

healthwatch Hackney

Healthwatch Hackney Covid-19 Survey Report

Produced by Healthwatch Hackney
and NHS Community Voice

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1.0 Introduction

Healthwatch Hackney's Covid-19 survey was developed to capture a snapshot of the experiences and wellbeing of the Hackney and City of London community during the Covid-19 outbreak. The survey was live from the 21 May 2020 - 19 July 2020, documenting the needs and experiences of the community after the initial lockdown in the UK and after the initial first response was set-up by City and Hackney CCG, Hackney Council, the Corporation of London and local community organisations. The survey looks at the impact of Covid-19 on residents' physical, mental and emotional health as well as their experience of the health and social care support services available.

2.0 Key findings

Although health and social care services adapted how they engage with the community, further work needs to be done to bridge the digital divide and ensure all community members are able to easily access adequate support and information. In the coming months mental health and the mental wellbeing of the community must be a key priority for health and social care service providers. As the UK moves closer to winter and the likelihood of a second peak increases, the mental and emotional health of community members must be prioritised. Information and advice on the support available to community members, as well as an increase in the capacity of mental health services for all those who need, is vital for the wellbeing of all residents.



3.0 Method

The survey was developed by NHS Community Voice, aligning with similar surveys developed by both Hackney Council and Healthwatch England. It was distributed throughout City and Hackney. The survey was circulated to both internal contacts within Healthwatch Hackney commissioners including City and Hackney CCG, funded organisations and groups, as well as Hackney Council.

NHS Community Voice developed flyers to be included into the food parcels that were distributed to those who were shielding or were isolated, throughout the Hackney community. 1,800 flyers were sent out to residents through the Hackney Council food parcels and 120 were included in the Kosher food parcels sent out to the Orthodox Jewish community. Another 50 flyers were posted directly to Healthwatch Hackney community members where postal addresses were their preferred method of contact.

An advertisement was placed with Hackney Citizen which promoted the link for the survey. This was advertised for a one-month period, both on the Hackney Citizen website and social media channels, accessing a viewership of 38,000 Hackney residents.

The survey was also circulated to both internal and external contacts working within the health and social care sector, as well as not-for-profit and community organisations in both the City of London and London Borough of Hackney.

It was also promoted through the Healthwatch Hackney and NHS Community Voice social media streams and community facing newsletter and was retweeted by the Mayor of Hackney. An email signature linking the survey was also set up and used by staff.

4.0 Survey results

The survey was live for over two months and received 84 responses.

4.1 Demographics of respondents

The majority of survey respondents were females (75%), aged between 55-64 years old. The survey respondents were skewed towards those aged 55 years and older (n=63). This may be because of the nature of the survey promotion (an older Healthwatch membership as well as advertising through food parcels to those who were vulnerable or shielding).

White or White British was the most common ethnicity, followed by Black or Black British (51% and 28% respectively). This was followed by Other (11%), where the most common ethnicity written was Orthodox Jewish. This can be owed to the flyer distribution in the Kosher food parcels.

Christianity was the most common religious belief (45%), followed by Atheist/no religious belief (27%). Other - Catholic followed with n=5 responses and Jewish, Muslim, Charedi each had 3 responses.

37% (n=29) of respondents considered themselves to be disabled and 19% (n=16) provided unpaid carer support. Whilst the majority of respondents (84%) answered heterosexual as their sexual orientation, 5% reported being bisexual, 5% gay male and 5% other. 2% (n=2) of respondents said their gender identity was different to the sex they were assumed at birth.

4.2 Risk of Covid-19

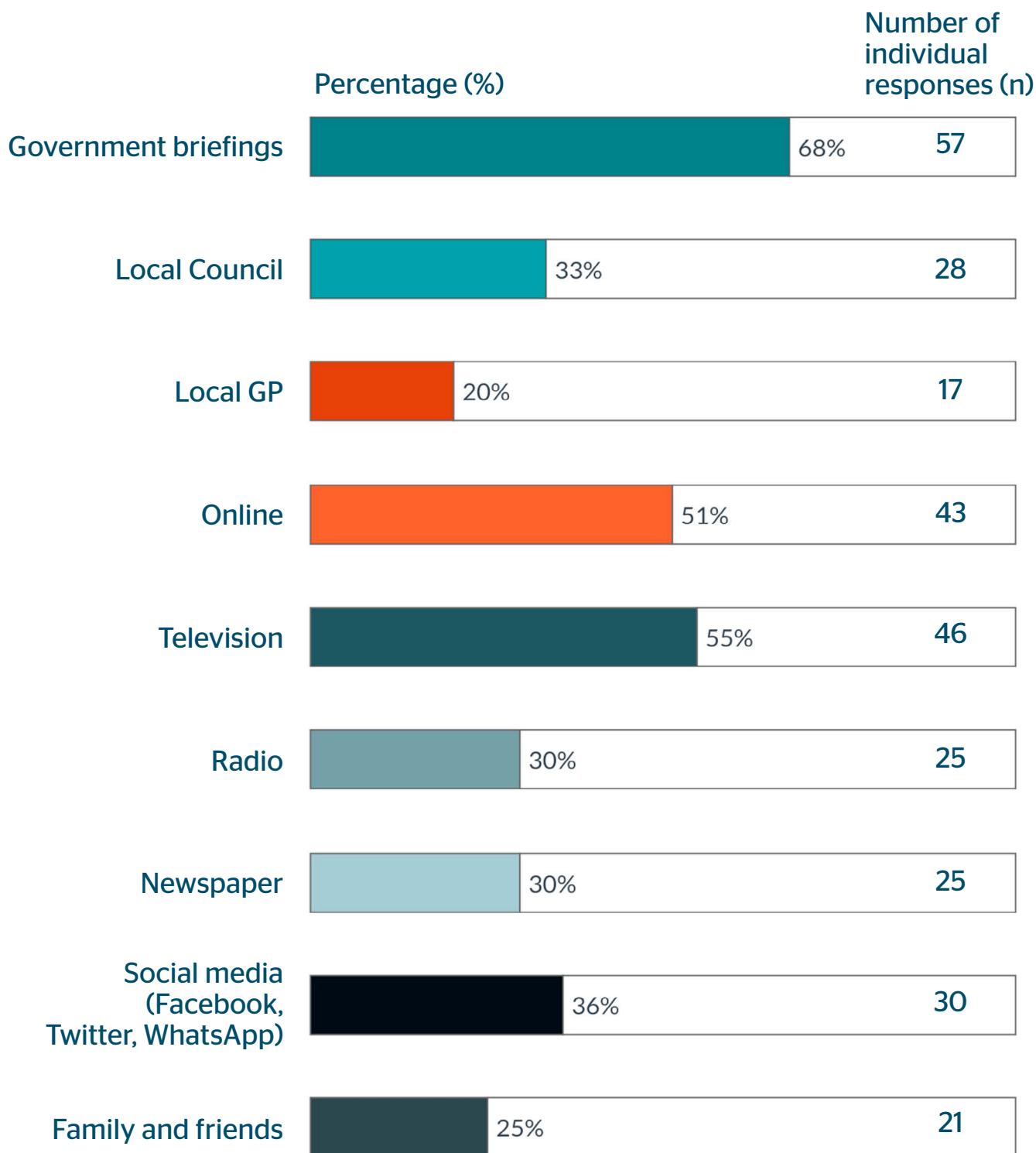
Many of the respondents considered themselves to be at high risk of contracting Covid-19. When asked if they thought they were at high risk and why, 43% (n=36) answered yes because they had existing health conditions and 29% (n=24) answered yes due to the fact they were aged 70 years or older. Others who considered themselves at high risk stated that it was because they were black, male, obese or a carer for someone in a nursing home. 27% (n=23) of all respondents had received a letter informing them to shield themselves.

27% of all respondents (n=23) care for someone or more than one person who is considered high risk of contracting Covid-19. These could be due to existing conditions, pregnancy or 70 years of age and older. Of this 27%, only 14% (n=11) received a letter informing them to shield themselves.

The majority of respondents (83%) were not currently working or volunteering to support people affected by Covid-19.

4.3 Information and support

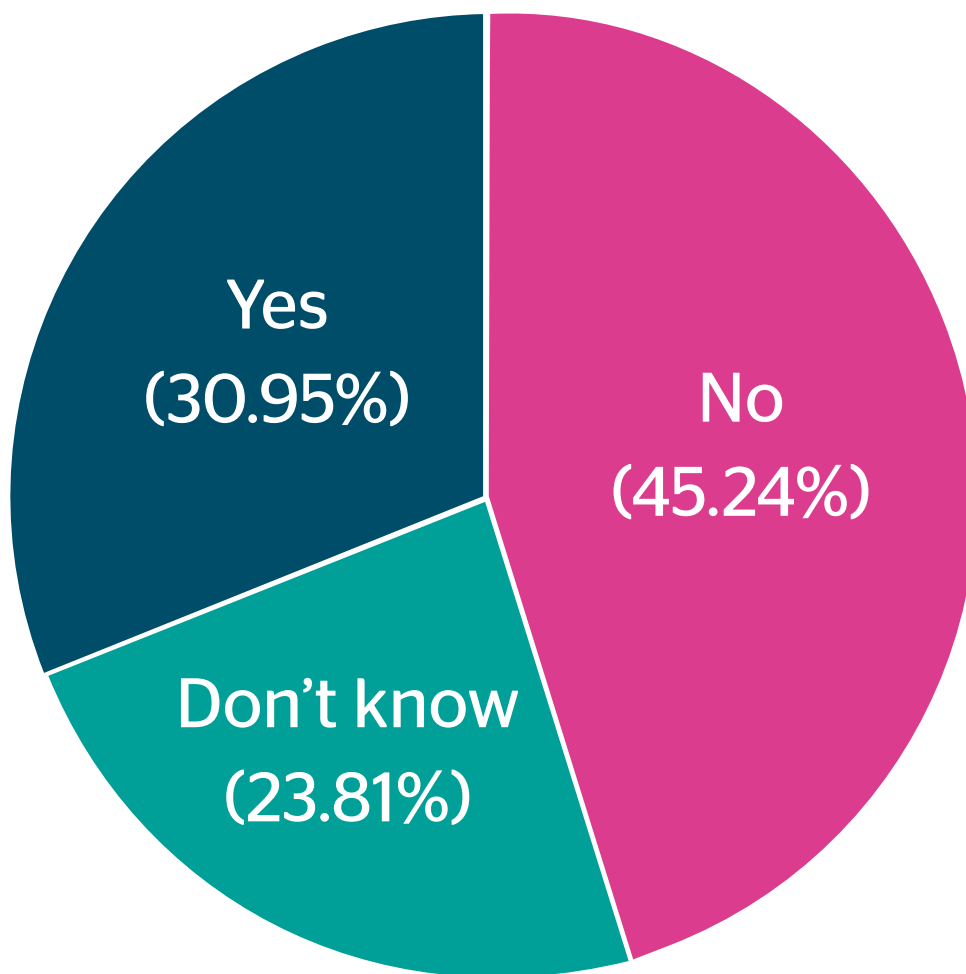
As seen below, the daily Government briefings, television and online were the most common ways community members accessed information regarding Covid-19.



45% (n=38) of respondents found it very easy or easy to find information, whilst 37% (n=31) found it neither easy nor difficult. When it came to understanding the information, more of the respondents found it difficult or very difficult (23%, n=19), to understand, only 44% (n=37) of respondents found it very easy or easy to understand and 31% (n=26) found it neither easy nor difficult.

As shown below, there was a worrying lack of trust surrounding both the national and local Covid-19 information.

Do you trust the national and local information about Covid-19?



■ Yes ■ No ■ Don't know

Respondents were also asked about the support they may or may not need and whether they were receiving this support. As shown below, support could be in many forms, with getting medicine and food being the most common support received.

	I need help/ support with this and I am currently not getting it	I need help/support with this and I am currently getting it	I don't need help/support with this	Don't know
Food	8.54% 7	35.37% 29	53.66% 44	2.44% 2
Getting medicine	9.09% 7	40.26% 31	50.65% 39	0.00% 0
Personal health and/or social care	18.29% 15	14.63% 12	63.41% 52	3.66% 3
Childcare	8.57% 6	0.00% 0	91.43% 64	0.00% 0
Mental health or counselling support	15.00% 12	13.75% 11	63.75% 51	7.50% 6
Advice (e.g. employment rights, benefits advice, impact of coronavirus)	11.11% 9	17.28% 14	67.90% 55	3.70% 3
Advice on staying active and healthy; knowing what is on offer in my community	26.83% 22	23.17% 19	43.90% 36	6.10% 5
Social support, such as online or telephone befriending	15.85% 13	19.51% 16	58.54% 48	6.10% 5

Advice on staying healthy and knowing what is on offer within the community, social support such as online or telephone befriending, and mental health or counselling support, were the top areas for people needing help and support, who were not currently getting it.

4.4 Experiences of health and social care services during Covid-19

39% (n=32) of respondents noted that they or the person they cared for had experienced changes to their health and/or social care due to and during the Covid-19 pandemic. Of this, most reported that communication with their GP was good or excellent.

When asked to provide more information about these experiences, the responses were hugely varied. Many respondents praised the communication from their GP, especially the use of telephone consultations or text messages, however many noted the poor or non-existent communication from their GP practices on the changing services. Some were able to access their GP for urgent blood tests, however many noted that shielding made it impossible to attend routine tests. In some but not all cases, a home visit was carried out. The closure of dental practices was a concern for some, as was the lack of social care support available. Mental health support during the lockdown and for those shielding was also a worrying concern for many. Examples of some of the responses received include;

‘Generally speaking the measures taken by the central and local authorities were helpful and good.’

‘Bikur Cholim is taking care of her. Has lost her husband to the virus. She has recovered.’

‘There has been no effort at all to provide any support regarding mental health and physical health.’

‘GP service has been taking blood tests as needed. Phone call appointments rather than face to face. Transplant list ‘on hold’ - worrying’

‘Communications between GP surgery & The London hospital has improved greatly. Having phone call outpatients appointments with blood tests being taken prior by GP surgery...’

‘I feel that consultations could have been carried out over the phone or by video link, and while I understand there was a lot of uncertainty during this time no definite future appointments could have been made and the NHS are busy but 16 weeks and no contact no reassurance that the delay is still due to C-19 and not they’ve lost your file, forgotten about you is unsettling.’

‘Communication via text messaging and clear guidance on websites’.

4.5 Mental wellbeing during Covid-19

Most respondents (91%, n=75) reported keeping in touch with friends, neighbours or family members outside their households. Most kept in touch daily (22%, n=18), 2-3 times per week (20%, n=17) or multiple times per day (19%, n=16). Phone, Zoom and WhatsApp were the most commonly stated modes of communication, followed by emails and face-to-face outside the window. It is important to note that 9% (n=7) of all respondents were not in touch with loved ones outside their household.

The majority of respondents had access to the internet, with only 13% (n=11) not able to access the internet at home. Of those that had internet, 28% (n=22) said their internet access had been affected since lockdown. Respondents reported slower service and poor reception as the main changes. 16% (n=13) of respondents noted that their employment had changed over lockdown. When asked to provide more detail, the majority had been furloughed, some were working on a lower income and some had lost their job. One was furloughed as they could not cope without childcare support and another respondent's contract was not extended, as they were shielding.

The survey asked respondents how they have been feeling during lockdown. There was a huge mix of responses, with 'ok', 'fine' and 'depressed' being the most common words. Most expressed feeling up and down, anxious, stressed and worried. Some noted that they knew the importance of lockdown and this made it easier to stay home. Others felt ok, felt connected to friends and family and were learning new skills. Overall however, the responses are extremely alarming and highlight the impact Covid-19 has had, and continues to have, on the mental and emotional wellbeing of the community.

Responses included;

**'Like a
prisoner in my home
because of my age'**

**'Had a few meltdowns
not because of the lockdown
but due to family issues - son sick
at the moment in the hospital and
is her only carer.'**

**'Low.
A bit frightened.
Don't want to get it.
Feel depressed.'**

'Overall OK'

**'Full
time carer for
parents. Have to stay with
them and can't go home. Has
been hard because haven't got any
time for herself. 24/7 carer.
Restrictive, can't do anything.
Queues for everything.'**

**'Mostly
ok. My job is
ending soon and I'm
wondering if it will be hard to
find a new one, but my
motivation to work is lower
than before so somehow I'm
not worried about it'**

**'Not
feeling alright.
Not walking or going
anywhere. Tired.'**

**'Sad
in pain
depressed scared worried
anxious suicidal'**

4.6 Key concerns

The respondents were asked to rate concerns they may or may not have had about the impact of Covid-19. Unsurprisingly, the main concerns were members of their household becoming infected, the emotional health of those in their household and the safety of the community as the pandemic continued. Upon further discussion, community safety was taken as both the usual crime and safety levels within their community, as well as the perception of community adherence to the Government's social distancing measures. The following table highlights the key concerns for respondents.

	Very concerned	Slightly concerned	Not concerned at all	Not applicable
Members of my household becoming infected	35.71% 30	30.95% 26	13.10% 11	20.24% 17
Having enough food to make it through the pandemic	13.10% 11	22.62% 19	60.71% 51	3.57% 3
Helping my children with remote schooling	7.59% 6	2.53% 2	6.33% 5	83.54% 66
Managing my children at home, while working	7.59% 6	2.53% 2	5.06% 4	84.81% 67
Economic impact on my household	25.61% 21	36.59% 30	30.49% 25	7.32% 6
Impact on my personal finances	26.51% 22	39.76% 33	27.71% 23	6.02% 5
Access to medical help (e.g., emergency care, basic medical care and prescriptions)	18.07% 15	39.76% 33	38.55% 32	3.61% 3
The emotional health of my household	36.59% 30	37.80% 31	17.07% 14	8.54% 7
The safety of my community as the pandemic continues	54.76% 46	26.19% 22	16.67% 14	2.38% 2

Respondents were also asked to share any other feedback, ideas and suggestions of how Healthwatch Hackney could help support them during the Coronavirus pandemic. Responses varied. Many individuals were happy with the support they received; some were receiving food parcels from Hackney Council or Bikur Cholim and others had received multiple phone calls from Healthwatch Hackney, checking in on how they were coping. Many respondents cited the need for health and social care services to reopen or provide more clarity on the changing nature of their operations and many identified the lack of Government support, despite a strong media focus on the amounts available for the public. Some responses include;

'Healthwatch Hackney can help and support the people of Hackney by continuing to speak out for those who can't speak for themselves when they most vulnerable.'

'It was disheartening to learn that no government help was available to us; myself and my family due to our immigration status (No Recourse to Public Funds). How are we meant to sustain ourselves through the pandemic period. In the media the politicians boast about how much help is available out there but in reality it's completely different. They turn you away if you don't meet all the criteria.'

'They need to look into reaching people that are not online and keep a list to contact them should there be a second wave.'

'Testing availability is woeful for anyone without a car. We had symptoms and the closest test was 3.5 miles away and the mail order test took so long to arrive that it barely fit within the 3 day optimum window for testing from onset of symptoms. This is discriminatory and irrational. The mobile sites need to be available at least on alternate days, not for several days in a row weeks apart.'

'A simple phone call is much appreciated. I am very grateful for your call today'

'I think we need to start long term plans around continues lock downs and impact on people's mental health.'

'help provide accurate local infection rates etc as the government isn't'

5.0 Themes

It is important to note that the demographics of the survey respondents mean the data, themes and trends are only representative of those who completed the survey and do not apply to all City and Hackney residents. As the survey was promoted through the food parcel initiatives, many of the respondents were not hugely concerned about accessing food during the pandemic. As the majority of respondents were over the age of 55 years old, home schooling and managing childcare responsibilities whilst working from home was also not a major concern.



◆ Distrust of Government information

There is a lack of trust in relation to the information and advice provided by the Government as a whole and very mixed responses about the information and clarity received from individual health services within Hackney, especially GP practices and dental services. The issue of trust is especially important at a time when the NHS is making significant changes in its delivery of services. Tackling trust is also crucial for the effective promotion of flu immunisation by health and care partners.

◆ Digital divide

The digital divide is something that has been increasingly highlighted throughout the Covid-19 pandemic. Although it was a huge concern in relation to public health and community engagement prior to the pandemic, the lockdown showcased the vast divide amongst community members who were able to digitally connect to services and support networks and those who could not. Some effort was made by Hackney Council and smaller organisations to provide the technology and support for those who were wanting and able to connect from their home, however there are a number of other barriers as to why people may not be able to connect digitally as well as those who do not want it as an option. Health and social care services must be able to adapt, so those who are not able to access services digitally are not excluded and are able to receive the support and information they require.

◆ Impact on mental health

One key theme that crossed through all ages and varying demographics of respondents was the impact of Covid-19 on the mental and emotional wellbeing of the community and the increasing importance of mental health support services. Since lockdown was imposed in mid-March, social isolation has increased dramatically. Many of the survey respondents reported that they lived alone or had not left the house at all due to shielding or fear of contracting the virus. One community member noted; 'today is my 115th day inside alone'. The impact of Covid-19 on the mental wellbeing of the community has not yet been fully seen or understood and it is likely to have significant and lasting effects in the months to come. The immediate need for correct and efficient signposting and the increased demand for mental health support services, befriending services and crisis helplines highlights both the immediate changing needs of the community and the ongoing and future need for mental health support.

6.0 Recommendations

- + Further work needs to be done to bridge the digital divide and ensure all community members are able to easily access adequate support and information.
- + Clearer information on how to access specific health and social care services, such as GP practices and dental care is needed.
- + The mental and emotional health of community members must be a priority. This includes:
 - ◆ Greater signposting of information and advice on the mental health support available to community members.
 - ◆ Increase in the capacity of mental health services, befriending helplines and crisis support services.
 - ◆ Information campaign to tackle the issue of trusted information.