

## Covid-19 engagement audit and mapping for restore and recover

### Version control

Development	Date	Author	Version
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## Introduction

As we start to assess how we continue to provide services in the short, mid and long-term, it is essential for us to understand how individual people and communities have experienced these services and changes to them. Any approach needs to link to our five-year plan ambitions and priorities which are being reviewed in light of the impact of the coronavirus and a refocus will take place where needed.

Nationally and locally we have seen how appreciative people are of NHS and care staff. However, we are fully aware that this honeymoon period may soon be over. We need to ensure that we actively listen and respond to what people tell us about their experiences during this time so that we know what worked and what could have worked better. Most specifically how they were affected by the pandemic and changes to services and how we can make the most of learning and further improve services and involve people where needed.

We need to ensure that we are not just seeking views, but that we are involving our communities in the restore and recover activity, with representation on the care pathways and system restoration groups, so that they can have input at the earliest opportunity in co-designing services.

We must also seek to find innovative ways to engage with all audiences and work with advocates to seek the views of those within the protected characteristics and seek to address health inequalities.

## Summary

This document is the preliminary report on Covid-19 engagement for restore and recover. We have commenced a mapping exercise to understand the feedback that has been gathered to date since the outbreak of the Covid-19 pandemic. It is clear that much of the resource in the system's engagement capacity was re-directed to support communications activity and therefore feedback is limited, however discussions are ongoing with colleagues to gather existing feedback and planned activity. It is a living document and will be updated as more information is forthcoming from colleagues.

To date we have gathered interim feedback from surveys regarding the impact of coronavirus on individual people and communities conducted by Healthwatch Shropshire and Healthwatch Telford & Wrekin; and data from Shropshire and Telford & Wrekin CCGs' PALS and complaints service.

The insights from the engagement activity will feed into any refresh and refocus of the Shropshire, Telford & Wrekin STP Long Term Plan and the programme priorities. We will also draw on any national surveys such as the recent [report findings](#) published by Public Health England, the Healthwatch England report: [What are people telling us about Covid- 19](#) and research conducted with particular audiences including carers, youth trends and girl guides. (Appendix 2).

In addition, we will look to include insights from forthcoming surveys, including one planned by the NHSEI national engagement team on the disproportionate impact of Covid-19 on BAME communities and those looking at children and young people and impact on mental health.

We will now ensure that all NHS and Local Authority colleagues have had the opportunity to provide feedback and requests to partners including the VCSE and will capture this in a refreshed report by X 2020. This draft report will then be shared with the System Restoration Group for further discussion and to XXX for consideration of the recommendations.

## Why people's views are important to us

The draft communications and engagement strategy for system restoration sets out how we need to make decisions based on hard and soft intelligence and be informed by an understanding of equality impacts. This means listening to partners, stakeholders, clinicians, staff and the public.

We need to understand the impacts on local people of any planned changes, especially any transformations made during the pandemic that may have the potential to remain in place. We will not assume that any change, that may be seen as beneficial, is so for all people. By collecting, collating and sharing this valuable insight, partner organisations will know what worked for their communities as well as for health and care organisations as well as where further support might be needed.

There are duties in place to ensure health and care organisations involve people in their plans. This has not always been possible for the quick and often drastic changes made to services as a result of coronavirus and national guidance on engagement changed during the pandemic. However, at the earliest time we have tried to ensure we listen to the public and will do so during all future phases as decisions are made.

## Feedback

From the limited feedback we have been able to gather to date, the following key themes have arisen:

- Lack of social interaction / loneliness
- Worry about a family member or trying to support them
- Work / finance related concerns
- Lack of treatment for an existing health condition
- Fear of catching the virus / testing / PPE
- Lack of information
- Access to services / technology

Below is a brief summary of data from both Healthwatch organisations. Please note their reports are currently in draft and unapproved and therefore not available in the public domain at this time.

### Healthwatch Telford & Wrekin

Healthwatch Telford & Wrekin used a series of methods to gather feedback. It received comments via its Feedback Centre, emails, telephone calls and letters. It set up a WhatsApp video calling service which is open five days a week between the hours of 10am and 6.30pm.

In addition, two surveys were conducted which received 114 responses in total:

- Experiences of health and social care services during Covid-19: 64 responses
- Dental services pre and during Covid-19: 50 responses

In the Healthwatch Telford & Wrekin Covid-19 survey

- 48.44% stated the pandemic had affected their ability to access healthcare
- 77.78% of respondents stated that it had not delayed people in getting any medical treatment
- 54.69% found it easy to understand about keeping self and others safe

Survey respondents reported the following as their top three sources of information:

- NHS/Government online information: 80.65%
- Media: 69.35%

- Local organisations: 67.74%

From the interim report, the top five themes emerging appear to have been:

- Access to services
- Lack of information
- Testing
- PPE
- Use of technology

## Healthwatch Shropshire

Healthwatch Shropshire conducted a Covid-19 experience survey from the 9<sup>th</sup> April until 31<sup>st</sup> May. In total 568 responses were received. This report is based on interim feedback up to 3<sup>rd</sup> May at which point 440 responses had been received. Four reports were completed during the period 9<sup>th</sup> April to 3<sup>rd</sup> May, one each week, thereby providing a view of how opinions and concerns changed over the first month that the survey was live. The final report for the entire period of the survey will be available in early July 2020.

The Shropshire survey found that

- The percentage of people that reported they were 'very confident' or 'confident' that they could access support if they needed it remained consistent at levels between 53% and 59%
- People's level of confidence correlated to how easy they found clear and understandable information. Of those who were 'not confident at all' 30% had not found it easy to find information relevant to them.
- The percentage of respondents who felt their mental health had been affected 'significantly or to a 'slight degree' rose from 57% to 61%, while those that found it had been affected to a 'slight degree' rose from 40% to 51%.

Respondents reported their top three sources of information as being:

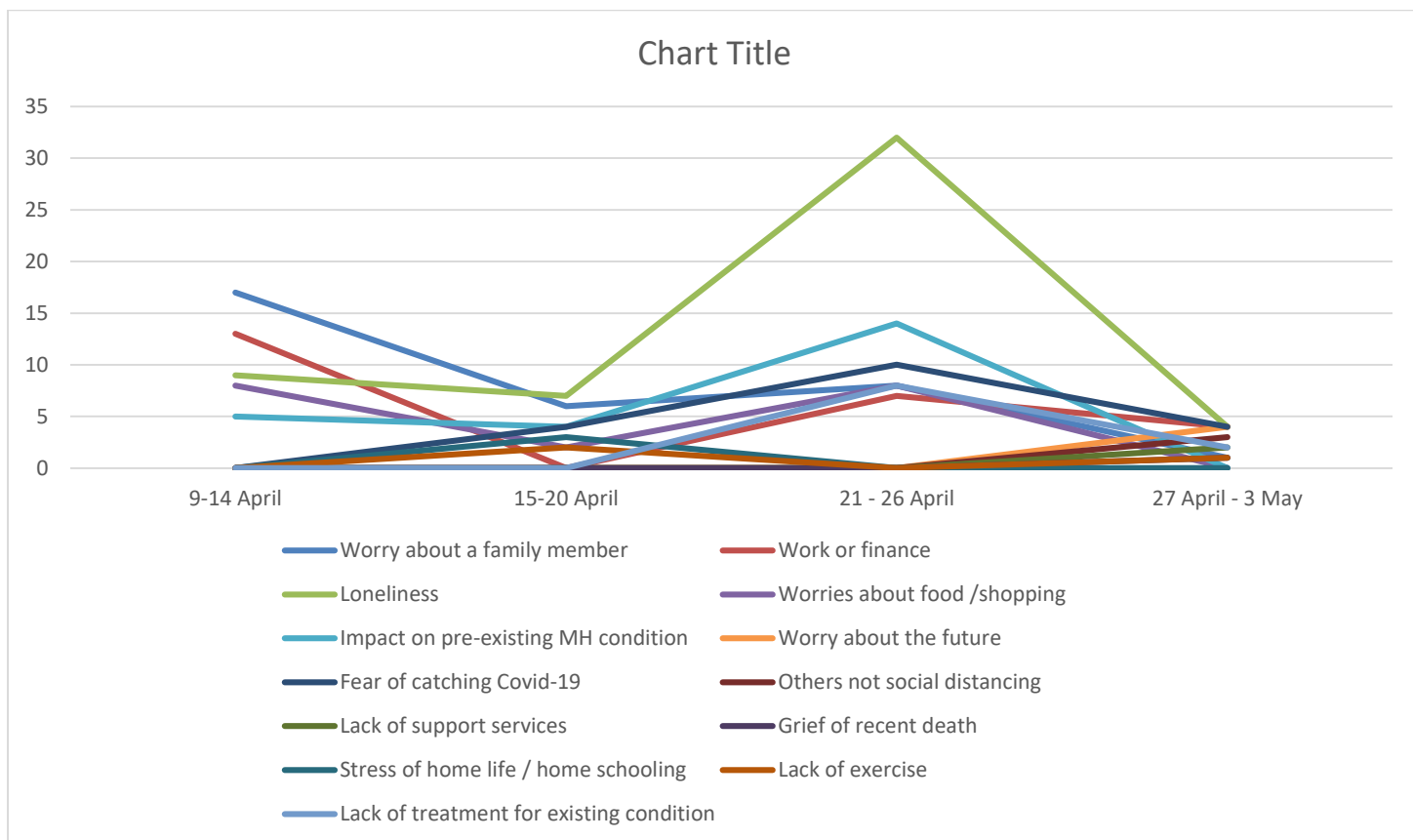
- TV and radio: 54%
- Social media: 50% falling to 49%
- National government: rising from 28% to 40%

Top five themes were monitored each week for the duration of the survey. They varied across time but the recurring top themes highlighted in the first month were:

- Lack of social interaction / loneliness
- Worry about a family member or trying to support them
- Work / finance related concerns
- Lack of treatment for an existing health condition
- Fear of catching the virus

As at the close of the survey on 31<sup>st</sup> May, these themes remained consistent, with food and shopping becoming a greater concern as the lockdown period progressed. Concerns regarding treatment for existing conditions rose from 40% for the first four-week period to 50% over the full course of the survey.

The graph below, shows the variety of top themes across the four-week period from the start of the survey:



Shropshire Healthwatch also asked if anything helped people cope. Again, these varied over the four week period, but some consistent themes were:

- Physical activity, including gardening
- Sharing with family and friends / neighbours
- Contact from support networks
- Shopping support
- Social media

### Shropshire Community Health NHS Trust

No formal surveys have been conducted during Covid-19, however below is a summary of comments volunteered by patients receiving treatment from the community trust:

#### Knitted hearts project (inpatients):

"I recall giving a pair to a particular patient and her son who had cared for her all of his life. He had what was probably a very mild learning disability such that his twin sister supported them to live as independently as possible, and she planned to support him when their mother died and he had to live alone. We therefore gave her an additional matching heart so that he could continue to feel the link with his family during their bereavement. We encouraged him to choose the colour his mum would like as she was no longer able to: he chose a pink which he explained was the same as many of the clothes she used to wear when well. Delivering this support made it easier for me and the other staff to manage the emotional demand of caring for patients and the needs of their relatives, which is difficult with the current restrictions."

#### Trust swabbing service

"Thank you for - getting testing organized and results back to me so quickly 🙌"

"They offered reassurance, smiles & total professionalism."

### **Bridgnorth and Whitcurch MIU**

"Absolutely brilliant. My daughter tripped on the garden and has broken her collarbone. All the staff were amazing and protection against Covid 19 was brilliant. Couldn't have asked for more. Thank you so much."

"Patients express clearly that they are reluctant to attend due to Covid 19. When they do attend they voice gratitude, and are hopefully reassured that services continue safely for those who need it."

### **Dudley school of nursing deployed to swabbing team**

"On behalf of the Care Homes Group I would like to convey our thanks and appreciation for all the hard work you and your team have been doing with regard to COVID-19 testing in care homes. Certainly you have made a difference and a positive impact to care home residents in Dudley."

### **Health visitors**

"Health Visitor was so helpful even with the horrible circumstances. Very professional and clean, I felt safe bringing my baby"

"I think I prefer a telephone call to face to face as I felt I could talk more easily and those early days can be so busy with visitors it is sometimes too much".

### **Care home MDT**

"I would like to send our thanks as a team to your Home Care Team for all of the support they have given to the patients and staff, I know the staff in the home have felt supported by your staff".

### **Psychology team**

"It's really helpful to know that we can pick up the phone to you if we feel we are struggling".

"These resources are great and really helpful, thank you".

### **Dental team**

"Very grateful patient seen today, really understanding of the challenges faced. He said the NHS clap he would be doing tonight would be dedicated to the dental team".

"My child loved the decorated visors and pictures of the staff so they were not as frightened

### **Wheelchair service**

"Huge thank you for such an amazingly quick and very stress-free response. We enjoyed a long walk, and push, in the buggy this afternoon."

### **Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust**

No formal surveys have been conducted during Covid-19. Due to the suspension by NHSEI of the Friends and Family Test at the outset of the outbreak no comments or data are available.

### **Shropshire and Telford & Wrekin CCGs**

Shropshire and Telford & Wrekin CCGs' have collated feedback via their PALS and complaints system during the pandemic. Of the 140 comments received in regard to services in total, 36 were specifically identified as Covid-19 related, however, in total 63 comments could be attributed to Covid-19 themes. The key themes and number of comments received are set out below:

Access to Prescriptions/Medication 10

Access to Shielding Letter 9

Covid 19 Testing	9	Workers not following guidance	1
Hospital Appointments - Access	9	GP Registration	1
Access to Dentists	4	COVID Impacting Mental Health	1
Availability of PPE	3	Poor Comms - Hospital	1
Phlebotomy - Access	2	Compliment - POD	1
Hospital - Visiting	2	NEPT Access	1
Compliment - GP	2	NEPT - Quality of Service	1
Care Agency Availability	1	Support with Shopping - Access	1
Poor Comms - GP Practice	1	Access - GP Appointments	1
Skin Clinic - Access	1	Poor Comms - UTC Move	1

In addition, further information will follow for the refreshed document in July 2020. Appendix 3 has a summary of the CCGs' Covid-19 specific activity for reference.

### Shrewsbury and Telford Hospital NHS Trust

SaTH received nine formal complaints relating to Covid-19. A summary of the themes raised is included below. It is worth noting that many of these were raised in the early stages of the pandemic and therefore practices / measures were amended over time:

- IPC measures in ED and wards, including distancing of beds, cleaning of bathroom facilities
- Ability to stay with patients brought in with suspected Covid-19
- Ability to stay with patients at end of life
- Concerns raised by patients regarding visitors
- Testing
- Dignity and respect of staff regarding patients and visitors
- Communication with families and patients

Issues raised through PALS:

- Delays to treatment
- Cancellation of appointments and surgery
- Problems getting through to wards to get updates on patients
- Relatives not being allowed to stay with patients
- Queries over testing
- Property being lost possibly due to visitors not being with patients
- Concerns re lack of social distancing in hospital.

As with other organisations, SaTH has adopted new ways of working to engage the public. Insights will be provided in the July report. These include:

- A new monthly newsletter, Engagement News: <https://www.sath.nhs.uk/about-us/get-involved/community-events/>
- Engagement workshop through MS Teams
- Virtual Community Engagement Meeting to take place 25th June 2020
- Development of remote academies
- A project with Telford College with artwork donated through the pandemic

## Further surveys / insights

At the time of drafting MPFT was providing information from PALS and complaints. All further insights will be included in a refreshed report in July which will incorporate the final reports from Healthwatch Shropshire and Healthwatch Telford & Wrekin.

## Issues raised by protected groups

Further information will be made available from the final reports of the Healthwatch surveys and any other sources in relation to the following characteristics:

- Age
- Carers
- Disability
- Pregnancy and maternity
- Race, religion and belief
- Rurality
- Gender and sexual orientation
- Other

Prior to its final report, Healthwatch Shropshire has shared that of those who identified as having a disability, 69% reported that their healthcare had been affected as opposed to those who were not disabled. In looking at the urban and rural areas of the county, very little difference was recorded in responses with regard to health care. However, those in rural areas reported greater issues in relation to social care concerns than those living in more urban areas. Further information will be provided in a refreshed report in July.

## Key themes

The following comments have been taken from the information provided by Healthwatch Shropshire and Healthwatch Telford & Wrekin. Please note this information has been taken from the interim findings of their surveys. A refreshed report will be provided in July 2020, which will incorporate the feedback from their final reports.

### Feelings

- We have heard about people having the “fear factor” around going into services, therefore are not going when they really should see someone, i.e. GP
- Elderly people are anxious and feel cast aside by society because they are old and/or sick
- Very fearful of getting ill. I feel it’s like Russian Roulette. If you get it you may die. In my head I will die if I get it.
- I am recently widowed and live alone. I cannot attend my bereavement group due to lockdown or spend time with my family or friends like I was and need to, therefore it is definitely affecting my mental health and I have gone ‘backwards’.
- Anxiety when going out...stressed staying in...vicious cycle.

### Information and communication

- Not much info about over 70 & vulnerable after 12 weeks self-isolated.... what happens next?
- More clarity is required from government and government departments on information and statistics, I feel sure that the information was deemed to be correct all of the time but cannot help feeling that sometimes this was not the case
- Concern raised about phased return of primary school pupils and no information on how safely they can achieve social distancing with the youngest of the school community returning first.



- People felt supported by Telford and Wrekin council, they received very informative tweets and maintenance of services especially refuse and recycling services

### Access to services

- COVID19 should not have had precedence over other health conditions such as cancer. Many more people will die because of this than died from COVID19
- Concerns raised about health screening and diagnostic
- General concerns on ongoing treatments being understandably on the backburner
- Have not followed up on recurring symptoms requiring further investigation at present as I don't think this could be done without face to face GP appointment.

### Care homes /caring

- Many parents work in local care homes and today's news highlights the difficulties and vast numbers of COVID deaths care homes have had to deal with
- I visit an elderly person as part of compassionate communities program but have not been able to go during lockdown.
- I don't have a care worker visiting to shop and help me, I've had to rely on my son who lives some distance away who has managed to get to me a couple of times. We were told this was going to be supported housing.
- Being able to support an old couple by doing their shopping for them makes me feel like I am helping – only met via Facebook request from their son who lives 150 miles away.

### Technology

- Not a return to business as usual and to use this moment to create a new normal. More use of technology for appointments
- People found telephone to conduct reviews more beneficial, especially when related to accessing GP services
- More use of technology for appointments requested

### Dental services

- Dental practices should be triaging their patients and referring them to Urgent Dental Centre as appropriate. We have heard that some Dental practices are in fact closed and their patients not being triaged
- A patient who has an underlining health condition required Dental treatment. Dentist did urgent referral to SaTH, but they will not do anything siting COVID. Dentist and GP say this person required urgent treatment as the other condition could flare up and have serious consequences for patient. SaTH still declined.

### Testing

- Someone in a household of 3, which includes 2 teachers and a healthcare professional raised the issue around lack of testing or antibody testing

### PPE

- Lack of clarity around where carers can request PPE
- Uncertainty around PPE and when to use it appropriately

### Next steps / recommendations

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

- Identify gaps and develop surveys and other techniques for gathering views

- Consider training volunteers to undertake a series of interviews of people in setting such as care homes, sheltered accommodation and housing association properties once visiting restrictions are lifted
- Identify technology to be used in engagement
- Work with colleagues and partners to conduct further surveys
- Gain a clearer understanding of the views of children and young people Programme Board in relation to services such as mental health provision, including those in care homes settings.
- Conduct specific voluntary and community sector surveys to understand about their organisation, the range of services they provide, who they provide these services for, how they communicate and where they offer services
- Understand the feedback from women, their partners and families in respect of maternity services and feed into the Local Maternity System Programme Board.
- Continue to stay abreast of national research findings and feed into local knowledge
- Work through the workforce task and finish group to capture staff learning from Covid-19
- Understand the local responses and action plans responding to national reports such as the UK Carers report “Caring behind closed doors”, by developing action plans to the main points / recommendations.

## Conclusions

This report puts us in a good position to commence planning the next phase of delivering on our priorities in the face of the coronavirus pandemic. It begins to allow us to understand where further insight and therefore possible engagement might be needed to support planning for certain programmes. Further input is required from colleagues across the system and also discussions with partners, particularly in the VCSE community.

While we gather more information, understand the gaps in our understanding and develop a forward-looking plan there is still much that can be done. This includes ensuring patient and public involvement on care pathways groups and undertaking further targeted surveys to inform specific areas of activity and service change decisions and implications.

## Appendix 1: Contributing reports

Healthwatch Shropshire: interim findings Health Care, Social Care and Well-being services during the Covid-19 Pandemic. (Unpublished as of June 2020)

Healthwatch Telford & Wrekin: interim summary findings from the online feedback. (Unpublished as of June 2020)

Shropshire and Telford & Wrekin CCGs' PALS and complaints log

## Appendix 2: National insight

Care Quality Commission: [Covid-19 insight](#)

Carers: Carers UK: [Caring behind closed doors](#), April 2020

Centre for Mental Health: [Covid-19 and the nation's mental health](#), May 2020

Digital: <https://wearemhhabitat.com/blog/digital-health-for-all-in-the-time-of-covid-19>

Girlguiding: [Girls tell us how they've been affected by the Covid-19 crisis](#)

Healthwatch England: [What are people telling us about Covid- 19](#), May 2020

Independent age: A series of blogs and a focus on social care:

- Changes to care part 1, by Anne <https://www.independentage.org/home-truths-changes-to-care-part-1>
- Changes to care part 2, by Anne: <https://www.independentage.org/hometruths-changes-to-care-part2>
- Care for Carers, by Margaret: <https://www.independentage.org/hometruths-care-for-carers>

National Voices: [ourcovidvoices.co.uk](https://ourcovidvoices.co.uk)

National Youth Agency: [Vulnerable Young People: COVID-19 Response](#)

NHS Confederation: [The impact of COVID-19 on BME communities and health and care staff](#), April 2020

Public Health England: [Disparities in the risk and outcomes of COVID-19](#) – June 2020

Take the temperature report: [National Youth trends](#)

Young Minds: [Coronavirus: Impact on young people with mental health needs](#)

### Appendix 3: Shropshire and Telford & Wrekin's engagement channels during Covid-19

Shropshire and Telford & Wrekin CCGs' engagement delivered during COVID 19 - 23.03.20 - 17.06.20		
Groups	Activity	Dates
Engagement with Vulnerable Groups	Sending out easy read material in connection with COVID 19 messages	30.03.2020
General engagement	Continued Facebook messages from National Comms Team	Ongoing throughout last 12 weeks
	POLL on Twitter - Technologies people use	
	Primary Care Survey Developed but not delivered as rise in number of patients attending the GP Practice	14.05.2020
	Introduction - New STW MVP Chair to members of support groups (9Protected Characteristics)	16.06.2020
Engagement with Patient Groups	Zoom Meeting with Committee from Telford Patients First Group - identified a few issues - see Patient Feedback tab. Also feedback on preferred technologies used by the group	10.06.2020
	Advanced Care Planning - Example of Patient letter sent to Telford Patients First for comment and suggested amendments	11.06.2020
	Working with Telford Patients First and Shropshire Patient Group to identify ways in which they use Digital Technologies to stay connected with colleagues, family and friends	16.06.2020
	Working with Telford Patients First and Shropshire Patient Group to look at how they can develop a campaign to remind/encourage patients to let healthcare services know of any change in contact details i.e. telephone numbers, change of address, email addresses	16.06.2020
Staff Engagement	Virtual Staff Huddle - Mondays and Thursdays	08.06.2020