Surrey Covid-19 Community Impact Assessment

Health and Wellbeing Findings

SURREY
COUNTY COUNCIL

November 2020

Health and Wellbeing

1. Many vulnerable groups reported a lack of clear and effective communication which led to fear and uncertainly at the height of the pandemic

The language of information and guidelines was confusing for some groups and caused an increased sense of mistrust towards government and mainstream media. BAME and Gypsy, Roma and Traveller communities felt there was a lack of clear communication of guidelines. There were suggestions to fund and develop culturally appropriate communication materials through trusted channels. A need for a closer partnership working to build trust with vulnerable communities was strongly expressed by community members and stakeholders.

Members of the community who were shielding, living with a long-term health conditions and/or disability, or have been looking after residents in a caring capacity reported a lack of information generally. Many mentioned the lack of contact from Adult Social Care and other support services, but some felt information sharing worked well from the Council. Opportunistic and targeted communications for the Surrey Homeless Population was another recommendation raised by stakeholders.

This is critical insight for the ongoing response to the pandemic and will inform the COVID-19 mass vaccination communication and engagement strategy.

2. Many vulnerable groups felt excluded

Many of the groups we have spoken to have felt excluded from services, for example Gypsy, Roma and Traveller and BAME communities. Others were unable to access transport, e.g. older, shielded individuals and those with chronic illness and/or disability.

The impact of lockdown has also widened inequalities in relation to accessing services and further reduced access to services particularly for digitally excluded individuals who do not have access to equipment or are unbale to receive support remotely. Concerns about loss of contact with mental health services are especially serious for older adults. Homeless clients who are not digitally connected or unable to engage with digital services were also impacted and alternative models of support should be considered. Obstacles to remote / virtual contact should continue to be addressed on a case by case basis to address barriers such as lack of phone or sufficient data for video contact.

3. Many vulnerable groups felt isolated as a result of COVID-19 lockdown restrictions

Lockdown has left many individuals feeling isolated and cut off from friends, family and their local community. This includes domestic abuse survivors, dementia patients, individuals in residential care, older individuals shielding, people with disabilities and chronic conditions, and newly unemployed people.

Lockdown has likely exacerbated pre-existing abuse, and the closure of schools has likely further exposed children to the abuse being perpetrated in the household, increased the

duties of victims and decreased opportunities to obtain support. The inability to leave the home environment has provided further opportunities for perpetrators to increase their victim's isolation and lent itself as a tool for greater coercive control. There is a concern about the long-term physical and mental impact of lockdown for victims of Domestic Abuse and their dependants. The concern is heightened by uncertainty about how this might manifest in both groups, but worries are now focused particularly on the mental health of children returning to school and a possible "wave" of disclosures in the school environment upon reopening.

There has been a big impact on unpaid family carers due to the fear of allowing paid care staff into the home as they may have been in contact with many people. It had taken several weeks for some people to access online shopping and some had to rely on food banks for a significant amount of time.

Social distancing reduced family contact and increased social isolation, particularly on working-age adults living alone and those in poor health. This was made worse as the lockdown disrupted some of the community networks which were key in supporting certain groups (e.g. older individuals whose first language wasn't English). However, the weekly clap for carers did help with this for some individuals.

Infection control strategies in residential care homes led to the isolation of staff affecting mental health increased/ unbudgeted cost lines for PPE which may not be sustainable in the longer term and led to tensions with residents' families. For residents and families, this strategy has led to challenges in maintaining contact, and both reductions in mobility and cognitive ability in residents, particularly those with dementia.

Some parents and families of children with Special education needs and disabilities (SEND) found lockdown particularly difficult due to feeling isolated or lonely, having trouble in managing behaviours at home, and not feeling they have the advice, help and support that they needed. Whilst others say their children thrive in the new home setting.

Some families struggled without having access to school or health/social care professionals face to face, reporting feeling isolated, left unassisted or unsure how to manage particular problems. For some young people, not having access to their friends caused exacerbated feelings of loneliness and isolation. Parents, Carers, children and young people worried about the long-term impact from not attending school on their future.

4. COVID-19 heightened stigma felt by some vulnerable groups

There is greater stigma felt by some groups, for example around perceptions of mental health and stereotype of vulnerability. We have heard concerns around stigma from shielded individual, people with disabilities and chronic conditions, people in residential homes and people from BAME communities.

Some ethnic groups, particularly the Chinese families, were subjected to hate crime and racism as a result of the pandemic. Historic racism and cultural practices (e.g. respect

towards the manger) might have meant that some individuals in BAME groups were less likely to seek care when needed or as NHS staff are less likely to speak up when they have concerns about Personal Protective Equipment (PPE). Although good progress has been made by organisations to complete risk assessment, there are some concerns by BAME staff about the use of data and its impact on their future job prospect.

Anti-discrimination and cultural awareness training across was recommended by service providers, Gypsy, Roma and Traveller and BAME communities to address the ongoing and established systemic issues effectively. All stakeholders highlighted the importance of ensuring that the positive strategies and outcomes from the unprecedented levels of engagement is sustained for the future beyond any subsequent waves of the pandemic.

5. The rigidity of COVID-19 lockdown restrictions and regulations was difficult to maintain by some vulnerable groups

The regulations that have been imposed have often caused unintended harm, for example worse outcomes for dementia patients, impact on mental health, poor access to services for people with chronic conditions, impact on individuals with SEND and people using lockdown as a tool for domestic abuse. Embedding equality impact assessments and meaningful engagements with vulnerable communities must be at the centre of every new policy and intervention to ensure they are culturally appropriate in order to improve access, experiences and outcomes.

Practicing effective social distancing was a challenge for BAME families who often live in overcrowded housing and/or multigenerational households.

For homeless people, being placed in hotels and similar accommodation also brought some level of regulation especially during lockdown when PHE advised only essential movement and travel. For some people who had a long history of homelessness, it was harder to comply with these regulations, as well as others relating to behaviour and this resulted in some people leaving these accommodation sites – often voluntarily or being placed in several sites.

6. Many vulnerable groups suffered from significant mental health impacts driven by isolation, fear of infection, lack of knowledge about services and digital inequalities

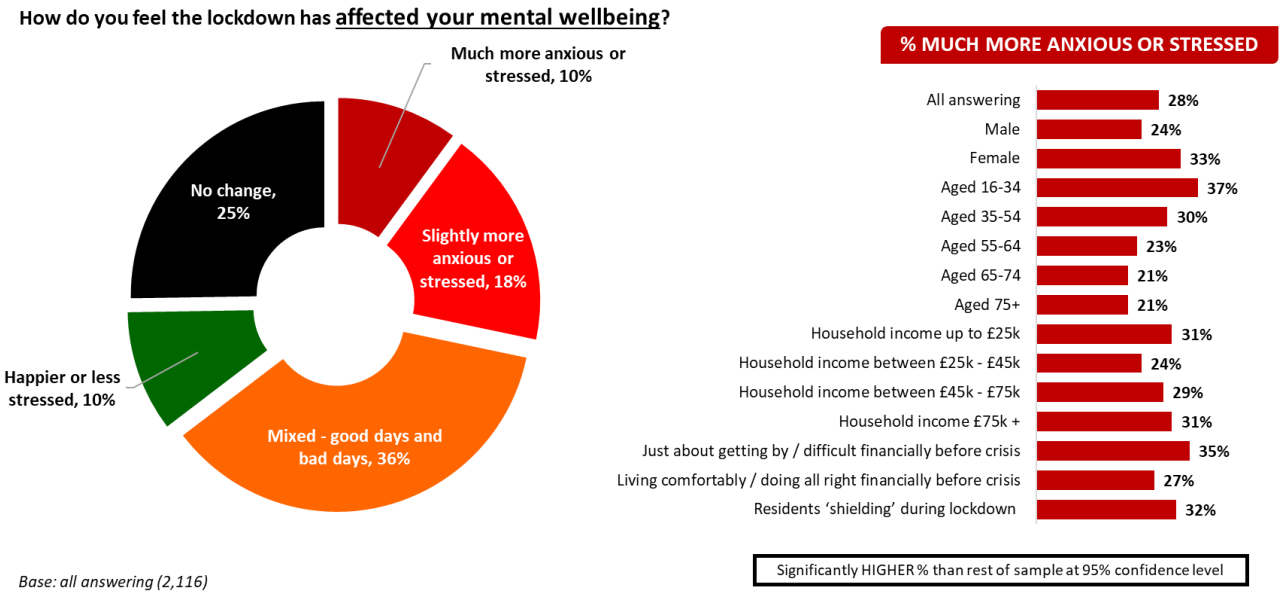
The Rapid Needs Assessments reflected the impact of covid-19 on the mental health of vulnerable people who experienced social isolation, loss of coping mechanisms and ability to connect. The fear of infection and access to PPE combined with conflicting information, lack of knowledge about how and when to seek help also affected mental health wellbeing as did the impact of job losses. Access to services and care for patients, carers and frontline workers caused concern, whilst digital inequalities meant some individuals had no access as they were unable to receive support remotely (e.g. older adults). People with dementia living on their own and homeless people were also disproportionately impacted by Covid-19 with rising concerns about the long-term impact of lockdown. Service providers stated that the restrictions on mobility at the height of the lockdown in particular exacerbated existing mental health and substance misuse issues in some homeless clients. The closure of social

spaces which allowed clients alleviate mental health issues was also highlighted as a challenge. Overall, it was noted that people who experienced homeless for the longest time period, so called 'entrenched homeless', are the most likely to have been negatively affected by COVID-19 and the lockdown. Lockdown has also exacerbated pre-existing domestic abuse, and further exposed victims to the abuse being perpetrated in the household.

7. A significant number of residents not typically considered vulnerable suffered from mental health impacts as a result of the pandemic, with increased self-reported stress and anxiety most prevalent in residents aged 16-34

The pandemic has impacted residents' mental wellbeing with over a quarter of surveyed residents reporting that they felt more anxious or stressed. Though evident across all demographic subgroups, self-reported effects on mental wellbeing is particularly significant amongst residents aged 16-34. Interestingly, this demographic is also more likely to be struggling financially. This could serve as a contributing factor to stress and anxiety.

This finding was echoed in the ethnographic research. Most residents reported a large increase in anxiety levels surrounding everyday activities or activities that previously brought them joy. One resident was given antidepressants by her GP and another had to quadruple her insulin as a direct result of stress.

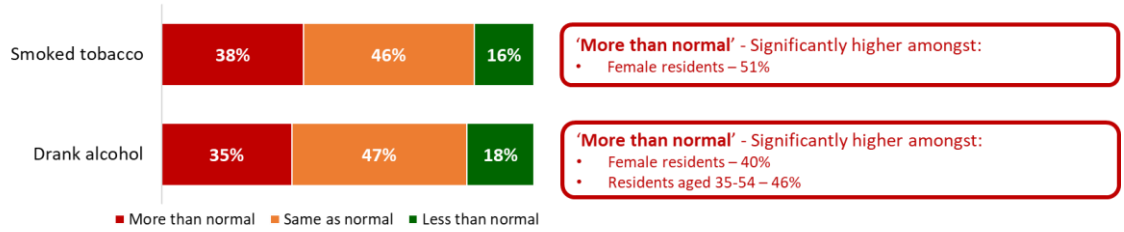


8. Residents reported seeing direct physical and emotional repercussions from continued uncertainty

The survey indicated that since the start of lockdown, more residents were participating in unhealthy behaviours, with over a third of residents drinking alcohol or smoking tobacco more than normal.

This finding was echoed in the ethnographic research. Many residents noted that Covid-19 related financial uncertainty had resulted in drinking two to three times as much during lockdown and smoking up to five times as many cigarettes a day. Anecdotally, these habits had begun to lessen as restrictions eased but hadn't completely evaporated. We heard that socialising, going to the gym or other "treats" suddenly taken away contributed to the increased levels of drinking and smoking as many struggled to find outlets for their stress.

Since the start of lockdown, have you..? Excluding 'Not applicable'

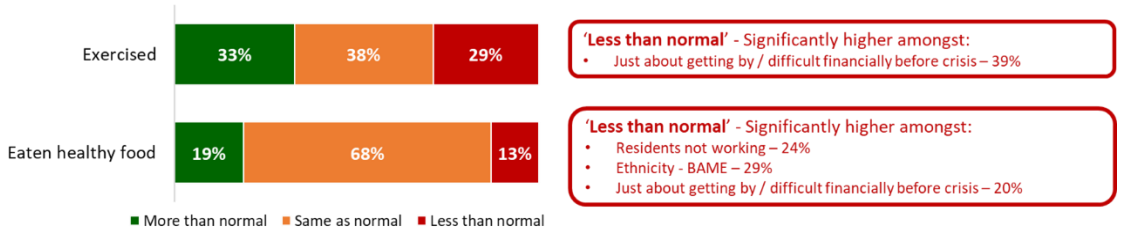


9. But for those able to exercise, levels of reported physical activity increased during the pandemic

Since lockdown, around a third of surveyed residents have reportedly exercised more with nearly half spending more time outdoors.

In the ethnographic stage of the research, all physically able residents reported higher levels of physical activity. Many took advantage of the 1-hour of exercise allowed a day during lockdown to go for long walks, furloughed residents also had more time for outdoor activities and parents used physical activity as a way to entertain their children. One resident noted that "going for a walk with the whole family was the highlight of the day". This emphasises the importance of the outdoors, which is explored in more detail in the environment section of this report.

Since the start of lockdown, have you..? Excluding 'Not applicable'



Health and Wellbeing – Opportunities for Action

The findings of the CIA align closely with the Health & Wellbeing Strategy and add further depth to specific areas of immediate targeted action. The research highlights some high-level areas of focus that align to each of the Health and Wellbeing Strategy priorities:

Priority One - Helping people in Surrey to lead a healthy life

- Access to substance misuse and mental health services for those with serious mental illness
- A whole system approach to eliminate rough sleeping
- Specialist housing to enable independent living
- Early intervention approaches to support young people
- Support to enable people to recover effectively from domestic abuse
- Rehabilitation programmes, including for couples affected by situational violence
- Support for carers

Priority Two – Supporting the mental health and emotional wellbeing of people in Surrey

- Preventative mental health in-reach offers with schools
- Preventative mental health support access for Older People
- Wellbeing at work
- Domestic abuse support offers for mothers throughout and after their pregnancy
- Social isolation

Priority Three - Supporting people to fulfil their potential

- Infrastructure to best support children missing education due to social, emotional and mental health needs
- Mentoring schemes offered to children and young people across Surrey
- Supporting adults to succeed professionally and/or through volunteering

Further specific opportunities have been identified:

1. With partners, continue work to review the provision of mental health services for young people and vulnerable groups, particularly in relation to social isolation. Ensure plans are in place to tackle any predicted increase in demand by enabling access to the right help and resources.

2. Safeguard and improve access to green spaces to encourage residents to utilise the county's natural assets. Consider ways to increase physical activity and improve mental health and emotional wellbeing.

3. With partners, deliver effective and local public health information to enable people to make decisions about their physical and mental wellbeing.

4. Take further preventative action to mitigate the impact of unintended consequences which the Rapid Needs Assessments have highlighted, particularly in preventing future harm to children and adults experiencing domestic abuse. Facilitate wider support through use of online outreach tools.

5. Gain deeper insight from those people who experienced marginalisation, exclusion and felt stigmatised and further promote anti-discrimination and cultural awareness. This can be achieved through Equality, Diversity and Inclusion programmes which are a key priority for council and healthcare partners who are addressing health inequalities as part of Implementing phase 3 of the NHS response to the Covid-19 pandemic.

6. Embed equality impact assessments and meaningful engagements with vulnerable communities into working practices to ensure new policies and interventions are culturally appropriate, mitigate the risk of unintended harm and improve access, experiences and outcomes for vulnerable people. For example, outcomes for dementia patients, impact on mental health, poor access to services for people with chronic conditions, impact on individuals with special education needs and disabilities (SEND) and impact on victims of domestic abuse.

7. Strengthen the partnership working that has emerged from Wave 1 of the pandemic, particularly the role of third-party reporting and community involvement, for example in the management of chronic conditions and domestic abuse reporting. Cement the improved collaboration and formation of networks.

8. Tackle health inequalities that Covid-19 has amplified in Surrey through joint efforts to support communities who have been disproportionately impacted through targeted health protection, prevention and health promotion.

9. Work with wider partners across health and care to proactively develop targeted interventions and place-based health and wellbeing improvements for vulnerable groups, for example around homelessness, domestic abuse, residential care, shielding and people with chronic conditions and disability. As part of these interventions it is crucial to ensure that communication and engagement is effective, adapted and culturally appropriate.

10. Work with partners to provide co-ordinated and sustainable support for the local agencies and organisations working with vulnerable communities. For example, the emerging government plans to offer key relatives rapid Covid-19 testing so that they can resume seeing their loved ones in care homes.

11. Embed local models that enable flexible nuanced care for vulnerable people. Across the spectrum of RNAs, cross-cutting themes emerged which emphasised the support and resource needed for mental health, carers and vulnerable groups.

12. There has been a significant impact of COVID-19 on health outcomes and healthcare provision. The CIA provides in-depth insight and intelligence to support health partners in delivering the 8 urgent actions to address health inequalities outlined in the Phase 3 Implementation Guidance published by NHS England and Improvement (August 2020).