

COVID-19 Engagement

June 2020





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Introduction

Since the 2012 Health & Social Care Act, Healthwatch has been established as the consumer champion for health and social care in England. We give children, young people and adults a powerful voice to influence and challenge how services are provided in the city by making sure their views and experiences are heard by those who run, plan and regulate local health and social care services.

In the past, Devon County Council, Plymouth City Council and Torbay Council have each individually commissioned their own separate local Healthwatch.

In 2019, the three Local Authorities agreed that as from 1st April 2020 the Healthwatch services would be jointly commissioned. As a result of a contract tendering process this jointly commissioned Healthwatch service was awarded to Colebrook South West (who have provided the Healthwatch Plymouth services since April 2013), in partnership with Engaging Communities South West (who have provided the services for Healthwatch Torbay since April 2013), and Citizens Advice Devon (who have delivered core aspects of the Healthwatch Devon service since 2013). This service will now be known as “Healthwatch in Devon, Plymouth and Torbay”.

Although the service is jointly commissioned, each local authority area will retain the distinct identities of their local Healthwatch. We are therefore able to continue to use our proven expertise to gather public opinion on local health & social care services.

It is our intention to continue to build on the existing good work of the previous three separate Healthwatch services and strengthen the community voice across the wider Devon area to help our stakeholders maintain and shape future services.

For seven years we have successfully proven that as an independent local consumer champion we can work collaboratively together with voluntary and statutory providers to effectively influence the way services are delivered to our communities.

During COVID-19 our established connections within local communities has been essential to ensure we work with and support local stakeholders, including our NHS and Social Care colleagues. One of the key focus areas for local Healthwatch is to support the health and care system to get clear and accurate information and advice out to local communities. This includes reinforcing the government guidance and requirements in relation to COVID-19.

In addition to this, the Department of Health and Social Care and NHS England have asked local Healthwatch to gather feedback and views of people about their needs and experiences in relation to COVID-19 and other services that relate to patient safety, ensuring that seldom-heard groups are not overlooked locally.

This report shows the results of this engagement with local people across Devon.



The Engagement Process

During May and early June (2020), Healthwatch in Devon, Plymouth and Torbay carried out engagement with local people across Devon. The engagement aimed to give local people a voice to inform the planning process for future community wellbeing and resilience. The engagement was conducted in two parts; an online survey in four sections and virtual Zoom meetings used to promote further discussion. We also asked for local service user stories illustrating their own experience.

The engagement operated within the Government constraints of the required changes to normal life. One significant change was advice to “stay home” and to “socially distance”. Social distancing made it no longer possible to meet people in the street or at events or in waiting rooms. It was recognised that many isolated people especially those without internet connectivity would be difficult to reach. To address this the virtual forums using Zoom acted as virtual meeting spaces. Representatives of voluntary, user led specialist health and social care groups were invited together with any front-line staff who wanted to share the conversation. These groups and individuals were generous in sharing both their own experience and any of their recent reports documenting the experiences of their service users.

At this time there were many national and local engagement activities. Added to this was a deluge of advice and guidance from the government, the media, the local authority, the police, and the local health care system. Much of this was digital. We were told that many people had “switched off” and relied on their own ways of finding information. Community volunteering surged to add to the net of support for isolated people, especially those living alone or classified as very vulnerable.

In this context of change, we are very grateful for the number of survey responses we received and to the time that local people took to share their thoughts. Needless to say, the numbers were not as prominent as usual, as a proportion of the whole population of the county, but are useful as indicators. We also know that isolation and anxiety prevented some normally hard to reach groups from responding as well as we would hope. We were, though, encouraged by the success of the virtual forums. As it seems that this hybrid way of working was a success, it points to an addition to the toolkit for engaging and sharing the voice of local people.



Changes to the Care Process

For the period of the engagement it was known that the South-west region had the lowest incidence of cases and virus transmission, but the population was still required to comply with the full restriction to sustain infection prevention. Front-line care staff in all sectors including care homes were at the greatest risk of a virus overload. To ensure staff and patient safety, outpatients and elective treatments were cancelled. Visits to Accident and Emergency departments dropped, especially for children. General practitioners pushed ahead with their programme of hybrid care escalating the use of e-consulting, e-mail, and telephone contact for their patients. Social care become dependant on telephone and virtual contact with staff often working from home.

Overview: key messages from the engagement

Common themes running throughout the engagement included:

- The value of community-based support in the form of volunteering and third sector user-led support organisations. This community-based sector of care was the bedrock of support for many. Our virtual Zoom meetings were valued as a way to join up conversations about knowledge of local people's needs.
- Young carers were especially challenged. School closures and the uncertainty of future employment and education added to their anxiety and stress. Normal social contact with friends became difficult. Engagement with this group was less than we would have hoped and was of concern to our engagement participants.
- The “Digital divide” and the innovation needed to maintain personalised health and social care communication rose in importance throughout the engagement. We identified that excess national messaging from the media caused “switch off”, so WhatsApp and Zoom rose in use as the choice of communication for those with the skill. Local traditional signposting did not have the same impact to reach those in need.
- The mental health and wellbeing of everyone and in every aspect of future life became of great concern both nationally and locally. Access to green (and blue) spaces; normal friend and family networking; fear of the impact of cancelled health appointments and their unknown reinstatement; loss of contact with community based mental teams; the difficulty in maintaining family contact for those in hospital; school closure at a critical time for child development; family stress. All amplifying the existing need of local people before the pandemic, which was already of grave concern.



Specific feedback from each area of the engagement

1. The Virtual forums

Mental Health forum Virtual Forum: Key Themes summary

- An overload of information from national media dominates more effective personalised information about local services and support, causing confusion and anxiety.
- A consistent weekly catchup between the person and their link to statutory or third sector support was shown to reduce anxiety escalating to crisis. Telephone and virtual means are both effective, but knowledge of the person's limitations and preferences are essential.
- Consistent funding of third sector, user lead organisations to ensure continuity, service development and future resilience.

Children and Young People Virtual Forum: Key Themes summary

- Flexibility and innovation shown by 3rd Sector support organisations to maintain services and relationships with clients (eg digital outreach, activity packs, partnership working).
- Uncertainty about ability of schools to re-start effectively after Covid shut down.
- The lack of representation and direct voice from Children and Young people themselves very evident.

Carers Virtual Forum: Key Themes summary

- Carer's not being recognised as being carers for people who are shielding so priority slots for food delivery not given.
- Assessments or appointments being cancelled when they are needed the most.
- Keeping engaged with the Young Adult Carers - Them not being able to do college work because of the pressures put on them as carers.

Learning Disability Virtual Forum: Key Themes summary

- Government messages are not getting through- this is because they are not specifically targeted to people with Learning Disability. Therefore, those with minimal support packages are struggling the most as they have no one to interpret or help them understand the messages each day. Essential that a collective voice is encouraged and listened to.



- Lots of added stress on families who have now become full time carers and they are not all equipped to do so. This is increasing anxiety for both carers and people with Learning Disability.
- Experiencing cuts to care packages which means support has been reduced when it should have been increased, especially at a time like this.

2. Online public experience survey

Social Care online experience survey

- Reduced support, cancelled support and lack of communication had the greatest impact.
- There is a sense of isolation and anxiety without connection to the community or neighbours' support.

Mental Health and wellbeing experience survey

- Access to family and friends remained an essential component of support.
- Young people considered that they had no support whereas older people confirmed they had good support from family, friends, and the community.
- When health and social care was needed there was anxiety that communication was difficult or not available.

Information and Advice experience survey

- Survey responders confirmed that there was no difficulty in finding information, but it was not always what was needed.
- Information about local services e.g. general practice, community care, dental services, was less obvious.
- Information about hospital appointments, shielding and obtaining medication was confusing.

Health care experience survey

- Difficulty in contacting a GP.
- Anxiety at short-notice cancellations without indication of future reinstatement.
- No understanding of how to obtain repeat medication.
- Fear of using services identified as a personal precaution to prevent coronavirus transmission.



Full feedback from the virtual forums

A. Mental Health and Wellbeing

National context and ongoing research to inform the background to the discussion

Wellbeing: access to “green and blue spaces”: “...the number of people attempting to access local green spaces, such as city woods and parks, or blue spaces - canals and lakes - increased in some urban and suburban residential areas.” (09/06/2020)

<https://www.nihr.ac.uk/blog/what-is-the-value-in-local-outdoor-space-for-our-mental-health-and-wellbeing/25019>

Every Mind Matters (Public Health England): “Data shows over 4 in 5 adults are worried about the effect that coronavirus (COVID-19) is having on their life right now, with more than half saying it affected their wellbeing and nearly half reporting high levels of anxiety” (17/04/2020)

<https://www.gov.uk/government/news/covid-19-mental-health-campaign-launches>.

Domestic violence: up to 50% increase in domestic abuse referrals (12/06/2020)

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/05/C0376-domestic-abuse-duringcovid-19-letter.pdf>

Concerns about privacy in primary care: the Royal College of General Practice resource hub has provided new advice on adapting to changing consultation formats, including best practice for online and telephone triage appointments, “An opportunity to speak to adolescents alone may be more difficult if they are at home.” (12/06/20)

<https://elearning.rcgp.org.uk/mod/page/view.php?id=10551>

Remote working and mental health during lock-down: the Mental Health Foundation has provided resources “Working from home or remotely can be very challenging and isolating. Sometimes our attention wanders, or we miss people.”

<https://www.mentalhealth.org.uk/publications/looking-after-your-mental-health-during-coronavirus-outbreak/while-working>

Isolation and social distancing: was recognised to be especially difficult for older people living alone: “Older people who feel lonely and have few close relationships may have an increased chance of developing dementia ... being lonely increased the risk of dementia by one-third”

<https://academic.oup.com/psychsocgerontology/article/75/1/114/3896175>.

<http://www.idealproject.org.uk/covid/pwd/> (University of Exeter toolkit for dementia)



Long-term research to learn from the pandemic: Sir Mark Walport, Chief Executive of UK Research and Innovation, said: “The challenges of COVID-19 and the necessary actions taken by all of us to slow its spread have had a profound effect on the way we live our lives. As lockdowns begin to ease, the impacts of these changes are likely to linger for months, if not years, to come. (03/06/2020)

<https://www.nihr.ac.uk/news/nihr-boosts-its-support-for-research-to-tackle-mental-health-effects-of-covid-19/24984>

Virtual Forum: Devon based intelligence and local stories

Keeping in contact: Heads Count: a user led network for people who access mental health services in Plymouth, asked their network to give feed-back. Amongst the comprehensive feed-back key areas identified included *"anxiety caused by an overload of information from all sources; lack of options for those individuals without access to internet from home; spending time outdoors/exercising [is] important."*

<http://www.colebrooksw.org/heads-count/>

Case study: Healthwatch: "The client has had no contact from her social worker from the Community Mental Health Team during the pandemic and actually reached out herself on 3rd June and was told 'we thought you were doing fine as we hadn't heard from you.' This relates a lot to issues client has had before the pandemic but feel it needs to be said that they did not reach out."

Virtual Forum: Key Themes summary

- An overload of information from national media dominates more effective personalised information about local services and support, causing confusion and anxiety.
- A consistent weekly catchup between the person and their link to statutory or third sector support was shown to reduce anxiety escalating to crisis. Telephone and virtual means are both effective, but knowledge of the person's limitations and preferences are essential.
- Consistent funding of third sector, user lead organisations to ensure continuity, service development and future resilience.



Virtual Forum: full feed-back notes of local intelligence from the statutory and third sector discussion

1. Find out what has worked well /not well through this period

- At lot of online information and helplines offered by various organisations direct people to NHS 111 rather than to potential local support.
- Still very big concern that people with mental health conditions are not support in the same way to physical health. A secondary service e.g. mental health community workers are not visiting, whereas in physical health teams, nursing and domiciliary care workers are still visiting people at home face to face.
- Many people with mental health are only getting help from family now, however many people are left on their own due to lack of family support. This could have lasting repercussions around mental health issues building within the community long term.
- Shared experience - Mr X waited over 6 hours for an urgent call from the psychiatrist. When call finally received the conversation started with what a busy day the psychiatrist had, and it had been a very tiring day. This maybe the case but this adds to anxiety for the individual needing help and support.
- Shared experience - Mr Y required intensive input and support, however, does not find it easy to talk over the phone until relaxed with a person. Some CPN visits have taken place, but these have not been consistent and with different people each time. They currently spend little time with Mr Y and mainly just deliver medication. As long as mental health support workers could keep to social distancing rules, face to face could continue. Why isn't it being done?
- Family members are having to break the social distancing rules to allow them to provide some support to their loved one.
- Difficult to find any clear guidance for carers supporting people with mental health during COVID-19.
- Not everyone has access to online support, concern about reaching those who do not have access or do not use online.
- Concern that the support individuals are currently paying for has now been reduced to a phone call only, which is not sufficient for many.
- HOPE training for people online and other social media used e.g. What's App, messenger etc. Some telephone appointments provided through an appointment system.
- One organisation is currently supporting mainly men in their 20s, some of them have been waiting over 2 years for mental health support from services.
- Although some people are not getting support, sometimes individuals do not require the support they initially think they need. Ongoing conversation required.



- Many groups have changed the way they are operating during COVID-19 e.g. zoom meetings, calls to clients, using messenger to contact the group and a team member will then call back.
- Some zoom meetings are being well attended but some people are finding it difficult to join due to privacy concerns at home.
- Due to the speed of lockdown there were initial concerns about safeguarding and confidentiality, however these areas have now been addressed.
- In rural areas, some people have joined groups online as due to travel distance would not have attended if face to face.
- Feedback gathered from Heads Count highlighted that sometimes there has been too much information - information overload.
- Calling clients each week for a catch up has been working well.
- Been nice to see people being a little more kind during pandemic.
- People requiring high level support with their mental health definitely need more support during the pandemic.
- Must remember that everyone working to support people are doing their best during the current climate but there are lessons to be learnt and we must not lose the opportunity to learn these.
- Provision of mental health services is very different. Devon is very patchy.
- Concern people may not seek help and support due to barriers e.g having to telephone to ask for help.
- When sending out surveys to people, may people answer based on the way they are feeling at that particular time and some people find it difficult to respond.
- Concern raised about the new crisis team delivered by DPT. From 1st April 2020 there is no access to the Crisis team, which is now known as “Access to 1st response”. Perceptions of the crisis team before COVID-19 was that someone would come out straight away which rarely happened. Now the concern is that this will get even worse.
- Access to patient information - mixed feeling about this area and agreed with pro/cons on both sides. Can understand concerns from some people about sharing their information across medical teams due to confidentiality, however it can have a positive impact on care delivered and stop people having to repeat themselves.
- Support within Torbay seems to be working well, however although information is available it is not always obvious.
- Carers groups are calling each other to keep in touch and offer each other support.
- Concern that young children, as young as 4yr are picking up on family anxiety about COVID-19 and concerns about going back to school. This may have a lasting effect on young children.



2. Find out the impact for individuals with non COVID-19 related conditions on their health and wellbeing. E.g. delayed appointments/treatment etc.

- Concern raised that an individual may attend a GP appointment with another issue rather than seeking help for their mental health. This maybe even more difficult to identify due to many GP appointments being delivered by E-consult during COVID-19.
- GPs seem to be getting better at earlier or alternative interventions rather than prescribing medication in first instance. People want to be listened to rather than judged.
- Shared experience - Mrs A found it difficult to use E-consult function which resulted in receiving a prescription for medication that the client could not take. After a follow up phone call Mrs A was only offered pain killers. Concern raised that E-consult will become the “new norm” Still need to make sure there is provision for those unable to use or access online services. Even though the GP knew client was a carer for someone with mental health, no questions were asked about clients own mental wellbeing due to stress of the ongoing pain they were experiencing. Others agreed to having similar experiences using E-consult.

3. Identify new initiatives that organisations have implemented that have worked well and wish to continue after this crisis and how these changes can be developed and then maintained

- Several groups attending are running zoom sessions.
- Calling staff, volunteers, and clients to check in on them and to also talk to people about setting a small goal each week to work towards to maintain a focus as this can help individuals. Working towards a goal provides a sense of achievement.
- Continuing to develop peer support. Many people previously seeking help are now volunteering for the organisation.
- One organisation is finding by using a simple 5 question format during each zoom session works well for peer support being able to be provided via zoom.
- In rural areas looking to continue to run monthly zoom sessions, as some people have joined that wouldn't have attended a face to face group due to travel distance.
- Important to link with local agencies to share local information.
- Co-Op supermarkets have a pioneer contact in the shop who are dedicated to support the community. They have been very helpful in letting people know what is available at a local level.
- Setting up of smaller support groups for young people has worked very well for a couple of groups as it enables people to support each other.



4. Start to look at how services/access to services may change after COVID-19 crisis and ensure patient feedback is incorporated with the recovery plan for our statutory and our 3rd sector

- Request for research to be undertaken around mental health provision for individuals with a learning disability.
- Due to lack of face to face support during pandemic, concern raised that this could have lasting repercussions around mental health within the local communities.
- Although some people are not getting support, sometimes individuals do not require the support they initially think they need. Ongoing conversations required moving forward, to ensure people are accessing the support required.
- Essential that lessons are learnt from what has work well/ did not work well during the pandemic. Providers/commissioners must listen to individuals with mental health, their carers, and families during recovery phase of COVID-19.
- Social prescribers located with GP surgeries will be essential to early intervention. Sadly, the team were just starting before COVID-19 lockdown was implemented. Will be good to re-establish this team during recovery phase and beyond.
- HW to find out about progress being made with the NHS Digital Platform and cross sharing of patient records. When will this be implemented?
- Due to a great response provided by the 3rd Sector during COVID-19, we need to take this opportunity to develop a more equal partnership with our statutory partners.
- Moving forward, funding for 3rd Sector organisation delivering front line support needs to be for longer than 6 - 12months as this does not allow time for a project to become established and half way through the organisations focus shifts to identifying funding to keep the project going. Ideally move toward 5yr+ funding.
- Need to work in partnership with other like-minded organisations and ensure people are involved at different stages of support as everyone has a place.
- There may be a need to increase counselling provision following pandemic.
- Mental Health effects everyone and is not dependant on background, geographical area etc - Moving forward we need to be more solution focussed making sure client voice is at the heart of any changes.



B. Learning disabilities

National context and ongoing research to inform the background to the discussion

UK Government advice: “People with learning disabilities and autistic people are often at a generally higher risk of respiratory illnesses. A few with very specific health conditions may be clinically defined as ‘extremely vulnerable’ requiring shielding. Changes to routine can be especially stressful and challenging behaviour changes could occur. Accessible information is essential to support the person you care for to understand the outbreak and the measures introduced.” (24/04/2020)

<https://www.gov.uk/government/publications/covid-19-supporting-adults-with-learning-disabilities-and-autistic-adults/coronavirus-covid-19-guidance-for-care-staff-supporting-adults-with-learning-disabilities-and-autistic-adults>

Care Act Easements came into place, which temporarily allowed councils to pause some of their obligations under the Care Act

<https://network.healthwatch.co.uk/guidance/2020-04-20/care-act-easements-during-covid-19>

A CQC report: confirmed that there is a significant increase in deaths for people with learning disability and that the impact of the pandemic on this group of people is being felt at a younger age range than in the wider population (02/06/2020)

<https://cqc.org.uk/news/stories/cqc-publishes-data-deaths-people-learning-disability>

Institute of Development Studies: considered that the switch to a virtual world during the pandemic may exacerbate an existing digital divide. “It is becoming very apparent that people with disabilities are among the most vulnerable groups caught up in this pandemic, both in richer and poorer contexts.” (27/04/2020)

<https://www.ids.ac.uk/opinions/what-does-covid-19-mean-for-people-with-disabilities/>

Virtual Forum: Devon based intelligence and local stories

Devon Link Up is a service user lead charity for people with learning disabilities and Autism. “...our aim is to give people a voice and choice about the things that are important in their lives and to help create links with local communities”. The Coronavirus Update report gave insight into people’s lives:

- “People with learning disabilities and Autism are often excluded from society and the current situation has pushed many people further to the margins.
- Information has been difficult to manage because of the inconsistency of messages and the reliance on social media and internet.



- There are high levels of anxiety and reduced levels of good mental health which will need careful consideration, care, support and planning if people are to move forward positively. The impact on the third sector will be immense and this will limit the availability of organisations who can provide help and support.”

(Extracted from: Devon Link Up, May 2020. Coronavirus Update. <https://www.devonlink-up.org/>)

Virtual Forum: Key Themes summary

- Government messages are not getting through- this is because they are not specifically targeted to people with Learning Disability. Therefore, those with minimal support packages are struggling the most as they have no one to interpret or help them understand the messages each day. Essential that a collective voice is encouraged and listened to.
- Lots of added stress on families who have now become full time carers and they are not all equipped to do so. This is increasing anxiety for both carers and people with Learning Disability.
- Experiencing cuts to care packages which means support has been reduced when it should have been increased, especially at a time like this.

Virtual Forum: full feed-back notes of local intelligence from the statutory and third sector discussion

1. Find out what has worked well /not well through this period

- Zoom has been a great tool however not everyone has access to the Internet or technology.
- Those who do not have internet access do not always answer their phone and we are not able to go round and check on them.
- Government messages are not getting through to people as they are not being specifically targeted to people with LD.
- We are able to use phone calls to keep in touch with clients, but we found these can be very time consuming.
- Devon Link up have found themselves working 7-day weeks as clients call every day and even out of hours looking for support and someone to talk to.
- Staff are being furloughed but this creates even more pressure on remaining staff.
- Not all GP's are contacting vulnerable patients, which they should be.



- Children and adult social care should be working together but they aren't.
- Took 3-4 calls to the GP to get the anxiety diagnosis.
- Some people found that if people had different health needs that adult social care would say it was not their responsibility to manage them all.
- People are now very isolated; they are caught between accepting help and a safety risk- there is an opportunity for inline grooming and targeting of vulnerable people to increase.

2. Find out the impact for individuals with non COVID-19 related conditions on their health and wellbeing. E.g. delayed appointments/treatment etc.

- There is a concern that individuals with limited access or technology are receiving little to no support
- People who have minimal support packages are struggling most as they have no-one to help them with tasks or understand messages.
- There has been a lot of added stress and anxiety on family members who are now full-time carers.
- People have experienced care packages being reduced, and staff are not prepared/lack PPE equipment to being able to support people.
- Some people have been left in crisis due to lack of support.
- Organisations have found in some cases there are less clients coming forward asking for support and those who are in the middle of receiving case support are wanting to put it on hold.
- A planned surgery was cancelled due to Covid-19, the surgery then took place at a later date, but the patient unfortunately died, this is now being investigated.
- Client was unable to get hold of GP or even 111 so this resulted in him having to use Google and manage his own symptoms.
- SPACE client, Jamie, become distressed and anxious but couldn't communicate his issue. He started to experience shortness of breath due to anxiety but was worried he was displaying symptoms of Covid-19 which further increased his anxiety. He has now had support from the GP, but we have had to pick up a lot of communication and feedback. People who are requiring additional support are not receiving it. We had a challenge in trying to maintain current support package. His daughter with disabilities is now living with him due to the pandemic but his support has not increased and there is no support from child services.
- Experiencing lots of cases around cuts to funding for people with LD, this makes a big difference to people's care packages.



3. Identify new initiatives that organisations have implemented that have worked well and wish to continue after this crisis and how these changes can be developed and then maintained

- CEDA have now moved their support sessions onto Zoom, they have found that they now have more participants in each session than when they are run face-to-face. They are hoping to continue the option of Zoom sessions.
- Social prescribers in South Hams have begun contacting vulnerable people, hopefully this will expand into other areas- however concern that they do not have enough training in this area.

4. Start to look at how services/access to services may change after COVID-19 crisis and ensure patient feedback is incorporated with the recovery plan for our statutory and our 3rd sector

- Services will need to look at funding pots and perhaps pool resources together.
- Face-to-face sessions will take a long time to reintroduce.
- Likely to anticipate a large backlog of appointments post-Covid.
- Level of anxiety and ability to manage this is a big worry.
- There will be a bigger strain in communities.



C. Children and Young People

National context and ongoing research to inform the background to the discussion

Rate of infection: one of the many unknowns with the current coronavirus outbreak is how many children are being infected and potentially passing on infection to others. Unless children and young people were part of families for critical workers or considered vulnerable, the majority of this group remained at home, isolated with their families.

“New research funded by the NIHR and UK Research and Innovation (UKRI) will assess rates of coronavirus infection and immunity in children and teenagers across the UK, to provide vital evidence to guide the response to the pandemic.” (20/04/2020)

<https://www.nihr.ac.uk/news/new-research-to-assess-extent-of-coronavirus-infection-in-children-and-teenagers/24653>.

Health care, prevention and safeguarding: The British Medical Journal lists current challenges for physical health, future immunity from preventable diseases, mental health and safeguarding of children:

“ ...in child health, there are documented sharp declines in emergency department attendances for children with acute illnesses including potentially life-threatening conditions such as asthma and acute respiratory infections, and a growing concern by RCPCH and RCGP about reported falling vaccination rates and the potential for resurgent vaccine-preventable infections such as measles ...”

“a 22% increase in supermarket alcohol sales in March, which can only be for domestic consumption at this time, underscores the risk to children that the current regime represents. ... Evidence that these concerns are not misplaced includes increased calls to child support lines and increased police attendance at domestic abuse incidents ...” (28/04/2020)

BMJ 2020;369:m1669

“Children and young people are normally seen by lots of different adults every day, like neighbours, grandparents and teachers. But due to coronavirus (COVID-19) we're self-isolating, social distancing and spending much more time at home. This means some families might need extra support with parenting. And if a child is experiencing abuse, there aren't as many opportunities for adults to spot the signs and help.” (NSPCC guidance 11/06/2020)

Changes to schooling: In the UK the government has underpinned the shift to learning online with guidance for online educational resources for schools and parents to help children to learn at home

<https://www.gov.uk/government/publications/coronavirus-covid-19-online-education-resources>.



Virtual Forum: Devon based intelligence and local stories

An increase in Peer support: Young Devon has noted “One thing that has struck our team has been how seamlessly young people have stepped in to support each other... peer support is incredibly powerful and incredibly necessary at the moment”

<https://www.youngdevon.org/blog/new-ways-of-supporting-young-people-the-power-of-peer-support>.

Challenges in face to face support (Healthwatch case story): “Before coronavirus this client was having support from a service that is no longer available. Client [young person] was originally booked in for a face to face appointment but has had to be turned to telephone. [The family] stated that they only really get on with Face to Face and although information has been provided and tried to progress the client they still requested a F2F. This is a young person whose parents have a lot of input on her decisions.”

Virtual Forum: Key Themes summary

- Flexibility and innovation shown by 3rd Sector support organisations to maintain services and relationships with clients (eg digital outreach, activity packs, partnership working).
- Uncertainty about ability of schools to re-start effectively after Covid shut down.
- The lack of representation and direct voice from Children and Young people themselves very evident.

Virtual Forum: full feed-back notes of local intelligence from the statutory and third sector discussion

1. Find out what has worked well /not well through this period

- High level of Mental Health issues. Lack of access to school and education.
- Covid info not available in multiple languages, and only available on internet.
- Craft groups continuing online for adults and kids.
- Covid has highlighted poverty of some families eg phone credits to access online material.
- Experimenting with online learning.
- Support continuing using social media. Some without camera on to reduce anxiety.
- Some parents not letting kids out of house at all over 8 weeks for fear of neighbours reporting.



- Younger Kids very happy using texts.
- Those who experienced social anxiety/bullying at school and conversely enjoying relief from stressful environment. But no opportunity to confront anxiety eg using CBT.
- Clients who had initially had face to face engagement have managed stronger ongoing interaction.
- Kids can't get into School, stress on teachers immense.
- Anxiety for parents returning their kids to school. Impact of social distancing on young minds. Withholding kids despite possible consequences.
- Re schools. Schools haven't been able to respond to 3rd sector partnership opportunities.
- Schools operating smaller bubbles of pupils, Teachers working 2 days on 2 days off rotas, plus additional cleaning responsibilities....no ½ term, issue of teachers' stress and health.
- Older teenagers exhibiting change of thinking recently.
- Corona Time capsule project. Teenagers film their experience see link...<http://www.companythree.co.uk>.
- Only % of Young people enjoying digital interface or opting out to use their own networks. Issues about hidden Mental Health problems and Safeguarding.
- Some schools closed altogether or amalgamated.
- Families with kids in multiple classes, unlikely to send in reception, yr1 and yr6 kids in.
- Heads also getting info overload with multiple 'updates'.
- School restart on 1st of June unlikely to take place universally or smoothly.
- 106 youngsters accessed Young Devon Counselling service. Some just checking in 'building and keeping relationships alive'.
- Physical Well being cafes in North and south Devon now closed. Moved online with some blurring of boundaries - no bad thing.
- School start up indications that they are going to struggle.
- Not all Young people want to go online.
- Not hearing significant reporting of self harm but may be hidden.
- Kids using multiple platforms and shifting from broader chat in zoom to one to one in whatsapp. Echoing face to face process.
- Those hidden from view in even more danger now. Eg. Domestic Abuse. 3rd sector trying to manage this but where is the broader plan?
- HW plan to engage Commissioner and providers with feedback from these Forums to inform planning and approaches going forward.
- Children also have access to negative influencing sites e online re self harm.
- Teenagers zoning out from official guidance, following their peers, not following formal rules.



- Any promotion of sport / activity for young people as a mechanism to alleviate MH issues?
- Info and support online, but major issue of motivation to get engaged.
- 3rd Sector always seem to be the universal providers, with Agencies doing high threshold work. Statutory awareness of 3rd sector but little involvement 'talk talk but little recognition of importance of third sector.' (in Devon).
- Varies according to area. Often depends on personal commitment to 3rd sector. Torbay positive approach with joint proposal with 3rd sector.
- Opportunities for across boundaries learning, and hopefully leveraging in more resources to 3rd sector.

2. Find out the impact for individuals with non COVID-19 related conditions on their health and wellbeing. E.g. delayed appointments/treatment etc.

- Physical health effected, and medical appointments delayed.
- Some young people will be put off contacting health services digitally eg E consult due lack of privacy within the household.
- Pressures of lock down exacerbated by having to deal with parents.

3. Identify new initiatives that organisations have implemented that have worked well and wish to continue after this crisis and how these changes can be developed and then maintained

- Torbay, 5 organisations linking together to develop package for schools, around 5 Wellbeing messages.
- Regular Zoom meetings, however younger people starting to wobble. Using peer to peer approach around sleep, lowering anxiety etc.
- Developing videos to share on Social Media with Personal follow up by phone.
- Offering group subsidies for families with financial issues.
- Distributing activity packs leaving resources eg chalk, hoola hoops in communities.

4. Start to look at how services/access to services may change after COVID-19 crisis and ensure patient feedback is incorporated with the recovery plan for our statutory and our 3rd sector

- Online learning will be blended with face to face going forward.



- Need for both face to face and digital going forward. Needs evaluation and ‘meet users where they are at’.
- ‘Sticking finger in the hole in the dam’ at present. What will happen afterwards will not necessarily be back to normal.
- ‘Fog still going to be there after Covid Lockdown’.
- Costs of travel going down. Practice will change in the future.
- Need for doctor’s awareness of the suitability of the media used for communication.
- This experience of community mutual support eg food parcels arriving on your doorstep meeting a need not previously met.
- Changing our ways of working.
- some users and volunteers may drift away from organisations, especially those most in need. How to keep them involved.
- 3rd sector often stepping in with support before Statutory.
- 100 volunteers in Ivybridge. Trying to keep them involved using a more flexible time bank model.
- People on benefits or with mental Health always felt ‘different’ or marginalised. Now everyone is experiencing the same universal problem and can talk to each other about it.
- upcoming stress for teenager around new exam result process and challenges around possible university applications.
- Division between those with strong home-schooling experience and those with none.
- Some services now streamlined; danger they will go back to square one.
- need to champion 3rd sector.

Post Forum Comment from the General Medical Council:

The GMC were represented at the Healthwatch Children and Young People Remote Forum event and were able to hear from colleges about some of the issues and concerns young people have about communicating with health professionals confidentially during lockdown. These points were fed back and are reflected in the updated Covid Q&A on the GMC website about confidentiality and communication during remote consultations. John Davey, GMC Regional Liaison Adviser, said that he was very grateful for the opportunity to be part of this discussion.

Specific Guidance on Communication and Confidentiality

Communication

In paragraphs 14-21 of our 0-18 years: guidance for all doctors we say you should:

- find out what children, young people and their parents want and need to know



- talk directly to children and young people who are able to take part in discussions about their care
- explain things using language or other forms of communication they can understand.

So that you can provide good care, it's also important to consider the preferences of the child or young person. For example, would they prefer the consultation to be text-based, phone or video. You should check if they want anyone else with them, and that they are clear on their right to confidentiality.

You can view the full guidance at: <https://www.gmc-uk.org/ethical-guidance/ethical-hub/covid-19-questions-and-answers#Remote-consultations>



D. Carers forum

National context and ongoing research to inform the background to the discussion

Young adult carers: The Carers Trust reports that many young carers and young adult carers are experiencing high levels of anxiety and isolation as a result of the lockdown. (10/06/2020)

<https://carers.org/what-we-do/our-survey-on-the-impact-of-coronavirus-on-young-carers-and-young-adult-carers->

Foster carers: The Fostering Network reports that carers are suffering financial loss added to the additional stress of caring, home schooling and social distancing. (10/06/2020)

<https://www.thefosteringnetwork.org.uk/sites/www.fostering.net/files/content/financialimpactofcoronavirusforfostercarers.pdf>

All carers: "Caring behind closed doors", the report from Carers UK, found 70% of carers are providing more care than before. Over a third are providing that care because of the closure or reduction of local services. Carers were already under pressure before, but now over half (55%) tell us they feel overwhelmed and are worried they are going to burn out in the next few weeks.

<https://www.carersuk.org/news-and-campaigns/campaigns/caring-behind-closed-doors/>

The Social Care Institute for Excellence (SCIE): Councils are struggling to meet unprecedented and rising need. The social care workforce, long under-valued and under-paid, face burn out... Social care has been under strain for more than a generation, and it is not sustainable ... Social care can be part of the fabric a new social contract. Now is the time to make progress and realise a high quality and sustainable adult social care system. (10/06/2020)

<https://www.scie.org.uk/care-providers/coronavirus-covid-19/beyond/blogs>

Director of Policy, King's Fund: Covid-19 has brought the interdependence between health and social care into sharp focus. But it has also shown that these services do not operate on a health and care island - they are closely dependent not only on each other but also on community capacity, housing, the voluntary sector; the list goes on. Could it be that the crisis has shown the need to think differently about how health and care services work together? And who they work with? (10/06/2020)

<https://www.scie.org.uk/care-providers/coronavirus-covid-19/beyond/blogs/covid-integration>



Virtual Forum: Devon based intelligence and local stories

Healthwatch Zoom chat case study: “Prior to the outbreak I ran a fortnightly carers group at Chadwell. This stopped quickly and I have offered the group regulars a zoom or skype meet but they refused. I got the feedback that they felt the group was more about the meeting of each other and the timeout from caring role (to go somewhere) They felt receiving a personal call from each other was more beneficial and I am aware that this is happening”

Torbay Carers action: Signpost for Carers this shows some of the events we have organised to run over Carers Week in lockdown

<https://www.torbayandsouthdevon.nhs.uk/uploads/signposts-june-2020.pdf>

Virtual Forum: Key Themes summary

- Carer’s not being recognised as being carers for people who are shielding so priority slots for food delivery not given.
- Assessments or appointments being cancelled when they are needed the most.
- Keeping engaged with the Young Adult Carers - Them not being able to do college work because of the pressures put on them as carers.

Virtual Forum: full feed-back notes of local intelligence from the statutory and third sector discussion

1. Find out what has worked well /not well through this period

- What has worked well from Heads count point of view, they have been regularly posting lots of links, lots of signposting to where you can find good information and been making.
- Worked well - Isolation is very difficult, and lack of support is very difficult. Things being cancelled for example assessments causing a lot of difficulty. Things like Dementia assessments. People on the brink of getting more support and help and then they are not. Also, PIP assessments long waiting lists for those. It is the open ended unknown, how long they going to have to wait a lot of anxiety around that, a lot of mental health difficulties around that for my clients.
- Worked well - what carers have said they have appreciated is just a phone call see how they are.
- Not worked well - Companies feeling quite powerless in a way not sure what they could and could not do and what they should be offering apart from ringing them up and having a chat.



- Not working well - the not knowing the uncertainty. The frustrations around the supported living services carrying on but none of the day services carrying on.
- In beginning carers saying they were coping ok but now realisation that day services were not going to be starting up anytime soon and a great anxiety around how much longer can they cope with caring for the people they are caring for all of the time.
- Worked well - Mencap was involved in putting together an information pack from different local authorities so they would have an idea of what was going on what was happening. That has been shared with the Mencap helpline.
- There was a positive story about a carer who was a carer for her husband who could become extremely volatile and just as lock down was starting she was very distressed about the safety of herself and her daughter. Through safeguarding and social services and her local mental health services they managed to get a placement for her husband during lockdown and ongoing.
- Positive is a lot of volunteer groups being developed to help i.e medication, food deliveries, befriending service.
- Leaflets being given out and people being made aware of the support that was available in their areas.
- What did not work well - the organisation of services was led from the bottom up rather than the top down. There was any government support or advise of how to do the volunteering efforts in the early weeks and it was left up to the local councils and the community to arrange all of that. On reflection it would have been better the government had provided some advice from the start.
- NHS volunteer scheme have had a lot of volunteers come forward to join that scheme, but they have not received anything to do. The worry at the local level is that would put people off to come forward to volunteer.
- Carer had not received her medication for the first three weeks, and she was really struggling trying to contact GP but not managed to get through. She had changed her pharmacy, what had happened it had gone to pharmacy for you the home delivery and it had never been delivered. GP rearranged for it to go back to boots pharmacy. Someone was organised from volunteers to go and pick it up for her and then arranged to deliver food to her also. As she could not get out the house. Then has continued to contact her on a weekly basis. Things were done in a whole day and she is now being well catered for.
- Other people have been put through who people thought should have been shielded but never received their letter they were checked and sorted within the day by volunteers.
- Torbay food alliance where you could do referrals into to get food parcels for some of the families. Some of the young adult carers they were in great need and that worked very well, and the response time was very quick. Example could be putting a referral in 4:30 pm that day and the next day you would be getting a food parcel. Took a burden a pressure of the young adult carers because they were trying to manage everything.



- Torbay carer services did a lot of work around making sure carers in Torbay had PPE for where they were providing personal care for their cared for loved ones and have it delivered. They set up emails and carers were able to reply to that.
- Supermarket delivery slot - Carers want to do the shopping and get and get them priority slots for the person they are caring for. But because the person they are caring for does not have a supermarket account and they are not taking on new accounts they could not get a delivery.
- Government food parcels - do not know where they have been going as people have not been getting them or they get one then have not had another for three weeks. Possibly something to do with the date base.
- No clear guidelines about the government food parcels, who registers, who delivers, people been having deliveries which they have not needed of food parcels. They wanted to make sure was defiantly for them, so address was checked and was right address.
- No information on any government site about personal unpaid carers taking any form of priority. Tried to get online to do online shopping could not register because was not classed as being in need. No box to fill in to say I am an unpaid personal carer so was not given any priority.
- The vulnerable lists - people deem clinically vulnerable are going to get their support and their food boxes etc some clients they have work with feel they should be on the list and their not, for example those with terminal illness and those who may have had chemotherapy/radiotherapy in the past but because they are not receiving any treatment now because it's all palliative. They are not on the governments list and they are not receiving that support. A lot of people do not know what to do. Can do it online but if you do it online it asks a question has your GP deemed you aa clinically vulnerable. Then having to chase a GP to get this. Quiet a lot of barriers there and a lot of people will not bother if they then must contact their GP.
- National data base is held in London and the local authorities can not get access to it to alter it, to add people or to take people off it. Relying on local groups to inform them when people have been missed and then they have added them.
- Mencap- people who have been shielding are still feel unsafe to go out and so they are not so a blanket approach to getting food at etc is not going to work, people are still going to need support.
- CA HW Champion for Exeter - positive showed people that lots of things can be done remotely. Like debt relief orders for money advise it was thought we could not do that. Been able to get small grants for people. Vulnerable young man with autism and ADHD his partner was 23 weeks pregnant she was then made homeless. He had very little resources in his flat the grant allowed them to get him essentials.
- Concerns coming from press coverage that there is going to be a mental health crisis of people needing huge amounts of input following the covid lockdown. The people already being treated have had reduced services, people who were on waiting lists have been put back nobody knows when their going to get an appointment. What is going to change



when suddenly all these people are demanding more help and support what is going to change to provide it. Lack of services now and suffering prior to the covid.

2. Find out the impact for individuals with non COVID-19 related conditions on their health and wellbeing. E.g. delayed appointments/treatment etc.

- Isolation is very difficult, and lack of support is very difficult. Things being cancelled for example assessments causing a lot of difficulty. Things like Dementia assessments. People on the brink of getting more support and help and then they are not. Also, PIP assessments long waiting lists for those. It is the open ended unknown, how long they going to have to wait a lot of anxiety around that, a lot of mental health difficulties around that for my clients.
- Lady in West Devon has a husband who can get quite angry and abusive towards her. She had firstly asked for a diagnosis of why he was behaving like that. That hasn't happened and she has asked since august last year so she went to Citizens advise to get some help with that and also to manage the situation of husband being in the house and she was afraid of him. They asked for a care needs assessment on what support they could get. In March, the assessment had been cancelled due to covid-19. Care direct said they should be still going ahead maybe in a slightly different format. Have had a couple of social workers say they are not going to do it due to Covid-19. Carers are at their wits end and do not know what to do as they have gone through the right channels. Now Citizens advise is appealing the cases to get the assessments reinstated.
- Having a lot of issues trying to see a GP - following a conversation with the GP he said they have not been terribly busy. They are doing majority of things online or over the phone he strongly indicated that this will be the way forward. Good and bad points from this a lot of the younger people enjoy the technology side of things, like to use an app or send someone a message but leaves a concern that the more vulnerable people who don't have the knowledge or ability they are going to be ignored or alienated and not getting the care the previously received.
- Concerns with e-consults is that GPs do not normally refer to social prescribers and the way the form is set up it will not be giving you that interaction. They will not be picking up on the other worries they have and getting referred for help.
- Transport to appointments or treatments - Cost to transport (Patient transport scheme for the RDE) it's gone from them arranging a taxi for that client not going to have to pay for that transport to clients being told they have to arrange their own transport and would get a mileage allowance of 15p a mile.
- Young people being at college and being full time carer's at home they have not had the time or ability to do their college work at home.
- Trying to access Adult Mental health services for our young people unsure what they were doing you would of thought they would of tried to keep on top of their appointments schedule everything came to a stop their not doing their routine appointments which are



booked in months in advance. When you try to get hold of somebody you could wait days or weeks. On the out of hours answer phone message says if in doubt please call 999. Its going to take them so long to catch up.

- Macmillan Caseworker- asking if treatment and appointments has been effected by Corona virus the majority of people have had appointments cancelled or postponed or treatment changed in some cases and method of appointments have been changed from face to face to telephone appointments.
- Mental Health sufferers during Covid are not seeing regular familiar workers, which isn't beneficial. There is meant to be a crisis line open 24/7 unsure how well it's actually working nobody seems to of mentioned the service is heavily stretched or pressured so wonders if they are.
- In Exeter someone was trying to call the crisis line, and nobody was answering.
- As the first of April the crisis team stopped and is now known as the first response team, concerns that is no longer in place. A real concern why is physical health being supported like our Dom carers and not the mental health support provided. Difference in support between physical and mental health support.
- Some of the young people are in the transition stage from CAHMs to adult mental health services and has come to a halt before having intensive treatment from CAHMs to sitting in Limbo not having any treatment. Crisis help line did not feel as if was helpful and they did not feel listened to, or they could be helpful. Feedback about talk works found the phone calls helpful.
- DPT signposting leaflet helpful.

3. Identify new initiatives that organisations have implemented that have worked well and wish to continue after this crisis and how these changes can be developed and then maintained

- Mencap have implemented and working well is virtual groups to replace the face to face groups for the time being. Carers have all been in favour of the zoom meetings and wanting them to carry on. Instead we were doing monthly meetings but now we are doing them twice a month and can see that happening for quite a while.
- Mencap have come up with more resources for some of the projects they were delivering and switched to online. They have created physical packs to send out to carers and families they are in touch with full of activities for people to be doing.
- Mencap have started a Mencap TV which is a YouTube channel for people with a learning disability and have a page on their national Mencap website full of activities for people to do.
- To begin with we started a skype for business group for Mencap for a virtual group. Trying to link skype and skype for business was very challenging. It highlighted we did have a ready to go system to link people virtually on an everyday basis. Zoom was tried people



more willing to give that a go. Have done 2 or 3 groups on zoom for carers and the numbers have grown each time. What has worked is having a how to guide for zoom for the carers and this has allowed them to join their WI group or any other social group. As long as there is a demand people have found it easier to attend this sort of meeting because they don't have to worry about who's going to look after their children or people they are caring for because they are in the house. Be interesting to see if this is required going forward. Mencap aware of people it excludes people who do not want to do it that way or do not have access.

- Mencap Activity Packs - Mencap Sport put packs together with the aim to put packs together to give people ideas how to keep physically active. People with a learning disability were involved in the design of the packs.
- Plymouth Clare - use Go to meeting bit like zoom. Just before the lockdown started we had started doing coffee and cake sessions for our parent carers so now has moved to doing it virtually unfortunately because all of our parent carers have young people with disabilities they have dwindled off due to the difficulties because they needed more supervision or support. When we do return to normal, we will still offer this virtual option because it allows the people who can not physically get there to participate.
- Cheryl been using a platform called discord which the young people use to do gaming on. They use it to do video calls which they meet monthly on. The direct messaging allows them to connect with eight people at a time. In a normal working day, they could not physically see eight people so allows to connect with more people than normal.

4. Start to look at how services/access to services may change after COVID-19 crisis and ensure patient feedback is incorporated with the recovery plan for our statutory and our 3rd sector

- Biggest problem of all is no one knows where we are going to go from here. anxious about the future and what the new norm will be or might be. And how things will change. Maybe continuity of technology like a 1 to 1 support but nothing really is going to replace face to face contact.
- Young adult carers provide 1 to 1 support, so we see people very regularly we do drop ins but since Covid one of the biggest concerns is the carers have vanished. We were providing very detailed support they have dropped off significantly. Worked hard to maintain contact with the 16-25-year olds, who very few rings up and ask for support. Concerns what the new normal is going to look like, has the period of Covid meant that the carers don't have the space or the time to call due to the pressures and its concerning how we will recover the young people we have lost engagement with. Possible issues with the young people having the privacy and space to have an open frank discussion with support over the phone because loved ones can hear.
- Concerned about when services start again if its limited numbers and social distancing how some people with a Learning disability are going to be able to cope with keeping to the social distancing. An example now more people are allowed to go out and about the



person's son doesn't understand the social distancing rules and his immediate reaction to seeing people is he wants to go up to people and give them a hug, so they have been taking him out in the car, but he is getting fed up with this.

- Students are feeling left in a limbo that they have not had a comprehensive return to education plan anxiety about planning for the future what does it look like.
- People being content at being at home before the lockdown it suited them, getting them back out and re-socialised could be quite difficult and needs another comprehensive plan.



Full feedback from the Online public engagement

A. Mental Health and Wellbeing survey

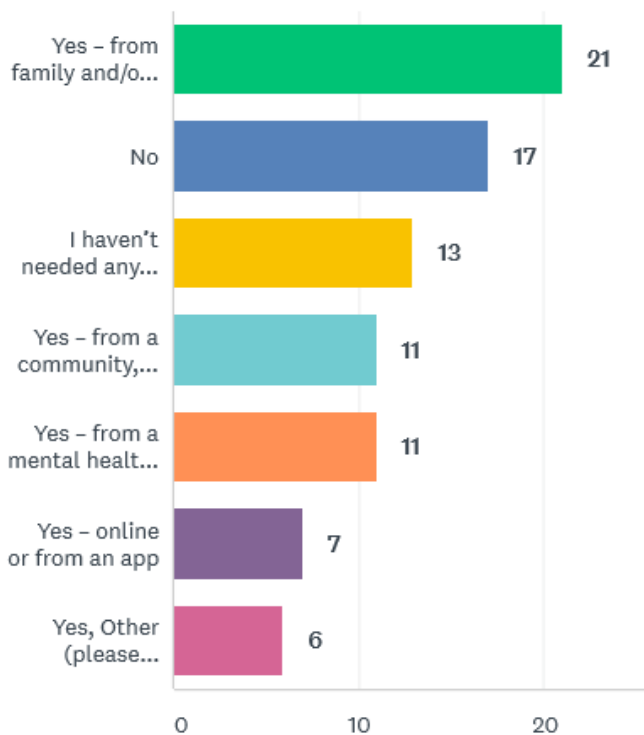
Total of 64 responders of which 30 responders confirmed they had a mental health condition

Qu 1. How much of an impact has the COVID-19/coronavirus pandemic had on your mental health or wellbeing? (measured by a sliding scale 0 no impact-9 very significant)

Across all Devon responses the average score was between 5 and 6 (maximum 9) for all responders with the assumption that this is a negative impact.

For those identified as having a mental health condition, the impact became higher
 For Devon of the 4 responses half scored at 9 (with the remaining 2 responses at 1 and 6)
 Plymouth of the 13 responses most scored above 7 (8 responses)
 Torbay of the 13 responses most scored above 7 (8 responses)

Qu 2. Have you been able to access support for your mental health or wellbeing during this time? [Please tick all that apply]

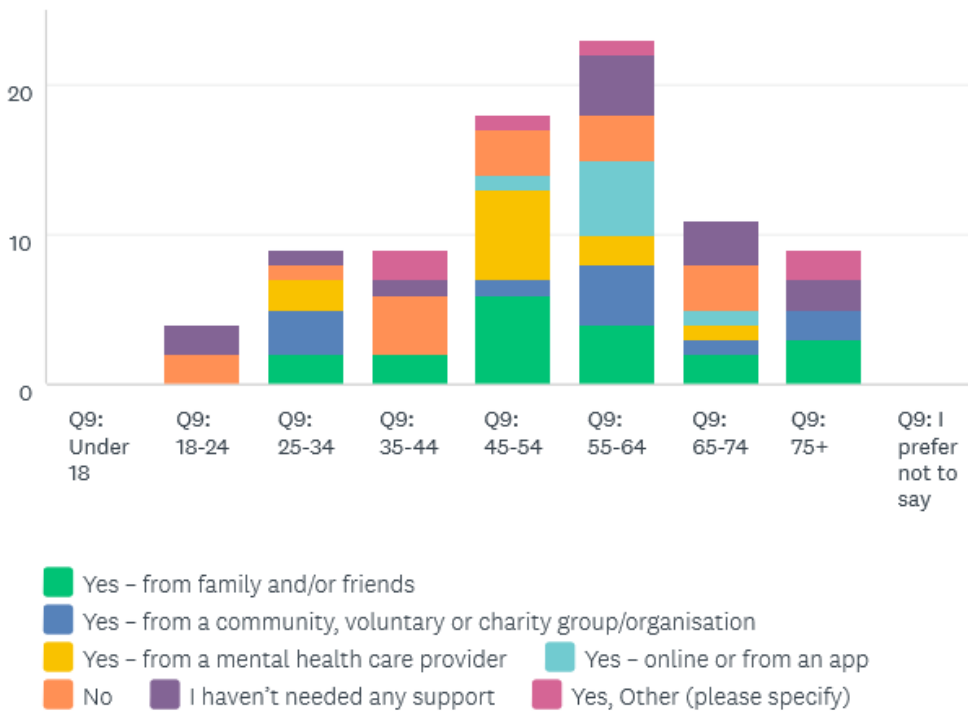


Family and friends provided the main support. Support in addition to these categories came from:

- “Work colleagues”
- “Torbay Council”
- “Private Counsellor”
- “NEIGHBOURS HAVE OFFERED”
- “VERY HELPFUL NEIGHBOURS”
- “My answers may appear to be contradictory but the support was not specific for me but my family member who I carer for”



All responders (63): By age band.



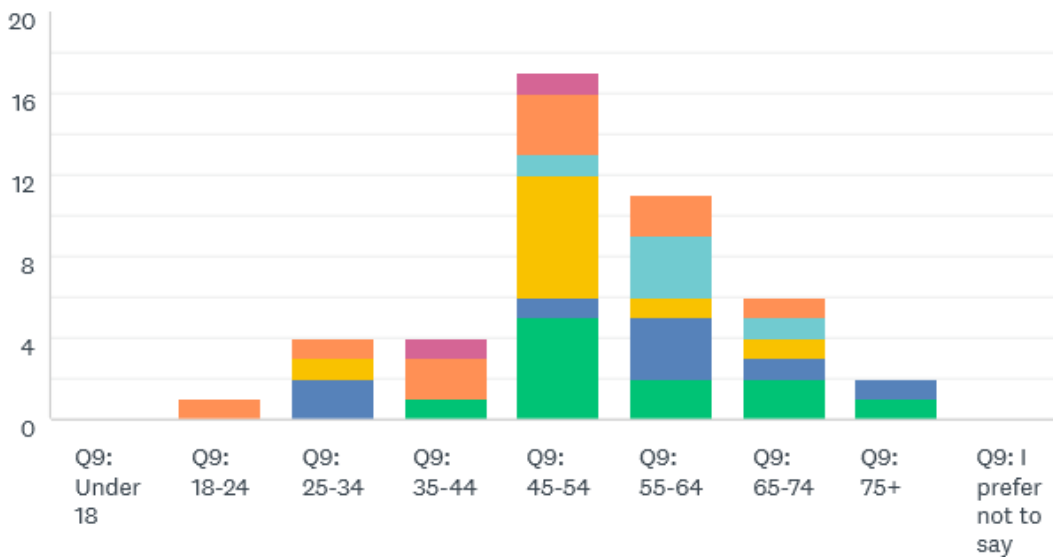
75+ age band had a positive response identifying support from both family and friends and the community.

18-24 age band did not identify as requiring any additional support or could not obtain any.

Only age band 45-74 identified the use of online or app.

In the group identifying as having a mental health condition (30):

(colour legend as above)

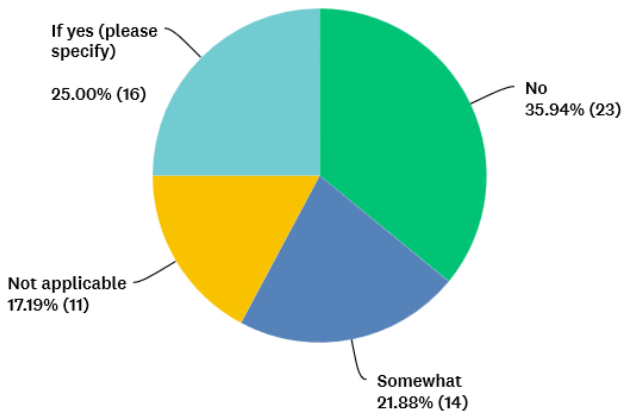


In this group the younger age band (18-24yr) considered that they had no support for their mental health or wellbeing, whereas the older age band (75+yr) confirmed that they had the support they required from family and friends and the community.

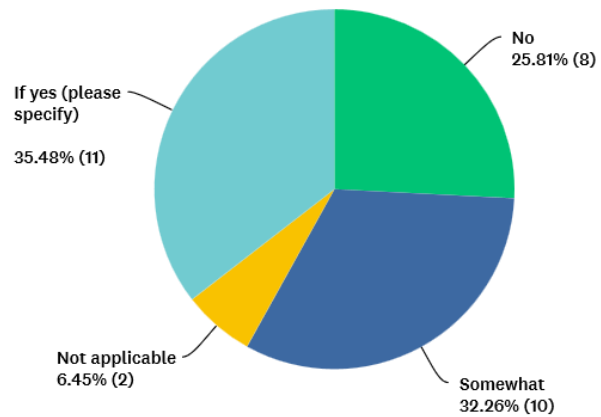


Qu 3. Have there been any support services that you have not been able to access which is impacting on your mental health?

All responders:



Responders identified as having a mental health condition:



16 responses specified causes for change (11 identifying as having a mental health condition):

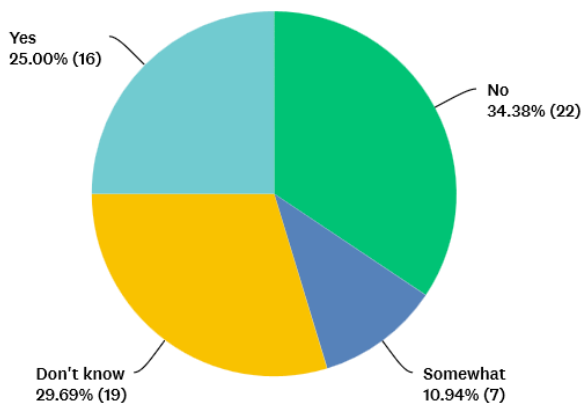
- *“Medication issues”*
- *“Community Mental Health Team/Crisis Team”*
- *“I have long term mental health problems (over 40 years) for which I'm not receiving any support from either my GP or mental health services. I'm a full time carer for my partner and I don't even get help even though this is impacting even further on my mental illhealth. I feel I'm invisible, ignored and left to struggle on my own. The reason COVID-19 has not impacted on us is because both of us are alone, isolated and housebound.”*
- *“Chadwell house”*
- *“Effect of cancelled operations”*
- *“ALL CHADWELL CENTRE”*
- *“No mental health support and major problems with medication prescriptions”*
- *“Depression counselling”*
- *“Not wanting to go to doctors...I have a rash on my back”*
- *“All support has been withdrawn apart from occasional telephone calls.”*
- *“Previous system to COVID19 was less responsive when trying to access support or help from my Mental Health services”*
- *“CMHT”*
- *“My family member took an overdose and was admitted to A&E and the wards, I could not engage with the Hospital Psych team and information from the medical ward was difficult”*



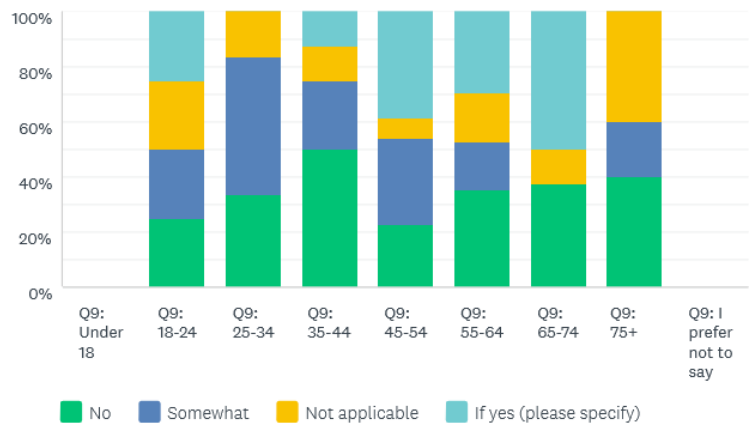
- “1:1 therapy and group therapy”
- “Chadwell house”
- “Support worker”

Qu 4. Are there local provisions in your community that are having a positive impact on your well-being? I.e. Befriending phone service, Facebook community group.

All responders:



By age group:



Qu5. Follow up comments to Q 4. “Yes” by age band (18 responses):

25-34 yrs:

- “Colab online learning sessions have been good fun and useful”

35-44 yrs:

- “Facebook Groups”
- “From work/ teams”

45-54 yrs:

- “Torbay Help Hub”
- “Andys Man Club Plymouth online link, St. Matthias Church, Plymouth links”

55-64 yrs:

- “Facebook (2 responses)”
- “Talking with neighbours and friends whilst respecting social distancing. Zooming with family. Texting a new friend.”
- “It’s simply a gardening Facebook group that helps my mood”
- “Family friends and neighbours have added video links”
- “Caring for carers, headspace”



- “Headspace Plymouth”
- “Online groups”
- “Devon clinic COVID Talking therapy service”

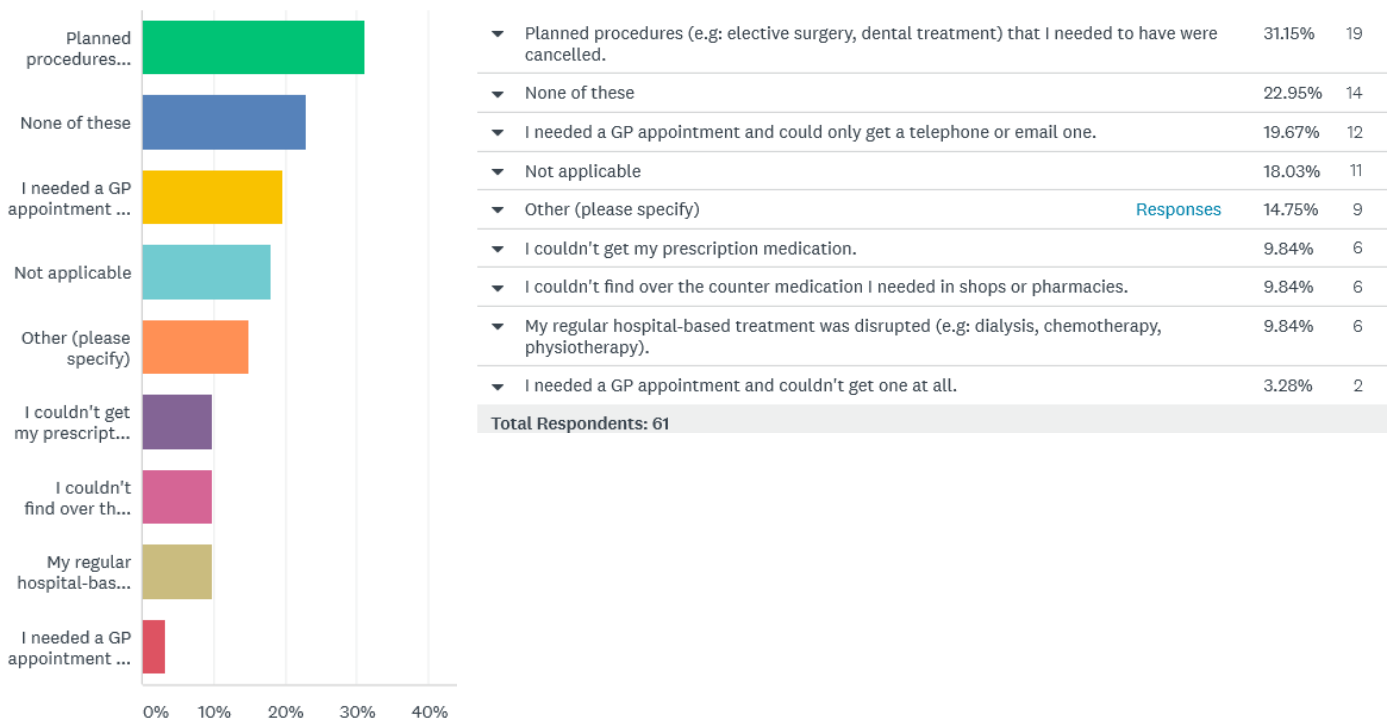
65-74yrs:

- www.dimensionsforautism.life

75 plus:

- “There is a general community volunteer group that everyone has been sent written details about. U3a also has help for members. Council has detailed support available”
- “NEIGHBOURS”
- “Independant Age phone friends Service and Devon MIND”

Qu 6. Do you feel that the COVID-19/coronavirus has affected your access to healthcare for other conditions? [Please tick all that apply] (61 responses)



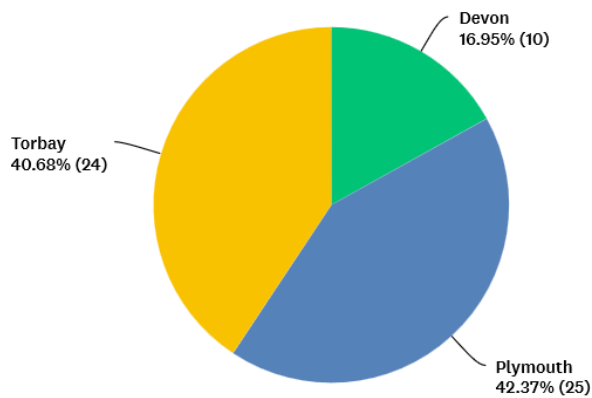
Responses to “Other” (9):

- “I have blister packs, but these are no longer available. I take 29 tablets each day. I have to chase up prescriptions and make up a weekly dosette box which is a nightmare and increases my stress levels.”
- “I am supporting someone with severe mental health problems on my own isolated”

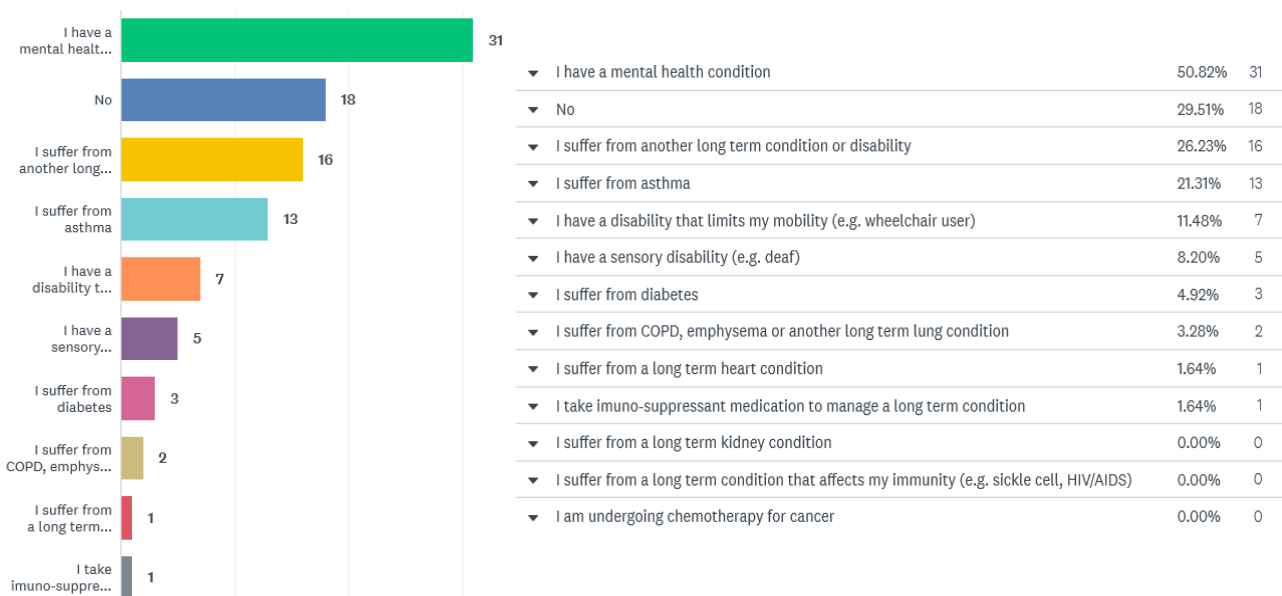


- *“I'M ON LOCKDOWN BECAUSE I'LL BE 90 IN JUNE”*
- *“I should go to doctors, but I am wary about the virus.”*
- *“Diabetic eye screening cancelled”*
- *“I was too scared to go to my GP”*
- *“I use hearing aids and cannot access the audiology team to effect a repair at the drop-in centre. In addition, my pre booked blood donation was cancelled.”*
- *“Not getting glasses fixed”*
- *“Longer waiting times for pharmacy. Also seems all pharmacies close between 1 and 2. They should differ this across the bay. People on lunch breaks have to take early or later to fit around that”*

Qu7. Where do you live?

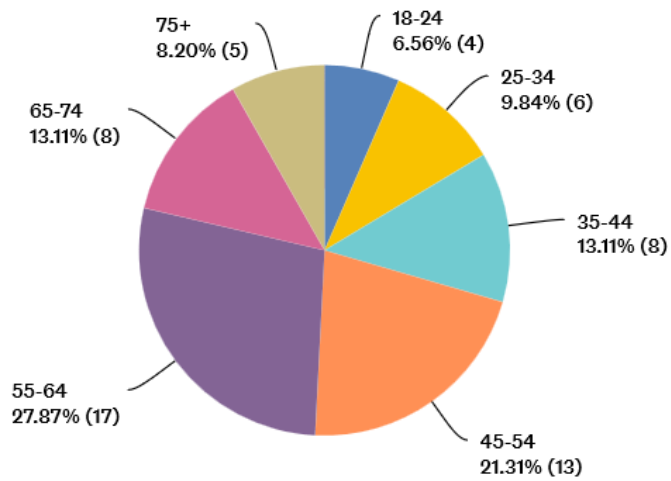


Qu 8. Do you suffer from any long-term conditions or disabilities? [Please tick all that apply]





Qu9. Please tell us your age category





B. Information and Advice survey

Total of 126 responders

Qu1. How easy have you found it to find the information you need about how to keep yourself and others safe during the COVID-19/coronavirus pandemic?

Throughout the period of the survey most responders found information easily. In the second half of the engagement period (in 60 responders) there is small drift towards uncertainty

Age profile: Other than 1 person in 35-44 age bracket, older people (55 and above) identified some level of difficulty, younger responders (age below 35) did not identify any difficulty.

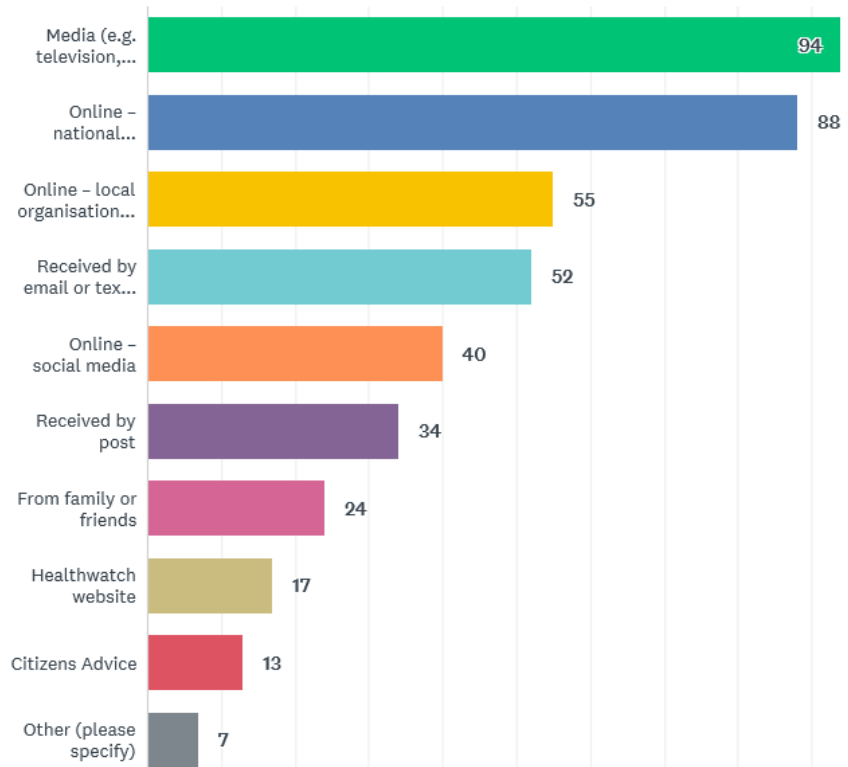
Qu2. How easy have you found it to understand information about how to keep yourself and others safe during the COVID-19/coronavirus pandemic?

Approximately 9 out of 10 of responders found the information easy to understand.

Where responders identified in having the most difficulty in understanding, the majority of concerns were related to primary care contact, including requests for repeat medication and dentist and for contact with community support worker or mental health teams. This group identified information relating to changes to the system as being most the difficult to understand. This was especially noted in those requiring help to use the internet with over half these being in the 55yrs plus age band.

Qu3. Where have you found information or advice about the COVID-19/coronavirus pandemic? [Please select all that apply]

The majority of responders used television, radio or newspaper and online national organisations including the government and NHS. Local organisations including the council website and e-mail, or text were also identified by half of all responders, especially in older age groups, with texts from general practice being identified. Social media was identified by 1 in 3 responders as a means to obtain information and this was not restricted to any age-band.





Qu4. What Health and Social Care services would you like to know more about during the COVID-19/coronavirus pandemic?

Responses were similar to those in Qu 1. i.e. more information from General Practice, Dentists, community, and mental health teams. Where additional comments were made these gave more detail and included a request for information about:

Minor injury Units/Health Visitors/Outpatients appointments. One detailed comment showed concern about more detailed understanding for shielding and how to obtain support:

- *“Support for shielding is bizarre. A friend has eczema and has a dedicated delivery from Asda, she’s 26 and lies in the city. I have diabetes RA OA Colonised Haemophilis Neuropathy High Blood pressure and in a wheelchair but apparently, I don’t qualify! We have used all our savings using local shops for delivery. I know there’s worse things, but I don’t want anything free just a bit of support”*

Qu5. Which topics, if any, have you found it difficult to get clear information or advice about during COVID-19/coronavirus pandemic? [Please select all that apply] (126 responses)

51 of the responders did not consider that they had any difficulty.

Where responders had difficulty, “Changes to the health care services I usually access” was considered to be the most difficult (1 in 4 responders), with shielding (1 in 8 responders), testing and how to obtain repeat medication following on the list. Help for using the internet to overcome difficulty was included in 1 in 5 responses.

None, I have all the information I need	40.48%	51
Changes to the health care services I usually access (e.g. GP practice, pharmacy, hospital outpatient appointments, community nursing visits)	26.19%	33
Help for people who do not use the internet	19.84%	25
Accessing repeat prescription medications	15.08%	19
Testing for COVID-19/coronavirus	12.70%	16
Shielding people who are at very high risk of severe illness from COVID-19/coronavirus	12.70%	16
Managing existing physical health conditions	11.11%	14
Accessing help in my local community (e.g. getting groceries or picking up medication)	9.52%	12
Advice for family carers	7.94%	10
Managing existing mental health conditions	7.14%	9
What to do if you think someone in your household has COVID-19/coronavirus	7.14%	9
Other (please specify)	7.14%	9
Looking after my physical health	5.56%	7
Self-isolation	4.76%	6
Looking after my mental health or wellbeing	3.97%	5
How to volunteer in my local community	3.97%	5
Advance care planning and end of life care	3.17%	4
Social distancing	3.17%	4
Changes to the social care support I usually access (e.g. care visits at home, residential, nursing or respite care homes)	1.59%	2
Symptoms of COVID-19/coronavirus	1.59%	2

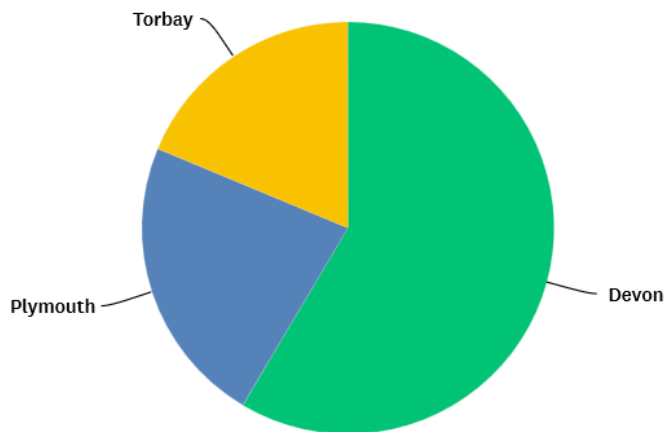


“other” difficulties (9):

- “Not rushing at present”
- “Again, access to OPD provided by private contractors”
- “at times wish i was not on this world”
- “Getting help for my mum who lives alone in another area and is shielding as she is at a very high risk of severe illness from Covid-19”
- “Whether to go to work”
- “How to access help for my 83 years old father who is isolated for 7 weeks and cannot get food or prescriptions etc”
- “Identifying false advice”
- “Help for my son”
- “Benefits”

Qu 6. Where do you live?

Answered: 123 Skipped: 3



Qu 7. Do you suffer from any long-term conditions or disabilities? [Please tick all that apply]

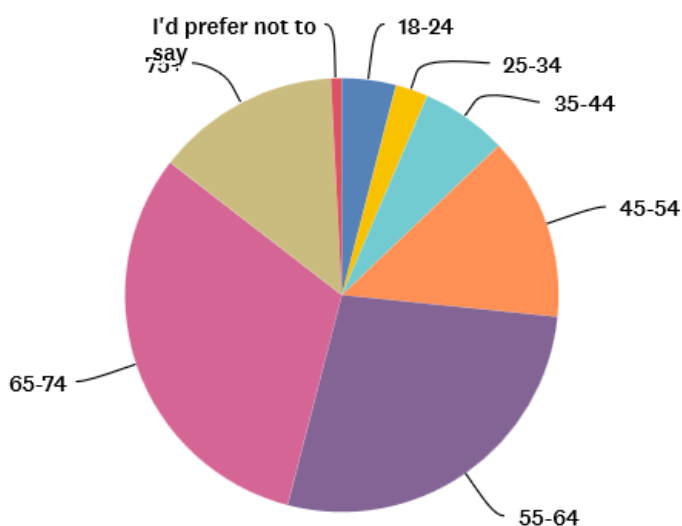
Approximately a third of the responders had no long-term condition or disability. Of those with long-term condition, diabetes had the highest incidence (1 in 4) and indicated a disability limiting their mobility or had other physical or mental health conditions and were in the 55yrs plus age bands.



▼ No	39.34%	48
▼ I suffer from another long term condition or disability	19.67%	24
▼ I suffer from diabetes	15.57%	19
▼ I have a disability that limits my mobility (e.g. wheelchair user)	13.11%	16
▼ I suffer from COPD, emphysema or another long term lung condition	12.30%	15
▼ I suffer from asthma	11.48%	14
▼ I take imuno-suppressant medication to manage a long term condition	10.66%	13
▼ I have a mental health condition	10.66%	13
▼ I have a sensory disability (e.g. deaf)	9.02%	11
▼ I suffer from a long term condition that affects my immunity (e.g. sickle cell, HIV/AIDS)	4.92%	6
▼ I suffer from a long term heart condition	1.64%	2
▼ I suffer from a long term kidney condition	0.82%	1
▼ I am undergoing chemotherapy for cancer	0.00%	0

Qu 8. Please tell us your age category

Answered: 124 Skipped: 2





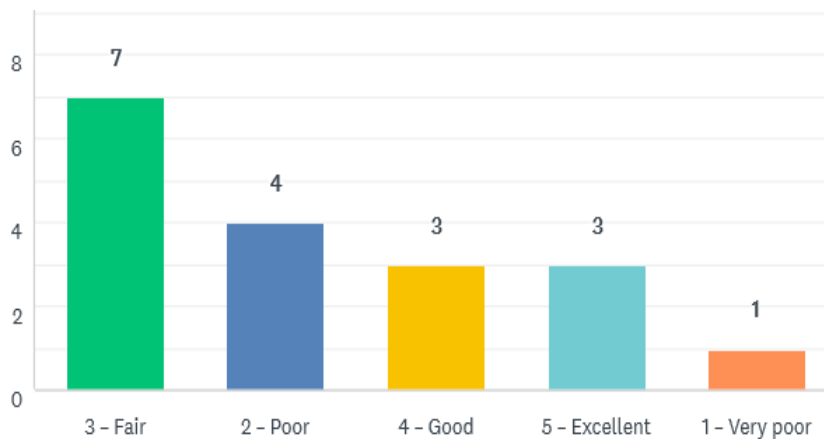
C. Health care survey

Total of 46 responses.

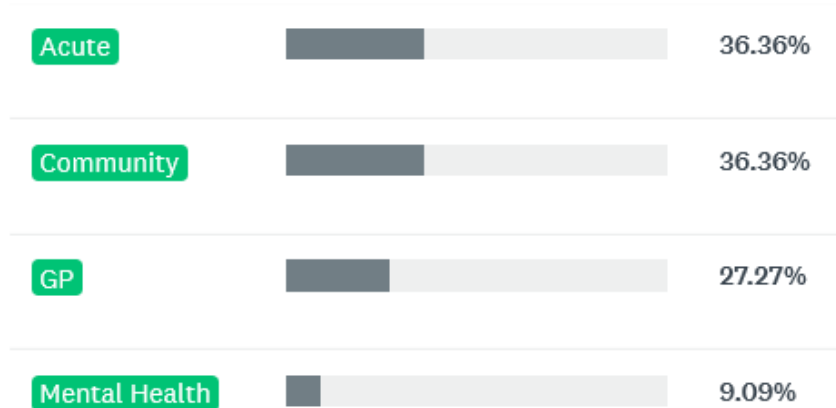
Qu1. Have you, or has the person you care for, experienced any changes to your/their healthcare due to the COVID-19/coronavirus pandemic?

25 responses “Yes”

Qu 2. If yes (18 responses), how would you rate the communication received about the changes?



Qu 3. When asked to identify the service (11 responses)



Descriptions:

Acute: “Pain Management Department RD&E”, “Rheumatology”, “Parkinsons disease”, “Hip replacement surgery”

Community: “Community nursing team”, “PHB support/CHC”, “Chiropodist hairdresser”, “Boots Pharmacy Mudge Way Plympton”

GP: “GP access”, “Parkinsons disease”, “Compass House Medical Centres”

Mental Health: “Support services and Mental Health”



Qu 4. Would you like to tell us more about your/their experience of these changes? (17 responses)

- *“What we can expect in terms of healthcare services and timescales is poorly understood by many, though some are clearly specified. In this crisis, I believe even fewer people would be aware of how Covid-19 impacts on them, such as extensions to appointment waiting times, delays in treatment/surgery and so on. We know there is likely to be an impact, but it is unclear what that is and whether or not we should be pressing for services or holding back. Getting that wrong can be very serious for some patients.”*
- *“I have found it quite difficult to make direct contact with my GP and have a proper consultation about a new health concern/problem. I would have expected (with the constant reports of mental health effects) that my son who is already under the care of MH services would have had more input and support. But it has actually been less!”*
- *“They are under a lot of pressure due to the covid-19 pandemic but have been very helpful and informative. Though I don’t see as much of them, I know that I can call them if I am unwell, and they will come to the house.”*
- *“Having no outside agencies in to support disabled client. PHB was agreed to pay family members to help with care. Which helped immensely in supporting main Carer to take regular breaks.”*
- *“I was due a consultation with a view to having injections for severe back pain, but instead had to have a telephone consultation with Dr. Simpson on two occasions. He afforded me plenty of time on each occasion and did not finish the consultation until he had answered every issue and question I had.”*
- *“Unable to obtain doctor wanted and answers from NHS.”*
- *“Postponed nerve conduction study”*
- *“It has ground to a halt, and we have not been informed of the reasons behind it by telephone or letter”*
- *“Hard to get advice, and told very difficult to get help”*
- *“Ran out of regular prescription medicines due to lengthy process of trying to order repeat prescription. Consequently, had to make several trips to the pharmacy and queue each time. Also make several phone calls to sort things”*
- *“Not knowing when these services will resume”*
- *“I am a full-time carer for my wife. She received several official communications telling her to remain shielded. She had various non urgent outpatient appointments cancelled but each department dealt with the on-going issue differently including my wife getting an unannounced visit from a specialist podiatrist nurse. This was greatly appreciated but some advance notice would have been welcomed”*
- *“My wife & I changed pharmacies in the hope of getting home delivery of medicines & despite initial problems this seems to be working quite well providing we contact Plymouth City Council beforehand to arrange delivery by an NHS Volunteer. Then only*



slight problem after having ordered repeat prescriptions from Beacon Medical online is how long the pharmacy takes to text when medicines are ready to collect. One has to be careful not to run out of tablets.”

- *“Surgery was cancelled with just one week’s notice, communication since has been non-existent. Despite the fact that the health secretary gave the green light to recommence routine work nearly 14 days ago Torbay and South Devon Health and Care Trust appears to have no plan to do so.”*
- *“I had the high temperature for a week and my ex nurse wife said I had 4 symptoms of the virus which lasted for about 8 days and left me weak for a time. I contacted my doctor to see if a test was possible but apparently not which I consider a mistake otherwise how do you know how many people have suffered with the virus.”*
- *“They have struggled greatly to get their medication for their mental illness”*

Qu 5. Have you avoided attending any social/health care settings due to the COVID-19/coronavirus pandemic which has now had an impact on your health? (33 responses)

(15 “No” responses, 12 “Yes” responses, 6 “Not applicable”)

The 12 responders answering “Yes” gave reasons which included a wish to protect the NHS, avoid contact unless essential (with individuals determining what they consider essential) and fear of becoming ill by contact with services handling covid-19.

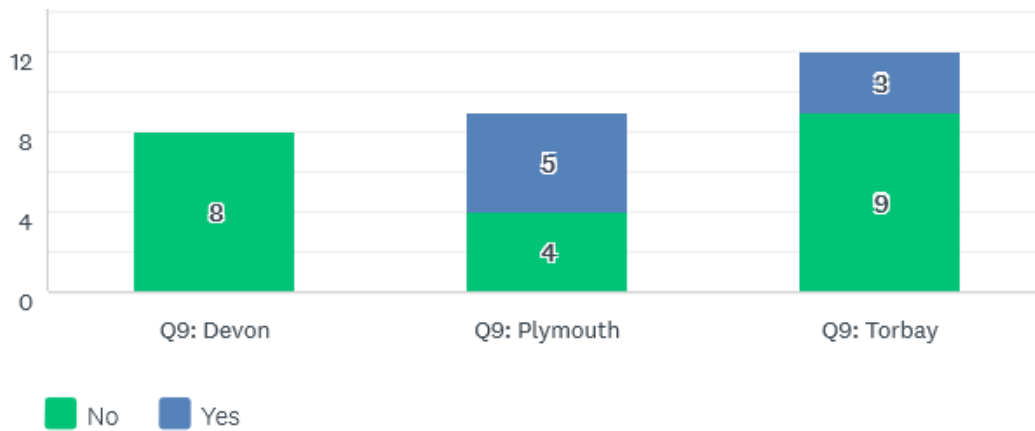
Responses:

- *“Just hoped we wouldn’t need a GP for an 89-year-old”*
- *“Regular blood tests at GP practice. I have not attended because I fear catching the virus and also to reduce pressure on a system that may or may not have the capacity to see me. I don’t know which.”*
- *“I have severe COPD and am shielding as advised”*
- *“Avoid risk and not overburden with non life-threatening issues”*
- *“Bloods not done”*
- *“Self isolation has been very difficult mentally”*
- *“He has not been to his day service”*
- *“have not attended appointments”*
- *“LOCK IN FLAT”*
- *“Self isolation”*
- *“Phlebotomy tests at Plymouth Argyle which is brilliant”*
- *“The hospital, due to the risk”*

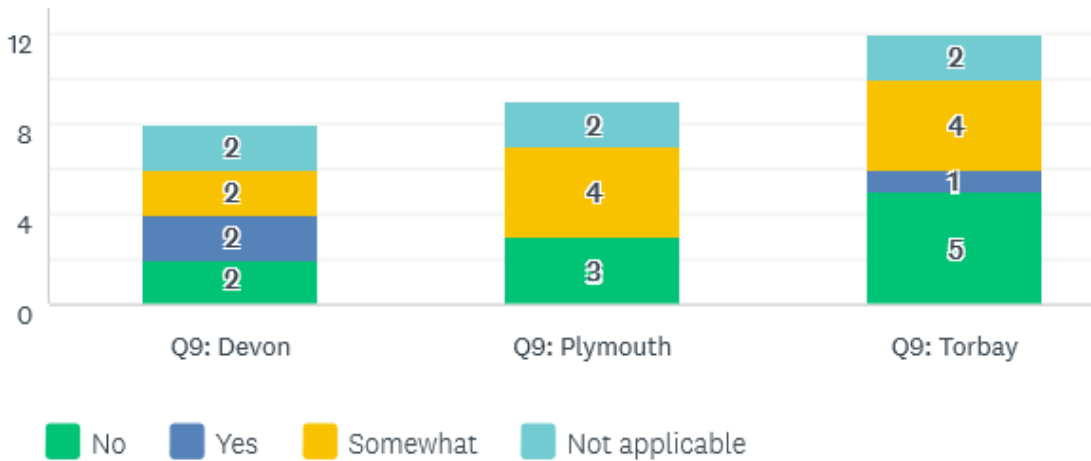


Qu6. Are you aware of where to go if you have a dental emergency during the COVID-19/coronavirus pandemic?

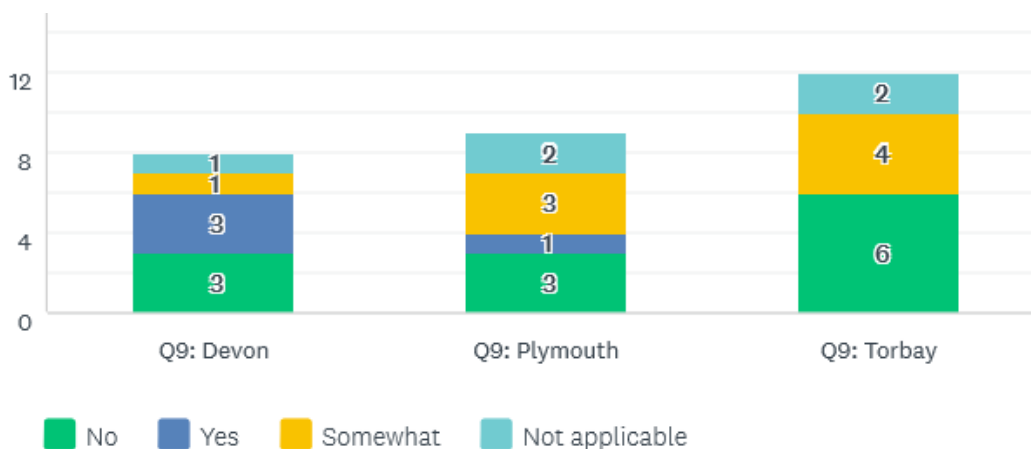
(33 responses)



Qu7. Have you experienced difficulty accessing your GP during the COVID-19/coronavirus pandemic?

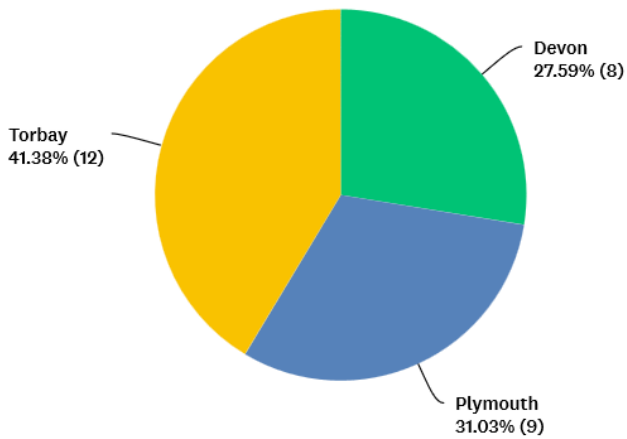


Qu8. Have you had difficulty collecting your prescription during the COVID-19 pandemic?

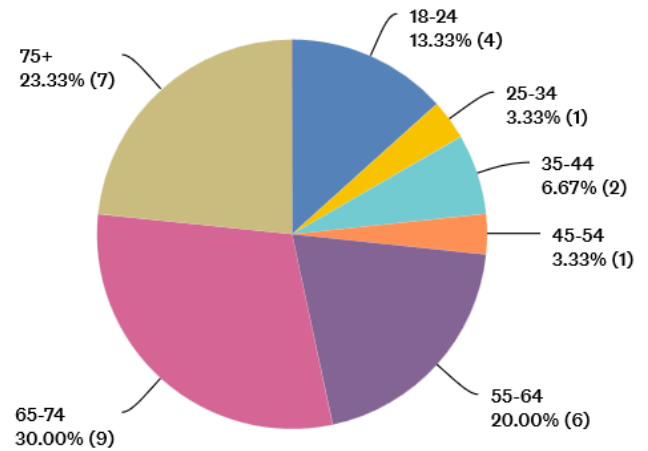




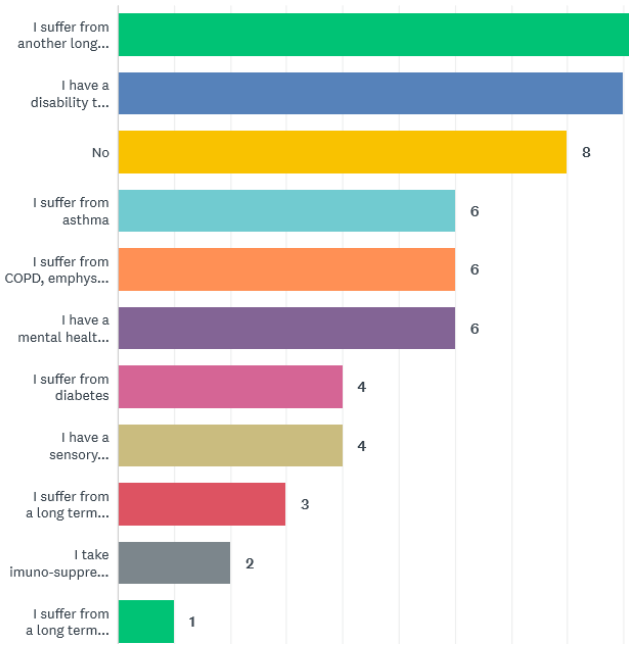
Qu9. Where do you live? (29 responses)



Qu11. Please tell us your age group (30 responses)



Qu10. Do you suffer from any long-term conditions or disabilities? [Please select all that apply] (29 responses)



- ▼ I suffer from another long term condition or disability
- ▼ I have a disability that limits my mobility (e.g. wheelchair user)
- ▼ No
- ▼ I suffer from asthma
- ▼ I suffer from COPD, emphysema or another long term lung condition
- ▼ I have a mental health condition
- ▼ I suffer from diabetes
- ▼ I have a sensory disability (e.g. deaf)
- ▼ I suffer from a long term heart condition
- ▼ I take immunosuppressant medication to manage a long term condition
- ▼ I suffer from a long term kidney condition

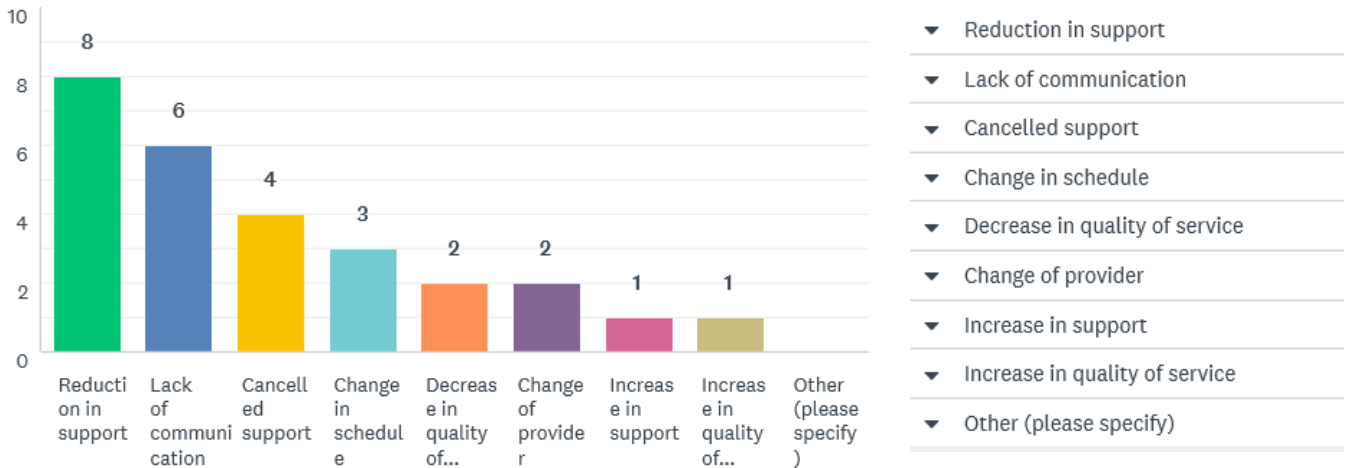


D. Social Care survey

Total of 36 responses.

Qu1/2. Have you or the person you care for experienced any changes in the support services you/they receive due to the COVID-19/coronavirus pandemic? Tick all that apply

Of the 18 who responded “Yes” to changes 17 responded as shown:



Of this group one responder identified an increase in support and 16 a deterioration. Lack of communication was identified as the main factor.

Qu3. How have these changes affected you? (17 responders) Tick all that apply

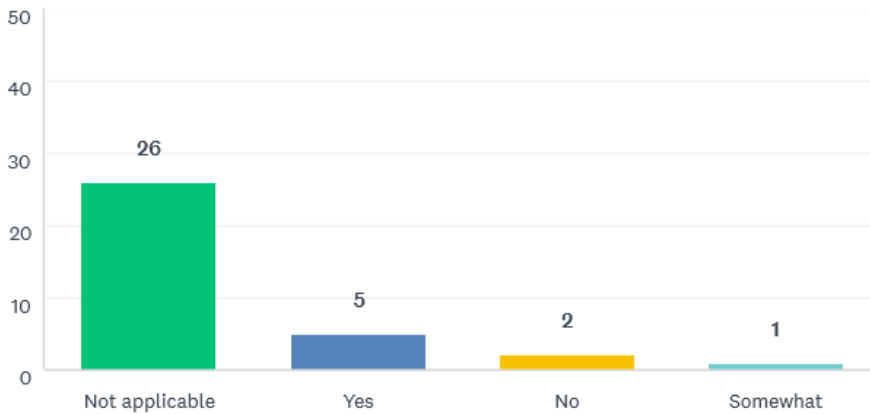


A sense of isolation and anxiety dominates this response, with no connection to community or neighbours’ support.



Qu4/5/6. If you have a friend or relative in a care home, do you feel you have received sufficient information about safety measures put in place to protect your relative/friend due to the COVID-19/coronavirus pandemic? If no, why not? What would you have liked to see? If yes, please share the good practice.

Of the 8 responders who identified this as part of their experience 5 confirmed that they had received sufficient information.

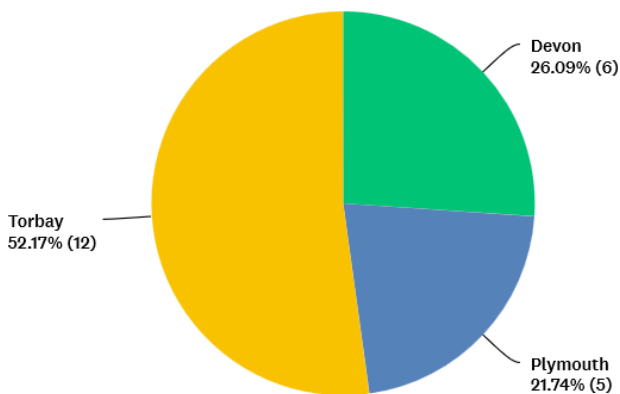


“No” (1 response) the responder expressed concern about “*Not a constant change in support workers*”.

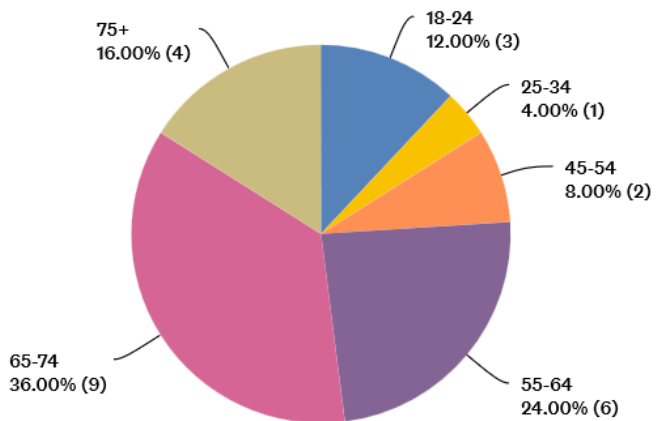
3 responses shared good practice:

- “*I would have preferred that the care home had agreed not to move mum at present*”
- “*Young man lives in our home with us. People who normally support us contact regularly to check all is well*”
- “*Protection plans*”

Qu7. Where do you live? (23 responses)

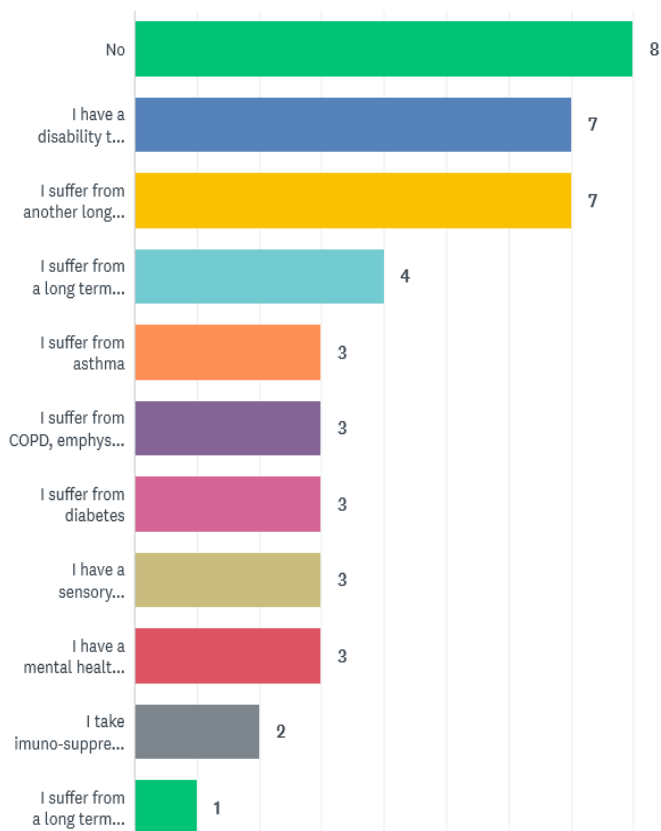


Qu9. Please tell us your age category (25 responses)





Qu8. Do you suffer from any long-term conditions or disabilities?



- ▼ No
 - ▼ I have a disability that limits my mobility (e.g. wheelchair user)
 - ▼ I suffer from another long term condition or disability
 - ▼ I suffer from a long term heart condition
 - ▼ I suffer from asthma
 - ▼ I suffer from COPD, emphysema or another long term lung condition
 - ▼ I suffer from diabetes
 - ▼ I have a sensory disability (e.g. deaf)
 - ▼ I have a mental health condition
 - ▼ I take immunosuppressant medication to manage a long term condition
 - ▼ I suffer from a long term kidney condition
 - ▼ I suffer from a long term condition that affects my immunity (e.g. sickle cell, HIV/AIDS)
 - ▼ I am undergoing chemotherapy for cancer
- Total Respondents: 22**



Appendices

A. Virtual Zoom meeting brief, aims and participants

Brief:

Across Healthwatch Devon, Plymouth and Torbay, we are keen to capture people's experiences under COVID-19, whether that's people struggling to find the right health and social care information or about their experience of health and care services.

During COVID-19, NHS and social care services have had to change the way they are working, and it is essential that we are able to feedback patient and service user experience to let services know issues that are affecting you and your loved one. It is our role to listen to people's experiences sharing their views with those who can do something about it.

The aim of each session is to:

- Find out what has worked well /not well through this period.
- Find out the impact for individuals with non COVID-19 related conditions on their health and wellbeing. E.g. delayed appointments/treatment etc.
- Identify new initiatives that organisations have implemented that have worked well and wish to continue after this crisis and how these changes can be developed and then maintained.
- Start to look at how services/access to services may change after COVID-19 crisis and ensure patient feedback is incorporated with the recovery plan for our statutory and our 3rd sector.



Healthwatch Learning Disability Forum

14th May 2020

Participant	Organisation	Role
Alison Tidy	Hollacombe Day Services Torbay.	Manager and a Trustee of HWT & ECSW.
Jo Morgan	Devon Link Up	CEO.
Aaron Uglow	SPACE - Torbay	Supporting individuals with LD and Autism
Sally Carr	Pluss Plymouth	Area Manager. Inspiring people of all abilities to achieve a career.
Nikki Hornsby	Improving Lives Plymouth	Better Futures Manager
Diana Cole	CEDA Devon	CEO
Saoirse Read	Derriford Hospital	LD Lead
Fred Salimizadeh	Highbury Trust Plymouth	Advocate
Ruth Wells	Headway Devon	CEO
Sarah Bickley Facilitator	HW Torbay	Engagement Lead
Emily Thuysbaert	HW Plymouth	Engagement
Abby Read	HW Devon	Engagement
Shirley Weeks	Citizens Advice	Healthwatch Champion
Catt Kinsey	Citizens Advice	Healthwatch Champion



Healthwatch Mental Health Virtual Forum

20th May 2020

Participant	Organisation	Role
Craig Harrison	Andy's man's club Plymouth	Co-ordinator
Si Parham Mel O'Reardon	Heads Count, Plymouth	Manager Engagement worker
Dot Taylor	Exmouth Mental Health Carers	Group Coordinator
Sharon Nott	Torbay Peer Support Project, Step One Charity	
Dot Throssel	Heads Count Steering Group	Heads Count advocate for carers support groups in Plymouth
Dave Baker	Torbay Carer support	Mental Health Carer Support Worker (and also works with Young Adult Carers)
Mark Thorneywork	PHAB Club Torquay	
Dominique Toyra	Rethink Mental Illness,	Group Development Officer for the SW.
Pamela Prior	Healthwatch Torbay	Strategic Volunteer
Sarah Jayne Lowson	Community Projects Life Works	
David Kinross Co-facilitator	HW Plymouth	Volunteering / Engagement
Emily Thuysbaert Co-facilitator	HW Plymouth	Engagement
Sarah Bickley	HW Torbay	Engagement Lead



Shirley Weeks	Citizens Advice	Healthwatch Champion
Catt Kinsey	Citizens Advice	Healthwatch Champion
Sam Scott	Citizens Advice	Healthwatch Champion
Abby Read	HW Devon	Engagement

Healthwatch Children and Young People Forum

26th May 2020

Participant	Organisation	Role
John Davey	GMC	
John Knight	HW Plymouth	HW Plymouth Volunteer rep
Sarah Vingoe	Sunrise North Devon	CEO
Mark Goodman	VOYC	CEO
Andy Miller	Young Devon	Participation Coordinator, North Devon
Polly Ferguson-Carruthers	Doorsteps Arts	Co-Parent
Dave Jones	South West Family Values	Director
Pam Prior	HW Torbay	Volunteer Rep
Pat Teague	HW Torbay	Volunteer Rep
Dani de Beaumont	Action for Children	Children's Services Manager
Abby Read	HW Devon	Engagement
David Kinross	HW Plymouth	Volunteering / Engagement



Emily Thuysbaert	HW Plymouth	Engagement
Sarah Bickley	HW Plymouth	Engagement Lead
Shirley Weeks	Citizens Advice	Healthwatch Champion
Sam Smith	Citizens Advice	Healthwatch Champion

Healthwatch Carers Virtual Forum

3rd June 2020

Participant	Organisation	Role
Emma Young	Mencap	Working with Family Carers with Learning Disability
Francesca Hadden	CQC	Lead Inspector for DPT, second inspector for RD&E and North Devon District Hospitals
Pamela Prior	Healthwatch Torbay	Strategic Volunteer
Nicola Clifford	CQC	Inspection Manager with the primary care medical services
Dot Throssel	Heads Count and Heads Space	Volunteer
Caroline Saunders	Mencap	Torbay Older Family Carers
Gina Awad	Exeter Dementia Alliance	Lead
Claire Paddon	Plymouth parent Carer Voice	Director and Chair
Dave Baker	Torbay Carer support	Mental Health Carer Support Worker (also works with Young Adult Carers)



Cheryl Mackinnon	Torbay Carers Services	Young Adult Carer Development Worker
David Kinross Facilitator	HW Plymouth	Volunteering / Engagement
Abby Read	HW Devon	Engagement Officer
Sarah Bickley	HW Torbay	Engagement Lead
Emily Thuysbaert	HW Plymouth	Engagement Officer
Caroline Harris	Citizens Advice	Healthwatch Champion
Shirley Weeks	Citizens Advice	Healthwatch Champion
Sam Scott	Citizens Advice	Healthwatch Champion
Catt Kinsey	Citizens Advice	Healthwatch Champion



B. Covid-19 pandemic information and key events timeline to 07.06.2020 UK (end of online survey engagement with the public by Healthwatch Devon, Plymouth, Torbay)

Timeline:

January

31 January - The first two cases of [coronavirus \(2019-nCoV\)](#) in the United Kingdom are confirmed.

February

27 February The total number of confirmed cases in the UK is reported as 16

March

2 March - The government holds a COBRA (Cabinet Office Briefing Rooms) meeting to discuss its preparations and response to the virus, as the number of UK cases jumps to 36.

9 March - The Foreign and Commonwealth Office advises against all but essential travel to Italy due to the COVID-19 outbreak in the country and the nationwide lockdown

11 March - presents the budget which includes £30 billion in measures to protect the economy from coronavirus

12 March - The UK Chief Medical Officers raise the risk to the UK from moderate to high. The government advises that anyone with a new continuous cough or a fever should self-isolate for seven days. Schools are asked to cancel trips abroad, and people over 70 and those with pre-existing medical conditions are advised to avoid cruises. [Public Health England](#) stops performing [contact tracing](#), in view of the wide spread of infection in the population.

14 March - A further 10 people are reported to have died from COVID-19, almost doubling the UK death toll from 11 to 21. The government's aim for a "[herd immunity](#)" approach generates controversy

15 March - The Health Secretary says that every UK resident over the age of 70 will be told "within the coming weeks" to self-isolate for "a very long time" to shield them from coronavirus.

16 March - first of daily televised press conferences to update public and press

17 March - NHS England announces that all non-urgent operations in England will be postponed, to free up 30,000 beds to help tackle the virus

18 March - The government announces that all schools in the country will shut from the afternoon of Friday 20 March, except for those looking after the children of key workers and vulnerable children. No exams will take place this academic year.

19 March - The government announces £1.6bn for local authorities, to help with the cost of adult social care and support for the homeless; and £1.3bn to the NHS and social care, to allow up to 15,000 people to be discharged from hospital.

20 March - Prime Minister [orders all cafes, pubs and restaurants to close](#) from the evening of 20 March, except for take-away food, to tackle coronavirus. All the UK's nightclubs, theatres, cinemas, gyms and leisure centres are told to close "as soon as they reasonably can"



21 March - The Environmental Secretary urges shoppers to stop [panic buying](#), as supermarkets around the UK struggle to keep up with demand. Supermarkets are reported to have begun a recruitment drive for up to 30,000 new staff

23 March - In a televised address, The Prime Minister announces a UK-wide partial lockdown, to contain the spread of the virus. The British public are instructed that they must stay at home, except for certain "very limited purposes" - shopping for basic necessities; for "one form of exercise a day"; for any medical need; and to travel to and from work when "absolutely necessary".

24 March - For the first time, all of the UK's [mobile networks](#) send out a government text alert, ordering people to stay at home. "*Stay at home. Protect the NHS. Save lives.*"

25 March - The police will be given the power to use "reasonable force" to enforce the lockdown regulations. The first two working NHS doctors die from COVID-19 on the same day, one a GP, the other a surgeon.

26 March - restrictions [came into force](#)

29 March - The government will send a letter to 30 million households. The letter will also be accompanied by a leaflet setting out the government's lockdown rules along with health information

31 March - A significant rise in [anxiety](#) and [depression](#) among the UK population is reported following the lockdown. The study, by researchers from the University of Sheffield and Ulster University, finds that people reporting anxiety increased from 17% to 36%, while those reporting depression increased from 16% to 38%

April

3 April - NHS Nightingale Hospital, London, the first temporary hospital to treat coronavirus patients, opens in East London, employing NHS staff and military personnel, with 500 beds and potential capacity for 4,000. It is the first of several such facilities planned across the UK

5 April - The Queen makes a rare broadcast to the UK and the wider Commonwealth. In the address she thanks people for following the government's social distancing rules, pays tribute to key workers, and says the UK "will succeed" in its fight against coronavirus but may have "more still to endure"

10 April - England's deputy chief medical officer, tells the UK Government's daily briefing the lockdown is "beginning to pay off" but the UK is still in a "dangerous situation", and although cases in London have started to drop they are still rising in Yorkshire and the North East

Beginning today, England's Care quality Commission requires care homes to state in daily death notifications whether the death was a result of confirmed or suspected COVID-19.

11 April - Some NHS workers say they still do not have the correct personal protective equipment to treat patients

14 April - Several UK charities, express their concern that older people are being "airbrushed" out of official figures because they focus on hospital deaths and do not include those in care homes or a person's own home.

15 April - NHS England and the Care Quality Commission begin rolling out tests for care home staff and residents as it is reported the number of care home deaths are rising but that official figures, which rely on death certificates, are not reflecting the full extent of the problem.



18 April - Care England, the UK's largest care homes representative body, estimates that as many as 7,500 care home residents may have died because of coronavirus, compared to the official figure of 1,400 released a few days earlier. The virus appears to be having a "disproportionate impact" on the Black, Asian and minority ethnic (BAME) communities, Public Health England to investigate what may be accounting for the increased risk within these groups

20 April - The UK's deputy chief scientific adviser, says the number of confirmed cases is "flattening out"

22 April - In a Commons statement the Health Minister tells MPs "we are at the peak" of the outbreak, but social distancing measures cannot be relaxed until the government's five tests have been met

Test one: Making sure the NHS can cope

Test two: A 'sustained and consistent' fall in the daily death rate

Test three: Rate of infection decreasing to 'manageable levels'

Test four: Ensuring supply of tests and PPE can meet future demand

Test five: Being confident any adjustments would not risk a second peak that would overwhelm the NHS

25 April - The number of recorded deaths takes the total past 20,000 to 20,319. Thus the UK becomes the fifth country to pass the 20,000 mark along with the United States, Italy, Spain and France. After figures show that A&E attendances are half their usual level, the health service urges people to seek healthcare if needed and not be put off by the coronavirus outbreak

28 April - The Health Minister announces that care home figures will be included in the daily death toll from the following day; official figures have previously included only hospital data

30 April - Prime Minister Boris Johnson says the UK is "past the peak" of the COVID-19 outbreak but that the country must not "risk a second spike", and announces that he will set out a "comprehensive plan" for easing the lockdown "next week"

May

2 May - £76m of funding announced to help vulnerable people, including children, victims of domestic violence and modern slavery, who may be "trapped in a nightmare" during the lockdown restrictions

3 May - An NHS contact tracing app designed to track and prevent the spread of COVID-19 will be trialled on the Isle of Wight during the forthcoming week

10 May - The UK government updates its coronavirus message from "stay at home, protect the NHS, save lives" to "*stay alert, control the virus, save lives*"

A new alert scale system is announced, ranging from green (level one) to red (level five)

Those who cannot work from home, such as construction workers and those in manufacturing, are encouraged to return to work from the following day, but to avoid public transport if possible.



COVID-19 alert level system

Level	Meaning
5	As level 4 and there is a material risk of healthcare services being overwhelmed
4	A COVID-19 epidemic is in general circulation; transmission is high or rising exponentially
3	A COVID-19 epidemic is in general circulation
2	COVID-19 is present in the UK, but the number of cases and transmission is low
1	COVID-19 no longer present in the UK

11 May - The UK government advises people in England to wear face coverings in enclosed spaces where social distancing is not possible, such as on public transport and in shops

15 May - Government scientific advice says that the R number (basic reproduction number: expected number of cases directly generated by one case) has increased slightly from between 0.5 and 0.9 to between 0.7 and 1.0, closer to the rate at which infections could start to exponentially increase.

16 May - the Children’s Commissioner for England, urges the government and teaching unions to “stop squabbling and agree a plan” to reopen schools, warning that the closure of schools is impacting negatively on disadvantaged children.

18 May - The Health Minister announces that anyone in the UK over the age of five with symptoms can now be tested for COVID-19

20 May - People with diabetes are being strongly advised to follow government advice after a study by NHS England found the condition was linked to a third of coronavirus deaths between 1 March and 11 May. Diabetics are not among the people who have been told to shield themselves, but some may be asked to do so if they are deemed to be at high risk because of a combination of health conditions.

28 May - The Prime Minister says the government’s five tests have been met, and from 1 June in England groups of up to six people will be able to meet outdoors in gardens and outdoor private spaces

June

1 June - Gatherings of people from more than one household are limited to six people outdoors and are prohibited entirely indoors, with exceptions including education. As primary schools reopen in England, headteachers report a varied attendance rate of between 40% and 70%

4 June - Transport Secretary announces that face coverings will be compulsory on public transport from 15th June. Very young children, disabled people and those with breathing difficulties will be exempt from this requirement.

5 June - Health Secretary urges people not to breach lockdown rules when attending protests to support Black Lives Matters.

6 June - The number of recorded deaths rises to 40,465 Total number of lab-confirmed UK cases



284,868

This is an edited extract of information provided on Wikipedia

Source: https://en.wikipedia.org/wiki/Timeline_of_the_COVID-19_pandemic_in_the_United_Kingdom (visited 07/06/2020)

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