

**Join our Journey**

North East and North Cumbria

# Rapid Insights Report

Initial reflections on our response to COVID-19 across North East and North Cumbria ICS

In partnership with



## Table of Contents

<b>Introduction .....</b>	<b>3</b>
<b>Setting the scene .....</b>	<b>3</b>
<b>Key Findings .....</b>	<b>4</b>
<b>Workforce Qualities - The stand-out qualities of our workforce throughout this period. ....</b>	<b>4</b>
1. Agile .....	4
2. Collaborative.....	5
<b>Digital Innovation - How the adoption of technology across the region has impacted care services. ....</b>	<b>6</b>
3. Access to Healthcare.....	6
4. Impact on staff.....	6
<b>Rapid Decision Making - How we have changed our processes and procedures to respond rapidly to the changing health environment .....</b>	<b>7</b>
<b>Leadership Behaviours - How leaders have risen to the challenge .....</b>	<b>8</b>
<b>Recommendations and Next steps.....</b>	<b>10</b>
<b>Appendix A: The Public Perspective – Healthwatch’s NENC:.....</b>	<b>11</b>

## Introduction

### Setting the scene

Over recent weeks, colleagues from North East and North Cumbria Academic Health Science Network have partnered with the Yorkshire and Humber Academic Health Science Network to support the accelerated understanding of the work being undertaken across the North East and North Cumbria Integrated Care System (ICS), in response to the Covid-19 pandemic.

This report is a summary of the key findings from the work that has been undertaken by health and care professionals across North East and North Cumbria (NENC) geography to date and is drawn from over 40 responses from colleagues who participated and provided feedback through an online rapid insights survey.

The work has been undertaken in line with the NHSEI planning phases and all work has been reported into the North East and North Yorkshire NHSEI region. This forms part of a regional wide programme working with all systems within North East and Yorkshire and is one of four rapid insight reports that have been developed.

This report makes a series of suggested recommendations around three particular themes:

- Workforce Qualities
- Digital Innovation
- Rapid Decision Making

The recommendations are initial suggestions and intended to trigger further discussion and refinement with colleagues from across the NENC ICS.

Attached and an appendix to this report is a collation of the key findings from Healthwatch surveys and insights from across the NENC region.

Moving forward, the next steps for this programme of work are to work alongside colleagues at NENC ICS to support the identification of key case studies to further explore and begin to capture more of the detail to enable the sharing of best practice from the new ways of working and information captured.

## Key Findings

### Workforce Qualities - The stand-out qualities of our workforce throughout this period.

#### 1. Agile

Where required, staff have been redeployed to new areas and been required to work in different environments, predominantly from home using technology that may have been new to them.

#### Positive Insights - What has Worked Well

80% of respondents said that working from home (on at least a part-time basis) is something they wish to do in the future. Overall, respondents reported an improvement in wellbeing and work/life balance due to significantly less travel time per week. In maternity services, staff have taken on extra shifts to cope with demand, as well as asking staff with specialist roles to take on more clinical roles. Redeployment has necessitated upskilling for staff in specific clinical areas, but also more generally in key areas, namely in technical skills (with 38% of respondents highlighting this as improved during the pandemic). Communication skills, namely with telephone assessments of patients, was also highlighted as a skill that respondents felt had improved. 1 in 5 respondents stated they felt they have gained more resilience as a result of the changes during COVID-19.

#### What Could have been Done Differently

Whilst overall there was a general positive response to working from home, some participants stated that they felt less part of the team than before, and that they were ill-equipped (with technology and/or space) to do so full-time. This was reflected in maternity services where feedback from Trusts suggested that whilst the IT provision was improved through the course of the pandemic, but lack of IT remains 'a major issue'.

#### Building on our Learning - Our Recommendations to Take Forward

- To build on the change in work environments to continue to allow flexibility in the workforce.
- To ensure that the option to work on-site remains in place for staff some of the time.
- To ensure that there is emotional and wellbeing support structures in place for staff who are working from home.

'My questioning skills have improved as I can't see or feel. Although I still miss the input from [face-to-face appointments], I feel I am still getting the patient to open up about to allow me to treat them virtually.

**Physiotherapist**  
**North Cumbria Integrated Care**

## 2. Collaborative

Collaborative communication within as well as across organisations.

### Positive Insights - What has Worked Well.

53% of respondents said that they feel they are working closer with key partners now. Many of the respondents highlighted a sense of community across the organisations in the face of challenges, and a strong commitment to working together, with a greater awareness of the roles and responsibilities of partners, as well as the challenges they face. Regional meetings commenced in response to COVID-19 in maternity services have been well received, with all Trusts stating that they've benefitted from regional sharing. Some Trusts reported that they have forged strong links with neighbouring Trusts during the pandemic, whilst most have stated that national collaboration and direction was largely helpful. In maternity services, the COVID-19 weekly meetings were highlighted as being particularly helpful.

### What Could have been Done Differently

Whilst a majority of respondents stated they were working closer with partners, 47% said they were not working closer. It is unclear whether these responses indicate a negative working relationship, or whether the co-collaboration with other teams was already considered to be good. Feedback from maternity services suggests that some Trusts believe that more collaborative work could have been done during the pandemic to reduce duplication. Furthermore, some pre-COVID-19 regional meetings and collaborations have been missed and Trusts have stated a desire for these to be restarted, such as Saving Babies Lives. Occasionally, national direction and advice surrounding COVID-19 was found to be intrusive and unhelpful.

“Although in the NEC we work very well as a system, I have now a much greater awareness of the challenges of other organisations outside of the NHS (i.e. care homes, third sector organisations, local authority services).”

**Deputy Director within Corporate Services  
Acute Care Provider**

### Building on our Learning - Our Recommendations to Take Forward

- To provide opportunities for teams and staff to network remotely, for example with virtual coffee breaks.
- To identify regional meetings that have proven useful during this period that would be valuable to continue.
- To reinstate useful regional meetings or collaborations that had to be ceased during the pandemic.

## Digital Innovation - How the adoption of technology across the region has impacted care services.

### 3. Access to Healthcare

#### Positive Insights - What has Worked Well

Over half of the respondents cited remote patient consultations as a change in practice, the vast majority of which reported positive patient feedback on the approach and change of provision of care. Software such as Attend Anywhere has been swiftly adopted alongside telephone consultations and is now standard. This approach has been adopted in maternity services where infant feeding support has been provided via Facetime or Attend Anywhere. In some cases, social media was used successfully as part of a wider effort to broaden communication with service users.

#### What Could have been Done Differently

Respondents stated concerns over some vulnerable groups gaining access to digital services because they may not have the equipment at home or access to broadband. Despite the positive patient feedback cited by respondents, almost half said they were looking forward to re-establishing face-to-face patient contact. Furthermore, some respondents had experienced patient reluctance to swap face-to-face appointments with virtual consultations.

“[There’s been] a realisation that there are many barriers to non-attendance; health, anxiety, money. In the past, I think we all assumed that if people didn’t come into the centre, then they didn’t need to see us.”

**Service Manager  
Community Provider**

#### Building on our Learning - Our Recommendations to Take Forward

- To ensure that vulnerable groups have access to the necessary technology for them to receive healthcare at home.
- To identify patient groups who should be prioritised for face-to-face wherever possible.
- To continue to effectively communicate to patients why and when virtual appointments are preferable and necessary for them.
- To summarise what best practices have been learnt with telephone consultations and distribute across the region.

### 4. Impact on staff

#### Positive Insights - What has Worked Well

The majority of respondents said that they have been happy with the technology offered to them which has enabled them to work from home. As previously stated, a high number of respondents hope that working from home will continue to be an option going forward. Technology has played a significant role in delivering remote training to staff, with some stating that it has increased their ability to attend international, quality training – something

they have not had the opportunity to do before. Remote access to training has been essential in redeploying staff during the pandemic. In maternity services, many Trusts have stated an intention to revisit how they provide training courses for certain modules, rather than reverting to pre-COVID-19 methods of face-to-face training. Some Trusts have already begun delivering training using a 'blended approach', mixing face-to-face with increased use of online training. The use of Microsoft Teams to replace face-to-face meetings has been well-received. Feedback within maternity services has been positive, with respondents stating that virtual meetings were more efficient, with less 'chit-chat', and reduced stress and anxiety levels overall since it eliminated factors such as on-site parking.

#### What Could have been Done Differently

Respondents were frustrated with the performance of technology at times. Whilst there has been a reduction in travel time, the introduction of Microsoft Teams and similar software has meant that respondents sometimes felt they were expected to virtually attend a higher number of meetings, which meant there was less time to focus on the actions from those meetings.

*"[We] want to be able to drop-in and have a chat with colleagues at the CCG, as these informal chats are often the start of discussions and problem-solving in a way that Microsoft Teams perhaps doesn't allow."*

**Practice Nurse**

*"I discovered Design Sprint. Tasks which would have taken approximately 7 weeks suddenly were condensed into less than 2 weeks. I will take this forward into my quality improvement work now."*

**Palliative Care Physical and Clinical Educator**

#### Building on our Learning - Our Recommendations to Take Forward

- To continue the provision of hardware for staff to work remotely and flexibly.
- To ensure that the infrastructure (e.g. fast internet connection) is in place for staff both at home and on-site to support the technology in use.
- To ensure that funding is in place for software such as Attend Anywhere so that it is still available as an option in the future.

### **Rapid Decision Making - How we have changed our processes and procedures to respond rapidly to the changing health environment**

#### Positive Insights - What has Worked Well

Many respondents welcomed an overall reduction in bureaucracy, with less pressure to complete 'unnecessary' paperwork. Furthermore, overall it was felt that there were less meetings without an outcome focus, with some meetings being merged or cancelled altogether.

More generally, there was reported to be a sense of 'act now' across the region, with staff facing 'less hoops' to jump through when implementing change. We heard that there was encouragement for individuals to take increased risk and responsibility to implement changes based on their experiences, rather than an expectation to get higher sign-off.

In maternity services, several respondents praised the speed at which Trusts mobilised resources, such as blood pressure monitors.

### What Could have been Done Differently

There was concern raised that there had been little time to plan and reflect during this period. However, the majority of feedback from respondents was a general sense of fear of returning to the pre-COVID-19 working culture, including a return to lengthy decision-making processes. Some stated that they felt this was already 'creeping back in'.

*"I've not been expected to do the lengthy reports I used to have to do after each visit. It's been great to have time to attend more online training courses, and to develop resources and training packages."*

**Advisor for Autism  
Local Education Authority**

*"Decisions based on best evidence with less debate is the way forward. We cannot make changes without risk – we need to move away from being a risk-averse culture. Authority to act is crucial to system transformation."*

**ICS Programme Director**

### Building on our Learning - Our Recommendations to Take Forward

- To identify individuals who have enjoyed taking on extra responsibility in driving forward change and develop these.
- To maintain the momentum of this focus shift from reactive to proactive ways of working.

## Leadership Behaviours - How leaders have risen to the challenge

### Positive Insights - What has Worked Well

We heard overwhelmingly positive accounts of leadership across the region. Many respondents praised clear leadership with a greater sense of trust and communication and said that this was instrumental in enabling rapid change. Leaders told us they made conscious decisions to trust their teams to make decisions for themselves to meet the needs of patients. Leaders were praised for taking the advice of Occupational Health seriously during this time, and therefore demonstrating that the safety of staff was a priority. In maternity services,



many senior staff made the decision not to work remotely to provide visible and effective leadership to the teams working on-site.

*"[I am] feeling much better engaged with decision makers in the Trust and as a result also feel more valued."*

**Medical Director**

*"We could have said 'save this for later' but decided not to delay. As the leader, I really wanted to support and include everyone. The positive was that the team produced a fantastic piece of work in a fraction of the time it would have otherwise taken."*

**Palliative Care Physician and Clinical Educator**

#### Building on our Learning - Our Recommendations to Take Forward

- To develop a system leader behaviour profile centred on a compassionate, inclusive and enabling style, and offer support for this across the region.

## Recommendations and Next steps

This report has identified a number of suggested approaches to enable build on this initial learning.

These suggestions, consolidated in the table below, are to be progressed and refined in partnership with colleagues from across NENC to ascertain the viability and value in progressing them further.

Theme	Suggested recommendation
<b>Workforce Qualities</b>	<ul style="list-style-type: none"> <li>• To provide opportunities for teams and staff to network remotely, for example with virtual coffee breaks.</li> <li>• To identify regional meetings that have proven useful during this period that would be valuable to continue.</li> <li>• To reinstate useful regional meetings or collaborations that had to be ceased during the pandemic.</li> </ul>
<b>Digital Innovation</b>	<ul style="list-style-type: none"> <li>• To ensure that vulnerable groups have access to the necessary technology for them to receive healthcare at home.</li> <li>• To identify patient groups who should be prioritised for face-to-face wherever possible.</li> <li>• To continue to effectively communicate to patients why and when virtual appointments are preferable and necessary for them.</li> <li>• To summarise what best practices have been learnt with telephone consultations and distribute across the region.</li> <li>• To continue the provision of hardware for staff to work remotely and flexibly.</li> <li>• To ensure that the infrastructure (e.g. fast internet connection) is in place for staff both at home and on-site to support the technology in use.</li> <li>• To ensure that funding is in place for software such as Attend Anywhere so that it is still available as an option in the future.</li> </ul>
<b>Rapid Decision Making</b>	<ul style="list-style-type: none"> <li>• To identify individuals who have enjoyed taking on extra responsibility in driving forward change and develop these.</li> <li>• To maintain the momentum of this focus shift from reactive to proactive ways of working.</li> </ul>

### Limitations of the Research

The findings from this exercise are based on a relatively small sample size and aimed to capture information across a short time frame. As such, the report does not provide an exhaustive list of positive changes or potential areas for further development. Further work is required to build on this content and expand our understanding and knowledge in relation to the work that is being undertaken across the system.

## Appendix A: The Public Perspective – Healthwatch’s NENC:

We are very grateful to colleagues in the NENC Healthwatch’s for their support and advice during the COVID pandemic. They have conducted a range of surveys with the public and have kindly shared the reports from these surveys with us. These are a snapshot of the public’s responses at a particular point in time and should be interpreted in that way. The NENC Healthwatch’s continue to work with us and more information will come available as further surveys are delivered.

### Healthwatch Stockton

The overall findings of this engagement, based on what people have told us, show that:

- NHS 111 has been a good source of advice and guidance for people in relation to COVID-19 symptoms.
- Overall, clear and understandable information on keeping safe during the pandemic has been easy to find. However those with underlying health conditions found the information to have been conflicting and confusing.
- Those without access to the internet found it difficult to access assistance or local community support.
- People felt that their other health conditions have been affected due to delayed or suspended home care services and access to home adaptation equipment, difficulties in obtaining medication, and not being able to access health care appointments and the hospital treatment that they feel they need.
- Mental health and wellbeing has been affected by the pandemic with an increase in levels of anxiety and low mood and worsening of pre-existing mental health conditions.
- The mental health and wellbeing of women who are pregnant and giving birth during the pandemic has been effected.
- The mental health of those who have caring responsibilities for family members has been effected by the pandemic.
- Work related stress and the overall effects of lock down have had a negative impact on mental health and wellbeing.

There are other factors relating to the pandemic that that have had an impact on health and wellbeing.

1. Based on the findings, the following recommendations have been made:

2. North Tees and Hartlepool NHS Trust to consider providing residents with health and wellbeing guides. The guides in booklet format can be delivered through the post to residents homes.
3. Those delivering health and social care services need to make it clear why appointments, treatments and service provisions are being cancelled.
4. Services need to be in regular contact with all women receiving antenatal and postnatal care.
5. Maternity services to promote and encourage the use of mental health support services and information and guidance to support mothers and those who are expecting with their mental health and wellbeing.
6. Pharmacies to engage with local voluntary organisations who can support with the collection and delivery of medications for those who are vulnerable, self-isolating or have been asked to shield.

## Healthwatch Middlesbrough / Healthwatch Redcar & Cleveland (Combined)

Top 5 NHS and Social care services used during Lockdown (281 people answered):

- GP : 201 people
- Pharmacy : 139 people
- Hospital outpatient clinic : 50 people
- 111 telephone helpline: 41 people
- A&E: 35 people

Positive experiences of services (236 people answered):

- Service, response and diagnosis described as “quick”, “good” and “efficient”
- Experiences of “fast service”, “excellent speed”, “able to get appointment and seen same day”, “so fast and much more efficiently than normal”, “seen immediately, moved straight to X-Ray, checked out and discharged within 30 mins”
- Experience of receptionist and pharmacist being helpful, e.g. through getting “good” advice and customer service over the phone
- GP, Mental health team, 111, Midwives, District Community Nurse, Radiotherapy Unit, Pharmacist, Ambulance staff, staff at JCUH, Community midwives, Health visiting team
  - Described as “good”, “supportive”, “fantastic”, “brilliant”, “professional”, “courteous”, “friendly”, going “above and beyond”, “reassuring”, “incredible”, “wonderful support”, “amazing”
- Children Disability Team – “knowing we had somewhere to call and someone checking in made all the difference”
- Using alternatives to physical appointments
  - “excellent”, “good idea- saving time and unnecessary transport costs”, “easy to use”, “efficient”, “good for what needed”, “reassuring”, “much faster than waiting for a face-to-face appointment and no parking charges – perfect way to do it”
- Getting prescription through phone, and helpful advice from dentist
- Experience of online consultation –
  - Described as “very good”, “excellent”, “easy to use”

Physical appointments – 50 people

- people felt positive about “all of it” / “everything” / “from start to finish” / “from beginning to discharge” went well
- people felt it was “organised” and people felt “safe”, “at ease” and “reassured” by staff, through “excellent social distancing measures”, “lots of measures in place”, infection control, PPE equipment, masks and cleanliness

What services could have done differently with care and could change for future patients to make care better (219 people answered):

- Safer waiting system - social distancing in waiting rooms and busy corridors
- Staff to wear masks
- Long waiting times
- Clearer instructions on where to go

### Alternative appointments

- Feeling that phone and online consultations weren't as thorough – “felt rushed” and need a “larger time window”
- Alternatives for those with hearing difficulties
- More telephone services to be offered from GP and therapy services
- “Better to send a photo or short video before the consultation – saved difficulties in connection”
- Organisation – “when arranging GP call – give time – I waited all day for a 2 min call”

### Access to care

- “GP should be more accessible” - Problems with keeping appointments and continuing care, cancellations in GP and hospitals and also adult services, e.g. social services and occupational therapists
- Difficulties getting correct medication and aftercare through pharmacy, hospital and dentist
- “Try to find more help for those adults with pmlD who are at home with a parent and very little care. Care package is not able to be met and social worker has no answers”
- “Should not have pulled all service provision so soon”

### Patient as person

- Felt more support could be offered for mental health – asking how mental health is in routine appointments and checking up even after discharge, e.g. CAMHS
- More understanding and compassion – “doctors being more understanding of COVID and children” “not to feel like just a number”

### Maternity

- Communication during pregnancy and in post-natal care – “pretty much non-existent”, “only 10 minutes with midwife on phone”, “no one been in contact since clinic and breastfeeding group were closed”
- Basic needs to be met in support for mothers in hospital – “readmission to post-natal ward, told baby couldn't be present”, “spent uncomfortably long time lying in my own mess after delivery”, allowing fathers and advocates to be present

### Communication

- Keeping people up to date – with guidelines, e.g. face masks and who is allowed in surgery and with their own treatment and appointments
- Communication between services and the patient
- Phone calls to be carried out – promised calls – from 111 and social care “feels like I've been forgotten about” and “after fracture”

### COVID-19

- Felt own care was limited by Covid-19 restrictions – “not received adequate treatment”, “refused hospital bed”, “GP didn't take symptoms seriously” and felt other illnesses are “ignored”
- Easier testing, e.g. testing in waiting rooms, and less time taken for results

- “Couldn’t fault”, “Couldn’t have been more helpful”, “everything went perfectly”, “under circumstances, felt everyone knew what to do”

Reasons for not using NHS or social care service during pandemic lockdown (197 people answered):

- Haven’t had any new health problems or care needs – 82 people
- Appointment was postponed by the NHS or care service because of the pandemic – 49 people
- Don’t want to bother health or care services while they were so busy with Covid-19 – 29 people
- Thought my problem could wait until services were ‘back to normal’ – 24 people
- Worried about catching Covid-19 – 23 people
- Didn’t want to use public transport – 9 people

Number of people offered a video consultation for any appointments (298 people answered):

- Yes – 48 people
- No – 250 people

Positive experience of video consultation (144 people):

Reassuring

- Being able to have face to face contact and show the Dr / specialist the problem, e.g. rash
- “Feels more personal”

Practical

- People appreciated not having to travel, for convenience and not having to go into the surgery, for safety - not having to come into contact with other people, “but still being able to have face-to-face”
- To talk and ask questions as hadn’t met her before, to express concerns over video, to show physical symptoms, blood tests and BP readings, “to send photos/videos ahead of chat to save difficulties with connection”, “kids – very hard to show and explain via video”, “poor video connection”

An actual time slot, not just an approximation

Alternatives - no internet at home

Number of people happy to have another video call in the future (199 people):

- Yes – 93 people
- No – 29 people
- Maybe – 77 people

Mental health during lockdown (303 people):

- I have felt generally happy most of the time – 85 people
- I have felt sad most of the time – 5 people
- I have felt depressed most of the time – 11 people
- I have felt angry most of the time – 1 person
- I have felt stressed most of the time – 24 people
- I have had ups and downs of experiencing both good and negative emotions – 174 people

### **Healthwatch Sunderland: (Top 6)**

This information has been taken from 315 survey responses received

67% of survey respondents had used a healthcare service during the pandemic including their GP, a Pharmacist, 111 service or the hospital.

On average people rated their experience of using these services as 4/5

52% of the respondents who receive some level of social care support for themselves or someone they care for had experienced changes to this care as a result of the pandemic.

When asked to rate the communication received about the changes:

68% said either fair or good

24% rated it as very poor

58% of respondents stated that the pandemic had had either a moderate or little effect on their overall mental health and wellbeing

A further 10% stated it had impacted it a great deal

People were asked about their levels of exercise during the lock down, respondents stated that their levels had; 26% Increased, 30% Stayed the same, 44% Decreased

With walking and gardening being the most popular forms of exercise

When asked other health related questions, we received the following information:

169 respondents told us that they drink alcohol, with 34% drinking more, 17% drinking less, 49% drinking about the same

When asked if their weight has changed, 44% told us they have gained weight, 40% said they have stayed the same, 16% had lost weight.



**Healthwatch Newcastle & Gateshead:**

What digital resource, if any, did you use to speak with a health care professional at your GP practice during the COVID-19 pandemic? Telephone consultation = 9 Online video = 0

How did you feel having an online video consultation with your GP? Very comfortable = 3, Comfortable = 4, Uncomfortable = 0, Very uncomfortable = 1

Do you think this form of appointment/consultation should continue to be available in the future?

Yes = 6, No = 0, Don't know = 3

### **Healthwatch Cumbria: (March – April 20)**

305 people responded to the HWT survey over five weeks, covering the first full week of lockdown in England.

39% of respondents were from Cumbria

56% were from Lancashire

5% were 'other' (including four people from Blackpool and one from Blackburn with Darwen)

65% of respondents were aged between 35 and 64 years old. 18% were aged 65 years +.

Only 9% were under 25 years old

79% of respondents were female. 20% were male.

61% of people who responded to our survey were in some form of employment. 17% were retired.

6% were in full time education.

Over half of the respondents to our survey live with one other adult. Although 18% are the only adult in the household. This 18% is equivalent to 55 people.

Of these, 8 people are looking after children. 47 are living entirely on their own. 31% are retired.

4% have caring responsibilities, and 13% identify as having a disability.

67% of respondents to this survey did not have any children living in the house.

1 person had 4 children and 1 person had 7 or more children living in the house at the time.

94% of respondents identified as white British, with a further 3% white other. Only 1% were black or black British and 2% Asian or Asian British

What are your three biggest concerns?

1. My family and friends will contract the virus.

2. That I will contract the virus.

3. Financial concerns and a shortage of food.

How are you taking care of your emotional and mental health?

Staying in touch with friends and family – through various means including video chats and phone calls.

- Using exercise, meditation, gardening, housework and prayer.
- 'Keeping busy'.
- Taking up new hobbies, restarting old ones or continuing with existing hobbies.
- Listening to music, reading, drawing and painting or crafting.
- Completing puzzles and jigsaws.
- Sticking to a routine.
- Using social media.
- Watching TV or films and listening to the radio.

Where have you found information about COVID 19?

1. TV news: mainly the BBC, but also Sky news.

2. Gov.uk

3. NHS.uk

4. Internet websites.

5. Social media.

6. Trusted and reliable websites: BBC, WHO.

7. Radio and newspapers.

Over half of respondents said (every week) they felt that they either had already enough

information or else they weren't sure what more information would help.

One issue that was identified from this question was the number of people asking for information

that was already available through mainstream media sources. This prompted HWT to design a

Q&A style social media campaign that addressed the main signposting issues raised via the survey

responses.

Other information that people felt would support them:

- "A clear exit strategy."
- "Specific local information."
- "The truth about what is actually happening."
- "An idea of what could be next."

Are you currently receiving any medical treatment or care (not related to COVID).

Yes = 40% No = 60%

Is there anything you would like to tell us?

"I'm worried about my family being ill while I'm still ill."

"I cannot think of anything but I think it took everyone by surprise. Its like something out of Science fiction book/film."

"You have forgotten the carers and the parents of children with additional needs who struggle and

isolated in the normal world but who are now ultra isolated."

"It can be very, very lonely, makes you cry sometimes."

"Being furloughed has made me feel un valued by my employers and that my contribution to my

workplace was/is irrelevant especially as other colleagues are still working. This has affected my

mental health quite badly."

"Mental health has been ignored."

"I look after my 100 year Mum who lives with us and my 76 year old husband as well as being a part

time carer for my disabled daughter who lives close by."

"How beautiful is the natural world around us, in this time of spring awakening. I hope we will learn to appreciate the precious things in life more, and maybe take better care of each other and

the natural world."

### **Healthwatch Cumbria: (May – June 20)**

785 people responded to the HWT survey over five weeks, covering the first full week of lockdown in England.

43% were from Cumbria 7%, from Blackpool 2% from Blackburn with Darwen, 46% from Lancashire (other)

Older age groups were the best represented in this survey, with 29% of respondents aged 65-74 and 22% being 55-64. Only 1% were aged under 24 years.

67% of respondents identified as female, 31% as male.

98% told us that their gender identity was the same as on their birth certificate.

1% identified as 'other' (including non-binary and trans)

54% said that they were in employment (either full-time, part-time or self-employed).

39% were retired. 3% were disabled and unable to work.

People living in household 20% are the only adult in the household

63% live with one other adult. 4.5% live with at least three other adults.

81% of respondents do not live with any children (under the age of 18).

What is your ethnicity?

Asian / Asian British = 14

Black / Black British = 2

Mixed / multiple race = 6

White British = 730

White Other = 19

Other ethnic group = 6

Respondents were also asked to give a score to show the impact that the pandemic has had on their mental health. The rating scale went from no impact at all (0) to it has had a huge impact (100).

Men tended to rate the pandemic as having less of an impact than women. The average score for a man was 28, while the average score for a woman was 41.

Single parents tended to rate the impact as having more of an impact than the average (46).

98 respondents gave a rating of 75+ to this question, suggesting they felt that the pandemic has had a huge impact on their mental health.

Although not everyone in this 57% needs to access support.

What support have you accessed for your mental health?

Family & Friends = 45% Self Support = 22% Support Services (phone or on line) = 6% Other = 6% On Line Counselling = 2% N/A 46%

Have you had an appointment by phone or video consultation / Percentage of respondents

No 59%

Yes – I have had a phone consultation 37%

Yes – I have had a video consultation 3%

I was offered a phone/video consultation, but I didn't take it 1%

Other 5%

Would you use a phone / video consultation again?

No = 9.29% Don't want to use the service = 6.32% Yes = 37.75% Video appt = 2.77% Try the service = 22.33% other 15.42%

Peoples experience of social care services during the pandemic. Yes = 13.44% No = 86.56%