Coronavirus engagement report for stabilisation and reset

June 2020
EARLY DRAFT

West Yorkshire and Harrogate Health and Care Partnership

Coronavirus engagement mapping report
Stabilisation and reset

5 June 2020

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<tr>
<th>Version Control</th>
<th>Who</th>
<th>Date</th>
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<tr>
<td>Initial draft</td>
<td>Jeanette Miller</td>
<td>29/05/2020</td>
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<tr>
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<td>Karen Coleman</td>
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1. Summary

West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) are pleased to present a collation of feedback received from its partners including but not exclusively from all West Yorkshire Healthwatch organisations, Yorkshire Cancer Community, Carers UK and Bradford Talking Media. This was specifically regarding the impact of coronavirus on individual people and communities. Our thanks go to all engagement colleagues for sharing early findings to contribute to this important, timely piece of work. This report is a live document and will be updated accordingly.

Findings from the report include the personal experiences of over 2,000 people across the West Yorkshire and Harrogate area. There is praise for NHS working on the front line: “All in all, I do think the NHS has done well in the circumstances”, with concerns around personal protective equipment (PPE) and the impact the pandemic is having on Black, Asian and minority ethnic communities (BAME). Further research findings from WY&H HCP programmes will be inputted when available.

It is helpful to read the comments regarding access to care and support with some people finding it an improved service: “The person said that his mental health is the best it has been for a long while, saying ‘it’s just what I needed’” - speaking about Healthwatch Telephone Befriending Service.

Another person is on a cancer trial at Leeds for her lymphoma and she had her consultation over the phone and medication delivered by taxi. She thought the care and support was excellent. Other comments include: “As a mum of four...being able to ring in, send a photo, and not have to get us all dressed and drag the other three to an appointment...it was bliss!!! Easiest thing ever!” Whilst many people mentioned a disruption to services saying “The dental service seems in disarray and GPs don’t seem to know what is happening any more than patients do.”

Our programme priorities are being reviewed in light of the impact of the coronavirus and a refocus will take place where needed. This report and later editions will help to inform that work and plan any future engagement that might arise.

Next steps include bridging gaps in insight work, for example BAME communities, care home residents and their families. Understanding the impact of domestic abuse would also be useful. A full equality impact assessment is in development and needs to be considered.

In order of the frequency they were mentioned here are brief highlights from the findings:

- Most people are happy with systems put in place by GP/chemists
- Many people had appointments/treatments cancelled or postponed
- Many people felt isolated
- A similar amount of people felt anxious
- Many people had delayed or not attended GP/A&E because of the pandemic
- People felt well supported by health and social care teams
- Negative experience of trying to access dental services
- Quite a few people reminded us that not everyone has internet access or a smart phone
- Feedback highlighted specific issues for people from protected groups

It’s also helpful to note the recent report findings published by Public Health England on Tuesday 2 June regarding the disparities in the risk and outcomes of COVID-19. It provides further evidence, should we need it, that the impact of COVID-19 has replicated existing health inequalities we know exist across West Yorkshire and Harrogate communities. It is a useful contribution to the evidence base and our work already well underway. You can read our response here.
2. Background

These are times of unprecedented change brought about by the coronavirus, affecting everyone, including health and care organisations; and staff and voluntary and community providers who deliver support. This has altered the way people live their lives and the way that health and social care services are provided.

In November 2019 West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) published ‘Delivering better health and care for everyone – our five year plan’. This articulated our programme priorities at that time. It was informed by engagement by the Healthwatch organisations in West Yorkshire and Harrogate, reported by Healthwatch Leeds and supported by WY&H HCP engagement and consultation mapping.

It’s important to note that some of the challenges outlined in this report are not new. Any approach/solution needs to link to our five year plan ambitions and WY&H HCP’s principles that the majority of work takes place in our six local places (Bradford district and Craven; Calderdale, Harrogate, Kirklees, Leeds and Wakefield) and that we only work together where it adds value.

Our programme priorities are being reviewed in light of the impact of the coronavirus and a refocus will take place where needed. As we start to assess how we continue to provide services in the short, mid and long-term, it is essential for us to understand how individual people and communities have experienced these services and changes to them. Health and care systems in all areas are undertaking similar exercises to refresh their plans and hopefully this report will form the basis of further development to support this work. As previously mentioned, it will be updated as appropriate.

Nationally and locally we have seen how appreciative people are of NHS and care staff. However, many organisations expect complaints to increase in the near future. We therefore want to ensure that we actively listen and respond to what people tell us about their experiences during this time so that we know what worked and what could have worked better. Most specifically how they were affected by the pandemic and changes to services and how we can make the most of learning and further improve services and involve people where needed.

3. Why people’s views are important to us

WY&H HCP wishes to make decisions that are informed by facts. This means listening to partners, stakeholders, clinicians, staff and the public. Our communications and engagement plan sets out our commitment to meaningful conversations with people, on the right issues at the right time.

We want to lockdown the beneficial changes, especially any transformations made during the pandemic.

Local areas will be refreshing their approach, including resilience and outbreak plans and WY&H HCP’s remit is to add value to these, and share good practice. By collecting, collating and sharing this valuable insight, partner organisations will know what worked for their communities as well as for health and care organisations as well as where further support might be needed.

WY&H HCP is committed to putting people at the centre of all that it does. There are duties in place to ensure health and care organisations involve people in their plans. This has not always been possible for the quick and often drastic changes made to services as a result of coronavirus and national guidance on engagement changed during the pandemic. However, at the earliest time we want to ensure we listen to the public during all future phases as decisions are made and in the most appropriate, safe way.
4. What we did/methodology

West Yorkshire and Harrogate engagement colleagues virtually met with Chief Executives from Healthwatch organisations, the unpaid carers and harnessing the power of communities’ programmes and Bradford Talking Media, who lead on the work of the health and care champions with people with learning disabilities to discuss this work. Conversations also took place with the Kings Fund and National Voices. All agreed that it was important to capture the experience of those who access care, communities and staff as soon as possible before making plans for any short, mid and long-term change and transformation. The Healthwatch organisations across WY&H all collected insight from their local communities about people’s experiences of health and care services during the pandemic. They did this in different ways - all input was appreciated and valuable. You can read ‘Gathering people’s experiences and feedback during the COVID-19 pandemic’ report presented to the WY&H HCP Programme Board on the 2 June 2020 here.

It’s important to note that WY&H HCP did not start with a blank sheet. WY&H engagement and consultation mapping documents and timelines have been updated and there is a wealth of other expertise via our WY&H and local place engagement networks, for example patient, public assurance groups, patient reference groups, community organisations and champions - an asset based approach. Much of this type of engagement was paused during the initial stages of the pandemic. This made the surveys that Healthwatch colleagues in the area were undertaking even more important.

Over 2,000 people were engaged across various health and social care organisations, including all of the Healthwatch organisations in the area, Yorkshire Cancer Community and Learning Disability Health and Care Champions.

Community and patient experience information was requested from all partners, including the Clinical Commissioning Groups (CCG) who often lead on engagement for their local areas. This data was disparate, some qualitative insight and some quantitative surveys. A coding framework was designed and the data was analysed and themed into the framework. The themes that follow are all listed in order of the frequency an issue was mentioned in the reports and information analysed.

Where possible we have pulled out specifically any experiences from individuals and communities from protected groups. It is no secret that certain groups have been affected much more negatively by the pandemic than others. We also need to identify where there may be gaps to ensure we reach all protected groups as defined by The Equality Act 2010. Because this is a collation of work done by a number of organisations there is no breakdown of equality and diversity information as this was collected by some but not all partners. A draft Equality Impact Assessment is being undertaken and will be available in the near future.

It is also important to note that the West Yorkshire and Harrogate Health and Care Partnership System and Leadership Development Team, with the support of the Yorkshire and Humber Academic Health Science Network, are collating colleagues’ views, so we can understand and capture the learning and innovation that is emerging. The innovation achieved, which would ordinarily have taken months if not years to achieve, is an area we want to explore; particularly what are the changes we want to embed, what do we want to stop and what alternatives we want to pursue? The work has two areas of focus:

- A continual learning, innovation, improvement and evaluation process, balanced with a practical need for rapid implementation of change as we move forward.
- Identifying behavioural, culture change and specific innovations we want to leave behind or embrace.
Key relevant findings will be added to this report when completed at the end of June 2020, alongside findings from the WY&H Harnessing the Power of Communities voluntary and community survey.

5. Report findings

Themes for our programmes
Themes for our programmes to note for our priority areas are below. Findings were drawn from the natural themes that come from the coding framework. These were drawn from original reports outlined in Appendix A.

<table>
<thead>
<tr>
<th>Programme</th>
<th>Page</th>
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<tbody>
<tr>
<td>Cancer</td>
<td>See pages 6, 7, 9 and 13</td>
</tr>
<tr>
<td>Capital and estates</td>
<td>No insight was gained about this priority</td>
</tr>
<tr>
<td>Children, young people and families</td>
<td>See pages 7, 8, 12, 13, 14 and 18 There is also information from families with children who have Autistic Spectrum Disorder (ASD) which can be found on pages 12. Also see the Healthwatch Calderdale report</td>
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<tr>
<td>Digital technology</td>
<td>See pages 7, 9, 11, 12, 13, 14, 15 and 16</td>
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<td>Hospitals working together</td>
<td>See pages 7, 8, 10, 12, 13 and 18</td>
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<tr>
<td>Housing and health</td>
<td>See pages 10, 11, 12 and 16</td>
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<tr>
<td>Improving planned care</td>
<td>See page 3, 7, 9, 10, 13 and 18</td>
</tr>
<tr>
<td>Improving population health</td>
<td>Health inequalities mentioned throughout. Environment see page 18</td>
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<tr>
<td>Innovation and improvement</td>
<td>There were few ideas about further innovation or improvement but comments both favourable and not about changes to services during the pandemic. Most of these can be seen on pages 7 and 8</td>
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<td>Maternity care</td>
<td>See pages 8, 10, 12, 13 and 18. There is more detailed information in the Bradford CCG and Healthwatch and Healthwatch Wakefield reports.</td>
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<td>Mental health, learning disabilities and autism</td>
<td>See pages 7, 8, 9, 11, 13, 14, 15, 17, 19 and 21. Page 8 has the section on “feelings”. ASD can be found on page 12. See also the Healthwatch Leeds and Wakefield reports.</td>
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<tr>
<td>Our work with the community and voluntary sector</td>
<td>See page 10. However, information was received from some VCS organisations that fed into the general themes e.g. BTM. See also Healthwatch/CCG Bradford and Leeds reports</td>
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<tr>
<td>Preventing ill health</td>
<td>See page 10</td>
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<tr>
<td>Primary and community care</td>
<td>See pages 3, 7, 8, 9, 10, 12, 14, 15 and 17 for primary care and 5, 7, 8, 12, 14, 15, 18 and 21 for community care.</td>
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<tr>
<td>Personalised care</td>
<td>Nothing was mentioned directly</td>
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<td>Stroke</td>
<td>See page 8</td>
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<tr>
<td>Supporting carers</td>
<td>See carers section on page 11. See also pages 7, 8, 10, 15, 16, 18, 19, 20 and 21. See also the Healthwatch Leeds reports</td>
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<tr>
<td>Urgent and emergency care</td>
<td>See pages 3, 7, 8, 13 and 19</td>
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<td>Workforce</td>
<td>See workforce section on page 10. See also pages 8, 12, 15, 18 and 19</td>
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Naturally occurring themes

WY&H HCP requested community and patient experience information from all partners, especially the Clinical Commissioning Groups (CCG) who often lead on engagement for their local areas. This data was disparate, some qualitative insight and some quantitative surveys, some in reports and some notes. This was added to wherever possible with additional information gained e.g. the BTM Health and Care Champions and Yorkshire Cancer Community.

A coding framework was designed from the most frequently mentioned issues. The data was analysed and themed into the framework. The themes that follow are all listed in order of the number of times an issue was mentioned in the reports and information analysed within each theme i.e., issues at the top of a section have been mentioned most e.g. 30 times and issues at the bottom of a section might only have been mentioned once.

Access

- Happy with systems put in place at GP and chemists/positive experience (even from deaf people who have technology, people with young children)
  “All in all, I do think the NHS has done well in the circumstances.” (Wakefield Practice Patient Group Network)
- Service users feel well supported by the health and social care teams (autism, mental health single point of access, care homes, carers, district nursing, hospital)
  “The person said that his mental health is the best it has been for a long while, saying ‘it’s just what I needed.” Speaking about Healthwatch Telephone Befriending Service regular telephone calls.
  “One lady is on a trial at Leeds for her lymphoma and she had her consultation over the phone and her medication delivered by taxi. She thought it was excellent.” (Cancer)
- Delay/difficulty getting prescriptions
  “But as a mum of four...being able to ring in, send a photo, and not have to get us all dressed and drag the other three to an appointment...it was bliss!!! Easiest thing ever!” (Kirklees Healthwatch, 25 May).
- People are getting their prescriptions
- Some compared if favourably to face to face
- Haven’t accessed GP services by phone or digitally as don’t like doing it/know how to
  “Very efficient phone call and much quicker than usual, far less time needed to travel and not waiting.”(Leeds Healthwatch, 13 April)
- Difficulty getting through to GP by phone
- GPs not able to visit which has an impact (nursing home, family and carers support)
- Difficulty getting through to NHS 111
  However, “A doctor called me back from 111 online within 30 minutes.”
- Positive experience of opticians
- Difficulty getting through to a service (Parkinson’s nurse)
- Podiatry visit to patient’s home
- Covid-19 symptoms treated but other mental and physical complaints went untreated
- Negative experience of A&E for Covid-19 diagnosis and treatment

*See also page 9, issues for protected groups about language barriers.

Disruption to service

- Appointments and planned treatments cancelled/postponed (including domiciliary home care, social care, vaccination)
- Are not going/delaying going to A&E/GP for fear of catching Coronavirus/think they’re too busy (self-harm, stroke heart attack, cancer, carer, new mom, autism, dementia)
- Negative experience of dentist service
“The dental service seems in disarray and GPs don’t seem to know what is happening any more than patients do.” (Wakefield Practice Patient Group Network)

- Being discharged/leaving hospital too soon/forgotten about
- Unable to access single point of access for mental health crisis
- Positive experience of dental services
- Had telephone support instead of face to face but stopped now (neurological)
- Rehabilitation/activities has stopped (neurological, supported living)
- Anxiety about number of different carers/nurses
- Better for some autistic children who don’t fare well at school
- Felt a visit should have taken place for end of life care
- Hot meal service stopped

**Money/benefits**

- People are worrying about money
- Carers are spending more money, “I am worried about my financial situation” (Carers UK, April 2020)
- People don’t know how/what to claim
- Demand for food increasing at distribution points
- Worried won’t get free school meals/hard to register for luncheon vouchers
- Hairdresser/barber continuing to see customers as not eligible for grants
- Food parcels being requested from those not in financial difficulty
- Getting food parcels

**Attitudes**

- Meeting as usual (men who would go to pub; teenage groups; Eastern Europeans)
- Not social distancing because others are not
- Fear of stigma (mental health) when staff are overstretched
- Lack of support for stroke patients on wards
- Lack of information from care homes re relatives.
- Staff reverting to pre-Covid-19 ways of working e.g. “you’ll have to ring back at 8.00 am; you will need to be seen” (Healthwatch Kirklees, 11 May)
- Staff respectful and friendly

**Feelings**

- Isolation/need someone to talk to (even if living with someone)
- Anxious (carers of ASD children about return to school, homeless feeling trapped, BAME re risk, of reintegration/easing of lockdown, carers, pregnancy) e.g. Carer – “feel anxious, guilty, helpless, mind numbingly bored and exhausted.” (Healthwatch Leeds, 18th May)
- Social distancing
- Frightened/vulnerable/struggling not seeing friends/getting help (carers/young carers/mental health,)
- Depressed/general mental health/feeling down
- Positive – time for reflexion, reading etc.
- Victimised (but pleased at regular police support) diverse communities supported housing
- Visiting not allowed – patients dying alone
- Feel guilty (asking for help shopping)
- Concern for children’s mental health
- Felt GP should have recognised Covid-19 symptoms earlier
- BAME staff do not feel listened to.

*Also see Healthwatch Wakefield survey results on page 17*
Information/communication

- Not everyone online/smart phones
- Getting information/good to have clear information
- Difficulty understanding information and rules/mixed messages e.g. social distancing
- Skype/Zoom/technology working well (including the Deaf community, care homes)
- Not provided with information on how GP appointments will work under lockdown
  "I didn’t know they had changed their services until my daughter told me. I didn’t realise they weren’t seeing people at the surgery." (Wakefield Healthwatch, 26 May)
- Want more information (easy read mentioned, braille, translated, local statistics, don’t know where to get it)
- IT illiterate/not tech savvy
- Expressed caution about digital consultations (e.g. mental health, cancer, GP)
  “How do I talk to someone online about health issues? It’s off putting and I would prefer to speak to a doctor or healthcare professional faced to face.”
- Paranoid about technology
- Language e.g. Gateway to care, continuing healthcare rather than palliative/end of life care
  Some positive “Pleased that they are telling us what’s happening.” (Harrogate and Craven)
- Communication from GP practices not consistent (nursing home)
- Non-English speaking posters in places where people are – parks, shops, streets
- Trusts and authorities don’t know who is deaf – communication not appropriate
- Letters sent out in error (neurosurgery)
- Truthful and trustworthy (mental health)
  “There are concerns that services are rushing to use the Zoom platform before consulting the community about what tech works best for them.” (Healthwatch Leeds, 18 May)

*See also Kirklees/Calderdale Healthwatch separate report about communications and young people.

People who are shielding

- Confusion about shielding letters did/didn’t receive
  “She was previously advised that as part of her ongoing recovery she should go out for short walks. She is now confused and upset.”
- Difficulty getting food parcels/shopping to them/not receiving enough
- Family delivering care and food rather than providers – worry about infection
- Doing their own shopping as either don’t want to ask for help or want to see people
- Received call to say they were ok
- Those shielding won’t be sending children to school
- Couldn’t get on supermarket priority list
- Volunteers not social distancing when delivering food parcels
- Some older people do not see themselves as vulnerable

Testing

- New admissions should be tested (care home)
- Suspected Covid-19 should be able to have tests (care home)
- Need more testing for workforce (nursing home)
- Drive-through testing not accessible to care workers who don’t have cars
- There should be testing for carers.
- Positive – directed to Gov.uk

Personal protection equipment (PPE)

- Nursing home desperate for PPE
- Need access to PPE at home (don’t need to travel to collect)
• Dental appointments not going ahead because they do not have PPE
• Community Psychiatric Nurse visited shielding patient without full PPE
• Negative experience of hospital ante-natal clinic, joking about PPE, not wearing PPE
• Staff from BAME workforce doubly concerned if PPE equipment isn’t available for them because they are more vulnerable.

Workforce
• Concern for BAME colleagues – more vulnerable (BAME Network Podcast 7th May 2020)
  “We know that BAME communities are twice as likely to die from Covid than white communities, that are a fact.”
• Many staff do not want to go back to “normal”.
• Harder to pick up on safeguarding issues
  But “made bearable due to the sensitive, respectful way in which the matter had been handled by the manager of the care home.”
• Staff sickness an issue (coronavirus by anxiety too)
• Staff being asked to work when unwell – coronavirus symptoms (care home)
• Staff anxiety

Miscellaneous
• Concern that Black Asian and minority ethnic (BAME) communities are not social distancing (this came from BAME communities)
• Domestic violence/difficult spousal relationship
• Increased number of safeguarding reports re care homes.
• Appalling accommodation/overcrowding
• Nappy and milk shortages

Voluntary and community sector (VCS)
• Concern that funding would not be able to carry on/provide full service
• A list of services/contacts and support groups/an App
• Staffing due to volunteers being over 70/unable to recruit new volunteers
• Would value any financial or other help to set up new service e.g. provide tablets
• Loosing revenue as can’t book rooms.
• Need help to publicise services
• Confusion regarding grants
• NHS volunteers not used
  “Some services have had deep and meaningful conversations with Engage volunteers that they might not have had if eye contact had been possible.” (Healthwatch Leeds, 18 May)

Resilience survey headlines
• Immediate viability risk for a significant proportion of our diverse third sector with smaller orgs at particular risk. Variation of third sector across WY&H patch with greater numbers volunteer led organisations in more rural areas
• sector has adapted well quickly changing services and developing new ones despite reduced resources and increased demand +
• Threats to future viability of the sector which has such a strong focus on communities facing greatest impact of Covid including BAME, People with a learning disability, unpaid carers etc. will have an impact on our ability to ensure a system reset that reduces inequalities, resetting to a stronger fairer health and care system.
Issues from protected groups

Age
- Some older people continue to do their shopping as they either don’t want to rely on others or want to see people
- Older people in extra care housing – concern that neighbours are not social isolating e.g. visiting grandchildren.
- Some older people also did not see themselves as vulnerable.

*See also Calderdale report about communication/information – digital

Carers
- Dementia and carers – isolated
- Carers – not having access to normal coping strategies; balancing caring with employment; relative not being able to move to care home due to pandemic
- Information from the national Carers UK report:
  - 70% of carers are providing more care due to the outbreak
  - 35% of carers are providing more care as a result of local services reducing or closing
  - Carer’s are on average providing ten additional hours of care a week
  - 69% of all carers are providing more help with emotional support, motivation, or keeping an eye/ checking in on the person they care for
  - 81% of carers are spending more money; with 72% spending more on food and 50% were spending more on household bills.

*WY&H HCP responded to the Carers UK ‘State of Caring Report’ you can read the response here. See also Healthwatch Leeds report from 25 May.

Disability
- Dementia and carers – isolated
- Disability – worried about “being pushed to the back of the queue by NHS ...they feel quite vulnerable at the moment but are in a better situation than many.” (Harrogate and Craven)
- Non-verbal disability – communication/technology issues
- Deaf – phone numbers for helplines not available to text; problems with lip reading because of masks; struggles with interpreting technology; Wi-Fi hotspots would help with this in NHS settings.
- Diabetes – more information about vulnerability to Covid-19
- No podiatry service for diabetics.
- Blind/people with sight loss: “I do appreciate the difficulties the UK face along with the World from this virus, but I have got a bit upset at the emphasis being put on getting outside, exercise, watch a film, cook or bake etc. Unfortunately with a sight problem these are very difficult to do, along with social distancing sometimes and using certain technology. To me there has been a bit of a gap for people suffering sight loss.” (Healthwatch Wakefield, 26 May).
- Learning disabilities – lost without routine and social contact.
- Although some would ring GP or 111 for medical help at the moment others wouldn’t know what to do (Bradford Talking Media, also known as BTM). Others wouldn’t feel safe going to GP or hospital.
- Mental health affected by not being able to see relatives, girlfriend/boyfriends.
- Don’t want to go out until there is a vaccine.
- Nobody had needed an annual check during this time.
• ASD – Needed to know how to contact special educational needs and disability (SEND) and specialist services during lockdown; is my Special Educational Needs Assessment and Review Team (SENART) worker at work; What will happen to my direct payments; My child has an educational health care (EHC) plan and attends an independent school, are they remaining open; Can we request an EHC assessment for my child at the moment; Can parents or carers contact the Educational Psychology Service (EPS) if they have concerns about their child’s learning and or social/emotional wellbeing; Transitions – moving to high school all the work that would have been done now to support child, what will happen now; child’s behaviours – both in terms of deterioration but also hearing of improved behaviour, as anxiety of being in school is not present at the moment. However, these parents are worrying about when their child has to go back to school; not being able to effectively follow EHCPs as limited resources/staffing; How to manage anxiety.

• Autism – absorb information in different ways, longer to understand, caused anxiety.

Ethnicity
• Consider improving interpretation services e.g. in GP (BAME, Roma, refugee, asylum seeker)
• No phone or don’t speak English (BAME)
• BAME – some said their friends and family were paranoid about technology
• Eastern European communities – some people are carrying on as usual because they are not aware of anyone “like us” who got ill.
• Roma community – struggle to navigate system without community workers (now working from home)/because of language barriers; main communication is via satellite TV from home country where guidance is different; specific concerns regarding what to do if children become ill; not aware that GP practices are open; afraid of catching Covid-19; concerned that not everyone is adhering to guidelines, some returned to their home countries as a result; are looking after themselves and using pharmacists.

“Going to pharmacy and buying medication to have in case my children will have temperatures“ (Bradford)
• Slovakian and Czech Roma communities – many not be adhering to guidelines; those that are see others not doing; elderly people visiting neighbours; those with children and no garden are daily visiting relatives with gardens; non-English speaking posters in places where people are – parks, shops, streets; some have gone to their home countries; others worried about travel; worried about what will happen next; problems of large families in small houses; older people are afraid; many older people do not speak or read English, problem with satellite TV information as above; aren’t aware of anyone in their community having coronavirus; afraid to use services due to risk of infection.
• In Roma communities some children taken to family gardens as they don’t have one or the house is overcrowded

Pregnancy and maternity
• Staff not wearing PPE in hospital
• Not able to have home birth
• Worried about going to GP/hospital in case catch the virus
• Feel there is a lack of information about risks
• Anxious

*See also Healthwatch Wakefield findings 1 June.
Religion and belief
Eid plans were being made to celebrate whilst still keeping safe/social distancing

Other groups
- Refugees – Do not have access to internet/smartphones.
- Asylum seekers – access to GP – 1 positive, registered over phone, one not, another could not get medication for a long term condition.
- Alcohol issues – finding lockdown hard, some people had suffered relapses.
- Deprivation - can’t afford bus fare so can’t get to food bank or medical appointment.

6. Other finding, statistics from surveys and engagement

Healthwatch Bradford (18 May)
53% of respondents said that they found it easy or very easy to find clear information and advice about coronavirus.

However, 19% said they found it difficult, and 7.5% said they found this very difficult.
53% of respondents to this question said they felt confident or very confident when accessing support for Covid-19 symptoms, although one in five said they were unsure or very unsure.

People were more confident about seeking advice or treatment for non-covid related needs: 60% said they felt confident or very confident. However, a slightly higher number also reported being unsure or very unsure – 25%.

Usage of services during Covid-19.

<table>
<thead>
<tr>
<th>Service accessed</th>
<th>Number of people</th>
<th>Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP (including specialist hubs)</td>
<td>5</td>
<td>4 poor/very poor, 8 good/excellent</td>
</tr>
<tr>
<td>NHS 111 phoneline</td>
<td>3</td>
<td>3 poor/very poor, 1 good/excellent</td>
</tr>
<tr>
<td>NHS 111 online</td>
<td>1</td>
<td>2 poor/very poor</td>
</tr>
<tr>
<td>999/Ambulance service</td>
<td>1</td>
<td>3 excellent</td>
</tr>
<tr>
<td>A&amp;E</td>
<td>1</td>
<td>1 poor</td>
</tr>
<tr>
<td>Inpatient hospital treatment</td>
<td>1</td>
<td>2 good/very good</td>
</tr>
<tr>
<td>Other</td>
<td>GP phone consultation (1); consultant review from BRI (1)</td>
<td></td>
</tr>
</tbody>
</table>

Of 74 who responded to this section, 35% said that they had experienced changes to their healthcare as a result of the pandemic, while 53% had not. 12% said they had not had to access any healthcare as a result.

Some comments:
- “It’s very worrying not knowing how long cancer care might be affected for.”
- “CAMHS support being withdrawn was tough, particularly at a time when families are under strain and young people’s mental health could be suffering.”
- Hospital ante-natal, “This was an awful experience for me, and to be also told at this time that I would be forced to go into hospital for the birth, despite my request for a home birth, was just terrifying.”

26 people provided ratings of the communications about changes to their care. Of these, 14 said communications had been poor or very poor, 5 said it had been fair, and 7 said it had been good or excellent.
The average rating for the effect of the pandemic on people’s mental health and wellbeing was 54 out of 100. We asked if people had accessed support for their mental health:

<table>
<thead>
<tr>
<th>Support Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes – from family and friends</td>
<td>35%</td>
</tr>
<tr>
<td>Yes – from a community, voluntary or charity</td>
<td>4%</td>
</tr>
<tr>
<td>group/organisation</td>
<td></td>
</tr>
<tr>
<td>Yes – from a mental health care provider</td>
<td>7%</td>
</tr>
<tr>
<td>Yes – online or from an app</td>
<td>8%</td>
</tr>
<tr>
<td>No</td>
<td>12%</td>
</tr>
<tr>
<td>I haven’t needed any support</td>
<td>43%</td>
</tr>
<tr>
<td>Other</td>
<td>9%</td>
</tr>
</tbody>
</table>

We asked if people had had to ask for help that they had not in the past. 43 people said that they had. While some people had been fine with asking for help, on the whole people told us that they found it difficult.

46% said that they had provided help to others as a result of the pandemic. While most seemed happy to do this, some shared that this could feel like a burden, or increased their anxiety about their own risk of contracting coronavirus.

Healthwatch Leeds (13 April)
Have you had to access your GP or other support service by phone or digitally – 29 out of 79 had.

Healthwatch Leeds (20 and 27 April)
Understanding what people think of the move to digital/telephone services
Comments largely positive

Q. Are you currently able to access health and care services when you need them? – 18 out of 21 said yes, one said no. (On 27 April, 15% said no)
Tell us about your experience
Mixture of positive and negative – added to the access section, page 8

Q. If you were not able to access care, tell us why.
Five people mentioned difficulties they had because dental services were closed.
Three people had experienced difficulties seeing GP based services
Some people said they had multiple or specific services becoming inaccessible e.g. Parkinson’s and children’s community services.

Healthwatch Leeds 4 and 11 May – mental health
11-25 year olds
Q. How would you say lockdown is affecting your mental health?
• 20/33 said it was having negative effects, examples were: loneliness, uncertain future, anxious.
• 6 of these had sought online/telephone support – the majority had very positive experiences.
• Young care leavers
• 7/17 said lockdown wasn’t affecting their mental health, or even helping it.
• 8/17 said lockdown was making their mental health was worse.

Mental health questions to the general population (959 people)
Q. How has lockdown affected your or your loved ones’ mental health?
• Nearly half said it had affected their mental health “a little bit”. A third said that it hadn’t affected them at all and 16% said it had been affected “a lot”. This was mainly described as:
  - Increased anxiety; family relationships and caring for loved ones; finances and fear for the future. However, there were also some positive reactions: relaxed, happier.
A third had sought help from a variety of sources including GP, third sector, friends and family, colleagues, mental health services, Apps and online resources.

Q. What kind of mental health information or services would you like to be able to access during lockdown, while face-to-face care is not available?

- Support from mental health professionals/ongoing support.
- Of digital they felt face to face was best (video call), talking to someone on phone was second but they felt online was not useful. However they felt self-help resources could be online e.g. yoga. (Healthwatch, Leeds 18 May, unpaid carers).
- Nearly all of those responding (31) described negative effects of lockdown. This included anxiety and stress; worries about passing on the virus; trying to access health and care services; balancing caring with employment. When asked what had worked well during lockdown they responded: access to social groups via technology and shopping online; easy access to health and carer services; support of neighbours, community and friends; flexible and home working. When asked what would help them they responded: a third mentioned practical support, some said for support from services to be available; clear guidance was second most popular response; then more financial help with an example of carers allowance being deducted from Universal Credit; more shopping slots.

Healthwatch Leeds 18 May – unpaid carers

Issues raised:
31/42 carers said that lockdown had affected their health and wellbeing, nearly all negatively. This was around anxiety and stress, worries about passing on the virus, losing access to their normal coping strategies. Some had struggled to get access from healthcare and other agencies.

When asked what would help them in the future a third said practical support, much of this was support for the person they cared for e.g. befriending. They also said they would benefit from clear guidance about keeping safe and more financial help.

Healthwatch Leeds 25 May – carers’ experiences

Of the 22 respondents just over a quarter said lockdown had negatively affected their wellbeing. “I feel anxious every day and fear the phone ringing as it might be bad news.”
19 of the 22 said that lockdown had affected their day to day life “a lot.” The challenges they had experienced included: finding time to shop; not being able to see their own family and switch off and; difficulty of maintaining a safe distance from clients.

When asked what worked well during lockdown responses were around services and frontline staff pulling together. They said that testing, PPE and clearer guidance would help going forward. “Routine testing of care staff and residents.”

Unpaid carers

Healthwatch Leeds continued the survey started the previous week (18th May). They received 102 responses 83% of these unpaid carers were aged between 45 and 80 years. The themes were the same as the previous week. For example their health and wellbeing had been affected by lockdown. It meant they experienced stress and anxiety; they were worried about loved ones catching the virus; and that they had lost access to things that helped them to cope.
“very hard no escape from caring, day centre closed, not wanting to wake up some mornings knowing what lies ahead again, life not worth living at the moment, no respite, no help.”
Equally for a significant minority, not having contact with the person they normally care for was a concern.

73.5% of carers said their day to day life had been affected a lot by lockdown. The things that had been most challenging were the extra emotional and mental load they were carrying; keeping
everyone happy within different households; and the change in boundaries between the cared for and carer during lockdown.

When asked what had worked well they responded that the support received from families, friends, neighbours and volunteers as well as the easy and efficient access to health and care services. Access to social groups via technology and shopping online were also mentioned as was flexible home working. However, 10% said that nothing had worked well.

**Relatives of care home residents**
A number of relatives were concerned about care homes being able to look after their relative during lockdown. Nearly a quarter of relatives had found not being able to visit their relatives challenging.

When asked what would help in the future they had responded that residents being able to see their families again and also clear guidance.

“**Having confidence in the government’s decisions around testing and their plans for the future, so confusing and worrying.**”

**People who receive home care or live in assisted living settings**
58% of respondents felt that lockdown had affected their day to day life a lot. They had found loneliness most challenging but some practical tasks too such as shopping. They said going forward the most helpful thing would be to be able to socialise. However, because many were worried about Coronavirus:

“I have gotten myself very anxious and I am terrified of getting Covid 19. It would be helpful to ease back into society and go where there are not many people initially.”

**Healthwatch Wakefield (26th May)**
Healthwatch Wakefield has been running the same survey for 6 weeks (up to 1st June 2020). This has been shared with partners every week. Highlights from the latest report are below.

- 36.7% (from adding all of the “yes” responses below) had decided not to contact a health or care service because of the coronavirus pandemic, the main reason being that people thought they were too busy.

<table>
<thead>
<tr>
<th>Answer Choice</th>
<th>Response Description</th>
<th>Percent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No, I haven’t needed to access a health or care service</td>
<td>42.5%</td>
<td>110</td>
</tr>
<tr>
<td>2</td>
<td>Yes, I think I should have accessed a service but I didn’t because it was difficult to get in touch with them</td>
<td>8.1%</td>
<td>21</td>
</tr>
<tr>
<td>3</td>
<td>Yes, I think I should have accessed a service but I didn’t because I am self-isolating or shielding myself</td>
<td>6.2%</td>
<td>16</td>
</tr>
<tr>
<td>4</td>
<td>Yes, I think I should have accessed a service but I didn’t because I think they are too busy</td>
<td>15.1%</td>
<td>39</td>
</tr>
<tr>
<td>5</td>
<td>Yes, I think I should have accessed a service but I didn’t because I am worried about going to a service because of the virus</td>
<td>7.3%</td>
<td>19</td>
</tr>
<tr>
<td>6</td>
<td>Other (please specify):</td>
<td>20.8%</td>
<td>54</td>
</tr>
</tbody>
</table>

Comments: 48
• 45.1% had experienced a change to the healthcare themselves or someone they cared for received. 37.75% negative and 62.3% fair to excellent.
  
  “I accessed the GP via ‘Ask My GP’ and the doctor was extremely responsive and brilliant. She called me back and issued a prescription within a very short time of my initial contact.”

• Of those receiving care or support to carry out daily activities or living in a residential care setting 25.4% had experienced a change. Although 55.1% felt communication had been fair to excellent, 44.8% felt it was poor or very poor.

• When asked if the coronavirus had an impact on their mental health or wellbeing only 13.8% said “No”. 34.1% said it had impacted significantly or very significantly.

• 43% had accessed support, mainly from family and/or friends. 30% had not needed support but a concerning 19.8% had not accessed support.

• Of those who hadn’t been able to access support (40 responders) 60% was because they didn’t know where to go. 27.5% had tried to access support but it wasn’t available now. 10% had contacted the service but not received help.
There were many valuable comments given as part of the survey. Often these were different and contradictory.

“The new ways of working are working well with telephone and videos, pictures and emails I hope this continues into the future, saving time, environment.”

“My community midwife and the staff at Pinderfields have been brilliant through the changes, keeping me informed, providing reassurances and being as kind and caring as I could have hoped.”

“Birth during this time is horrible”

“I do not feel confident that I have always had sufficient information to make informed decisions regarding my health and treatment options.”

7. Gaps in insight

As always “we only know what we know”. As can be seen from Appendix 1, contributions have largely come from Healthwatch organisations, with some locality and national work, including Bradford Talking Media and the unpaid carers programme. Further work needs to be undertaken to get insight from communities (including BAME), voluntary and community organisations and staff. This is already underway in different programmes within WY&H HCP. Although we have some insight about the experience of vulnerable groups during this time more would be helpful.

Equality groups where there is more to be learned

- Age: children and young people
- Ethnicity: covers Roma. There is less on other new communities and nothing to reflect the impact on Black and Asian groups where there has been considerable impact.
- Disability: more engagement work is needed, including work on do not resuscitate (DNAR) and its impact on disabled groups (links to the BAME groups reluctance to attend hospital too)
- Religion and belief: all groups worship should have stopped during lockdown. Groups will be affected by the lack of ‘social worship’.
- Deprivation and the exacerbation of existing health inequalities, the distribution of wealth, those with least being hit the most.
- Domestic abuse and some people not being safe in lockdown
• Impact on care home residents, families and carers, although there is some feedback from Leeds.

It would also be helpful to look at data from complaints and Patient Advice Liaison Service (PALS) concerns for themes that have arisen during this time.

8. Next steps/recommendations

This report is intended to be a living document; added to as new information arises. We recommend that this is reviewed in 6 months in case new findings arise. It will be presented to the WY&H HCP Partnership Board in September and also to the Joint Committee of CCGs Patient and Public Involvement Group in July.

We recommend that we undertake the next steps to look at how we hear voices from the groups and areas identified in the gaps section, including:

• Building on a conversation that took place during the scoping phase with National Voices and The Kings Fund, around the lack of care home resident families and carers. This would need to wait until visiting is allowed in care homes and could potential include training a group of volunteers (probably from those who have already identified themselves as volunteers for specialist organisations such as Age Concern) to interview people who are residents of care homes.

• Further to the BAME network podcast on 7 May 2020, one of the actions to take forward is to form a network of networks to ensure we hear the voice of colleagues from BAME backgrounds.

• Understanding data from the Improving Population Health Management Programme and Born in Bradford all needs to be considered when available.

• The Mental Health, Learning Disability and Autism Programme are finalising a survey to go out to people with autism, families and carers. This is about experience of urgent and emergency care. Whilst this is not specific to the pandemic, because of the timing it will give valuable insight to their experience during this time.

• WY&H HCP commissioned BTM to build a network of Health and Care Champions (learning disabilities) to work with the Partnership. Their voices have been heard as part of this report and we will continue to work with them.

• The Unpaid Carers Programme has responded to the UK Carers report “Caring behind closed doors”, by developing an action plan to the five main feedback points. This includes: developing a carers toolkit, more online resources, the carers passport, having a plan B for if a carer develops Coronavirus and working with voluntary and community sector to identify carers and ensure they are supported.

• Yorkshire & Humber Association of Health Science Network are working with three integrated care systems including WY&H HCP (which is also known as an integrated care system) in order to capture staff learning from Covid-19. This is research taking place to interview staff about their experience. The report findings will contribute to this work at a later date.

• Voluntary Action Leeds led on a piece of work to find out about services provided by the voluntary and community sector during the pandemic. This was mainly to ensure the appropriate services were commissioned in the future but will have other insight too. This is currently being analysed and can also contribute to this work.

• Engagement work is being planned for some areas of WY&H about maternity services. We hope this can be spread to the whole area so that we can learn from the experience of women, their partners and families of Covid-19.

• The Children and Young People Programme Board feel that further work needs to be undertaken to understand the experiences of children and young people, including those in care settings.
This report puts us in a good position to plan the next phase of delivering on our priorities in the face of the coronavirus pandemic. It also highlights where further insight and therefore possible engagement might be needed to support planning for certain programmes. It is important we build on the excellent work Healthwatch and local place engagement colleagues have done to date so we can ensure people’s voices remain at the heart of all we do. We look forward to a formal response to this engagement report at the Partnership Board held in public in September 2020. The findings will also be used to update the WY&H HCP Communication and Engagement Plan.
Appendix A: Contributing reports

BTM feedback from clients with learning disabilities experience of service during Covid-19

Healthwatch Bradford and District survey on experiences of health and care during the coronavirus pandemic: early findings report 18th May

Healthwatch Calderdale summary of feedback 23.03.20-24.04.20
Healthwatch Calderdale - General feedback on Covid-19 from Home Educated children

Healthwatch Kirklees summary of feedback 23.03.20-24.04.20; 25.04.20-10.05.20; 11.05.20-24.05.20

Healthwatch Leeds City wide weekly check in Summary 6th April, 13th April, 20th April, 27th April, 4th May, 11th May, 18th May.

Healthwatch North Yorkshire – themes from Harrogate and Craven 22nd May

Healthwatch Wakefield survey about local health and care services during the coronavirus crisis latest (6th) 1st June 2020

Helen Hunter on behalf of all WY&H Healthcare organisations - Gathering people’s experiences and feedback during the COVID-19 pandemic – May 2020

NHS Bradford District and Craven Clinical Commissioning Group – CCG/VCS insight during Covid-19
  Needs insights
  Roma community
  Slovakian and Czech Roma community insights 1, 2 and 3

NHS Wakefield CCG Patient Participation Group Network Meeting notes – 6th May 2020

Wakefield special educational needs FAQs – for parents and carers

Yorkshire Cancer Community - Feedback from cancer support group leaders and individual cancer patients updated 2/05/20

West Yorkshire and Harrogate Health and Care Partnership BAME Network “Can you hear me” podcast 7th May https://soundcloud.com/wyh-partnership/can-you-hear-me-episode-1

West Yorkshire and Harrogate Health and Care Partnership Unpaid Carers Programme Board - May 2020
Appendix B: National insight

Born in Bradford: Health researchers canvas Bradford families in UK ‘first’ to explore coronavirus challenges of life on the frontline

Care Quality Commission: Covid-19 insight

Carers: Carers UK: Caring behind closed doors, April 2020


Girlguiding: Girls tell us how they’ve been affected by the Covid-19 crisis

Independent age: A series of blogs and a focus on social care:
- Changes to care part 1, by Anne https://www.independentage.org/home-truths-changes-to-care-part-1
- Changes to care part 2, by Anne: https://www.independentage.org/hometruths-changes-to-care-part2
- Care for Carers, by Margaret: https://www.independentage.org/hometruths-care-for-carers

Healthwatch England – What are people telling us about Covid - 19, May 2020

Mental Health Organisation: This briefing discusses the mental health effects of financial inequalities in the context of the Covid-19 pandemic.

Covid-19 and the nation’s mental health: According to this report, the global Covid-19 pandemic is likely to increase the number of people in Britain experiencing a mental health problem in the next two years.

National Voices: ourcovidvoices.co.uk


Take the temperature report: National Youth trends
NHS Wakefield CCG
White Rose House
West Parade
Wakefield
WF1 1LT

✉️ westyorkshirestp@nhs.net
🔗 www.wyhpartnership.co.uk
🐦 @WYHpartnership

A partnership made up of NHS, local councils, care providers, Healthwatch and community organisations