

# Join our Journey

North East and North Cumbria

## Rapid Insights Report

Initial reflections on our response to COVID-19 across North East and North Cumbria ICS

In partnership with



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## Introduction

### Setting the scene

Over recent weeks, colleagues from Academic Health Science Network North East and North Cumbria have partnered with the Yorkshire & Humber Academic Health Science Network to support the accelerated understanding of the work being undertaken across the North East and North Cumbria Integrated Care System (ICS), in response to the COVID-19 pandemic.

This report is a summary of the key findings from the work that has been undertaken by health and care professionals across North East and North Cumbria (NENC) geography to date and is drawn from over 40 responses from colleagues who participated and provided feedback through an online rapid insights survey.

The work has been undertaken in line with the NHSEI planning phases and all work has been reported into the North East and North Yorkshire NHSEI region. This forms part of a regional wide programme working with all systems within North East and Yorkshire and is one of four rapid insight reports that have been developed.

This report makes a series of suggested recommendations around three particular themes:

- Workforce Qualities
- Digital Innovation
- Rapid Decision Making

The recommendations are initial suggestions and intended to trigger further discussion and refinement with colleagues from across the NENC ICS.

Case study interviews were conducted with engaged staff to learn about the innovative practices which have taken place across NENC during the COVID-19 pandemic. These can then be used to share the innovative practices with other organisations across the region.

In addition to the insights collected from staff, this report has collated the key findings from Healthwatch surveys and insights from patients and the public from across the NENC region.

The next steps in this programme will be to identify a short list of innovations that will be selected for more detailed evaluation and begin to explore the use of a Quality Improvement (QI) sustainability model across specific innovations to understand the longer term viability of those innovations being adopted across the system.

## Key Findings

### Workforce Qualities - The stand-out qualities of our workforce throughout this period.

#### 1. Agile

Where required, staff have been redeployed to new areas and been required to work in different environments, predominantly from home using technology that may have been new to them.

#### Positive Insights - What has Worked Well

80% of respondents said that working from home (on at least a part-time basis) is something they wish to do in the future. Overall, respondents reported an improvement in wellbeing and work/life balance due to significantly less travel time per week. In maternity services, staff have taken on extra shifts to cope with demand, as well as asking staff with specialist roles to take on more clinical roles. Redeployment has necessitated upskilling for staff in specific clinical areas, but also more generally in key areas, namely in technical skills (with 38% of respondents highlighting this as improved during the pandemic). Communication skills, namely with telephone assessments of patients, was also highlighted as a skill that respondents felt had improved. 1 in 5 respondents stated they felt they have gained more resilience as a result of the changes during COVID-19.

#### What Could have been Done Differently

Whilst overall there was a general positive response to working from home, some participants stated that they felt less part of the team than before, and that they were ill-equipped (with technology and/or space) to do so full-time. This was reflected in maternity services where feedback from Trusts suggested that whilst the IT provision was improved through the course of the pandemic, but lack of IT remains 'a major issue'.

#### Building on our Learning - Our Recommendations to Take Forward

- To build on the change in work environments to continue to allow flexibility in the workforce.
- To ensure that the option to work on-site remains in place for staff some of the time.
- To ensure that there are emotional and wellbeing support structures in place for staff who are working from home.

'My questioning skills have improved as I can't see or feel. Although I still miss the input from [face-to-face appointments], I feel I am still getting the patient to open up about to allow me to treat them virtually.'

**Physiotherapist**  
**North Cumbria Integrated Care**

## 2. Collaborative

Collaborative communication within as well as across organisations.

### Positive Insights - What has Worked Well.

53% of respondents said that they feel they are working closer with key partners now. Many of the respondents highlighted a sense of community across the organisations in the face of challenges, and a strong commitment to working together, with a greater awareness of the roles and responsibilities of partners, as well as the challenges they face. Regional meetings commenced in response to COVID-19 in maternity services have been well received, with all Trusts stating that they've benefitted from regional sharing. Some Trusts reported that they have forged strong links with neighbouring Trusts during the pandemic, whilst most have stated that national collaboration and direction was largely helpful. In maternity services, the COVID-19 weekly meetings were highlighted as being particularly helpful.

### What Could have been Done Differently

Whilst a majority of respondents stated they were working closer with partners, 47% said they were not working closer. It is unclear whether these responses indicate a negative working relationship, or whether the co-collaboration with other teams was already considered to be good. Feedback from maternity services suggests that some Trusts believe that more collaborative work could have been done during the pandemic to reduce duplication. Furthermore, some pre-COVID-19 regional meetings and collaborations have been missed and Trusts have stated a desire for these to be restarted, such as Saving Babies Lives. Occasionally, national direction and advice surrounding COVID-19 was found to be intrusive and unhelpful.

“Although in the NEC we work very well as a system, I have now a much greater awareness of the challenges of other organisations outside of the NHS (i.e. care homes, third sector organisations, local authority services).”

**Deputy Director within Corporate Services  
Acute Care Provider**

### Building on our Learning - Our Recommendations to Take Forward

- To provide opportunities for teams and staff to network remotely, for example with virtual coffee breaks.
- To identify regional meetings that have proven useful during this period that would be valuable to continue.
- To reinstate useful regional meetings or collaborations that had to be ceased during the pandemic.

## Digital Innovation - How the adoption of technology across the region has impacted care services.

### 3. Access to Healthcare

#### Positive Insights - What has Worked Well

Over half of the respondents cited remote patient consultations as a change in practice, the vast majority of which reported positive patient feedback on the approach and change of provision of care. Software such as Attend Anywhere has been swiftly adopted alongside telephone consultations and is now standard. This approach has been adopted in maternity services where infant feeding support has been provided via Facetime or Attend Anywhere. In some cases, social media was used successfully as part of a wider effort to broaden communication with service users.

#### What Could have been Done Differently

Respondents stated concerns over some vulnerable groups gaining access to digital services because they may not have the equipment at home or access to broadband. Despite the positive patient feedback cited by respondents, almost half said they were looking forward to re-establishing face-to-face patient contact. Furthermore, some respondents had experienced patient reluctance to swap face-to-face appointments with virtual consultations.

“[There’s been] a realisation that there are many barriers to non-attendance; health, anxiety, money. In the past, I think we all assumed that if people didn’t come into the centre, then they didn’t need to see us.”

**Service Manager  
Community Provider**

#### Building on our Learning - Our Recommendations to Take Forward

- To ensure that vulnerable groups have access to the necessary technology for them to receive healthcare at home.
- To identify patient groups who should be prioritised for face-to-face wherever possible.
- To continue to effectively communicate to patients why and when virtual appointments are preferable and necessary for them.
- To summarise what best practices have been learnt with telephone consultations and distribute across the region.

### 4. Impact on staff

#### Positive Insights - What has Worked Well

The majority of respondents said that they have been happy with the technology offered to them which has enabled them to work from home. As previously stated, a high number of respondents hope that working from home will continue to be an option going forward. Technology has played a significant role in delivering remote training to staff, with some stating that it has increased their ability to attend international, quality training – something they have not had the opportunity to do before. Remote access to training has been essential in redeploying staff during the pandemic. In maternity services, many Trusts have stated an

intention to revisit how they provide training courses for certain modules, rather than reverting to pre-COVID-19 methods of face-to-face training. Some Trusts have already begun delivering training using a 'blended approach', mixing face-to-face with increased use of online training. The use of Microsoft Teams to replace face-to-face meetings has been well-received. Feedback within maternity services has been positive, with respondents stating that virtual meetings were more efficient, with less 'chit-chat', and reduced stress and anxiety levels overall since it eliminated factors such as on-site parking.

### What Could have been Done Differently

Respondents were frustrated with the performance of technology at times. Whilst there has been a reduction in travel time, the introduction of Microsoft Teams and similar software has meant that respondents sometimes felt they were expected to virtually attend a higher number of meetings, which meant there was less time to focus on the actions from those meetings.

*"[We] want to be able to drop-in and have a chat with colleagues at the CCG, as these informal chats are often the start of discussions and problem-solving in a way that Microsoft Teams perhaps doesn't allow."*  
**Practice Nurse**

*"I discovered Design Sprint. Tasks which would have taken approximately 7 weeks suddenly were condensed into less than 2 weeks. I will take this forward into my quality improvement work now."*  
**Palliative Care Physical and Clinical Educator**

### Building on our Learning - Our Recommendations to Take Forward

- To continue the provision of hardware for staff to work remotely and flexibly.
- To ensure that the infrastructure (e.g. fast internet connection) is in place for staff both at home and on-site to support the technology in use.
- To ensure that funding is in place for software such as Attend Anywhere so that it is still available as an option in the future.

## **Rapid Decision Making - How we have changed our processes and procedures to respond rapidly to the changing health environment**

### Positive Insights - What has Worked Well

Many respondents welcomed an overall reduction in bureaucracy, with less pressure to complete 'unnecessary' paperwork. Furthermore, overall it was felt that there were less meetings without an outcome focus, with some meetings being merged or cancelled altogether.

More generally, there was reported to be a sense of 'act now' across the region, with staff facing 'less hoops' to jump through when implementing change. We heard that there was encouragement for individuals to take increased risk and responsibility to implement changes based on their experiences, rather than an expectation to get higher sign-off.

In maternity services, several respondents praised the speed at which Trusts mobilised resources, such as blood pressure monitors.

### What Could have been Done Differently

There was concern raised that there had been little time to plan and reflect during this period. However, the majority of feedback from respondents was a general sense of fear of returning to the pre-COVID-19 working culture, including a return to lengthy decision-making processes. Some stated that they felt this was already ‘creeping back in’.

*“I’ve not been expected to do the lengthy reports I used to have to do after each visit. It’s been great to have time to attend more online training courses, and to develop resources and training packages.”*

**Advisor for Autism  
Local Education Authority**

*“Decisions based on best evidence with less debate is the way forward. We cannot make changes without risk – we need to move away from being a risk-averse culture. Authority to act is crucial to system transformation.”*

**ICS Programme Director**

### Building on our Learning - Our Recommendations to Take Forward

- To identify individuals who have enjoyed taking on extra responsibility in driving forward change and develop these.
- To maintain the momentum of this focus shift from reactive to proactive ways of working.

## Leadership Behaviours - How leaders have risen to the challenge

### Positive Insights - What has Worked Well

We heard overwhelmingly positive accounts of leadership across the region. Many respondents praised clear leadership with a greater sense of trust and communication and said that this was instrumental in enabling rapid change. Leaders told us they made conscious decisions to trust their teams to make decisions for themselves to meet the needs of patients. Leaders were praised for taking the advice of Occupational Health seriously during this time, and therefore demonstrating that the safety of staff was a priority. In maternity services, many senior staff made the decision not to work remotely to provide visible and effective leadership to the teams working on-site.

*“[I am] feeling much better engaged with decision makers in the Trust and as a result also feel more valued.”*

**Medical Director**

*“We could have said ‘save this for later’ but decided not to delay. As the leader, I really wanted to support and include everyone. The positive was that the team produced a fantastic piece of work in a fraction of the time it would have otherwise taken.”*

**Palliative Care Physician and Clinical Educator**

### Building on our Learning - Our Recommendations to Take Forward

- To develop a system leader behaviour profile centred on a compassionate, inclusive and enabling style, and offer support for this across the region.

## Recommendations and Next Steps

This report has identified a number of suggested approaches to enable build on this initial learning.

These suggestions, consolidated in the table below, are to be progressed and refined in partnership with colleagues from across NENC to ascertain the viability and value in progressing them further.

Theme	Suggested recommendation
<b>Workforce Qualities</b>	<ul style="list-style-type: none"> <li>• To provide opportunities for teams and staff to network remotely, for example with virtual coffee breaks.</li> <li>• To identify regional meetings that have proven useful during this period that would be valuable to continue.</li> <li>• To reinstate useful regional meetings or collaborations that had to be ceased during the pandemic.</li> </ul>
<b>Digital Innovation</b>	<ul style="list-style-type: none"> <li>• To ensure that vulnerable groups have access to the necessary technology for them to receive healthcare at home.</li> <li>• To identify patient groups who should be prioritised for face-to-face wherever possible.</li> <li>• To continue to effectively communicate to patients why and when virtual appointments are preferable and necessary for them.</li> <li>• To summarise what best practices have been learnt with telephone consultations and distribute across the region.</li> <li>• To continue the provision of hardware for staff to work remotely and flexibly.</li> <li>• To ensure that the infrastructure (e.g. fast internet connection) is in place for staff both at home and on-site to support the technology in use.</li> <li>• To ensure that funding is in place for software such as Attend Anywhere so that it is still available as an option in the future.</li> </ul>
<b>Rapid Decision Making</b>	<ul style="list-style-type: none"> <li>• To identify individuals who have enjoyed taking on extra responsibility in driving forward change and develop these.</li> <li>• To maintain the momentum of this focus shift from reactive to proactive ways of working.</li> </ul>

### **Limitations of the Research**

The findings from this exercise are based on a relatively small sample size and aimed to capture information across a short time frame. As such, the report does not provide an exhaustive list of positive changes or potential areas for further development. Further work is required to build on this content and expand our understanding and knowledge in relation to the work that is being undertaken across the system.

### **Acknowledgements**

We want to thank everyone across North East and North Cumbria for their hard work, enthusiasm and ingenuity over recent months in responding to the COVID-19 pandemic. The examples which were submitted provided valuable insights into how the system reacted to the pandemic and we appreciate the additional time that has been given to provide the contributions that have supported the development of such rich information.

Finally, we want to acknowledge work of the small team from the AHSN North East North Cumbria for their local support for managing the process and collating the information for this report.

### **Policy Context and Governance**

The Yorkshire & Humber AHSN have led the coordination of the regional activity in partnership with the NHS England and Improvement regional team and the work we have undertaken has been aligned to the phases of the NHSEI response to COVID-19.

All activity undertaken through this evaluation exercise has been monitored and managed through the AHSN NENC reporting into NENC ICS Management and other forums as required / requested.

## Appendix A: The Public Perspective – Healthwatch’s NENC:

We are very grateful to colleagues in the NENC Healthwatch’s for their support and advice during the COVID-19 pandemic. They have conducted a range of surveys with the public and have kindly shared the reports from these surveys with us. These are a snapshot of the public’s responses at a particular point in time and should be interpreted in that way. The NENC Healthwatch’s continue to work with us and more information will come available as further surveys are delivered.

This report shares the responses from the following Healthwatch’s:

- Stockton
- Middlesbrough
- Redcar & Cleveland
- Sunderland
- Newcastle & Gateshead
- Cumbria

## Healthwatch Stockton

The overall findings of this engagement, based on what people have told us, show that:

- NHS 111 has been a good source of advice and guidance for people in relation to COVID-19 symptoms.
- Overall, clear and understandable information on keeping safe during the pandemic has been easy to find. However, those with underlying health conditions found the information to have been conflicting and confusing.
- Those without access to the internet found it difficult to access assistance or local community support.
- People felt that their other health conditions have been affected due to delayed or suspended home care services and access to home adaptation equipment, difficulties in obtaining medication, and not being able to access health care appointments and the hospital treatment that they feel they need.
- Mental health and wellbeing have been affected by the pandemic with an increase in levels of anxiety and low mood and worsening of pre-existing mental health conditions.
- The mental health and wellbeing of women who are pregnant and giving birth during the pandemic has been affected.
- The mental health of those who have caring responsibilities for family members has been affected by the pandemic.
- Work related stress and the overall effects of lock down have had a negative impact on mental health and wellbeing.

There are other factors relating to the pandemic that that have had an impact on health and wellbeing.

1. Based on the findings, the following recommendations have been made:
2. North Tees and Hartlepool NHS Trust to consider providing residents with health and wellbeing guides. The guides in booklet format can be delivered through the post to residents homes.
3. Those delivering health and social care services need to make it clear why appointments, treatments and service provisions are being cancelled.
4. Services need to be in regular contact with all women receiving antenatal and postnatal care.
5. Maternity services to promote and encourage the use of mental health support services and information and guidance to support mothers and those who are expecting with their mental health and wellbeing.
6. Pharmacies to engage with local voluntary organisations who can support with the collection and delivery of medications for those who are vulnerable, self-isolating or have been asked to shield.

## Healthwatch Middlesbrough / Healthwatch Redcar & Cleveland (Combined)

### Top 5 NHS and Social care services used during Lockdown (281 people answered):

- GP : 201 people
- Pharmacy : 139 people
- Hospital outpatient clinic : 50 people
- 111 telephone helpline: 41 people
- A&E: 35 people

### Positive experiences of services (236 people answered):

- Service, response and diagnosis described as “quick”, “good” and “efficient”
- Experiences of “fast service”, “excellent speed”, “able to get appointment and seen same day”, “so fast and much more efficiently than normal”, “seen immediately, moved straight to X-Ray, checked out and discharged within 30 mins”
- Experience of receptionist and pharmacist being helpful, e.g. through getting “good” advice and customer service over the phone
- GP, Mental health team, 111, Midwives, District Community Nurse, Radiotherapy Unit, Pharmacist, Ambulance staff, staff at JCUH, Community midwives, Health visiting team
  - Described as “good”, “supportive”, “fantastic”, “brilliant”, “professional”, “courteous”, “friendly”, going “above and beyond”, “reassuring”, “incredible”, “wonderful support”, “amazing”
- Children Disability Team – “knowing we had somewhere to call and someone checking in made all the difference”
- Using alternatives to physical appointments
  - “excellent”, “good idea- saving time and unnecessary transport costs”, “easy to use”, “efficient”, “good for what needed”, “reassuring”, “much faster than waiting for a face-to-face appointment and no parking charges – perfect way to do it”
- Getting prescription through phone, and helpful advice from dentist
- Experience of online consultation –
  - Described as “very good”, “excellent”, “easy to use”

### Physical appointments (50 people)

- people felt positive about “all of it” / “everything” / “from start to finish” / “from beginning to discharge” went well
- people felt it was “organised” and people felt “safe”, “at ease” and “reassured” by staff, through “excellent social distancing measures”, “lots of measures in place”, infection control, PPE equipment, masks and cleanliness

### What services could have done differently with care and could change for future patients to make care better (219 people answered):

- Safer waiting system - social distancing in waiting rooms and busy corridors
- Staff to wear masks
- Long waiting times
- Clearer instructions on where to go

### **Alternative appointments**

- Feeling that phone and online consultations weren't as thorough – “felt rushed” and need a “larger time window”
- Alternatives for those with hearing difficulties
- More telephone services to be offered from GP and therapy services
- “Better to send a photo or short video before the consultation – saved difficulties in connection”
- Organisation – “when arranging GP call – give time – I waited all day for a 2 min call”

### **Access to care**

- “GP should be more accessible” - Problems with keeping appointments and continuing care, cancellations in GP and hospitals and also adult services, e.g. social services and occupational therapists
- Difficulties getting correct medication and aftercare through pharmacy, hospital and dentist
- “Try to find more help for those adults with PMLD who are at home with a parent and very little care. Care package is not able to be met and social worker has no answers”
- “Should not have pulled all service provision so soon”

### **Patient as person**

- Felt more support could be offered for mental health – asking how mental health is in routine appointments and checking up even after discharge, e.g. CAMHS
- More understanding and compassion – “doctors being more understanding of COVID-19 and children” “not to feel like just a number”

### **Maternity**

- Communication during pregnancy and in post-natal care – “pretty much non-existent”, “only 10 minutes with midwife on phone”, “no one been in contact since clinic and breastfeeding group were closed”
- Basic needs to be met in support for mothers in hospital – “readmission to post-natal ward, told baby couldn't be present”, “spent uncomfortably long time lying in my own mess after delivery”, allowing fathers and advocates to be present

### **Communication**

- Keeping people up to date – with guidelines, e.g. face masks and who is allowed in surgery and with their own treatment and appointments
- Communication between services and the patient
- Phone calls to be carried out – promised calls – from 111 and social care “feels like I've been forgotten about” and “after fracture”

### **COVID-19**

- Felt own care was limited by COVID-19 restrictions – “not received adequate treatment”, “refused hospital bed”, “GP didn't take symptoms seriously” and felt other illnesses are “ignored”
- Easier testing, e.g. testing in waiting rooms, and less time taken for results
- “Couldn't fault”, “Couldn't have been more helpful”, “everything went perfectly”, “under circumstances, felt everyone knew what to do”

**Reasons for not using NHS or social care service during pandemic lockdown (197 people answered):**

- Haven't had any new health problems or care needs – 82 people
- Appointment was postponed by the NHS or care service because of the pandemic – 49 people
- Don't want to bother health or care services while they were so busy with Covid-19 – 29 people
- Thought my problem could wait until services were 'back to normal' – 24 people
- Worried about catching Covid-19 – 23 people
- Didn't want to use public transport – 9 people

**Number of people offered a video consultation for any appointments (298 people answered):**

- Yes – 48 people
- No – 250 people

**Positive experience of video consultation (144 people):**

- Reassuring
- Being able to have face to face contact and show the Dr / specialist the problem, e.g. rash
- "Feels more personal"

**Practical**

- People appreciated not having to travel, for convenience and not having to go into the surgery, for safety - not having to come into contact with other people, "but still being able to have face-to-face"
- To talk and ask questions as hadn't met her before, to express concerns over video, to show physical symptoms, blood tests and BP readings, "to send photos/videos ahead of chat to save difficulties with connection", "kids – very hard to show and explain via video", "poor video connection"
- An actual time slot, not just an approximation
- Alternatives - no internet at home

**Number of people happy to have another video call in the future (199 people):**

- Yes – 93 people
- No – 29 people
- Maybe – 77 people

**Mental health during lockdown (303 people):**

- I have felt generally happy most of the time – 85 people
- I have felt sad most of the time – 5 people
- I have felt depressed most of the time – 11 people
- I have felt angry most of the time – 1 person
- I have felt stressed most of the time – 24 people
- I have had ups and downs of experiencing both good and negative emotions – 174 people

## Healthwatch Sunderland: (Top 6)

This information has been taken from 315 survey responses received:

- 67% of survey respondents had used a healthcare service during the pandemic including their GP, a Pharmacist, 111 service or the hospital
- On average people rated their experience of using these services as 4/5
- 52% of the respondents who receive some level of social care support for themselves or someone they care for had experienced changes to this care as a result of the pandemic
- When asked to rate the communication received about the changes:
  - 68% said either fair or good
  - 24% rated it as very poor
- 58% of respondents stated that the pandemic had had either a moderate or little effect on their overall mental health and wellbeing
- A further 10% stated it had impacted it a great deal
- People were asked about their levels of exercise during the lock down, respondents stated that their levels had;
  - 26% Increased,
  - 30% Stayed the same,
  - 44% Decreased
  - With walking and gardening being the most popular forms of exercise

When asked other health related questions, we received the following information:

- 169 respondents told us that they drink alcohol, with
  - 34% drinking more,
  - 17% drinking less,
  - 49% drinking about the same

When asked if their weight has changed,

- 44% told us they have gained weight
- 40% said they have stayed the same
- 16% had lost weight

### Healthwatch Newcastle & Gateshead:

**What digital resource, if any, did you use to speak with a health care professional at your GP practice during the COVID-19 pandemic?**

Telephone consultation = 9

Online video = 0

**How did you feel having on online video consultation with your GP?**

Very comfortable = 3

Comfortable = 4

Uncomfortable = 0

Very uncomfortable = 1

**Do you think this form of appointment/consultation should continue to be available in the future?**

Yes = 6

No = 0

Don't know = 3

## Healthwatch Cumbria: (March – April 20)

305 people responded to the HWT survey over five weeks, covering the first full week of lockdown in England.

### Location:

- 39% of respondents were from Cumbria
- 56% were from Lancashire
- 5% were 'other' (including four people from Blackpool and one from Blackburn with Darwen)

### Age:

- 65% of respondents were aged between 35 and 64 years old
- 18% were aged 65 years +
- 9% were under 25 years old

### Gender:

- 79% of respondents were female
- 20% were male

### Employment Status:

- 61% of people who responded to our survey were in some form of employment
- 17% were retired
- 6% were in full time education

### Household:

- Over half of the respondents to our survey live with one other adult
- 18% are the only adult in the household. This 18% is equivalent to 55 people
  - Of these, 8 people are looking after children. 47 are living entirely on their own
- 31% are retired
- 4% have caring responsibilities, and 13% identify as having a disability
- 67% of respondents to this survey did not have any children living in the house
- 1 person had 4 children and 1 person had 7 or more children living in the house at the time

### Ethnicity

- 94% of respondents identified as white British, with a further 3% white other
- 1% were black or black British
- 2% Asian or Asian British

### What are you three biggest concerns?

1. My family and friends will contract the virus
2. That I will contract the virus
3. Financial concerns and a shortage of food

### **How are you taking care of your emotional and mental health?**

- Staying in touch with friends and family – through various means including video chats and phone calls.
- Using exercise, meditation, gardening, housework and prayer.
- ‘Keeping busy’.
- Taking up new hobbies, restarting old ones or continuing with existing hobbies.
- Listening to music, reading, drawing and painting or crafting.
- Completing puzzles and jigsaws.
- Sticking to a routine.
- Using social media.
- Watching TV or films and listening to the radio.

### **Where have you found information about COVID 19?**

1. TV news: mainly the BBC, but also Sky news.
2. Gov.uk
3. NHS.uk
4. Internet websites.
5. Social media.
6. Trusted and reliable websites: BBC, WHO.
7. Radio and newspapers.

Over half of respondents said (every week) they felt that they either had already enough information or else they weren't sure what more information would help.

One issue that was identified from this question was the number of people asking for information that was already available through mainstream media sources. This prompted HWT to design a Q&A style social media campaign that addressed the main signposting issues raised via the survey responses.

### **Other information that people felt would support them:**

- “A clear exit strategy.”
- “Specific local information.”
- “The truth about what is actually happening.”
- “An idea of what could be next.”

### **Are you currently receiving any medical treatment or care (not related to COVID)?**

Yes = 40%

No = 60%

### **Is there anything you would like to tell us?**

“I'm worried about my family being ill while I'm still ill.”

“I cannot think of anything but I think it took everyone by surprise. It's like something out of Science fiction book/film.”

“You have forgotten the carers and the parents of children with additional needs who struggle and isolated in the normal world but who are now ultra isolated.”

“It can be very, very lonely, makes you cry sometimes.”

“Being furloughed has made me feel unvalued by my employers and that my contribution to my workplace was/is irrelevant especially as other colleagues are still working. This has affected my mental health quite badly.”

“Mental health has been ignored.”

“I look after my 100 year Mum who lives with us and my 76 year old husband as well as being a part time carer for my disabled daughter who lives close by.”

“How beautiful is the natural world around us, in this time of spring awakening. I hope we will learn to appreciate the precious things in life more, and maybe take better care of each other and the natural world.”

### **Healthwatch Cumbria: (May – June 20)**

785 people responded to the HWT survey over five weeks, covering the first full week of lockdown in England.

#### **Location**

- 43% were from Cumbria
- 7% from Blackpool
- 2% from Blackburn with Darwen
- 46% from Lancashire (other)

#### **Age:**

- Older age groups were the best represented in this survey
- 29% of respondents aged 65-74
- 22% being 55-64
- 1% were aged under 24 years

#### **Gender:**

- 67% of respondents identified as female
- 31% as male
- 98% told us that their gender identity was the same as on their birth certificate.
- 1% identified as ‘other’ (including non-binary and trans)

#### **Employment Status:**

- 54% said that they were in employment (either full-time, part-time or self-employed)
- 39% were retired. 3% were disabled and unable to work

#### **Household:**

- 20% are the only adult in the household
- 63% live with one other adult
- 4.5% live with at least three other adults
- 81% of respondents do not live with any children (under the age of 18)

#### **What is your ethnicity?**

- Asian / Asian British = 14
- Black / Black British = 2
- Mixed / multiple race = 6
- White British = 730

- White Other = 19
- Other ethnic group = 6

**Respondents were also asked to give a score to show the impact that the pandemic has had on their mental health.** The rating scale went from no impact at all (0) to it has had a huge impact (100).

- Men tended to rate the pandemic as having less of an impact than women.
- The average score for a man was 28
- The average score for a woman was 41
- Single parents tended to rate the impact as having more of an impact than the average (46)
- 98 respondents gave a rating of 75+ to this question, suggesting they felt that the pandemic has had a huge impact on their mental health
- Although not everyone in this 57% needs to access support

**What support have you accessed for your mental health?**

- Family & Friends = 45%
- Self-Support = 22%
- Support Services (phone or online) = 6%
- Other = 6%
- Online Counselling = 2%
- N/A = 46%

**Have you had an appointment by phone or video consultation / Percentage of respondents**

No	59%
Yes – I have had a phone consultation	37%
Yes – I have had a video consultation	3%
I was offered a phone/video consultation, but I didn't take it	1%
Other	5%

**Would you use a phone / video consultation again?**

- No = 9.29%
- Don't want to use the service = 6.32%
- Yes = 37.75%
- Video appt = 2.77%
- Try the service = 22.33%
- Other = 15.42%

**Peoples experience of social care services during the pandemic.**

- Yes = 13.44%
- No = 86.56%

## Appendix B: Case Studies

As the NHS faced COVID-19, many previous ways of doing things were required to change in order to respond to the pandemic. The North East and Yorkshire Evaluation and Reset Programme was put in place in response to the crisis to capture what can be learnt from the changes and innovations that have been implemented.

In agreement with the AHSN North East and North Cumbria, the Yorkshire & Humber AHSN conducted case study interviews with key healthcare professionals around the new changes and innovations that took place during COVID-19 in the North East. This included the successes and challenges, what was continued or discontinued, behaviours and skills that have been developed, as well as questions around sustainability.

The interviews were conducted over a short time period in August and September 2020. Interviews were led by the Reset and Evaluation Programme Team at the Yorkshire & Humber AHSN.

The case studies conducted for the North East and North Cumbria region were:

- Health Call Digital Care Homes
- Mental Health and Wellbeing Support Line and Booklet
- Smokefree NHS Programme in NENC
- Using Video Consultations for Autism First Assessments

## Health Call Digital Care Homes

**Health Call Digital Care Home was being implemented in the county commissioned by Durham County Council but delivered in partnership with County Durham and Darlington NHS Foundation Trust (CDDFT). However, the pandemic necessitated an increase in implementation pace due to the impact of COVID-19 on care homes.**

### Approach / Methodology

The Supporting the Provider Market project work involves working with providers of adult social care but also working with provision / services linked to hospital discharge and admission avoidance.

There are five main areas of provider support: recruitment and retention (care academy); training and development (care academy); practice support (proactively looking at areas where support can be given); tech and innovation (including Health Call Digital Care Home); and finally provider interfaces with health and social care.

When COVID-19 hit, this project placed County Durham in a very good position to build on. They had already identified key development areas and had several initiatives either in place or currently being implemented.

In terms of the Health Call Digital Care Home initiative, which enables electronic referrals and remote monitoring of residents by Older People Care Homes, the pace of implementation was rapidly increased by CDDFT in Feb / March / April and this meant the project was completed in 14 months instead of 24. Working in partnership, the Health Call offer has been expanded to include remote dietetic

support and wound care and also moved into other settings such as Extra Care.

The Council and CDDFT who already had a good relationship, worked together as a team with local GP Federations and Care Homes. Access to kit proved difficult during the pandemic (e.g. sourcing thermometers, pulse oximeters and tablets) but as procurement and finance processes were streamlined and the Trust were able to help procure kit this was managed effectively. There was also quicker decision making regarding wider roll out which supported rapid implementation in new areas.

### Impact

The implementation of Health Call Digital Care Homes meant reduced footfall to the homes as remote monitoring was used by clinicians in collaboration with care home staff. Safe decisions could be made, and advice given to care staff who were empowered to be proactive in seeking support for their residents. The residents themselves were able to see care home staff were responding to their needs by taking observations when unwell or as part of the regular observation monitoring. Care Home staff spent less time on the phone making referrals freeing them up for more time providing direct care.

The care home staff were also able to request COVID testing for symptomatic residents via Health Call Digital Care Home system.

Latest analysis comparing data from Nov-18 to Aug-19 and Nov-19 to Aug-20 has found that the number of hospital admissions in Care Homes with Health Call Digital Care Home have reduced from an average 6 per care home per month to 2.4 per care home per month.

The success of the system has led to case studies being developed which have been published on the LGA website and will be included in the upcoming CQC *Enabling innovation and adoption in health and social care* report.

### **Next Steps**

Using this digital system, the care home staff can access the health care support residents need. There are safeguards around pathway requests using the Single Point of Access (SPA).

As the initial idea for this system came from a care home, it is continually being developed and improved in partnership with the homes. Ideas can be suggested and changes implemented.

The council are now working with Learning Disability and Mental Health Care Homes to explore what their needs are for a digital solution to accessing health services when a resident is physically unwell.

The Council have recently offered a Tech Innovation & Improvement Fund for CQC registered care providers to bid for a funding such as equipment, software and also ways to improve connectivity.

### **Key Learning Points**

The care homes themselves helped develop and champion the app and shared their experiences with other care homes and support their uptake.

Spread and adoption comes from cross working with the Council, CCG, Trust, Care Homes and presentations at national and regional events are co-produced and delivered with the Trust and care home managers.

Wrap around support should be offered with the system e.g. follow up / refresher training and IT support.

Funding needs to be provided for long term sustainability.

Confidence has developed amongst users, but lack of confidence should not be underestimated.

### **Testimonial**

“We do it best when we do it together”.

**Interviewee:** Sarah Douglas, Project Manager for Supporting the Provider Market, Durham County Council

## Mental Health & Wellbeing Support Line and Booklet

**NENC ICS knew that COVID-19 was likely to cause negative mental health consequences across the population. However, the help available was generally for those experiencing a mental health crisis and there was less support for those with lower-level wellbeing concerns.**

### Approach / Methodology

NENC ICS helped to set up a mental health support line. This was done to pick up 111 calls where people have a non-crisis mental health need. This approach was further supported by the ICS suicide prevention work stream who worked in collaboration with a local charity to produce a mental health and wellbeing booklet during COVID-19, which was delivered to every household in NENC.

The mental health support line was staffed by a group of volunteer clinicians and clinicians who were supported to contribute by their organisation through flexible working arrangements. It took two and a half weeks to implement, including signing off information sharing agreements, setting up infrastructure, and getting the project management team in place.

The mental health and wellbeing booklet, created by Every Life Matters, Cumbria was delivered to every household in NENC and involved a large amount of system working and support from partners including the Academic Health Science Network North East North Cumbria (AHSN NENC) and the North East Chamber of Commerce to get it funded, printed and distributed. The impetus of COVID-19 meant that it was able to be a very quick turnaround, which would not have happened before.

### Impact

There were a lot of different places for people to go to receive mental health and wellbeing support, but they were not well known or well publicised and could be difficult to navigate. The mental health support line was able to provide a listening service, offer advice and direct people to these platforms to receive support.

The biggest success that came out of the initial data was how it showed that the support service did not have very many repeat calls. This possibly shows that when people received the intervention they needed early, it reduced the risk of them going into a crisis. The data also showed that it may have been very difficult for people to have received help elsewhere if the mental health support line was not there, as feedback from callers suggested that the support already in place was not easily accessible to members of the public. A full evaluation by Teesside University, funded by AHSN NENC, is in progress and the report will be shared on completion.

Success on the mental health and wellbeing booklet was due to having a 'big ambition' supported by the ICS mental health steering group to get the booklet to every household in the region. It will not be possible to predict the mental health impact or who was going to be affected by COVID-19, so this was a way of pre-empting mental health issues that may have arisen by offering practical advice and access to support. The AHSN NENC were a very big help in getting the mental health booklets out there, by negotiating with the print company for the big print run and organising distribution.

## Next Steps

NENC ICS want to create a website that brings together all mental health and wellbeing resources available so that people have access to information swiftly and easily and don't have to call in to 111. They are working on this platform and also taking forward discussions to ensure something is in place which provides the level of support and advice that the mental health support line had been providing.

Funding to produce a pocket-sized version of the mental health and wellness booklet and other resources is being progressed. The electronic version has been shared across networks regionally and nationally.



COVID\_19\_booklet\_small.pdf

## Key Learning Points

The mental health support line did not classify callers as 'patients', which meant the team did not medicalise or pathologise the enquiries. Instead they provided a sign posting and listening service. The calls did not go on a clinical record or attempt to create an additional clinical service. Instead they provided a bridge between people who had a mental health need but did not require a mental health services.

The biggest challenges were in the practicalities of setting up the support line. For example, when someone calls into 111 there is a call management process informed by a directory of service. The team had to set up another directory service to accommodate the service role.

For the booklet, the biggest challenge was the logistics of printing and the distribution of the booklet. The aim was also to make sure that it was printed and delivered on time for mental health week which was a

tight time constraint. However, these challenges were managed well by a cohesive team approach.

Overall, it is important to remember that we are here to look after people and, whatever the project, if it's going to help people it needs to be done. It is important that we don't get caught up in the bureaucratic process and it is vital that the speed of implementation that has been achieved during coronavirus is not lost when we go back to normal 'business as usual'. The teams involved reflected on the timeline for the projects and indicated that, had tried to do this before coronavirus, it would have taken months because they would have had to have consulted with lots of groups. It would have been very easy for someone to say no and lose sight of the intention which was ultimately to help people at a difficult time.

## Testimonial

There was a fantastic response to the mental health booklet overall. For anecdotal evidence, Gail's neighbour saw it and said that she had talked about mental health with her family on a zoom call, which they would never have done before. Furthermore, a friend who works for the council told her that it was recirculated through their team manager who said that it was "one of the best sources of information they have received through the whole COVID-19 period."

**Interviewee:** Gail Kay, NENC ICS Programme Director for Mental Health

## Smokefree NHS Programme in NENC

**NICE guidance PH48 describes using every opportunity for healthcare professionals to raise the topic of smoking, offer treatment and referral to services routinely. The North East North Cumbria (NENC) ICS Smokefree Taskforce aimed for all trusts to be Smokefree by April 2020 through implementing NICE guidance, including assessing smoking status of people admitted to hospital and providing access to Stop Smoking medication.**

**The COVID-19 pandemic led to hospital Trusts changing their processes and redeployment of staff to manage pandemic response. This meant that the aims and workstreams of the Smokefree programme were affected during the pandemic.**

### **Approach / Methodology**

Trusts are required to include smoking status as part of the clinical assessments for patients being admitted to hospital; this requires brief non-specialised training (Very Brief Advice) for staff to ensure they can signpost and advise patients when required. Some Trusts have adapted to deliver training virtually via e-learning and MS Teams.

The North East promoted a national 'Quit for COVID' campaign, which promoted the benefits of smoking cessation as the COVID-19 virus was known to cause respiratory issues and evidence suggests that Smokers have a greater risk of developing complications if they get COVID-19. The Smokefree NHS Taskforce also launched the 'Don't Wait' campaign, fronted by a local respiratory consultant which whilst not COVID-specific, included

general stop smoking messages such as 'it's never too late' and 'there has never been a better time to quit'.

### **Impact**

The height of the pandemic led to the smoking status questions being removed in some Trusts to speed up the assessment processes; these have since been reintroduced. This impacted provision and referrals for ongoing support. Provision of medication and support to quit was also impacted by the reduction in footfall across Secondary Care.

The Mental Health Trusts in the region had fewer opportunities for patients to leave the facilities as part of the infection control measures. This led to fewer opportunities for patients to access supplies for e-cigarettes which led to some struggling to manage their withdrawal symptoms.

Feedback from the YouGov survey in July indicates that in the North East region, quit attempts were double that of other regions.

### **Next Steps**

The e-learning programme 'Tobacco and Alcohol Brief Interventions' is being promoted to ensure staff continue to be trained on smoking interventions and providing advice to patients.

Some hospital Trusts have identified champions to support dissemination of information to staff on the wards.

The Smokefree NHS Taskforce have developed a regional dataset for Trusts to report the number of patients smoking status screened, given advice / medication, etc on a quarterly basis to monitor progress across the region as work continues towards implementing the NHS Long Term Plan.

**Key Learning Points**

The programme is aiming to change the culture and attitudes towards smokers, promoting the view that smoking is a long-term chronic condition, and we need to work with patients to treat their addiction with nicotine management.

Trust Stop Smoking Leads continue to meet remotely. They feel this works well and across the large region is more time effective, so it has been proposed that this continues.

**Interviewee:** Joanna Feeney, Smoke free NHS Programme Manager, NENC ICS

## Using Video Consultations for Autism First Assessments

**The diagnosis of Autism in children requires observation of the child and interviews with parents. The COVID-19 pandemic led to these observations and interviews being conducted virtually instead of face to face.**

### Approach / Methodology

Newcastle Upon Tyne Hospitals (NuTH) use the Starleaf Platform for virtual consultations and the team checked with the Trust's internal governance to ensure it was appropriate for the intended use. Once approved, the team approached families to opt into the virtual assessment process.

Information was provided to families regarding the modified observations and instructions on how to use the Starleaf app.

After diagnosis, Speech and language sessions were run via video. The North East Autistic Society (NE-AS) have also been running webinars on an introduction to Autism, emotional wellbeing / behavioural advice.

### Impact

The team were able to make a diagnosis over video of autism or another developmental disorder in 34/48 (71%) of children assessed.

Staff found being able to assess the child in their own home provided some insights they didn't always get when assessing in the hospital setting e.g. seeing their toys and behaviour in a familiar setting.

The team found that sometimes by using the video assessment, that the interview

and observation could be done at the same time on a single session.

A family survey was completed with 28/48 families who accessed video assessments. 20 families felt that the communication with them was the same (16) or better (5) over video. 20 families felt the experience for their child was the same (11) or better (9) over video than it would have been at the hospital.

Comments on the advantages included not having to take time off work or arrange childcare for other children or prolonging the long waiting time for assessment even more. Some expressed frustration with the technology, forgetting to ask things or expressed a preference for face to face contact.

### Next Steps

The team would like to continue with a blended approach of both video and face to face assessments. Video assessments are not wanted or are not accessible to some families. There are some children whose diagnosis is more complex and need additional face to face assessments to agree a diagnosis.

The team regularly use interpreters during face to face assessments and are going to trial using them during the video assessments. This presents new challenges for the team as it has not been attempted before.

The team are applying for funding to support the continuation of the NE-AS webinars which have been viewed as invaluable during this period. They are also looking to produce some professional videos about common post- diagnostic issues and adding subtitles.

**Key Learning Points**

Initial attempts at scheduling by next on the waiting list led to missed appointments and we moved to an opt in system. Some families were unfamiliar with logging in to video calls and it was realised they needed to provide more instructions to families. We also provided clearer information about items they may need for the assessment such as specific toys.

This process is likely to have widened health inequalities as families without access to devices or the internet or who need an interpreter have, so far, not been able to access video consultations.

**Interviewee:** Helen Leonard, Paediatric Consultant, Newcastle Upon Tyne Hospitals