care. Possible joint work with Children and Young People Scrutiny Committee*

People Keeping Well – *to consider how the People Keeping Well programme is operating and performing.*