

# Wolverhampton Covid-19 Report

March 2021

# Introduction

Healthwatch Wolverhampton are your local voice for the public in the delivery of health and social care services. We collect feedback from the public about their experiences of using health and social care services and use that feedback to work with service providers and commissioners to develop service improvements. One of the ways that we collect feedback is to carry out focused projects around particular services. On this occasion we carried out a project looking into the effects of Covid-19 on individual's, physical, emotional, and mental health.

## Methodology

A mixture of methodologies were chosen to capture feedback from members of the public about their experiences of Covid-19 and how it had affected their health and wellbeing. In total we carried out **four surveys** and **six focus groups** to collect the public's view. All methodologies took place online due to not being able to engage with the public face-to-face in Covid-19 restrictions.

The first survey was launched in the first lockdown on our website and shared via our social media channels.

We then launched a second survey, further into the pandemic, following the ease of the first lockdown and due to a poor response rate in the first survey. Again, this survey was shared across our social media platforms and via email to our stakeholders and members.

Upon analysing feedback from the second survey and recent patient experiences; with consultation from the Healthwatch Wolverhampton Advisory Board, feedback received was highlighted for further research. The following topics were chosen as smaller strands of the original Covid-19 project; Mental Health, Homelessness and Young Carers.

Focus groups on the topic of mental health were carried out with different community and stakeholder groups including, the D/deaf community, LGBTQ+, Young People and the wider population. These focus groups all took place on Zoom (a video communications platform) and invites were shared on our social media platforms, website and via email.

A sixth focus group was carried out focussing on homelessness in the city and how these individuals had been impacted by the pandemic. As we were unable to carryout face-to-face engagement with these individuals, we chose to engage with the services in the city that offer support. These services were contacted via email and were invited to partake in the focus group on MS Teams. A request for information was also sent via our social media platforms, inviting those wishing to take part to contact the project lead.

A third online survey was used to collect feedback from young carers, this was shared across our social media channels, on our website and via email to stakeholders and education providers in the city.

Prior to the first Covid-19 survey we also carried out a small survey looking into the effect of the start of the pandemic on cervical screening services during Cervical Screening Awareness Week. This topic was selected due to the project we carried out in 2019/20.

## Who took part?

The first Covid-19 survey received 10 responses and the second 134. In both surveys participants were able to take part in a series of optional demographic questions around the nine protected characteristics, that enabled us to see if we were reaching all areas of our diverse community.

Those attending the focus groups were not asked any demographic questions about their protected characteristics, in order to preserve their anonymity. 35 attended the six focus groups on mental health.

Seven participants took part in the young carers survey and were only asked their age, again this response was optional.

We received a total of 16 responses for the cervical screening survey, these participants were also asked the same set of optional demographic questions.

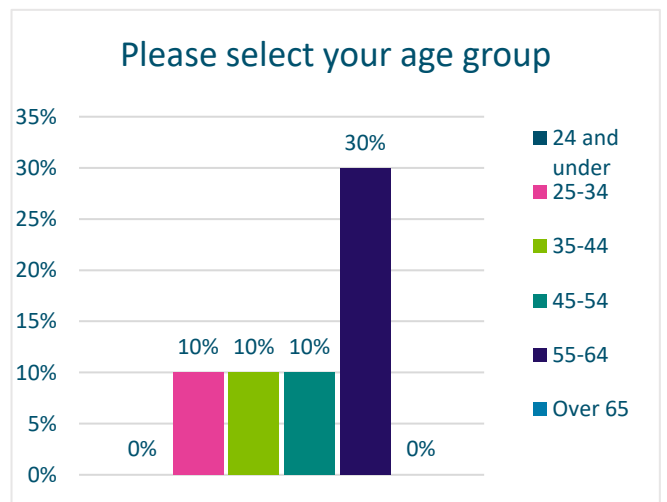
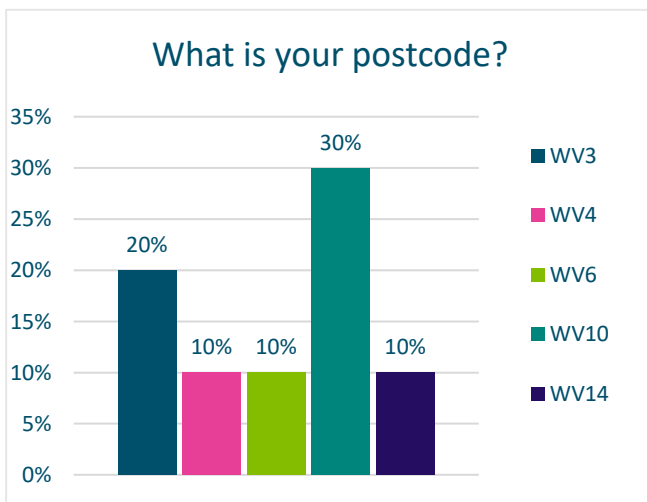
# Findings: First Covid-19 Survey

The majority (50%) of survey respondents identified as Female, 10% identified as Male and the remaining chose not to respond, no respondents chose to disclose if their sex differed to the gender assigned at birth. All respondents that chose to respond to the sexual orientation question identified as Heterosexual. 50% of respondents also told us that they were married, 10% were single. When asked their ethnic origin 60% of respondents identified as White British and 10% identified as Asian - Indian, the remaining 30% chose not to identify.

Respondents were asked if they were currently pregnant; all respondents that chose to answer responded no or not applicable. Only 10% of respondents identified as having a disability. 40% of respondents identified as being Christian and 10% identified as Sikh.

Respondents were also asked to give the first part of their postcode so we could identify if we were engaging across the city. Most respondents (30%) came from the WV10 area.

The majority of respondents (30%) were aged between 55 and 64. 40% of respondents chose not to disclose this information.



When asked if respondents had had Coronavirus, 60% said that they have not had Coronavirus or any symptoms. The remaining 40% said they have possibly had Coronavirus as they had experienced some of the symptoms.

### Access to information

Respondents were asked if they had found it easy to find clear and understandable information about what to do to keep themselves and others safe during the Coronavirus pandemic. 70% of respondents said they had found it easy. Most told us that they were able to access the information through the media; on TV, Radio, Social Media and on websites including on the Gov.uk, NHS and Healthwatch Wolverhampton websites. Respondents also told us; *“At the beginning of the pandemic the information was really confusing and unclear”, “I’d like to have clearer less ambiguous guidance for example if there is a need to wash everything that comes into our home including groceries”, “the information online is a maze of fake news and information that is not easy to spot... we are all confused”.*

### Accessing health and social care services

Respondents were asked if they sought medical advice or care whilst experiencing symptoms of Covid-19, the majority (40%) of respondents said this was not applicable. However, 30% said they had sought medical advice. We asked if respondents would give more feedback on their experiences of this, three respondents told us of their experience of using NHS111; *“I used the NHS 111 online services which indicated I might have it. Because my symptoms were slightly different I called and spoke to an operator who told me that my symptoms did fit”, “111 wouldn’t test even though had [symptoms] longer than 7 days and had asthma and work for NHS and also told me to take ibuprofen even though I’m an asthmatic”.* The third respondent told us that they didn’t receive much support from 111 as their breathing was not compromised, despite having severe chest pain.

A fourth respondent told us they should have started radiotherapy to treat their breast cancer but were unsure on when this would start due to Coronavirus restrictions.

Respondents also raised the issue of not wanting to access health and care services during the pandemic to protect themselves from the virus. They felt confused if the services would be safe to access but also that the services are under increased pressure and would not want to add to this.

We also asked participants if their healthcare for other conditions had been impacted by the pandemic, 40% felt it had. One participant told us; *“Appointments have been cancelled, alternative provision has been issued via post until therapist can measure my child for new splints etc”.* One respondent shared a positive experience of ringing the chemist and having medication delivered.

Another participant suggest; *“It would be helpful if GP surgeries provided guidelines on how patients can make appointments if needed be it via a phone call etc, and what patients need to do and what to expect when reordering prescriptions. There is very little explanation when talking to professionals, even them saying they don’t know what’s going to change/happen would be helpful, rather than having to second guess”.*

Respondents were also asked if their experience of social care had been affected by the pandemic, only 10% of respondents answered yes; I have not had a visit from my home carer for nearly 6 weeks now. She is having to isolate as she is now poorly.

## Mental Health

60% of respondents felt their mental health had been affected by the pandemic. Respondents told us of an increase in anxiety and stress due to the media and news headlines and constant changing information. As well as feeling “lonely, isolated and claustrophobic” adjusting to the new way of life. Existing mental health issues have also been worsened, one participant told us; *“I have also struggled to manage my depression. I know there are online things I can use, but speaking to people works more for me and I have felt unable to call my mental health team because they have more important things to be dealing with. I don’t want to be an extra burden”*.

Another participant told us; *“I am suffering more panic attacks and my depression is worse. Unfortunately, I have also self-harmed in the past 3 weeks”*.

## Impact on health and wellbeing

We asked if there were any other ways which respondents health or wellbeing may have been affected by the pandemic. Many respondents told us their diet and lifestyle had changed due to the pandemic and this was having an impact on their mental health. *“I have gained weight, I have become lazy. My mental health has slipped”* and *“My physical health is slipping. My sleeping pattern has also changed drastically, it’s hard to keep a healthy routine”*.

Other participants were concerned about the health of their loved ones. One participant told us; *“Mentally I am more worried about family. One daughter is a frontline NHS worker while another has MS and lives on her own. I haven’t seen her for 5 weeks now”*.



# Findings: Second Covid-19 Survey

The largest group of survey respondents (29%) were aged between 45 and 54. The number of respondents aged between 65-74 and 35-44 were roughly similar at 18% and 17% respectively. Only 5% of respondents were under 25.

68% of respondents told us they did not have a disability, 2% preferred not to say.

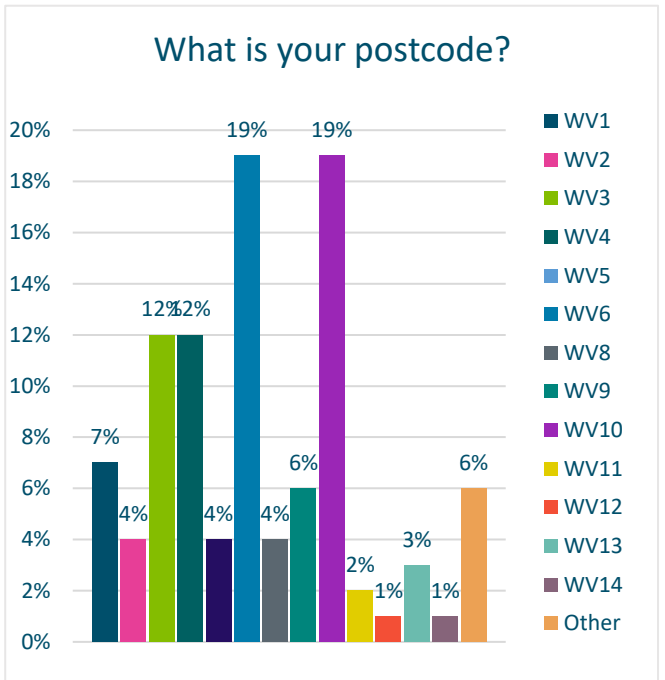
Most of the respondents (74%) were assigned as female at birth, this percentage stayed the same when asked their sex. No respondents identified as non-binary or transgender.

77% of respondents identified as White British, 5% of respondents identified as Indian. 3% identified as Caribbean and a further 3% identified as Mixed White and Black Caribbean. No respondents identified as White Irish.

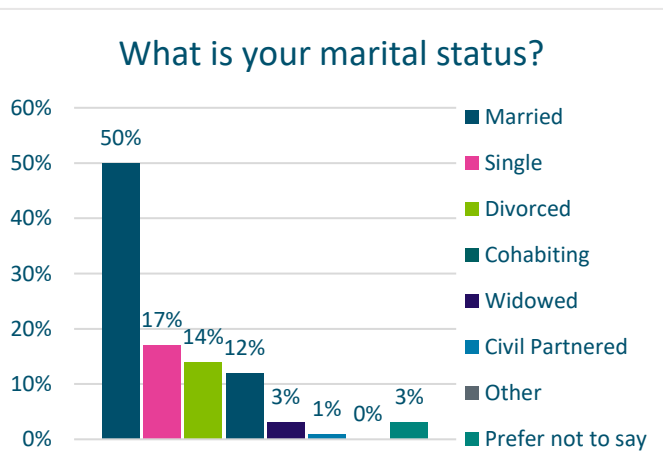
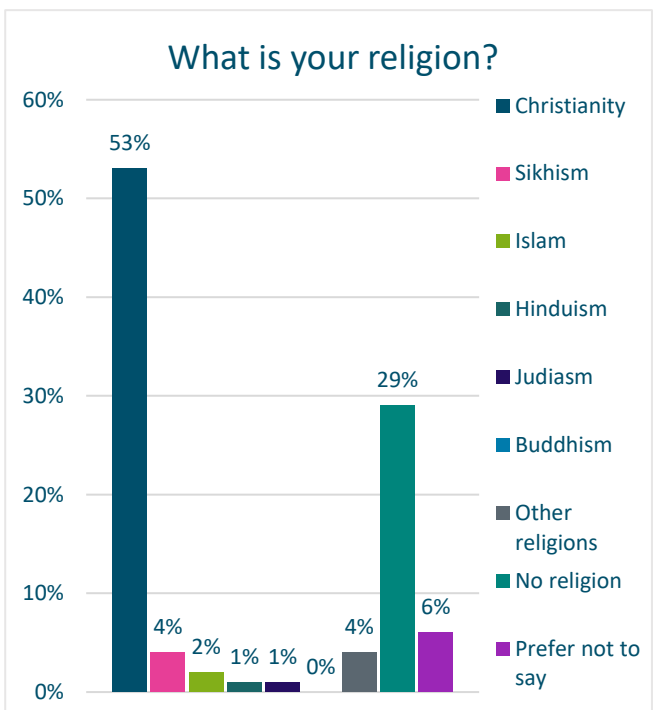
The majority of respondents identified as heterosexual (87%). The respondents who identified as homosexual or bisexual were roughly similar at 4% and 3% respectively. 6% of respondents preferred not to say and nobody identified as other.

Half of the respondents to the survey were married and 17% were single. The number of respondents that were divorced or cohabiting were similar at 14% and 12% respectively.

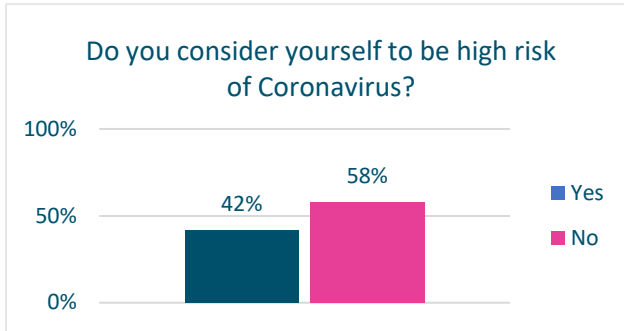
Healthwatch Wolverhampton aim to engage with members of the public across the city. We asked respondents for the first part of their postcode, the highest percentage of respondents (19%) came from WV10 and WV6.



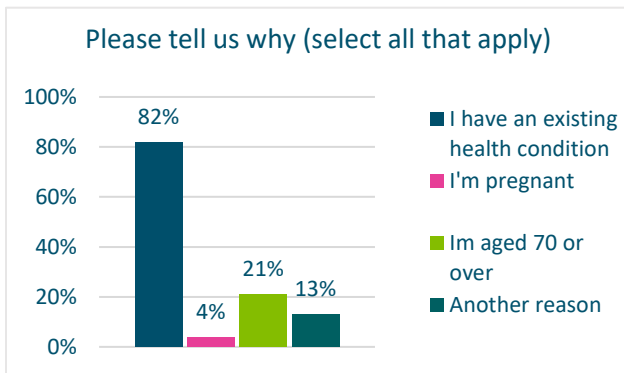
53% of respondents to the survey said that their religion or belief was Christianity; 29% said they had no religion or belief and 6% chose not to share.



42% of respondents said that they considered themselves to be at high risk from the Covid-19 virus.



Of those 82% said that they had an existing health condition and 21% said that they were aged over 70. 13% said that they had another reason for being particularly vulnerable and they gave reasons including obesity, the fact that they were a smoker, or due to where they worked, such as with children or for the NHS.

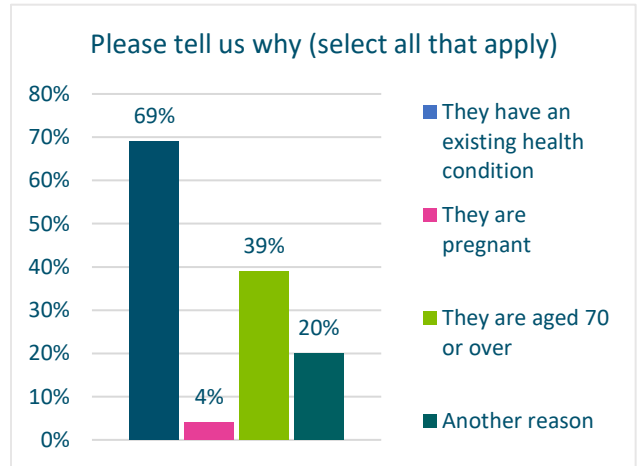


23% of the respondents had received a letter or text advising them that they should be shielding due to the Pandemic.

We asked respondents if they care or support for someone considered to be high risk of Covid-19, 38% of the respondents to the question said that they were carers for people who were to be at high risk from Covid-19. 69% of the people that they care for had an existing health condition and 39% were aged over 70.

20% had other reasons for them being at higher risk and some of the reasons given included caring for older people who have Alzheimer's or dementia, as well as caring for people who have Autism spectrum disorders or learning disabilities.

One respondent said that they were caring for a newborn. Of those that answered the question 60% said that the people that they care for had received a letter or text advising them to shield.



When asked if they had been working or volunteering to support people affected by the Pandemic 20% of the respondents to the question said that they had.

When they were asked for more information about the volunteering or work that they had been undertaking. Some respondents said that they had been involved in ensuring that people were able to access essential supplies such as food from food banks or delivering hot food to residents and food parcels. Others said that they were making phone calls on behalf of the local authority such as *'welfare calls for shielding'*. Another said that they were supporting with *'befriending calls, collecting and delivering prescriptions'* similarly to others who were supporting neighbours or others as a volunteer.

Those that were employed were working in roles in the NHS such as working in acute hospitals as nursing staff with one saying that the *'Diabetic ward became a Covid ward.'* Whilst another was working in the social care sector and another was *'providing counselling to working needing to continue working during the Pandemic.'*

## Communication Needs

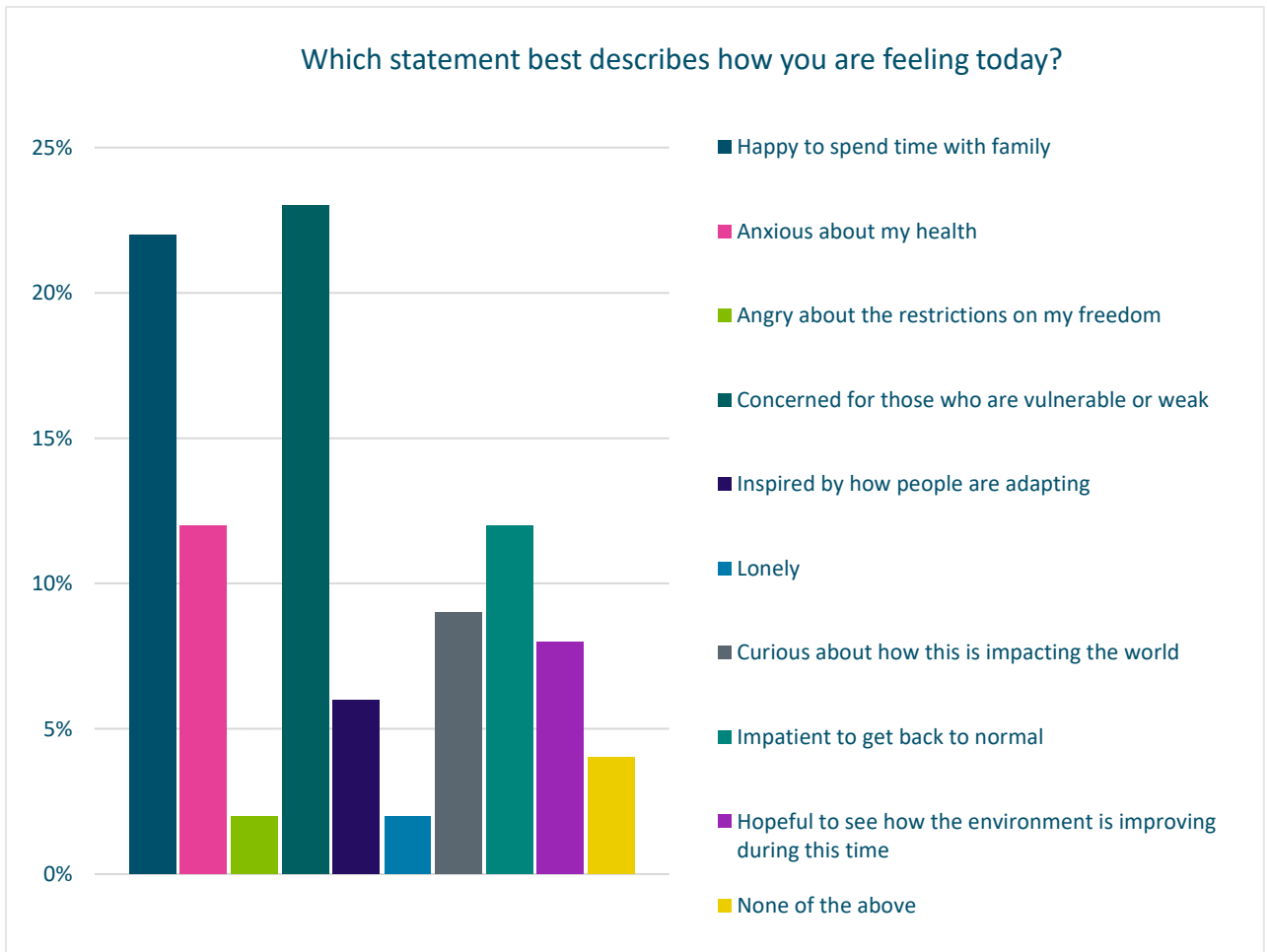
17% of respondents to the question said that they, or the people that they cared for, had additional communication needs with 23% saying that they needed easy read documents, and 14% saying that they needed information in other languages.

69% said that they had another communication need and of those that gave more information reasons varied such as being *'deaf but don't sign'* or *being 'non-verbal and needs parent to interpret'*. Makaton was pinpointed as a need for one participant and another said that they lacked a computer or telephone and this made communication difficult. 80% of respondents to the question said that they had been able to find information and advice in the formats or languages that they needed.

## Feelings during the Pandemic

When asked which statement best describes how they were feeling on the day that they completed the survey 23% said that were concerned for those who were vulnerable and 22% said that they were happy to spend time with their family.

2% said that they were angry about restrictions on their freedom and 2% said that they were lonely. There were a small number of comments about how they were feeling with one participant saying that they felt *'vulnerable on public transport'* and another said that they were *'scared all round.'* One participant said that there were *'extremely dissatisfied and stressed because my wife's death has indirectly been affected by it.'*





When asked what their biggest concerns were 43% said that they were concerned for their own or their family's health and wellbeing; 40% said that they were concerned about people not following the rules and 29% were concerned about catching or passing on Covid 19. Only 2% said that they were concerned about dying and 3% said that they were concerned about getting food or shopping.

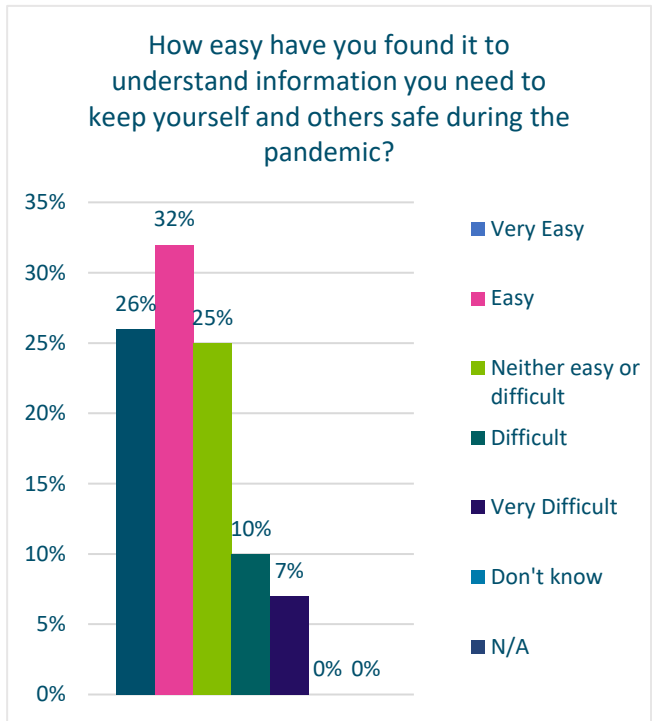
A small number of respondents gave more information about their concerns. The respondent who felt that their loved ones death had been impacted by Covid said their concern was that their *'serious brain haemorrhage'* had been neglected *'which resulted in [their] death.'*

There were concerns about people *'who are marginalised in accessing support'* and one respondent felt that concerned that there was no consideration of *'others with health or mental health or disabilities to be at high risk as well.'*

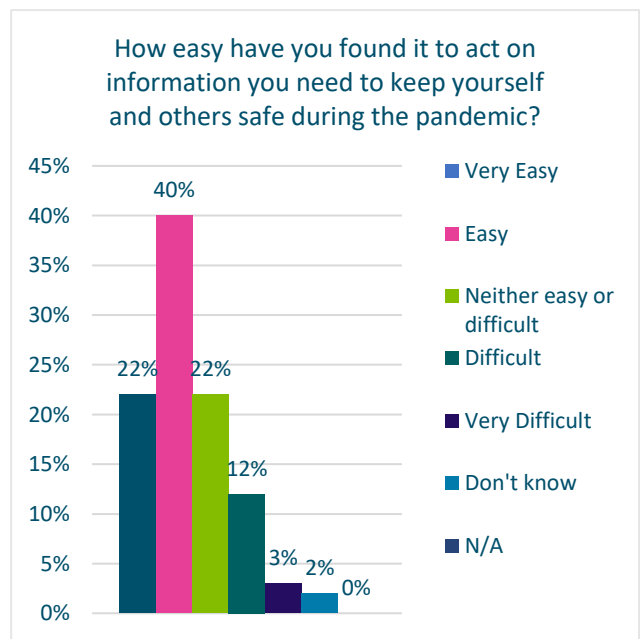
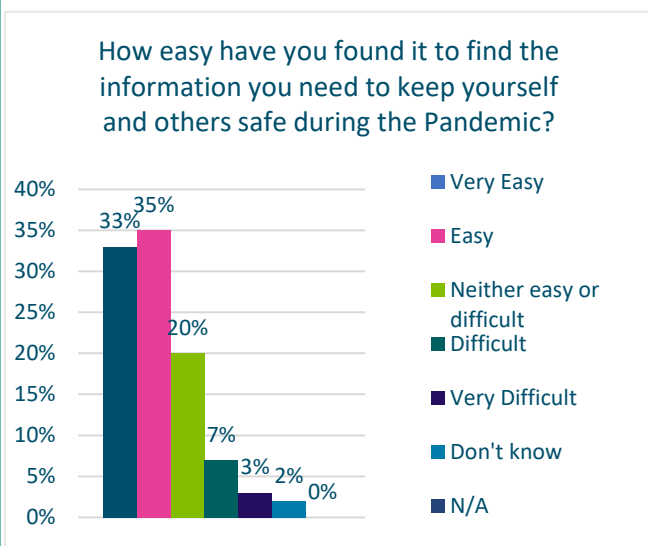
### Accessing information

When asked how easy they had found it to find the information they needed about how to keep themselves and others safe during the Coronavirus/Covid-19 pandemic 68% of respondents said that they had found it either very easy or easy to find information. 10% said that they had found it difficult or very difficult.

When asked how easy they have found it to understand information that they needed about how to keep themselves and others safe during the Pandemic, 58% of respondents to the question said that they had found it very easy or easy to understand; 17% said that they had found it difficult or very difficult to understand.



62% of respondents said that they had found it very easy or easy to act on information about how to keep themselves or others safe; whilst 15% had found it difficult or very difficult.



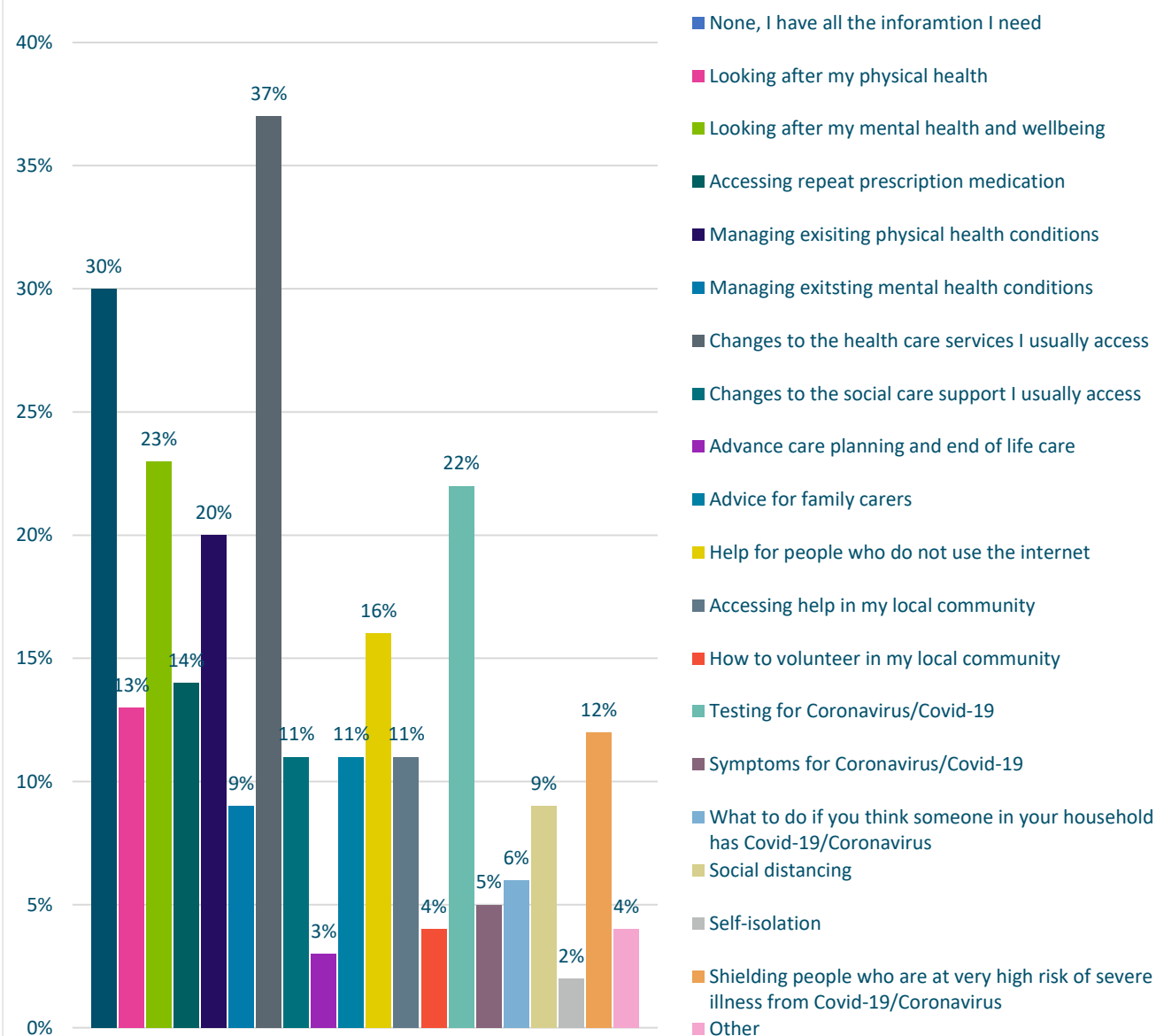
When asked how easy have they had found it to keep up to date with the changes to information about how to keep themselves and others safe during the Pandemic 45% of respondents to the question said that they had found it very easy or easy; whilst, 26% said that they had found it difficult or very difficult.

37% of respondents to the question said that they had found it difficult to get clear information about changes to health services that they usually access such as the GP;

however, 30% said that they had not experienced any issues and had all the information that they needed.

There were some additional comments about specific difficulties including the need for *'clear information that Autistic teenager can understand'* as they are a *'very strict rule follower so needs clear concise information.'* The changes of advice over time was pinpointed by one respondent who asked *'what exactly am I allowed to do today?'*

Which topics, if any, have you found it difficult to get clear information and advice about? (tick all that apply)



Respondents were asked where they had found information or advice from and 67% said that they had found it online from national organisation websites such as the Government or NHS and 64% said that they had found it through the media such as newspapers or the television. There were some additional comments with some getting information from their employers or *'advertising in streets and shops.'*

There was a fairly even split between respondents who had found specific information or sources of information particularly helpful (48%) and those that had not (52%). Those that had found specific sources helpful were asked for more information about them. One respondent said that they had *'regular emails from Healthwatch'* and that they were on a *'distribution list... at Wolverhampton CCG'* and Healthwatch information was mentioned by other respondents. Others spoke about *'the government site'*; *'BBC updates'* or the *'daily government updates'*.

Other sources included online news providers, radio programmes and emails from the local authority.

Half of the respondents to the question said that they, or the people that they care for, had experienced changes in their healthcare due to the Pandemic and 36% said that they had not. The remaining 14% said that they had not needed any healthcare services.

Of those that said they had experienced changes in their healthcare due to the Pandemic 44% said that the communication about the changes had been either very poor or poor. 28% said that it had been good or excellent and 28% said that it had been fair.

When asked if their answers related to a specific service 68% said that they did. Respondents were asked to name the particular service if they wished.

Services included GP practices, Royal Wolverhampton Trust, physiotherapy services and dental services.

When asked for more information on their experiences respondents gave a range of feedback. Some said that they had received *'regular updates' and 'text messages with updates'*. Another said that *'any changes have been reported by Healthwatch Wolverhampton.'*

Many told how their appointments had been over the telephone, especially GP appointments. Not every one was happy to have a telephone appointment with one respondent commenting that they were *'unsure about the accuracy of diagnosis with phone consultations with GP.'* Others said that they had found it 'hard to get an appointment' at the GP because *'they prefer telephone.'* Others were more positive about their experience of telephone consultations with one commenting that there *was 'no face to face appointment but telephone appointment and prescription emailed to pharmacy.'*

Others told how they had been in to their healthcare provider with one saying that *'appointment should have been over the phone- wasn't told this so ended up going in'* and another saying *that 'I phoned to ask procedure for me self-shielding. None. Told to sit in waiting room with the others.'*

Delays in appointments were reported by some respondents with one saying they had experienced *'not getting an appointment that should have been 4-6 weeks until after 11 weeks'* and another saying that they *'should have had an appointment about a back fracture diagnosed in late February.'*

14% of respondents to the survey said that they, or the people that they care for, received care or support to carry out daily activities. Of those, 14% said that they had experienced changes to the care or support that they received.

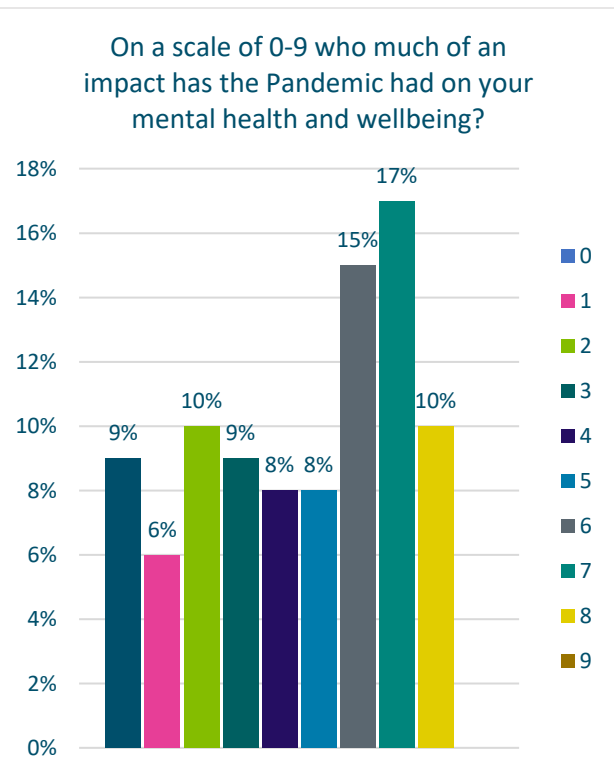
14% of those that said that they had experienced changes rated the communication about the changes as very poor. 86% said that it was either fair or good.

56% of the respondents said that their answers did not relate to a specific service. 44% said that they did. When to name the services they were responding about respondents did not choose to do so only telling us the type of service such as domiciliary care or social services.

Only one respondent gave us more information about their experience saying that *'they have kept us informed weekly.'*

### Mental health and wellbeing

Respondents were asked to rate the impact of the Pandemic on their mental health and wellbeing with zero being no impact and 9 being significant impact.

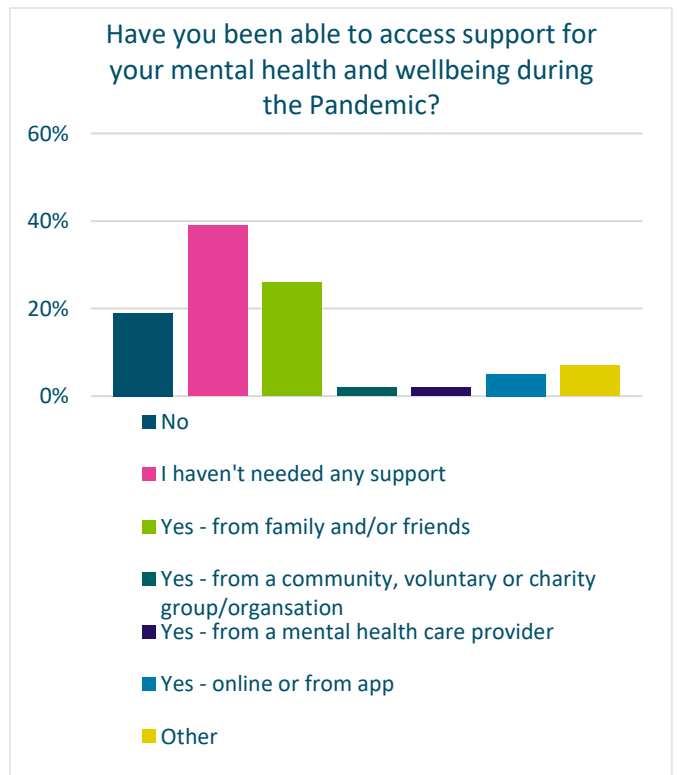


17% said that they rated the impact as being at seven and 15% at six. 9% said that there had been no impact and 10% said that there had been a significant impact on their mental health and wellbeing rating it at nine.

Respondents were asked if they had been about to access support for their mental health and wellbeing during the Pandemic. 39% said that they had not needed any support; 26% said that they had accessed support from their friends and family. 19% said that they had not been able to access any mental health support. 2% said that they had accessed support from a mental health care provider and 5% from an online source or app.

Of the 7% who specified another source of support one said that *'my employer has put in place various mental health support and given access to Headspace'*; two other respondents also said that they had support either from their employer or work colleagues.

Another said that they *'already saw a psychotherapist regularly, so this has been even more helpful during this time.'*



Respondents were asked for more information about their experiences of mental health issues and access to support during the Pandemic.

A large amount of feedback related to how they had turned to family and friends during the Pandemic with one respondent saying that *'being able to express fears to family and friends is so helpful'* and other said that *they 'had support from family friends and provided it as well.'* *'Spending time with family'* had seen one respondent have *'improved mental health.'*

However, not being able to see family and friends was pinpointed as a cause of anxiety with one respondent saying that *'not being able to see my eldest daughter, son-in-law and grandchildren for four months was hard.'* Another respondent said that they had been *'depressive more and lonely.'*

One respondent whose employer had provided access to support said that they had *'proactively access various tools from the services my employer had provided.'*

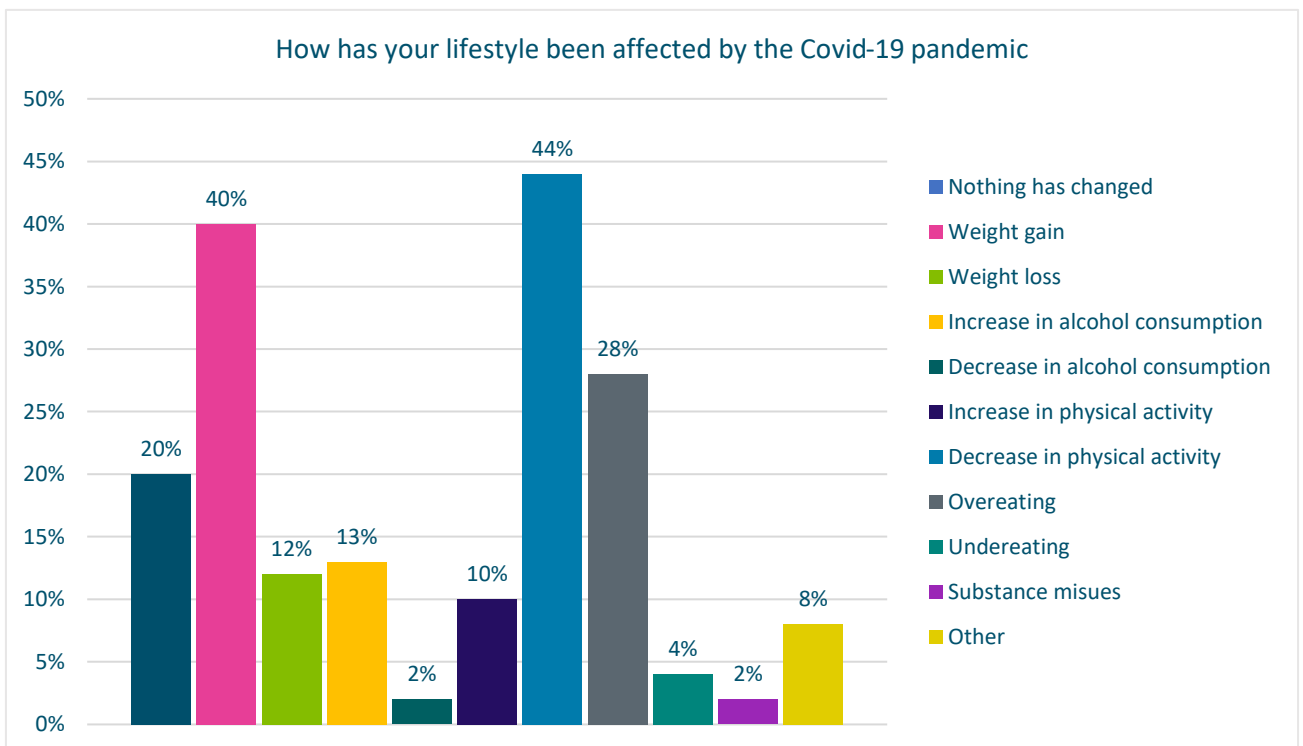
## Impact on lifestyle

Respondents were asked what impact the Pandemic had had on their lifestyle. 44% of respondents said they had had a reduction in their physical activity levels and 40% said that they had gained weight. 28% said that they had been overeating due to the Pandemic. 20% said that they had seen no changes in their lifestyle.

Those that said there had been other impacts were asked to say what they were. A number of the answers related to mental health and wellbeing impacts including *'smoking more and feeling isolated and lonely'* or an *'increase in anxiety and poor sleep'*. Another told how they were *'agitated and struggle to cope alone'*.

Another told how they were *'very depressed and stressful life'* following bereavement that they felt was contributed to by the Pandemic.

However, one respondent said that they had needed to *'cook for myself as can't eat out and too scared to have takeaways!'*



Respondents were asked if they had other experiences that they wanted to share from the Pandemic. Whilst some of the information mirrored that already covered elsewhere in the report there was additional information in relation to some services.

For instance there was feedback about A&E in Wolverhampton with one respondent saying that it *'was excellent' but another said that they were 'shocked [that] A&E don't have a separate area for those wishing to self-shield. I am petrified.'*

For some there were concerns that *'dependency on partner and family members... can cause tension'* but another said that their *'husband had been my carer throughout this period. Without his help my life would have been unbearable.'*

Information from government and services was mentioned by some respondents as being an issue with one respondent saying *'I don't trust any information it changes all the time'* and another saying that they *'found some information to be misleading, inconsistent.'*

There were some concerns raised about formal carers with one respondent saying that *they 'fear that my ... disabled [relative] will catch Covid from [their] PA's'*; whilst another told how *'carers [were] not keeping to regular times and not always wearing masks.'*

A lack of support from services was raised by some respondents with one saying that they *'cannot access mental health support'* and as a result *'suicide risk is very high at this time'*. Another said that they *'feel abandoned.'* One said that they had had *'no support from any services even though with them'* although they did not say what services they referred to.

Another who was receiving pain management said that they *'felt like all service stopped; no idea when they are resuming.'*

Some respondents told how they had received good care during the Pandemic with one saying it had *'been very good; was pregnant during lockdown [and] midwife care [was] very good.'* Another had received surgery during the Pandemic and said they had *received 'excellent surgical care from colorectal consultants and a23.'* Care at the eye hospital received positive feedback with the respondent saying that there had been *'excellent continuing care at eye hospital. [Relative] had four injection appointments during lockdown.'*

When asked what actions on either a local or national basis would help to address some of their concerns respondents gave a range of answers.

Access to easy to understand information and advice was a key theme of the feedback with one respondent suggesting that there needed to be *'clear information that is easy to find'* and to *'stop fake news on social media'*. Having *'simple clear messages'* was pinpointed by another. It was suggested that this information should come from both central government sources with *'daily advice from the PM'* given as an example; but also a need for local information such as *'weekly updates from hospital about what service are up and running and expected changes'* as well as *'better communication from the local council re: updates and changes to services.'*

Others said that a change that would make a difference would be *'people to listen and act!'* with a *'clarification of restrictions and consequences when broken.'*

Providing support to people that needed it was a theme for others with one respondent suggested that there was need for *'better co-ordination of information sharing and support offers across the city'* and that they should be *'based on needs.'* Having more mental health support was also raised by respondents with a need for *'more emphasis in mental health actual services!'*. Having support in place for *'those that have to continue to isolate past the end of July'* was also suggested and a need to for *'people in supported living [to be] include with such as food boxes.'*

Having access to appointments with health professionals again was a key theme from respondents. One respondent commented that they could *'now go to the pub but cannot see a health professional'*. Another wanted *'appointments resuming and normality'*. However, it was recognised by some that there were pressures on waiting times and services as a result of the delays brought by the Pandemic and it was suggested that there needed to be *'plans to improve funding. Worry about backlog in all health and dental care. Focus on waiting times.'*

## Findings: Mental Health Focus Groups

Following the main Covid-19 we decided to carryout focus groups with different community groups to discuss how their mental health had been impacted by the pandemic. Groups involved were, LGBTQ+, D/deaf and hard of hearing, young people and the general public.

Participants in the focus groups were asked if the Covid-19 pandemic had impacted on their mental health, the overwhelming response from all participants was that in some way it had had an impact. Across the groups it was clear that the pandemic had made participants feel isolated, low, anxious, depressed, paranoid and frustrated.

Participants from the D/deaf and hard of hearing community told us that whilst they had been impacted by the pandemic, the restrictions themselves had a mixed impact across the group. One individual told us that the experience of lockdown had not been that different for them as a 'stay-at-home' person. Whilst other individuals, especially professionals who had to change the way they had been working in the pandemic where exhausted and experiencing burn out.

Services told us; *"there is a mountain to climb when we get back to normal"*. Clients to services were also experiencing increased cases of anxiety, depression, and suicidal thoughts so services have upped the telephone services they are offering in response.

The young people we engaged with told us that the pandemic had *"exacerbated existing mental health problems, and people who didn't have mental health issues have developed them"*. Whilst dealing with their own mental health needs, young people also raised that they had to be there for their friends and family to support them with their mental health during the pandemic. *"The mental health crisis wont end after Covid, it could continue for a long time"*.

Some participants however, highlighted the Clap for carers campaign brought people out and gave value to community.

A parent of a child with a learning disability highlighted their child doesn't have a real understanding of Covid-19. They express their emotions and behaviour differently, as parents they are staying at home with them trying to keep them safe, busy and occupied but are struggling watching their child throw tantrums or self-harm to express their emotions. ***“Carers [are] not sure how to deal with them but [are] coping the best we can”***, with no break in the caring role or any respite, parents are very stressed as well.

### Isolation

Many of the participants in the focus groups referred to themselves or friends and family members as being particularly isolated throughout the pandemic, particularly when in lockdown and for those self isolating. Families were missing socialising with friends and fellow family members, going to the theatre, chatting and catching up; the more isolated people began to feel the more their mental health was being affected.

Services told us that those known to groups and clubs had support through befriending telephone calls but there was still a high amount of people feeling isolated and struggling with lack of human contact. The role of groups and clubs had to be adaptive; changing, learning and responding to the pandemic and the issues and difficulties it was causing.

Participants told us; ***“[I] miss keeping fit... the more you think about it [the pandemic] the more you get anxious and upset about it”*** and ***“missing going along to the Gateway club, the day centre, drama not being on. See [people] on a screen but I miss the interaction”***. A third participant told us; ***“stuck at home, miss table tennis, college, centre or clubs - that makes me upset”***.

### Technology

The feeling of isolation was only enhanced for the digitally excluded. Participants expressed concern for a technological poverty and for the people who do not have technology or those that do but don't know how to use it.

We asked participants what the biggest impact on their mental health has been, the deaf community expressed concern around being digitally excluded. They suggested older people prefer to use WhatsApp or text messages, they have no laptops or Wi-Fi and struggle with using Zoom and facetime. People have been patient in supporting them, but they forgot how to use it the next day. One participant told us they lack the confidence to use Zoom and it is really affected their mental health.

Other participants told us the use of technology is both a barrier and a great benefit allowing deaf people to communicate with each other more easily but not fully making up for human interaction; ***“WhatsApp has been very good for me but I miss seeing them in person”***.

They also highlighted issues of services relying on technology or phonelines; ***“It's all telephone based, it's not accessible to deaf people. You get told this number, that number and when you tell them it's no good because I'm deaf they say 'oh'”***.

However, being digitally enabled had also been a blessing for some participants throughout the pandemic. One told us ***“technology is now being used on a daily basis and more people are being reached”*** and another said they ***“would struggle without Zoom”***. Technology has also played a large part in services actively engaging with their members and in turn, supporting their mental health.



A participant gave an example of how secondary school children have coped by starting social media groups to support themselves and their peers through lockdowns and the challenges they have faced by not being in education. Young people in the focus groups were looking forward to going back into a physical educational setting.

The service had been offering counselling sessions to young people which hadn't been taken up, but an increase is expected as children return to the pressures of being back in school.

### **Bereavement**

Families where members have passed away from Covid-19 are struggling with the death and not being able to meet extended family and friends to help them grieve and cope. The hugs of comfort and support from people have been lost. People are further held in limbo as funerals are being delayed due to the number of deaths. A participant told us that they had recently been bereaved and as a result their diet changed and diabetic health improved. But due to the lockdown, services took longer to amend their insulin regime.

### **Impact of Covid-19 on Health and Social Care Services**

There was an overwhelming response from participants that whilst they are able to access services, it's taking longer for services to respond.

Another participant from the deaf community told us they attended a hospital appointment with no issues; masks were used and the interpreter was present.

However, they received a letter for a follow up telephone consultation - the patient had to contact the service and remind them they are deaf and this would be unsuitable. The patient was told the NHS don't use Zoom so will receive information for a three-way conversation but are still waiting.

Another participant from the deaf community expressed the helpfulness of nursing staff wearing visors as it aids them to lipread.

Other participants told us they have experienced difficulty when accessing the GP in lockdown, one only spoke to their interpreter, not their GP, which they found uncomfortable. Another had to take a sample to the GP surgery and the staff wouldn't lower their masks so they were unable to communicate.

A participant told us they had been informed that social workers are at full stretch at the minute and extremely hard to reach. Under normal circumstances parents must be very assertive and insist on things but this situation has exacerbated things.

Young people told us that even without the added pressures of the pandemic they struggle to speak to their GP's about their mental health, saying they can be dismissive and would benefit from communicating in other ways such as via email rather than over the phone. One told us; ***"GP's don't understand mental health issues, my GP had a negative impact on my mental health when they told me I was stupid for self-harming and struggling with my mental health"***.

**To have your say, contact us on**

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## Information

The impact of negativity pumped through the tv is exhausting for some participants, we were told that both staff and clients have either stopped watching the news or are limiting the amount of time they are online and absorbing the information.

The deaf community explained that *“the amount of information has been overwhelming and not very clear”*. The information shared has been a lot of the community to process as it’s not usually in their first language, there is an assumption that BSL users can read English which some cannot. They explained that it was easier to find information about national changes but not locally which has been affecting their mental health. *“We have no idea what is happening locally, only nationally. This causes anxiety because nothing is available locally in our first language. It makes us feel like second rate citizens”*. The lack of accessible and clear information for the community has resulted in *“a lot of misinformation circulating in the deaf community because it’s not easy for them to find the correct information”*.

This has been especially difficult when rules have changed. Members of the community found it difficult to process the change of information around Christmas; *“I felt almost grief, it was the same emotions as grief. I was angry.”*

*It felt like I lost someone, it was a big emotional struggle”.*

This was also difficult in relation to the vaccination programme; they were told they would receive a letter but received texts instead and were afraid it could have been a scam. They also explained that there is no information about having interpreters at the vaccination centres and whilst having the vaccination there is no opportunity to ask questions.

One participant highlighted a positive Covid being the council producing subtitled information videos but expressed everyone could still do more.

Participants in other focus groups also raised there not being enough information for the deaf community.

## Finances

Participants highlighted the lack of finances being a stress on their mental health; finances have had a big impact on both personal and organisational levels. Resources are needed and finances need to be stable to keep organisations going. A participant seconded this and also added the stress young people are under with the lack of work opportunities. A participant from the deaf community expressed their mental health is suffering as they worry about finances due to not being able to do one of the jobs because of the pandemic.





## LGBTQ+ Community

We held a focus group with members of the LGBTQ+ community, they raised lots of issues for their community and the need for more mental health support. When asked if Covid-19 had impacted on their mental health the response was that it had. From speaking with other members of the community and from reading the LGBT Foundation Hidden Figures report there was an overwhelming response that mental health was being impacted by the pandemic. *“LGBTQ+ people have struggled because of Covid. The LGBT foundation said that being couped up and issues with where people are living, e.g. with haphophobic parents are some of the big problems”*. They felt the news and social media were having a big negative impact on their mental health as well as having distrust in the government. The participant has stopped listening to the news and scrolling through social media in an effort to improve their mental health and prefer to get their information from Healthwatch and other organisations they trust. They said; *“I have had enough it now - Covid and the lockdowns!”*

They felt that existing mental health conditions had been heightened due to the pandemic and that there was little support available but from GP's in particular; *“the crisis team are not offering an extra support”*. They also highlighted the difficulties the Trans community are experiencing, with hospital appointments being suspended due to lockdown, on top of the long waiting lists and the affect this is having on people's mental health. *“Hospital appointments, especially for trans people has had a big impact, there is no additional support for Trans people while they wait, and they can be waiting years anyway”*.

Technology was identified as being as being a benefit as well as a barrier, *“Ideally we want zoom call support, not self-help booklets”*. They explained that they felt Zoom calls were good but the reliance on technology was causing stress, stating that; *“a lot of people still don't know how to access it or use it, help using online stuff needs to be face to face because it is stressful and difficult”*.

# Findings: Homelessness

Over the last 12 months, homeless people in Wolverhampton have been more supported by services in the city. Due to Covid-19 homeless people were provided shelter in Redwings Hotel in the city centre, the hotel became a multiagency hub to support the individuals. Participants told us that the response to the hotel provision was a large take up, especially when the colder weather came. *“The homeless were amazed that the services were working together, in a way that they had never experienced before”.*

Following a placement, at Redwings, individuals received a three-month referral with P3 and then moved to more permanent accommodation through Wolverhampton Homes or private landlords. *“The majority of rough sleepers are now housed in accommodation if they wanted and were given starter packs”.*

Participants explained that as the links are there now, the services offered to individuals are better due to stronger partnership working.

Participants were asked if anything more could have been done to support these individuals, mental health provision was raised as an issue by participants for individuals with substance and alcohol misuse, along with GP access.

*“Mental health problems have become a major burden on the services, it needs major improvements”.* We were told that homeless people with mental health issues that misuse substances are not treated correctly; *“alcohol exacerbates the situation. But services see the alcohol as the issue not the underlying mental health.”*

*“As mental health does not appear to be a physical issue it is not dealt with. The crisis team will send the client to A&E,*

*but they will only see the alcohol as the problem and not help to treat even if the client has badly self-harmed”.*

Participants highlighted the need for a much more streamlined mental health provision.

During the pandemic, GPs have been offering appointments over the internet of phone, however mainly homeless people do not have access to these devices or are unable to wait all day for a call back. P3 are providing credit loaded mobile phones to support this issue and are also liaising with GP surgeries to arrange conference calls and call-backs for clients. However, *“the homeless do not believe it is worth their time just getting a telephone referral, they only accept face to face as being a worthwhile experience”.*

One participant raised the importance of having freephone numbers so services can be more accessible to homeless people, highlighting the Wolverhampton Homes Out of Hours crisis number is a local number not a freephone.

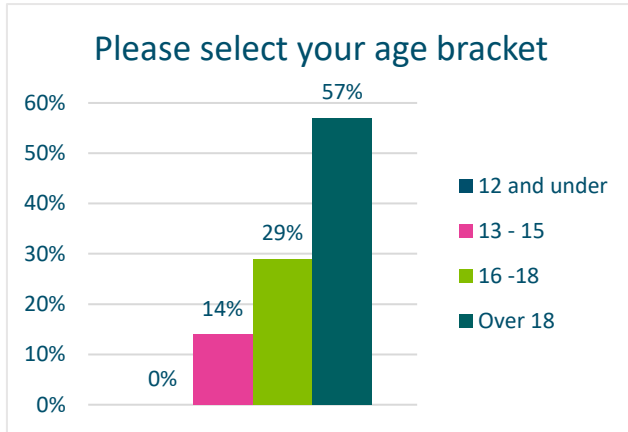
Participants also *expressed “significant concerns”* for the vaccine roll out amongst this community, *“those who have made their home here are being persuaded by their native home communities not to have the UK vaccine”.*

One participants told us their client had broken their wrist at the beginning of Covid and have been waiting 5 months for a follow up appointment. *“They felt it was like this because of who they are. The stress of this episode caused them anxiety and added to their already poor mental health”.*

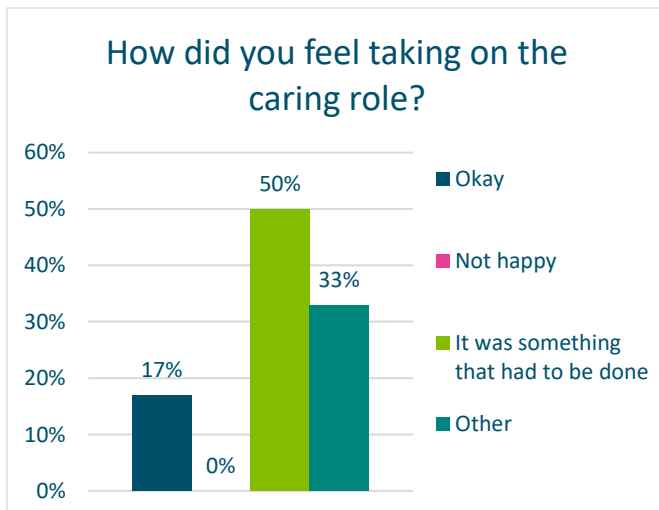
Participants felt that we have not yet seen an increase in homelessness in the city due to Covid but feel there is definitely a wave on the way due to significant job loss.

# Findings: Young Carers

Following the second Covid-19 survey and with feedback and input from the Healthwatch Advisory Board, we invited young carers to share their experiences around Covid-19 and how it had impacted their roles. Participants that partook in this survey were mostly aged over 18 (57%).



Only 14% of participants had taken up a new caring role due to Covid-19, 57% were already young carers. We asked participants how their role had been impacted by Covid, they told us; *“really difficult”, “being at home more meant that I was supporting the people I care for all the time, so I had to do some extra things round the house”*. Others told us that it was more intense, especially with no help. Another mentioned that they had to be more considerate and careful around other people due to the pandemic.



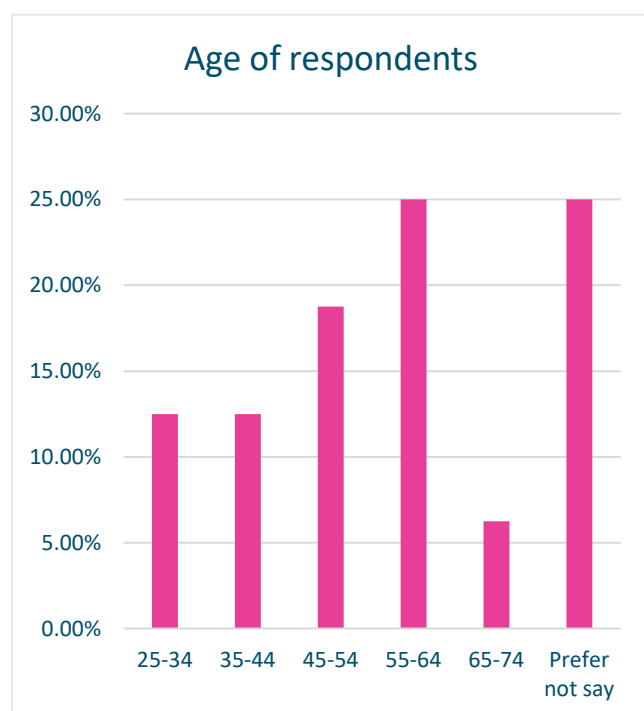
We asked young carers if they knew who to contact for support, the majority (83%) of them did and were contacting Spurgeons, Healthwatch, Community Support and close friends. Participants told us how they felt taking up the caring role, half said it was something that had to be done, they told us; *“I’ve been doing this now for 5 years but it is too much for me this year, especially with my mental health being up and down”*. One told us they had *“no choice”* but none were unhappy to do the role.

Participants were asked how this had affected them. Equally, respondents felt there was either no change, that it affected them mentally or affected them emotionally. Only 17% of participants have stopped their caring role since lockdown, they told this was due to their mental health and wellbeing. Other participants who continue with their role told us that it was due to the needs of their family and those they care for, one told us; *“my regular caring responsibilities are impossible to avoid”*.

# Findings: Cervical Screening

Following on from our project on Cervical Cancer at the end of 2019, we decided to look into the effects of Coronavirus on cervical screening tests during Cervical Screening Awareness Week 2020. We released a survey on our website that consisted of seven questions and was shared via Healthwatch Wolverhampton social media channels over the week. We received 16 responses.

Respondents were asked their nine protected characteristics but were free to choose not to answer those questions. Cervical screening is provided to those that were born female between the ages of 25 and 64 (NHS, 2018). 81% of respondents were female at birth, the other 19% chose not to answer this question. 56% of respondents identified as female, the remaining 44% chose to answer. The largest group of respondents were aged between 55 and 64 (25%), the percentage of respondents aged 25 - 34 and 35 - 44 were the same at 12.5%.

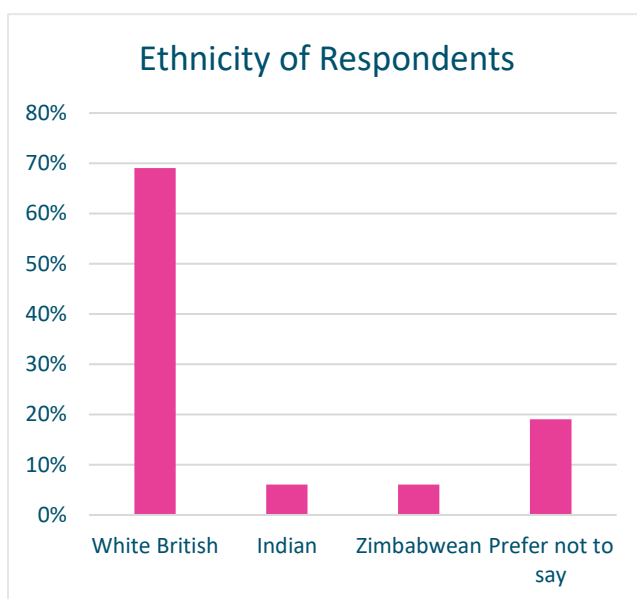


The majority of respondents were married (44%), 31% were single and 12.5% divorced. The remaining 12.5% preferred not to answer.

75% of respondents identified as heterosexual, the remaining 25% chose not to answer.

81% of respondents were not pregnant, the remaining 19% chose not to answer.

Respondents that identified as White British made up 69% of respondents to the survey, 6% identified as Indian and a further 6% identified as Zimbabwean.



The majority of respondents did not have a disability (38%), 13% of respondents did have a disability but did not specify and the remaining 49% equally felt this was not applicable or chose not to answer.

25% of respondents said their religion or belief was Christian. 12.5% said their religion was Church of England. 25% of respondents said they did not have a religion, 12.5% felt this was not applicable and the remaining 25% chose not to answer.

Respondents were asked if their cervical screening test had been affected by the Coronavirus pandemic, the majority of respondents (63%) felt their test had not been affected, a further 6% were unsure and 31% felt that their test had been affected.

Respondents were asked how their tests had been affected, 69% of respondents said this was either not applicable or their test hadn't been affected. 13% had their test cancelled and a further 6% were postponed.

Respondents were asked how often they received a call for cervical screening test, 81% of respondents were called ever 2 years or more. The remaining 19% were called between 1 and 2 years.

Respondents were asked if their test was postponed or cancelled was it explained why? This was not applicable for most respondents (75%), 13% of respondents had been communicated with and a further 6% had not.

Respondents were asked to rate this communication from very well to very poor. 13% of respondents rated this as very well and another 13% rated this as well. 19% rated this as very poor, 6% rated it as poor and a further 6% felt the communication was fair. 44% of respondents chose not to answer.

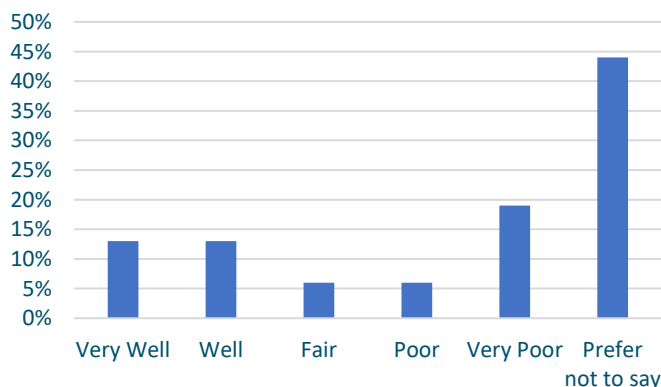
Respondents were asked if their appointment was cancelled, how this made them feel. 44% chose not to respond. 19% felt this was not applicable, the remaining respondents all gave a comment. These included; *“had [appointment] before covid”, “bit concerned but understood why”, “It wasn't cancelled I've had the letter but haven't booked due to non-essential appointments being discouraged should I book?”* and *“Worried as already overdue”*.

*“I turned up for appointment and the doctor's surgery was closed and no one inside. No phone call to say it was cancelled. This was at the start of the pandemic.”*

*“I still had my appointment but I had to really fight to get it done as they tried cancelling it but I refused. There was a delay in getting the results. The only reason they would see me was because I felt strongly something was wrong and I pointed out I am a key worker so shared the risk”*.

Respondents were finally asked if they were aware of the symptoms to cervical cancer, 62.5% were aware, 25% were not aware and 12.5% were unsure.

Communication of change to appointment



# Conclusion

Since starting this project at the beginning of the pandemic Healthwatch are aware that things have been moving at pace with rapid changes and services being asked to deliver these, however some of the experiences that have been shared are as recent as February / March 2021.

Healthwatch will be working with providers to improve communication and support to all.

Feedback from participants showed the damaging effects that the pandemic had on people's mental health. Participants found the effect of feeling isolated and confused by mixed or misleading information caused additional stress or anxiety and in other cases worsened depression, increased panic attacks and suicidal thoughts.

Information was found to be confusing, inconsistent and ambiguous. Participants suggested that more could have been done to support individuals from the Deaf community or those with learning disabilities by producing content that could be better understood, particularly around local issues and changes.

Exaggeration of information in the press was stressful to participants and many managed their mental health by reducing the amount of media they watched or read.

Additional comments were made around struggling to access support from health and social care services, which exacerbated mental health issues. Treatment for existing health issues was delayed or put on hold and services were more difficult to get hold of due to increased pressures. Many participants didn't want to use health and social care services to not worsen the situation and keep themselves safe from the virus.

Many participants felt isolated from their families and communities throughout the pandemic, particularly during national lockdowns. Individuals that lived on their own were lonely and depressed and others whose relatives lived alone were worried for their welfare also. Those who were able to use technology to communicate with friends and family felt much more connected but it didn't replace face to face contact.

Concerns were also raised for those who were digitally excluded, participants felt these individuals were becoming more isolated and lonely.





# Recommendations

Non-essential services were paused at the beginning of the pandemic and at throughout the second wave in January, however Healthwatch recommend that patients should be communicated with on when and how they will resume.

Cancer services were not meeting the targets prior to the pandemic, the pandemic has however exacerbated this, Healthwatch recommend that patients who are receiving treatment of starting treatment should be communicated with on a regular basis by professionals.

Throughout the project it was clear that communication has been the biggest barrier for the majority accessing services, Healthwatch recommend that more work is carried out to understand the communication needs of individuals and documented on their records.

Healthwatch carried out a piece of work before the pandemic and isolation was an issue within the city. However, the pandemic has brought this to the forefront of services. Healthwatch recommend that this is a priority for the city moving out the pandemic.

Patients who have been asked to attend the surgery have raised a number of concerns throughout the pandemic. Healthwatch recommend that GP practices and ED have a separate area for those patients that are self-shielding. In addition to this Healthwatch recommend that GP practices put other ways for patients to let them know they have arrived for their appointment.

With the majority of accessing appointments have been via telephone, patients have raised this as an issue as they are unable to get through. Healthwatch recommend that providers look at their current system and see how this can be improved and communicate back to the patients.

Mental health has been a big factor thought-out the project and we are aware that this will be exacerbated when services start to resume back to normality. Healthwatch recommend that there is more joined up working across all services and patients are included.

Technology has been raised throughout the project with both positive and negative experiences using technology through the pandemic, however Healthwatch recommend that providers engage with patients around the use of technology and understand the barriers.

It is recommended that Wolverhampton Homes consider having a free phone number for out of hours.

**healthwatch**  
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