Surrey Covid-19 Community Impact Assessment

Summary Report

November 2020

SURREY
COUNTY COUNCIL

Table of Contents

Executive Summary

COVID-19 has amplified the stark inequalities that persist in our society and the impacts have been felt across all groups of the population. The Covid-19 Community Impact Assessment (CIA) explores how communities across Surrey have been affected by Covid-19, what support communities need as the pandemic continues, and communities' priorities for recovery. Thousands of community members and people working in frontline services have taken part in the CIA through interviews, focus groups and surveys, and the findings are rooted in what they have told us. The research has brought us closer to residents at this crucial time and provides a strong understanding of local communities' priorities.

The research has identified varying impact across different places in Surrey. Economic impacts have been focussed in the North and South East of the county, while health impacts are more concentrated in the South West. Some of the most impacted areas are Spelthorne, Reigate & Banstead, Mole Valley and Waverley.

In some areas there have been improvements in community cohesion and there has been a strong desire of neighbours to help one another out, but this has not been felt by all and some groups have felt marginalised or excluded. There has been a clear divide between how the pandemic has affected people in urban areas compared to rural areas. Rural areas have felt closer to their overall community, whereas urban and suburban areas have been more likely to feel neighbourly and only connect with those in their immediate vicinity. This was particularly reflected in the response from vulnerable communities. These findings present opportunities to capitalise on the informal networks that have grown during the pandemic and to use these as a mechanism to discover new ways of empowering communities.

Groups with pre-existing vulnerabilities have been disproportionately impacted, including those with pre-existing mental health conditions, residents living in residential care homes, people experiencing domestic abuse and people from Black, Asian and Minority Ethnic (BAME) communities. Common themes emerging from our research with vulnerable groups included feelings of isolation, exclusion, stigma and confusion around information, guidelines and accessing services. For example, in our temperature check survey 48% of BAME respondents were unaware of food banks compared to 19% of respondents overall.

There have also been significant health and wellbeing impacts from the pandemic, often affecting the most vulnerable people. A prominent theme across the research is the effect of the pandemic on residents' mental health. Many residents have felt isolated and lonely, and others have suffered emotionally due to a deterioration in their personal financial situation. The mental health impacts have been felt most by younger people aged 16-34 and those living in low income households. As the second wave unfolds, it is important to consider the provision of mental health services and ensure that plans are in place to tackle any predicted increase in demand. There are also opportunities to consider how access to green spaces, employment support and other interventions can be used as part of a public health approach to tackle the root causes of the problem.

Over half of residents have also been negatively impacted in terms of their household employment and a third have reported that Covid-19 has had a negative impact on their household income, which has contributed to some of the negative mental health impacts. Those residents working in certain sectors, on low incomes or supporting families have been particularly hard hit and the number of people claiming out of work benefits has increased nearly three-fold since the start of lockdown. There are also widespread concerns about the local economy and the demise of high streets. It is recommended that partners consider a range of options to support people who have lost their jobs during this time, for example providing further information about education and training opportunities, working with local industry to incentivise employment and providing additional targeted investment towards particular areas (such as Spelthorne or Reigate & Banstead), sectors (such as aviation) or demographic groups (such as 16-34 year olds or families with young children).

One positive that has emerged from the research is the renewed appreciation of residents for the outdoors and the decreased use of vehicles during lockdown. Acting quickly to capitalise on increased appetite for walking and cycling through small-scale innovative pilots that promote active travel could be a great opportunity to improve the local environment.

There have been many positive messages about local services and use and access during the pandemic. This includes health services such as telephone GP appointments, services for vulnerable people such as food and medication delivery, and the role of the voluntary, community and faith sector. For example, 76% of residents who needed support received it during the crisis, and over 90% of shielded residents who needed help getting food and medicine received it, showing that these services for vulnerable people were effective. Having said that, it is important to note that the official shielded group did not include all disabled people and people with long term health conditions. There have been some gaps in provision particularly around more specialised services such as befriending and employment support, and services for vulnerable people for example Gypsy, Roma and Traveller communities.

Some groups also found information and guidelines (e.g. from government) about lockdown and the pandemic confusing and there is mistrust amongst many residents towards official communications and messaging. Vulnerable groups felt more engagement and culturally appropriate communication was needed. During the second wave of the pandemic we should consider which services to promote more and how to further target our support at groups who feel marginalised or excluded.

Overall, the CIA identifies a risk that the pandemic will increase inequality between communities in the long term, and particularly that vulnerable groups will continue to be disproportionately impacted. The findings of the CIA should be used by partners across Surrey to target resources and support towards those communities where there has been the greatest impact, and which are most susceptible to being left behind.

Summary of Key Findings

Place-Based Findings

1. The economic impacts of Covid-19 appear to be greatest in the North and South East of the county in areas such as Spelthorne, Elmbridge and Reigate & Banstead. This may be due to the predominance of certain industries in these areas, for example the aviation industry around Heathrow.

2. The greatest health impacts have been seen in areas across Waverley, Mole Valley and Reigate & Banstead where there are higher numbers of over 80s and care homes.

3. Different areas were affected in different ways and areas in the North, South West and South East have most commonly been impacted across the board.

4. Rural areas felt closer to their overall community, whereas urban and suburban areas were more likely to feel neighbourly and only connect with those in their immediate vicinity.

5. Suburban and urban communities had differing concerns and priorities compared to rural areas.

Health and Wellbeing Findings

6. We have identified several cross-cutting themes showing how the health and wellbeing of vulnerable groups has been impacted by the pandemic. These highlight the risk of increased marginalisation and exclusion of vulnerable groups.

    i. Information - The language of information and guidelines has been confusing for some groups and has caused an increased sense of mistrust towards government and mainstream media. Vulnerable groups reported a lack of clear and effective communication which led to fear and uncertainly at the height of the pandemic.

    ii. Exclusion - Many of the groups we have spoken to have felt excluded, from services (Gypsy, Roma and Traveller communities), access to transport (shielded individuals), digitally and in terms of language and information (BAME, Residential care).

    iii. Isolation - Lockdown has left many individuals feeling isolated and cut off from friends, family and their local community. This includes domestic abuse survivors, dementia patients, individuals in residential care, older individuals shielding, people with disabilities and chronic conditions, and newly unemployed people.

    iv. Stigma - There is greater stigma felt by some groups, for example around perceptions of mental health and stereotype of vulnerability. We have heard

concerns around stigma from shielded individual, people with disabilities and chronic conditions, people in residential homes and people from BAME communities.

v. Rigidity of Regulations - The regulations that have been imposed have often caused unintended harm, for example worse outcomes for dementia patients, impact on mental health, poor access to services for people with chronic conditions, impact on individuals with SEND and people using lockdown as a tool for domestic abuse.

vi. Mental Health – The impact on mental health was a common emerging theme across all the vulnerable groups. Concerns about the long-term impact of lockdown on communities, people with chronic conditions and disabilities were reported. Lockdown has also widened some of the mental health inequalities in relation to accessing services, particularly for individuals with no access to digital equipment are unable to receive support remotely (e.g. older adults). Lockdown has exacerbated pre-existing abuse, and the closure of schools has likely further exposed children to the abuse being perpetrated in the household.

7. A significant number of residents not typically considered vulnerable suffered from mental health impacts as a result of the pandemic, with increased self-reported stress and anxiety most prevalent in residents aged 16-34.

8. Residents reported seeing direct physical and emotional repercussions from continued uncertainty.

9. But for those able to exercise, levels of reported physical activity increased during the pandemic.

Economic and Finance Findings

10. A third of residents have reported that Coronavirus has had a negative impact on their household income. Vulnerable groups were also significantly impacted financially.

11. Over half of residents report a negative impact on the employment of their household with furlough having an emotional toll on residents.

12. Furloughed and commission-based residents suffered greatly, despite having an income, and would have benefited from additional support with adjusting to decreased incomes.

13. Certain industries and sectors felt that they missed out on much needed financial support.

14. Economic strain was heightened for parents of school-aged children.

15. The concept that financial assistance is only for the worst off prevented residents from seeking help.

16. Financial assistance was beneficial for some residents but also left those who were ineligible facing difficult choices.

17. Some residents reported that Covid-19 had a positive impact on their financial situation.

18. There is widespread support from residents for local business.

Social Cohesion and Community Findings

19. On a micro local level, there have been clear improvements to community cohesion, but a sense of belonging is not felt by all.

20. The relaxing and tightening of Covid rules brought to light the impact of shifting nationwide morale on community cohesion.

21. There is a strong desire to help others, but not necessarily via structured voluntary schemes.

Environmental Findings

22. Residents have a renewed appreciation for being outdoors and access to green spaces has helped to support a sense of wellbeing.

Access and Use of Services Findings

23. 76% of residents received support during the crisis, and over 90% of shielded residents who needed support with basic needs received it.

24. There have been gaps in service provision, with lower demand services being the least accessible. This might have disproportionately affected already marginalised groups.

25. Residents have found information around guidelines and provision of services confusing. This could have created a barrier to accessing available support.

Summary of Opportunities & Lessons for the Second Wave

The research has highlighted various opportunities that partners may wish to consider during the second wave of Covid-19 and to inform future service provision. These opportunities provide a high-level view of some suggested areas of focus within each area. Further work will be undertaken with partners to socialise the findings and opportunities, and to refine them into more targeted actions.

Place-Based Opportunities

1. Explore what targeted economic support and investment can be provided to businesses and communities around Heathrow and Gatwick, working with other key stakeholders (e.g. Local Enterprise Partnerships, districts and boroughs, universities, businesses and neighbouring councils).

2. During the second wave, increase and target our provision of support in areas with high numbers of older people and vulnerable groups, for example in Waverley.

3. Tailor support to place an emphasis on utilising key community figures, such as leaders of established voluntary, faith and community groups, to further empower them to lead initiatives in their areas and support the well-being of residents.

4. Explore how we might translate the community culture found in rural areas into urban and suburban areas and include these voices in community development programmes.

5. With a particular focus on urban areas, explore how we can leverage the increases in 'neighbourliness' to establish conditions in the county that better empower and enable communities to help themselves and foster an inclusive and secure place for everyone living and working in Surrey.

6. Assess what regeneration activities are desirable for local high streets to adapt as hyper-local centres providing employment, education and leisure opportunities.

7. Consider how we can build upon existing communications and engagement to target areas on or near the borders of Surrey and other local authorities, so residents are well-informed on who in their area is responsible for what and subsequently feel more capable of seeking support and guidance from the relevant channels.

8. Explore opportunities for partners to work together to design cross-cutting interventions that recognise the specific impacts of Covid-19 at a place-based level combined with insights derived from at risk vulnerable communities.

Health and Wellbeing Opportunities

The findings of the CIA align closely with the Health & Wellbeing Strategy and add further depth to specific areas of immediate targeted action. The research highlights some high-level areas of focus that align to each of the Health and Wellbeing Strategy priorities:

Priority One - Helping people in Surrey to lead a healthy life

- Access to substance misuse and mental health services for those with serious mental illness
- A whole system approach to eliminate rough sleeping
- Specialist housing to enable independent living
- Early intervention approaches to support young people
- Support to enable people to recover effectively from domestic abuse
- Rehabilitation programmes, including for couples affected by situational violence
- Support for carers

Priority Two – Supporting the mental health and emotional wellbeing of people in Surrey

- Preventative mental health in-reach offers with schools
- Preventative mental health support access for Older People
- Wellbeing at work
- Domestic abuse support offers for mothers throughout and after their pregnancy
- Social isolation

Priority Three - Supporting people to fulfil their potential

- Infrastructure to best support children missing education due to social, emotional and mental health needs
- Mentoring schemes offered to children and young people across Surrey
- Supporting adults to succeed professionally and/or through volunteering

Further specific opportunities have been identified:

9. With partners, continue work to review the provision of mental health services for young people and vulnerable groups, particularly in relation to social isolation. Ensure plans are in place to tackle any predicted increase in demand by enabling access to the right help and resources.

10. Safeguard and improve access to green spaces to encourage residents to utilise the county's natural assets. Consider ways to increase physical activity and improve mental health and emotional wellbeing.

11. With partners, deliver effective and local public health information to enable people to make decisions about their physical and mental wellbeing.

12. Take further preventative action to mitigate the impact of unintended consequences which the Rapid Needs Assessments have highlighted, particularly in preventing future harm to children and adults experiencing domestic abuse. Facilitate wider support through use of online outreach tools.

13. Gain deeper insight from those people who experienced marginalisation, exclusion and felt stigmatised and further promote anti-discrimination and cultural awareness. This can be achieved through Equality, Diversity and Inclusion programmes which are a key priority for council and healthcare partners who are addressing health inequalities as part of Implementing phase 3 of the NHS response to the Covid-19 pandemic.

14. Embed equality impact assessments and meaningful engagements with vulnerable communities into working practices to ensure new policies and interventions are culturally appropriate, mitigate the risk of unintended harm and improve access, experiences and outcomes for vulnerable people. For example, outcomes for dementia patients, impact on mental health, poor access to services for people with chronic conditions, impact on individuals with special education needs and disabilities (SEND) and impact on victims of domestic abuse.

15. Strengthen the partnership working that has emerged from Wave 1 of the pandemic, particularly the role of third-party reporting and community involvement, for example in the management of chronic conditions and domestic abuse reporting. Cement the improved collaboration and formation of networks.

16. Tackle health inequalities that Covid-19 has amplified in Surrey through joint efforts to support communities who have been disproportionately impacted through targeted health protection, prevention and health promotion.

17. Work with wider partners across health and care to proactively develop targeted interventions and place-based health and wellbeing improvements for vulnerable groups, for example around homelessness, domestic abuse, residential care, shielding and people with chronic conditions and disability. As part of these interventions it is crucial to ensure that communication and engagement is effective, adapted and culturally appropriate.

18. Work with partners to provide co-ordinated and sustainable support for the local agencies and organisations working with vulnerable communities. For example, the emerging government plans to offer key relatives rapid Covid-19 testing so that they can resume seeing their loved ones in care homes.

19. Embed local models that enable flexible nuanced care for vulnerable people. Across the spectrum of RNAs, cross-cutting themes emerged which emphasised the support and resource needed for mental health, carers and vulnerable groups.

20. There has been a significant impact of COVID-19 on health outcomes and healthcare provision. The CIA provides in-depth insight and intelligence to support health partners in delivering the 8 urgent actions to address health inequalities outlined in the Phase 3 Implementation Guidance published by NHS England and Improvement (August 2020).

Economic and Finance Opportunities

21. Work with partners to support residents who have been impacted by employment challenges. For example, work with Job Centre Plus to review their offer and ensure it meets local needs (e.g. providing financial planning tips to those who are not used to living with less income).

22. Explore ways to promote information to residents on how to access advice, guidance, or training at a Further Education College to improve their skills and support a return to employment.

23. Consider ways to work with partners and local employers to help incentivise an increase in apprenticeship starts locally. For example, areas where the government has recently made new announcements or utilising the council's apprenticeship levy to transfer to local businesses.

24. Encourage local industry to emphasize hiring candidates from linked industries (e.g. cabin crew and customer service).

25. Improve support for families identified as struggling the most by helping to maximise take-up of government support schemes, for example Universal Credit and Job Seekers Allowance, access to food banks and financial counselling and providing incentives for childcare, school transportation and nursery fees.

26. Signpost information to government education technology initiatives (laptops and tablets for children).

27. Explore innovative approaches to signpost support and listening services for mental health and emotional wellbeing for 16 to 34 year olds, who are typically "hard to reach" (e.g. targeted social media/advertising, paid partnerships with local influencers to amplify key messaging).

28. Run communications campaigns that encourage residents to support local businesses and encourage businesses to purchase locally and use local supply chains.

29. For all the above, focus efforts in the areas that have been most impacted economically, for example areas in Spelthorne and Reigate & Banstead.

Social Cohesion and Community Opportunities

30. Explore new ways of working with communities to capitalise on informal community led networks. Seek to discover ways to support residents to participate in their community in a way that suits them.

31. Understand the causal factors that resulted in people feeling more or less connected to their community during the lockdown period and seek to develop tools that support community cohesion.

32. Use programmes such as the Your Fund Surrey to help increase the “will to share” by supporting community initiatives that respond to local needs and issues, particularly for the most vulnerable.

33. Consider how we ensure underrepresented residents feel that they belong within communities through increased focus on Equality, Diversity and Inclusion projects.

34. Seek to understand the blame culture that has emerged later in the pandemic and challenge exclusive behaviour and the blaming of 'others' through robust evidence and facts.

Environmental Opportunities

35. Continue the investment and focus on our Greener Futures Strategy to reduce carbon emissions in Surrey and promote sustainability.

36. Continue to develop countryside sites to increase accessibility, conserve and protect biodiversity, and work towards making it financially sustainable.

37. Act quickly to capitalise on increased appetite for walking and cycling through small-scale innovative pilots that promote active travel.

38. Support and encourage walking groups to help reduce isolation and reduce reliance on vehicle transport at local level, especially for older people.

Access and Use of Services Opportunities

39. Continue to build on digital service offers such as virtual clinics, while ensuring that those who struggle with digital access are still able to access the support and services they need easily.

40. Through partnership forums such as the Surrey Office of Data Analytics use data to identify cohorts of residents and target specific support services, utilising linked datasets and predictive analytics.

41. Design clear partnership plans on how to best reach minority groups that have found accessing information difficult during the pandemic.

Introduction

The Community Impact Assessment (CIA) explores the health, social and economic impacts of COVID-19 on communities across Surrey, communities' priorities for recovery, and what support these communities might need during the second wave of the pandemic.

The primary aims of the CIA are threefold;

1. To enable partners to provide targeted support to communities impacted by COVID-19
2. To enable partners to act preventatively to mitigate future impacts
3. To better understand the experiences of our residents to create resident led recommendations for improvements

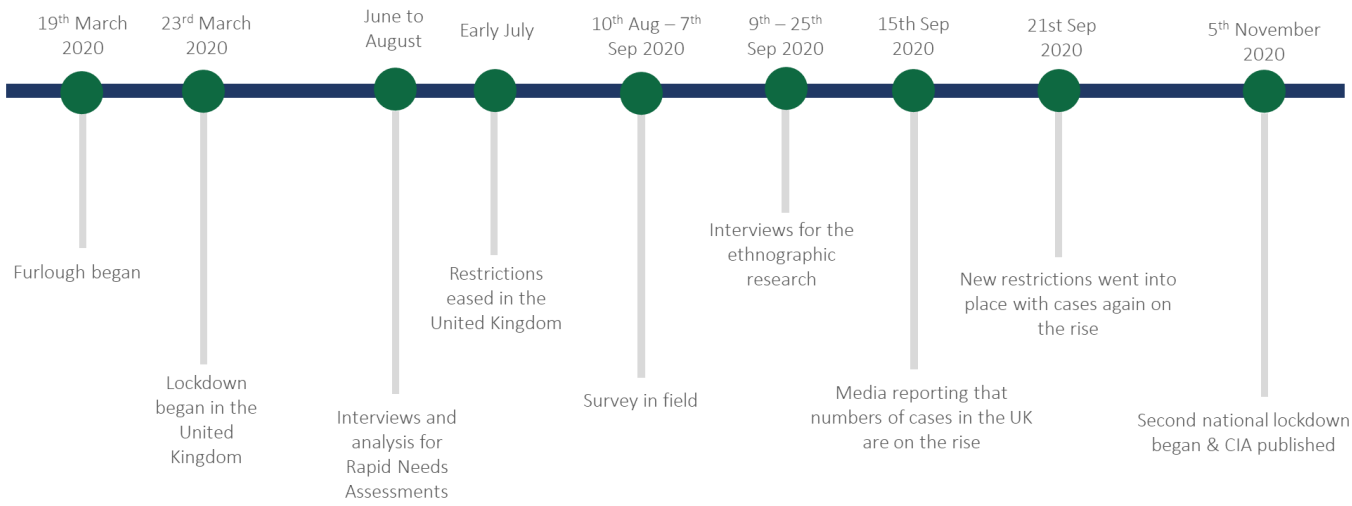
The CIA has been developed using a range of qualitative and quantitative research methods, designed to ensure that we have a comprehensive understanding of impact, and to capture the views and experiences of a wide range of residents. The project involved conducting a survey of over 2,000 households in Surrey to provide a broad understanding of residents' experiences across a wide range of topics, oversampling on known low response groups to ensure robustness. Existing data sets on health, social and economic risks and outcomes were also analysed and mapped to understand the prevalence of certain vulnerabilities, and to identify local impacts.

In addition to the quantitative data, detailed interviews were conducted with residents who have been disproportionately affected by COVID-19, including those living in areas that have seen significant social and economic impacts, and people belonging to groups with pre-existing vulnerabilities or who have a high risk of mortality from the virus. To ensure robustness, data was gathered through interviews with community members and people working in local services. These assessments provide nuanced insights into communities' experiences and recommendations for strategy and action.

The work has been guided by a Steering Group made up of representatives from across health partners, county and borough councils, the police, the voluntary sector and the general public. Meetings on project progress were held regularly to ensure visibility and oversight. Over time it is planned that the Community Impact Assessment will become the refreshed Joint Strategic Needs Assessment for Surrey.

Methodology

This section describes the methodology used to produce the CIA. The timeline below provides an overview of research activities alongside key milestones during the pandemic.



Place Based Methodology

To understand the impact that Covid-19 has had on local areas and places across Surrey we first analysed three different types of impact from Covid-19. These were grouped into; health impacts, economic impacts and population group impacts.

- Health impacts – this dimension looks at where there have been direct health impacts as a result of Covid-19, including where there have been cases, deaths directly attributed to the virus and outbreaks within care homes.
- Economic impacts – this dimension looks at where there have been direct economic impacts as a result of lockdown, including where there have been increases in unemployment and where people have been furloughed.
- Vulnerable groups – this dimension considers where there is likely to have been disproportionate impact on people based on the prevalence of groups with pre-existing vulnerabilities, including people with disabilities, people with mental health conditions, older people who live alone, over 80s and carers. It also considers people who have been impacted by lockdown in another way, for example people who have been shielding and friends and families who have been bereaved from non-Covid related deaths.

For each dimension, we collected data at the Middle Layer Super Output Area (MSOA) level and constructed a Surrey wide index which combined several indicators to produce an overall dimension score. We then looked at how these impacts varied across Surrey and how they related to each other.

The next step was to gain a deeper understanding of these impacts by conducting focussed ethnographic research within specific places of interest. The areas that were highlighted as having had either a particularly high or low impact relative to the rest of Surrey were selected for this next stage of research.

Using the Surrey wide index created we were able to select places that met our criteria of areas and groups heavily impacted by Covid-19. We recruited 3 residents in 7 different areas: Spelthorne (Ashford and Laleham), Horley, Woking (Sheerwater and West Byfleet), Guildford, Waverley (Churt, Rowledge and Frensham), Tandridge (Smallfield and Tandridge), Ashtead. The key reason for selecting each of these places is explained below.

Type of place	Suggested place
High increase in unemployment (JSA & UC) due to Covid-19	Area 1- Spelthorne Area 2- Horley
Lower socioeconomic / deprived area	Area 3- Woking
Commuter town	Area 4- Guildford
Rural area with high economic impact	Area 5- Smallfield & Felbridge Area 6- Waverley
Area with lower economic impact (as a comparison)	Area 7- Ashtead

The rationale is that different types of places can serve as archetypes for similar places across the county and learning from these seven places can be used across the county.

We conducted a three-part research process with each of the 21 residents:

- A 1-hour virtual introductory interview
- A 30-minute 'diary task' based on the interview, i.e. sharing photos of how birthdays were celebrated in lockdown or sharing a schedule of their typical day
- A 90-minute in-depth interview conducted face-to-face or virtually

Rapid Needs Assessments Methodology

Rapid Needs Assessments (RNAs) are a tool utilised by agencies in emergency situations to obtain a snapshot of where resources are most required. The RNAs explore specific questions, including:

- Which geographical areas are most affected?
- Which population groups are affected?
- The severity of impact on mortality, relocation and financial resources
- Secondary affects to population health which may result in worsening of health conditions, service access and impact on socioeconomic status

A series of RNAs were carried out between June and September 2020. The RNAs focused on 10 populations defined as vulnerable due to their higher risk of mortality from Covid-19, underlying health conditions, economic and social marginalization, and/or groups disproportionately affected by Covid-19. A mixed methods approach was utilised which incorporated quantitative data, prevalence mapping and qualitative data. Each RNA involved interviewing community members, service users, focus groups, stakeholders across the system, including service commissioners, managers and frontline workers, to explore communities' experiences during Covid-19 and priorities for the future. Where possible, assessments also used data to quantify the health outcomes communities experienced during Covid-19 compared to previous years. Criteria for interviewing participants was as follows:

Key informants:

- Working in service provision for vulnerable population
- Working with vulnerable groups in Surrey

Residents:

- Able to provide consent
- Resident in Surrey
- Seeking / utilising services under identified RNA

Specialist data software was utilised in stages to assimilate qualitative output from the interviews to identify key themes and findings. The findings which would create word clouds based on frequency of text searches, produce Word Trees for word association (e.g. job loss

and exploitation), generate priority themes and percentage of time certain issues were discussed. Stage 3 of the analysis created a network analysis which enabled identification of crosscutting themes across the 10 RNAs.

Each RNA comprises of qualitative and quantitative components which identify common themes, priorities and recommendations.

This work was undertaken during lockdown which presented its own challenges. However, the professionalism of the team and commitment from participants enabled effective interviews and collection of data and experiences.

Survey Methodology

The Covid Impact Survey was an 11-page quantitative survey that was in field between the 10th August and 7th September. The survey was sent by post to residents to self-complete. We deliberately chose a postal survey to minimise digital exclusion, but the invitation letter also included a link to complete the survey online for those that preferred to do so.

The survey had two sample groups, the first being a random sample using postcodes and stratified by district and borough to ensure they were adequately represented within the sample. The second sample group was made up of shielded residents. It was vital for us to understand the experiences of shielded residents and gauge how they differed from the rest of the population as they experienced the highest degree of change as a group and were most reliant on other others, including local government and the voluntary sector. It is important to note that the official shielded group did not include all disabled people and people with long-term health conditions.

The analysis used a method called ‘weighting’ to ensure that the findings accurately reflected the demographic profile of the County. Put simply, weighting is a scientifically proven technique which maintains accuracy of results while ensuring those results are representative of all the different groups in a population. Typically, each response is ascribed a value or ‘weight’, with surveys from under-represented groups getting a weight larger than one and those in over-represented groups get a weight smaller than one.

At an overall level, the response rate for the survey was 25%. This far exceeded the response rate of comparison surveys fielded. In total, we received 2058 responses.

Place Based Findings

1. The economic impacts of Covid-19 appear to be greatest in the North and South East of the county in areas such as Spelthorne, Elmbridge and Reigate & Banstead. This may be due to the predominance of certain industries in these areas, for example the aviation industry around Heathrow

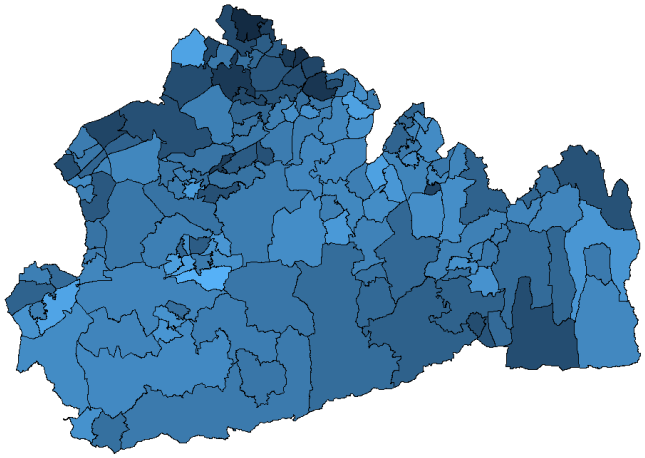


Figure 1 - Map of Surrey showing the distribution of the Economic Impact Score across MSOAs (a darker shade of blue indicates a higher score, meaning the area is more impacted)

2. The greatest health impacts have been seen in areas across Waverley, Mole Valley and Reigate & Banstead where there are higher numbers of over 80s and care homes

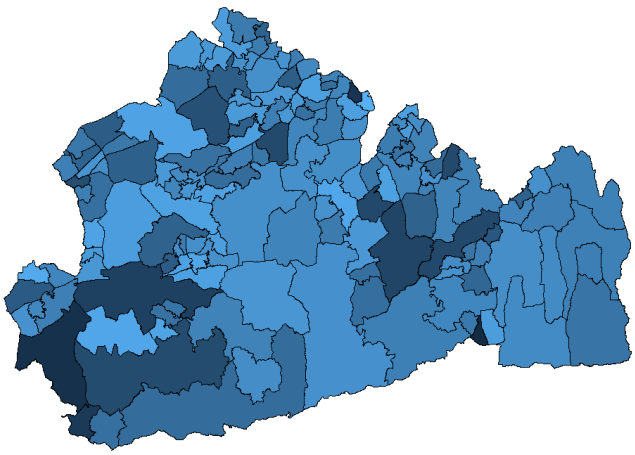


Figure 2 - Map of Surrey showing the distribution of the Health Impact Score across MSOAs (a darker shade of blue indicates a higher score, meaning the area is more impacted)

3. Different areas were affected in different ways and areas in the North, South West and South East have most commonly been impacted across the board

Some areas have been impacted in multiple ways, across each of the dimensions. We identified MSOAs that ranked in the top half (more impacted than average) along each dimension and then categorised areas by the number of dimensions on which they are more impacted than average. When this was mapped it showed that the combined impacts are spread across the county, but areas in the North, South West and South East have most commonly been impacted across the board.

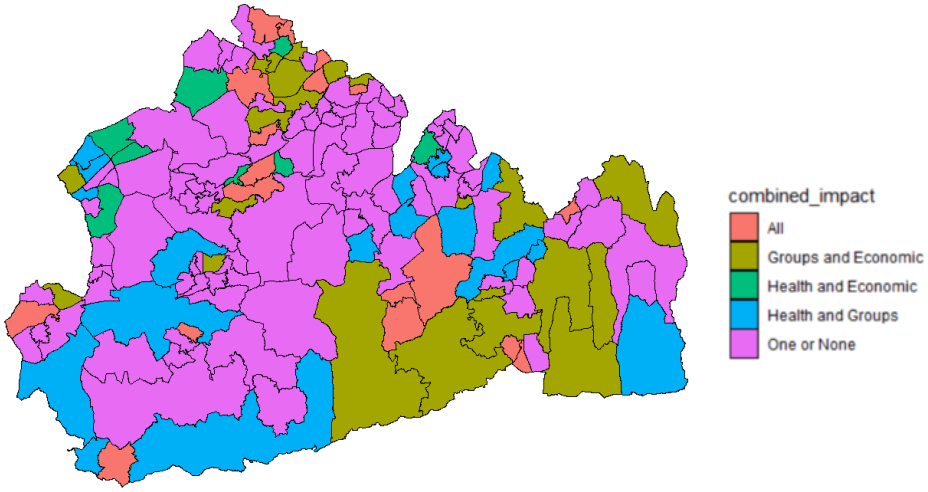


Figure 3 - Map of Surrey showing the distribution of combined impacts across MSOAs

4. Rural areas felt closer to their overall community, whereas urban and suburban areas were more likely to feel neighbourly and only connect with those in their immediate vicinity

The ethnographic research identified that the economic and social implications of COVID-19 are at the forefront of residents' minds, with their areas serving as a backdrop. Perceptions of local areas varied, with the only clear pattern existing between those who live rurally versus those who live in suburban areas.

Those living in rural areas reported an overall sense of community in their town or village, while those living in urban or suburban areas reported that they became more 'neighbourly' with those close in proximity to them. One resident noted "It was our son's birthday on VE day. All the neighbours came around with cards for him. It was special, probably his best birthday ever". Whilst lockdown strengthened relationships between immediate neighbours in urban and suburban areas, their sense of community was limited to a small number of people.

Those in rural communities were found to be more community focused, rather than neighbourhood-focused, which could be due to existing community infrastructures. It was

generally felt by rural communities that the pandemic had led to increased kindness within their communities. This fed through to how aware the two groups were of community initiatives during lockdown with those in rural communities being more knowledgeable of local events and schemes.

A common trend in all areas was an increased appreciation of the 'micro-local', with gardens, driveways, and balconies serving as proxy community centres. Many residents mentioned growing closer to their neighbours, talking through fences, across streets, and over balcony railings. Not only this, but all residents who had elderly neighbours said they checked up on them, did their food shop or picked up prescriptions for them.

5. Suburban and urban communities had differing concerns and priorities compared to rural areas

We found that Rural and Urban/Suburban groups raised different concerns to one another. Among urban and suburban residents there was concern of the demise of high-street. This was especially apparent in Spelthorne where residents have already noticed the impact of Covid-19 on local shops; 'there are certain shops that are starting to close down. We've lost the shoe shop and the card shop'. However, there was also a lack of interest in going back out to the 'busy areas.'

Rural residents felt more of a transport-related strain during lockdown with people either avoiding public transport or it no longer running, cars became a necessity and people felt isolated. For those who already relied on cars, the increase in car usage caused further problems, one residents reporting 'My road turned into a car park during lockdown as ponds became overpopulated and I was stuck because couldn't get anywhere'.

There was also confusion when it came to responsibility and assistance during Covid-19 if villages lay on the border between two counties, combined with a general lack of awareness of the varying responsibilities of different local authorities.

While the ethnographic research found differing views between rural and urban/suburban communities, we were unable to draw any conclusions between other areas researched. This has shown that place played a less-important role in the impacts of the pandemic than was initially expected.

Place - Opportunities for Action

1. Explore what targeted economic support and investment can be provided to businesses and communities around Heathrow and Gatwick, working with other key stakeholders (e.g. Local Enterprise Partnerships, districts and boroughs, universities, businesses and neighbouring councils).

2. During the second wave, increase and target our provision of support in areas with high numbers of older people and vulnerable groups, for example in Waverley.

3. Tailor support to place an emphasis on utilising key community figures, such as leaders of established voluntary, faith and community groups, to further empower them to lead initiatives in their areas to support the well-being of residents.

4. Explore how we might translate the community culture found in rural areas into urban and suburban areas and include these voices in community development programmes.

5. With a particular focus on urban areas, explore how we can leverage the increases in 'neighbourliness' to establish conditions in the county that better empower and enable communities to help themselves and foster an inclusive and secure place for everyone living and working in Surrey.

6. Assess what regeneration activities are desirable for local high streets to adapt as hyper-local centres providing employment, education and leisure opportunities.

7. Consider how we can build upon existing communications and engagement to target areas on or near the borders of Surrey and other local authorities, so residents are well-informed on who in their area is responsible for what and subsequently feel more capable of seeking support and guidance from the relevant channels.

8. Explore opportunities for partners to work together to design cross-cutting interventions that recognise the specific impacts of Covid-19 at a place-based level combined with insights derived from at risk vulnerable communities.

Rapid Needs Assessments Findings

Impact on BAME communities

According to the Office for National Statistics, BAME comprises all Mixed, Asian, Black and Other ethnicities. White ethnic groups comprise White British; White Irish, Gypsy or Irish Traveller; and Other White. Early evidence suggests that people from BAME ethnic backgrounds are disproportionally affected by COVID-19 severe illness and deaths (Institute for Fiscal Studies).

The Pubic Health England (PHE) Review of disparities in the risk and outcomes of COVID-19 published in June 2020 showed that there is an association between being from a BAME ethnic group and the likelihood of testing positive and dying with COVID-19. Although more studies are required to establish the cause, these findings shone a light on pre-existing inequalities that were exacerbated as a result of the pandemic.

Stakeholders and community member engagement

A total of ten interviews (eight) and focus (two) were conducted with key informants and one focus group was held with BAME community members. These interviews and focus groups provided an opportunity to gain a better insight into the factors that may be influencing the impact of COVID-19 on BAME communities at local level and strategies for addressing inequalities.

Common themes

Most stakeholders believed that COVID-19 did not create health inequalities, but rather the pandemic exposed longstanding inequalities affecting BAME groups in the UK.

The community members felt that there was a lack of clear communication of the guidelines at the beginning of the lockdown, which led to confusion about accessing care and support. This was made worth as the lockdown disrupted some of the community networks which were key in supporting certain groups (e.g. older individuals whose first language wasn't English). Some ethnic groups, particularly the Chinese families, were subjected to hate crime and racism as a result of the pandemic. Some also experienced lack of access to finical support as they did not meet the eligibility criteria set by the government. Practicing effective social distancing is often a challenge, as BAME families are more likely to live in overcrowded housing.

Although good progress has been made by organisations to complete risk assessment, there are some concerns by BAME staff about the use of data and its impact on their future job prospect. Historic racism and cultural practices (e.g. respect towards the manger) might have meant that some individuals in BAME groups were less likely to seek care when needed or as NHS staff are less likely to speak up when they have concerns about Personal Protective Equipment (PPE).

Stakeholders felt that the disproportionate impact of COVID-19 on BAME groups has created an opportunity for a sustainable change to mitigate further impact.

Figure i - Word Cloud illustrating key words/terms frequently used from Key Informant Interviews and Community Interviews.

Priorities highlighted by Stakeholders

- Large scale and transformative change to tackle the structural causes of equalities and inequalities (i.e. societal environments/wider determinant of health such as deprivation, housing, neighbourhoods, workplace) that contribute to ill health of BAME communities – not solely focusing on individuals.
- Tangible actions by institutions to tackle the structural and institutional racism to tackle the drivers of inequality at system.
- Embedding equality impact assessments and meaningful engagements with the BAME community in the heart of every new policy and intervention to make sure the policies and interventions are culturally appropriate in order to improve access, experiences and outcomes for this group.
- Investment in BAME charity and voluntary, community and faith sector (VCFS) organisations to enable a meaningful engagement with BAME communities and to build trust.
- Proactive prevention with a focus on BAME maternity services and those with pre-existing physical (such as obesity, CVD, diabetes) and mental health conditions, recognising the diversity withing the BAME population and addressing the health needs within each group.
- Empower BAME communities to reduce delay and stigma in accessing care.
- Improving ethnicity data collection and recording.
- Fund and develop culturally appropriate communication materials to share the latest guidelines and health protection messages through trusted channels (e.g. community and faith leaders) and participatory research.

- Appropriate training for the mangers to carry out the risk assessment for BAME staff and ensure effective mitigation measures are in place to reduce the risk of COVID-19 infection.
- Improving access to testing and PPE to protect the frontline workers.

Recommendations

- Large scale and transformative change to tackle the structural causes of equalities and inequalities (i.e. societal environments/wider determinant of health such as deprivation, housing, neighbourhoods, workplace) that contribute to ill health of BAME communities – not solely focusing on individual.
- Tangible actions by institutions to tackle the structural and institutional racism to tackle the drivers of inequality at system.
- Embedding equality impact assessments and meaningful engagements with the BAME community in the heart of every new policy and intervention to make sure the policies and interventions are culturally appropriate in order to improve access, experiences and outcomes by this group.
- Investment in BAME charity and voluntary, community and faith sector (VCFS) organisations to enable a meaningful engagement with BAME communities and to build trust.
- Proactive prevention with a focus on BAME maternity services and those with pre-existing physical (such as obesity, CVD, diabetes) and mental health conditions, recognising the diversity within the BAME population and addressing the health needs within each group.
- Empower BAME communities to reduce delay and stigma in accessing care.
- Improving ethnicity data collection and recording.
- Fund and develop culturally appropriate communication materials to share the latest guidelines and health protection messages through trusted channels (e.g. community and faith leaders) and participatory research.
- Sustained measurable improvements in visible senior BAME leadership in health and social care organisations which creates diversity and inclusion which in turn also leads to prioritising improvement in the health, wellbeing and life chances of BAME communities and staff in health and social care.
- Appropriate training for the mangers to carry out the risk assessment for BAME staff and ensure effective mitigation measures are in place to reduce the risk of COVID-19 infection.
- Improving access to testing and PPE to protect the frontline workers.

Lessons Learned

- Effective communication via culturally appropriate communications to convey key public health messages as well information about accessing care and finical support

- Better data collection on ethnicity
- Use the opportunities, learning, research, evidence that exist due to COVID-19 and before COVID-19 to make demonstrable and sustainable change for and with BAME communities
- Closer engagement with the local communities, greater insight about local assets and existing grass-root community support architecture.

Impact on Mental Health

According to WHO, Mental disorders comprise a broad range of problems, with different symptoms. However, they are generally characterized by some combination of abnormal thoughts, emotions, behaviour and relationships with others. Examples are schizophrenia, depression, intellectual disabilities and disorders due to drug abuse. Mental illness is closely associated with many forms of inequalities, which include living in poverty, low-quality work, unemployment, housing, lack of support to access health and preventative care, stigma, discrimination, social isolation and exclusion.

Different groups of people in the UK are experiencing the COVID-19 pandemic and the lockdown very differently. One area of concern is the impact of the pandemic on mental health and how this is affecting some groups much more than others.

Stakeholders and community member engagement

Over 20 interviews were conducted with stakeholders, key informants and elected members. A focus group with current service users was held.

Common themes

Mental Health (MH) services were experiencing lack of resources before the pandemic, particularly the dementia services and some of the care pathway being fragmented. Certain criteria thresholds for MH interventions were often too high, which meant a specific cohort of people who experienced MH problems were often left unsupported.
Key drivers for worsening MH were social isolation, loss of coping mechanisms, fear of becoming infected, conflicting information and working in frontline jobs. The latter was associated to both fear of infection and PPE access.

During the lockdown, rapid efforts were mobilised to offer digital/virtual consultations to current patients. Other positive aspects included the development of Technology Integrated Health Management (TIHM) project, distribution of digital devices to enable remote working/consultation, GP In-Reach into mental health wards, provision of care home mental health support package and prioritising the workforce to access psychological interventions.

Some service users welcomed having remote or virtual consultations, whereas others found it challenging due to the lack of digital devices and or privacy at home with other family members being present. It should be noted that the views are representative of those individuals interviewed.

Figure ii - Word Cloud illustrating key words/terms frequently used from Key Informant Interviews and Community Interviews

Priorities

- Effective communication to raise awareness about Mental Health services and how/when they can be accessed (easy read and simplified- with some positive messages to give hope.
- Investment to reduce digital inequalities
- Improve Access to Psychological Therapies (IAPT) services
- A support offer particularly for people with dementia living on their own.
- Build capacity in voluntary sector services to enhance community- based support.
- Investment in 24/7 crisis lines where none exist, alternatives to admission and strengthening community services to help people to stay well and avoid escalations.
- Build resilience and empower communities to support the most vulnerable in their neighbourhood.
- Addressing the determinants of poor mental health that are being affected by COVID-19, such as financial difficulties and debt, unemployment, bereavement, domestic violence and abuse, risky alcohol consumption, substance misuse, and gambling addiction.
- Putting in place local offers to support health and social care frontline staff, ensure they have access to PPE and testing.

Recommendations

There has been a lot learning by all stakeholders through this crisis. The following recommendations listed below reflect the learning that have emerged from this rapid need assessment:

Communication

- Effective communication to raise awareness about MH services and how/when they can be accessed by the public and by the professionals for signposting.

Building capacity and investment

- Build capacity and invest in voluntary sector and charity organisations to enhance community- based support.
- Investment in prevention of mental ill health and empower the people to selfcare
- Investment in 24/7 community helpline and crisis lines where none exist, alternatives to admission and strengthening community services to help people to stay well and avoid escalations.
- Investment in adult social care mental health services to ensure the increasing numbers of people with more complex needs are supported to stay well in their communities, to enable whole system efficiencies
-

Improve access and support

- Improving access to Psychological Therapies (IAPT) services for the particularly for older, people with long-term conditions and those from BAME groups.
- Develop a support offer particularly for people with dementia living on their own.
- No wrong door policy for people with dual diagnosis and reducing barrier in referring people with a drug and/or alcohol issue to Community Mental Health Recovery Services (CMHRS).
- Extension of the Integrated Mental Health Support in Primary Care (GPIMHS) in GP practices offering support in Primary Care.
- Improve MH care pathways by enhancing service integration to prevent people from falling through the gaps.
- Increase in mental health training offer to frontline staff, volunteers and community call handlers
- Putting in place local offers to support health and social care frontline staff, ensure they have access to PPE and testing

Addressing MH inequalities

- Investment to reduce digital inequalities
- Addressing the determinants of poor mental health that are being affected by COVID-19, such as financial difficulties and debt, unemployment, bereavement, domestic violence and abuse, risky alcohol consumption, substance misuse, and gambling addiction.
- Inequalities in mental health to be put front and centre of all planning and service recovery and development by increasing investment in VCFS and peer support programmes to improve access, embed co-production, getting the basics right of knowing who accesses the services and the outcomes they achieve and reducing MH stigma.

- Implement a robust suicide prevention action plan at District and Brough level in line with Surrey Suicide Prevention Strategy
- Parity of esteem to value mental health equally to physical health

Partnership working

- Embedding the partnership working in future sustainability, collaboration and innovation.
- Joined up discussions across commissioning to provide high-quality and sustainable services to improve health and wellbeing.

Lessons learned

- Better communication with people about accessing care during the lockdown
- Support provision to the most vulnerable groups not just those in crisis, especially those who have a disability or long-term health condition, many of whom have been shielding or isolated during lockdown
- Better data collection to be aware of detailed information including ethnicity, age, whether someone was known to mental healthcare services, previous experience of abuse or trauma, and socio-economic circumstances.
- Increase investment in building community-based service where people can access support where they live.
- Implementing support interventions for people with needs pre-crisis who don't not meet the threshold criteria.
- Build resilience and empower communities to support the most vulnerable in their neighbourhood.

Impact on older People who were Shielding, had Chronic Illnesses and/or Physical Disabilities

Expert doctors in England identified specific medical conditions that place some people at greatest risk of severe illness from Covid-19 and therefore who needed to shield. These medical conditions included people; who have had solid organ transplants, with specific cancers, with severe COPD, with rare diseases, on immunosuppression therapies and other conditions (PHE, Aug. 2020). The official shielding medical conditions covered all ages but numbers in the elderly population group were significant. It should be noted that many people shielded who were not on the official shielded list but had other vulnerabilities and disabilities that put them at increased risk of the consequences of Covid-19. The need to shield applied across all age ranges but here we are focussing mainly on the older adult population of Surrey.

Five Stakeholders and fifteen Key Informants were interviewed to get an understanding of the issues experienced throughout the crisis. Views were provided from the NHS, organisations that supported the elderly, carers support groups, charities/voluntary sector, a local church and a foodbank. Experiences shared from a service provider point of view covered; pre Covid-19 challenges, impacts of lockdown, coming out of lockdown and future priorities. However, there was a mixed picture given from service providers and charities.

Raising funds, a lack of paid care workers/staff/volunteers and lack of suitable transport (personal/public) was an issue. Some offices shut down, staff worked from home and home visits reduced or stopped altogether. Social and professional contact reduced, especially for those without, or couldn't use, technology. Getting the right support and engagement with the NHS/GP practices was sometimes difficult and cancellations of medical appointments caused problems.

There was little impact on workers who normally work from home. Online Zoom events and groups worked well for those with the technology, but it was not suitable, or wanted, by all. Engagement with various digital platforms has been huge. Service providers said the use of technology has been a positive for many, by giving access to the outside world and some structure to the day. Call centres were quickly set up and staff levels maintained at some services. Most services felt they were better prepared if another outbreak should occur.

Support services took on new roles; doing the shopping, picking up prescriptions/medicines and providing transport to appointments. However, people not on the official shielding list did miss out on many interventions and support. It has been a rapid learning curve for everyone; understanding guidelines, following Covid-19 infection control procedures and use of technology which hasn't always been easy. There will be long term impacts (physical and mental) for shielded people, those with a disability, people living with a long-term health conditions and their carers. Coming out of lockdown is a scary thought for some people with a loss of faith and trust due to confused messaging from government, and the media causing anxiety and stress.

We also interviewed members of the community who have been shielding, living with a long-term health conditions and/or disability, or have been looking after residents in a caring capacity covering all ages. Conditions ranged from dementia, cerebral palsy, frail elderly, physical impairments and many others. Common themes from the community interviews

were a lack of information generally. Levels and type of communication between various support services and residents who have been shielding has affected peoples understanding of issues during the lockdown period. People with a hearing impairment sometimes found it hard to communicate clearly with others and to take in any information they needed to protect themselves from the virus and to access support.

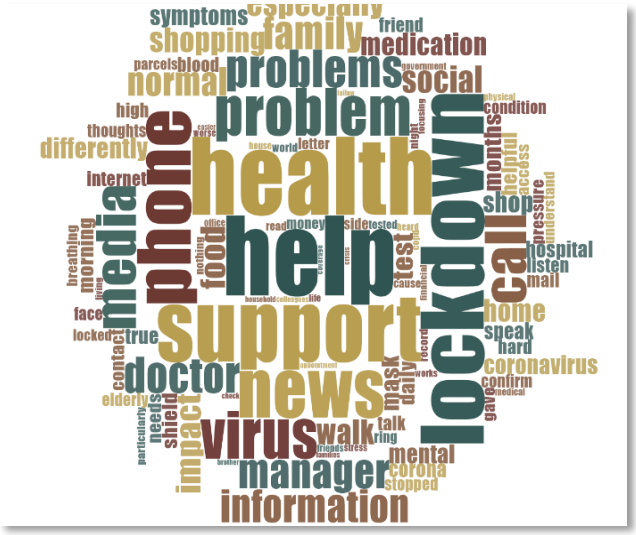


Figure iii - Word Cloud illustrating key words/terms frequently used from Interviews with individuals who were shielding and by people who were caring for shielded residents.

Local targeted information was thought to be the most beneficial. There has been a big impact on unpaid family carers due to the fear of letting paid care staff into the home as they may have been in contact with many people. Help with shopping or access to online slots was deemed essential for those who couldn't go out. It had taken several weeks for some people to access these and some had to rely on food banks for a significant amount of time. Personal views and experiences differed greatly across the community interviews; some felt totally let down by the system and support services, some understood the challenges and made the best of it, some were very happy with the level of support received.

Some felt it was hard to contact and engage with Surrey County Council, with staff trying their best to give support, but with mixed results. However, some said information sharing worked well from the Council. Social distancing reduced family contact and increased social isolation, however the weekly clap for carers did help with this for some individuals. There were concerns relating to scammers which led to an increased need to check out a glut of volunteers and new support groups; most were genuine, but some were not. The response from the community to a crisis generally has been good. New relationships and friendships were built between residents and support workers.

Those in the community reported that the cancellation of physiotherapy and other health appointments had a negative impact on them. It was felt that not all health appointments should be carried out over the phone. For example, this was not suitable for asthma checks. Some residents felt that GPs were prescribing medication rather than getting to the root of problems. The closure of some high streets has had a negative impact on disabled people.

Interviewees used key words and phrases during their interviews. Words such as; help, (mental) health, need, support, information, lockdown, problems and shopping were all raised frequently during the interviews with all participants.

Various health behaviours and vulnerabilities can indicate whether a population is at a higher risk from Covid-19 and other health conditions. Population groups with pre-existing vulnerabilities and/or who are more likely to have been impacted during lockdown, including bereaved families and friends, those who are shielding, people with disabilities, people with a mental health diagnosis, older people living alone and carers. The top five most impacted MSOAs (Middle Super Output Areas) in the aforementioned population groups are:

- Farncombe (Waverley)
- Caterham West (Tandridge)
- Merstham (Reigate & Banstead)
- Box Hill & Brockham (Mole Valley)
- Dorking South (Mole Valley)

Sadly, evidence shows that people with certain medical conditions or disability are more at risk of suffering severe illness and even fatality due to Covid-19. The initial strain on health services was extreme as NHS fought to treat and save the lives of many who contracted the disease, including people with pre-existing health conditions. Many of those conditions are seen in the elderly population.

Recommendations

Key informants and residents were asked what needed to happen, or be prioritised, should another major wave or an alternative crisis occur in the future. There were mixed views on this, but three key themes emerged and are identified below:

Communication

- Provide clear guidance and messaging, implement interventions when announced (not 2 weeks later) in a range of accessible formats suitable for those with a sensory impairment, a learning disability and members of the deaf community
- Establish early warning systems about local outbreaks so people can make informed risk assessments daily, including those not on an official 'shielding' list or those with physical disabilities but who could be disproportionately affected
- Promote the Healthy Surrey website which holds the widest possible range of information about care and support locally
- Send out more positive news

Healthcare and protection

- Improve availability of PPE and training in its use alongside infection control training, particularly for people who employ their own Personal Assistants
- Have clear individual care plans for those who need them and conduct risk assessments for provision of services
- Set up support systems for individuals and staff ensuring social contacts are maintained

- Be prepared earlier with longer preparation time, however, maintain the good things/systems that are in place now
- Better care for people who don't have Covid-19 so health issues aren't missed, particularly focusing on people with long term health condition and/or disability
- Redress a lack of monitoring during any future lockdown period

Health Improvement

- Reference new disabilities that have arisen from Covid-19 and the impact the disease has had on existing conditions
- Psychological support for people who were shielded, have a chronic illness or are disabled
- Promote Mind Matters free NHS Talking Therapy service to help people who are experiencing common mental health problems
- Activities/provision to support increased activity levels for people with a long-term health condition, disability or those of older age
- Continue to promote existing smoking cessation provision and work to encourage more elderly smokers to quit

Impact on Residential Care

The Covid-19 pandemic has raised significant challenges for the residential care sector. This is predominantly due to the fact that the risk of developing health complications from the virus is strongly correlated with age. The highest risk group are individuals over the age of 85 years[1]. Covid-19 is also associated with an increased risk of heart attacks and respiratory failure in elderly people. Key factors behind this higher level of risk are weaker immune systems in older people and the higher prevalence of chronic conditions. This latter aspect is due to the fact that chronic conditions such as diabetes, heart disease, lung disease, and kidney disease weaken the ability of immune systems to eliminate the virus. Individuals living in residential care settings are likely to have been admitted into full time care for disease management. Residential care homes therefore carry the dual risk of caring for elderly individuals and those with chronic conditions making comprehensive infection control measures critical.

This Rapid Needs Assessment was undertaken into Residential Care Homes in Surrey following the significant number of deaths witnessed during the first wave of the Covid-19 pandemic over March to May 2020. Exploratory analysis showed that the number and distribution Covid-19 deaths in Residential Care Homes in Surrey has been broadly proportional to the number of care home beds/occupants and below the national average. There were no significant correlations found between the number of deaths from Covid-19 witnessed in Residential Care Homes by the care home size, its inspection rating, or nursing capacity. This is assumed to be predominantly due to the rapidity of the pandemic and the paucity of information known during the assessed period limiting the effectiveness of early infection control measures. These findings may alter as residential care homes are provided with more information and opportunity to ensure that basic infection control measures are in place.

For the purposes of this insight, analysis focuses on elderly residents (aged 70 years+) residing in CQC registered residential care homes in Surrey. However, due to the strong overlap in issues confronted, a small proportion of interviews have also been conducted with individuals and managers in residential care homes specialising in adults with learning disabilities.

Given the paucity of information on infection control measures during the early stages of the pandemic, the frequency of exposure to covid-19 was likely to be the principle factor dictating where outbreaks would occur. The likelihood of residential care homes being exposed to Covid-19 was found to be associated with distance from London and distance from major hospitals[2]. It should be noted that a key source of exposure reported by owners

[1] Public Health England communications sent out to councils on risk factors for mortality from Covid-19, June 2020

[2] Public Health Intelligence and Insight Team, (03.08.2020), Ecological Analysis of Deaths in Surrey

of residential care homes early in the pandemic was the discharge of covid-19 positive patients back into this vulnerable communal setting. This was reported to be due to a combination of factors. These factors include unreliable testing/ testing availability, the reluctance of hospitals to test patients due to running overcapacity, the lack of alternative care settings to house covid-19 positive patients, overworked staff, a perceived culture in some hospitals of uncooperative behaviour, and an unwillingness to acknowledge challenges in managing Covid-19 outbreaks within hospital settings.

Although Residential Care homes were affected across the board in terms of size and category, the ability of care homes to access support during the pandemic was strongly associated with the proactivity of management and how linked in they are to wider networks. In some instances, independent residential homes reported forging their own local networks. These networks were formed predominantly to obtain more regular information on regulations for visiting, staff shielding, and supplies of PPE and testing kits. Along with testing and PPE, the key strategies for infection control in residential care homes were reported to be restricting family visits, quarantining positive cases, and forming 'bubbles' of staff to reduce potential exposure to covid-19. Whilst in the main effective, for owners of residential care homes, this strategy has led to the isolation of staff affecting mental health increased/ unbudgeted cost lines for PPE which may not be sustainable in the longer term and led to tensions with residents' families. For residents and families, this strategy has led to challenges in maintaining contact, and both reductions in mobility and cognitive ability in residents, particularly those with dementia.

Figure iv - Word Cloud illustrating key words/terms frequently used from Key Informant Interviews and Community Interviews

Persistent media attention on residential care homes during the peak of the pandemic led to a fear of entering homes due to the perceived high risk of infection. This factor reduced incoming resident numbers and led to some families withdrawing relatives from care. At the same time, local authorities reduced the rate paid per bed further exacerbating income

losses for residential care homes. These factors have impacted on owners' ability to pay mortgages on care home properties. In some cases, this has led to the transfer of costs to private residents and in a small proportion of care homes, ongoing costs will lead to closures. Conversely, demand for home-based care has reportedly increased opportunities in this sector. Expected financial support for residential care homes to ride through further waves of the pandemic needs to be made clear as soon as possible. Whilst last minute measures such as grants proved effective their conditions and timelines need to be outlined early on to facilitate budget planning.

The workload on staff has notably increased due to the need for increased reporting, monitoring, and infection control tools such as testing, disinfection, NHS Capacity Tracker, and local authority data requirements. Requests have been made for more coordination and data sharing among government authorities. It was noted that improving the basic profiling of residential care homes would also improve monitoring and surveillance. In turn, residential care homes would benefit from information associated with early warning systems to disseminate timely information on spikes in cases in their local areas. This type of early warning system would also aid residential care homes to obtain a better balance between regulations and flexibility to improve the quality of life for residents and their families. Obtaining clarity on the flexibility of regulations is a high priority area given the potential impacts on the quality of life of continued measures/ rules around visitation.

Lessons learned

- Owners of residential care homes should have been included in operational planning much earlier with better coordination between hospitals for the appropriate discharge of patients who may have been Covid-19 positive. The policy of discharging patients as rapidly as possible prior to the setup and availability of reliable testing early in the pandemic[3], particularly when into vulnerable care settings, needed to be better thought-out.
- Residential care homes should have been better supported to obtain testing kits and PPE sooner given the high risk of experiencing complications linked to Covid-19 due to age and the prevalence of chronic conditions
- Once more information was understood about the transmission of Covid-19, more flexibility should have guided a review of regulations and rules around infection control. This is particularly the case for people highly reliant on regular contact for their mental health and additional care such as dementia patients.
- Better profiling of residential care homes should have been available to improve monitoring and surveillance and the targeting of support for control measures.
- Grants should have been made available earlier in the crisis.

[3] https://www.gov.uk/government/publications/coronavirus-covid-19-adult-social-care-action-plan/covid-19-our-action-plan-for-adult-social-care#chapter-4

- Reporting of outbreaks should have been set up earlier in the crisis in coordination with the NHS, local council (county and district/borough levels), PHE, and residential care homes.
- Support with infection control should have been introduced much earlier in the pandemic as it became clear early on that the elderly were overrepresented in mortality data.
- Early warning systems should have been set up for residential care homes to assess the level of risk in their local areas and potential sites of infection.
- A more transparent approach should have been taken with accurate information released to the public on the situation in residential care homes. Better communication planning and information management would have helped prevent individuals turning to the mainstream media and social media for their main sources of information.

Recommendations

- The need for humane measures when it comes to infection control needs guide future strategy for residential care homes. Vulnerable individuals and particularly the elderly have repeatedly been highlighted as having legally and health wise little voice in their own care. For this reason, it should be ensured that this perceived position of powerlessness is not exacerbated by pushing the elderly to effectively carry the burden of the pandemic through overly severe measures. In this respect, ongoing dialogue and flexibility is required in future regulations that take into account the voice of care home residents and families.
- Greater financial support needs to be provided to residential care homes if control measures continue as they have done to date. This is to cover the gap in care home occupancy during the course of the pandemic since the demand for care is expected to increase once the pandemic has lowered to acceptable levels, it is critical that there will be spaces for individuals requiring care. This is likely to be relatively high given the increasing number of people living with chronic conditions as a result of Covid-19 and delays in treatment exacerbating chronic conditions due limits on hospital capacity.
- Transfer facilities are required for individuals leaving hospital care and who have tested Covid-19 positive without significant symptoms or are awaiting test results, as is current practice in parts of London.
    - In respect of the risks and level of care available to patients in the context of Covid-19, it is recommended that Surrey consider practising *advance care planning*. The need for better planning to inform decisions on patient care and hospital admission was raised in discussions with resident family members with a request made for the MacMillan-style approach to be implemented as is current practice in Sutton[4]. This is suggested as a further means to provide both residents and their families with more of a voice in their own care and treatment.

[4] http://advancecareplan.org.uk/advance-care-planning/

- Due to the proportion of Covid-19 positive cases that are asymptomatic, testing is utilised as a key strategy for infection control in residential homes. For this reason, it is critical that test kits are supplied to residential homes to enable routine testing of staff, residents, and visitors when required. This would also enable families to visit their relatives more frequently.
- It should be ensured that adequate supplies of PPE, cleaning products, and hand sanitiser are provided to residential homes if they are expected to implement relatively high control measures. Residential care homes must be supported to ensure that families can continue to visit their residents and maintain contact.
- Clarity on regulations and their flexibility for highly vulnerable residents that rely on visitors to maintain mental clarity and are not able to use digital tools for communication is required. The appropriate use of PPE also needs to be clarified in this context.
- Greater efforts should be made to link independent residential care home into information/ support networks.
- Clear advice on available financial support and issues/rights related to loans/ mortgages needs to be made available to struggling residential care homes. It was noted that the rapidity and severity of financial struggles confronted had a significant impact on the ability to forward plan and on owners' mental health.
- Provisions need to be put into place to assist residents who have experienced a deterioration in their health/ chronic conditions. These conditions, also highlighted as a risk early on by Public health England, are reported to have resulted from extended/ increased periods of isolation and reductions in routine appointments and supportive care.
- Due to the longevity of measures, support mechanisms need to be put into place to protect the mental health of care home staff and families.
- Data on the profiling of residential care home occupants needs to be improved to strengthen assistance for residents living with dementia.
- Local early warning systems need to be setup to enable appropriate levels of proactive measures are taken to counter the threat of outbreaks.

Impact on Gypsy, Roma Traveller (GRT) Communities

Gypsies, Roma and Travellers are often categorised together under the "Roma" definition in Europe and under the acronym "GRT" in Britain. These communities and other nomadic groups, such as Scottish and English Travellers, Show People and New Travellers, share a number of characteristics in common: the importance of family and/or community networks; the nomadic way of life, a tendency toward self-employment, experience of disadvantage and having the poorest health outcomes in the United Kingdom (The Traveller Movement.) Levels of poor health within the gypsy, Roma, traveller communities leave some members more vulnerable to COVID-19.

GRT communities collectively represent a significant ethnic minority group in Surrey. It is estimated that we have around 10-12,000 GRT residents, which would mean that Surrey has the fourth largest GRT population of any local authority. There are approximately 1,100 children and young people on roll in Surrey schools from English Gypsy, Travellers of Irish Heritage and Fairground communities. The limitations of the data are that it only represents details of the ethnicity of students attending Surrey schools who live in Surrey and can therefore only provide a proxy for the ethnicity of families with school aged children.

The largest number of students live in Guildford. Although the majority of GRT students live in Guildford overall, there are areas of smaller geography (for example in Waverley) with a high number of students for GRT backgrounds.

Stakeholders and Key Informants

Five interviews were conducted with key stakeholders across the health and social care system in Surrey. The stakeholders either worked directly with Gypsy, Roma, Traveller (GRT) communities or had oversight of teams that did. Alongside insight was gathered via informal conversations with relevant parties that did not want to be interviewed. The Gypsy, Roma and Traveller Health Outreach project has also produced a report on the first year of the project that began in April 2019. This provides further insight into the challenges faced by Gypsy, Roma, Traveller communities.

Highlights: Positives and Negatives

- Anecdotally there are conflicting view from professionals as to how well GRT communities have responded to COVID-19 guidance and how well sites have implemented government guidance.
- A GRT communities strategy group has been established to build on the work of the RNA and to provide a more multi-disciplinary approach to supporting GRT communities.
- The Gypsy, Roma and Traveller Health Outreach team are well trusted, and often first point of contact for community members and facilitate access to other health services, including access to COVID testing.

- There has been good use virtual working for services, particularly health. Telephone contact has worked well.
- There is a lack of appropriate communications material, over reliance of digital media by services and organisations and not adapted for low levels literacy.
- There are concerns over mental health issues within the communities.
- Financial challenges were highlighted with many community members generally self-employed.
- Challenges accessing water and cleaning facilities for some families.
- Lack of joined up and oversight of safeguarding across children and adults.

Figure v - Word Cloud illustrating key words/terms frequently used from Key Informant Interviews and Community Interviews

Recommendations

- Anti-discrimination and cultural awareness training across Surrey to address the ongoing and established systemic issues that impact the way in which the Surrey system is able to identify and respond to the needs of the GRT communities effectively and a commitment to improving outcomes for GRT communities.
- All system wide staff working with GRT communities understand and implement their safeguarding and corporate parenting responsibilities.
- Clear read across between the GRT strategy and wider system strategies including the First 1000 days, Family Resilience, Helping Families Early strategies and the SEND transformation programme.
- Implementation of literacy training and support for community members.
- Further links with the Surrey GRT Forum are needed, especially to enable engagement with community members.

- Further joined up, co-ordinated and sustainable support for the local agencies and organisations working with GRT communities is required and should be overseen and co-ordinated by the GRT strategy group.
- Work closely with organisations like Friends, Families and Travellers and Traveller Movement who are supporting the work of the NHS England and NHS Improvement Health Inequalities National Advisory group, as part of their role on the VCSE Health and Wellbeing Alliance.

Friends, Families and Travellers (FFT) have produced a set of COVID-19 guides for community members that are shielding FFT shielding information.

FFT have also produced a set of documents for use by local authorities in supporting Gypsy, Roma, Traveller communities https://www.gypsy-traveller.org/covid-19/

Impact on Domestic Abuse (DA)

Following the covid19 outbreak in March 2020, domestic abuse (DA) has emerged as a priority area, with victims deemed to be at increased risk due to the lockdown and their greater likelihood of forced cohabitation with their perpetrator. As a result, efforts were made to increase awareness of DA and the help available to victims.

Domestic Abuse (DA) victims were selected as a key population for the Surrey Community Impact Assessment in light of the clear impact reported by helplines and other support services. Victims of Domestic Abuse might also have other overlapping vulnerabilities linked with the abuse, either in the form of risk factors or as a result of the abuse itself, which might have been exacerbated by lockdown conditions.

Fifteen stakeholders were interviewed to get an understanding of the issues experienced in the Surrey domestic abuse response system throughout the covid19 crisis. Views were provided from our Outreach Services, Refuge Services, Surrey Police, the OPCC, Adults and Children's Services at Surrey County Council. The exercise was led by CFLC Commissioning, who also contributed their views as commissioners. Interviewees provided views on; pre covid-19 challenges, impact of lockdown on survivors of domestic abuse and domestic abuse support services, recovery and planning for future preparedness.

Key Findings

During lockdown, possibly partly due to increased awareness and partly due to the increased pressure on victims caused by the circumstances, demand for services changed, with increased contacts to helplines, particularly from "third parties" (i.e. family, friends or neighbours), and a higher-than-average number of DA-related incidents. At the same time, outreach services and some refuge staff needed to suspend face-to-face support and move to a remote working model, facing important challenges in continuing their work to support victims. Remaining refuge staff worked with masks, social distancing and hand sanitizing regimes in place. Interviewees agree that the Surrey DA partnership put together an agile and effective response, which materialized in greater coordination among system partners under the leadership of Surrey County Council, work addressing the capacity to cope with increased referrals and the creation of a new refuge to support victims fleeing from their perpetrators during lockdown. This latter is an example of national best practice, as the partnership has no evidence of any other refuges being opened in the same period.

Nevertheless, the partnership agrees that the full impact of covid19 on victims, as well as the national and local DA response systems, is yet to be determined. Interviewees have expressed concerns about the unpredictability of how the long-term impact on victims and their dependants will manifest itself (e.g. in their mental health/behaviour at school) and about the resources they have available to cope with any further increase in demand for services (e.g. a potential further increase in referrals on reopening of schools, causing further pressure on available sources of support).

It is important to note victims of domestic abuse are known to Services and are receiving support.

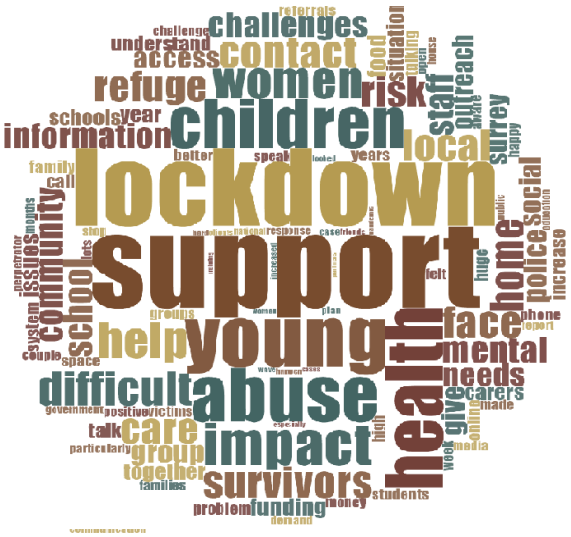


Figure vi - Word Clouds illustrating key words/terms frequently used from Stakeholder Interviews

Common Themes

Services: Some offices shut down and moved to remote working, others worked with skeleton staff. Home visits and in-person contact was reduced or stopped in a context of rising referrals. Support services, including refuges, took on new ways of working; this has been a rapid learning curve for everyone but one that services have adapted to. Short term funding was made available, but there is a worry that the peak of reporting from DA survivors might be yet to come, and therefore further resources may be needed going forward. A new refuge was developed, which accommodated 7 families at a time of crisis. Available evidence points to Surrey being the only locality to open a new refuge during lockdown at national level. There is some evidence of lockdown/post-lockdown referrals being more complex/of higher severity, but this has not been observed throughout the partnership.

System: Networks across the sector became stronger due to the weekly meetings that were put in place and stakeholders felt partnership arrangements were working better since beginning of lockdown. Partners have made time for meetings, which are more accessible as held virtually, and stakeholders have suggested they would like current partnership arrangements to become permanent. Every agency with no exception said information sharing worked well from the council and that they really valued the opportunity to problem solve together. New links between agencies and services have formed during the pandemic.

Survivors: Lockdown has likely exacerbated pre-existing abuse, and the closure of schools has likely further exposed children to the abuse being perpetrated in the household, increased the duties of victims and decreased opportunities to obtain support. The inability to leave the home environment has provided further opportunities for perpetrators to increase their victim's isolation and lent itself as a tool for greater coercive control. Where victims and perpetrators might have been furloughed, there might be financial stresses on the family also exacerbating any pre-existing control of the victim's finances or facilitating the perpetrator in "muscling their way back in" on financial grounds. There is a concern about the long-term physical and mental impact of lockdown for victims of DA and their dependants. The concern

is heightened by uncertainty about how this might manifest in both groups, but worries are now focused particularly on the mental health of children returning to school and a possible "wave" of disclosures in the school environment upon reopening.

It is important to note that people experiencing domestic abuse are known to the system and are being supported.

Priorities for preparedness – improvement in agency and inter-agency practice

- Partnership dialogue arrangements emerging from covid19 should be cemented into standard practice
- Data sharing arrangements and covid19 modelling should be consolidated and expanded to include further indicators, which will enable the partnership to better understand and make decisions about the multifaceted reality of domestic abuse in Surrey
- As third-party reporting is key to identifying people requiring support during a lockdown, targeted awareness raising exercises need to continue to equip the general population to recognising and reporting incidents on behalf of victims as necessary
- New direct arrangements between the police and outreach services should be consolidated, and possibly extended to other system partners so that victims in lockdown can receive support despite reduced opportunities to engage with services
- The new daily information process feeding into a daily Multi-Agency Risk Assessment Conferences (MARACs) is highly valued in the partnership and has made a difference for adult services. Current arrangements, in place since the first lockdown, should be reviewed to ensure they are fit for purpose and as effective as possible
- Further work should be carried out with survivors who have left their homes or sought support during lockdown to understand their experience of lockdown, so that the information can be used strategically to elaborate a lockdown-specific response

Priorities for preparedness – changes requiring additional resources or new systems

- Work should continue at pace to address the challenges identified pre-lockdown, to ensure resilience in the Surrey DA response system. The work will need to take into account the new responsibilities detailed in the new Domestic Abuse Bill, expected in April 2021
- Remote procedures (e.g. remote hearings) have been widely adopted since the beginning of the lockdown to enable agencies to continue operating. The urgency of the transition meant many agencies have not had an opportunity to consistently train their staff in dealing sensitively with remote working, so that the new procedures do not impact negatively on victims. Training in this area will ensure preparedness for future lockdowns, where remote procedures are applied because of public health reasons, but it will also ensure Surrey agencies are ready and able to offer digital remote procedures with confidence when required for the safety and wellbeing of victims regardless of the public health context
- Opportunities for silent/digital reporting should be increased, so that victims can call on services to help even when opportunities to talk are limited. This might require the addition of new services or the expansion of previously available solutions.

- An in-depth analysis of need, coverage and sustainability is needed for all Surrey refuges, so that detailed recommendations can be made about developmental and funding models for this aspect of the Surrey DA response system
- Further ways of ensuring contact with known victims is maintained in case of new lockdowns should be investigated, particularly for victims who are at greater risk of social isolation (e.g. due to a shielding order)
- Training should be made available so that agencies interacting in person with the public during lockdown conditions are aware of how perpetrators have previously exploited lockdown conditions to the detriment of victims, and can react appropriately to similar situations
- Training should be consistently rolled out to school staff to help them identify signs of exposure to domestic abuse in children's appearance and behaviour. While the training already exists, it will be important for the Surrey DA partnership to ensure it achieves sufficient coverage and school staff are trained to deal with the matter sensitively and refer appropriately

Impact on Children with Special Education Needs and Disabilities (SEND)

Schools, nurseries and Further Education Institutions within England have a duty to be inclusive and accessible for all children regardless of their ethnicity, religion, socio-economic background, ability and physical and mental health needs. Education settings need to recognise the children who may have an additional need or disability and offer support in order to ensure they have the opportunities to reach their full potential. SEND refers to any need or disability which may impact on their ability to learn. The spectrum of needs that this incorporates is vast and can relate to behaviour, social skills, medical condition or disorder, emotional difficulty, experiences of trauma and learning difficulty or disability (not exhaustive). Schools have a responsibility to offer the support required in order to best support the learning of the child/young person which may be anything from simple classroom strategies to SEN Support or an Education Health Care Plan (previously known as a Statement of Special Educational Needs).

A number of 'Key Informants' were interviewed to develop an understanding of how COVID-19 has impacted families from the perspective of those who work closely with them. Key Informants worked in a range of organisations, whether that is Health, Education, Social Care or the Voluntary/3rd Sector. Families who have a child or young person with special educational needs or a disability were also interviewed so to gain an understanding from them directly about the impact of their experiences.

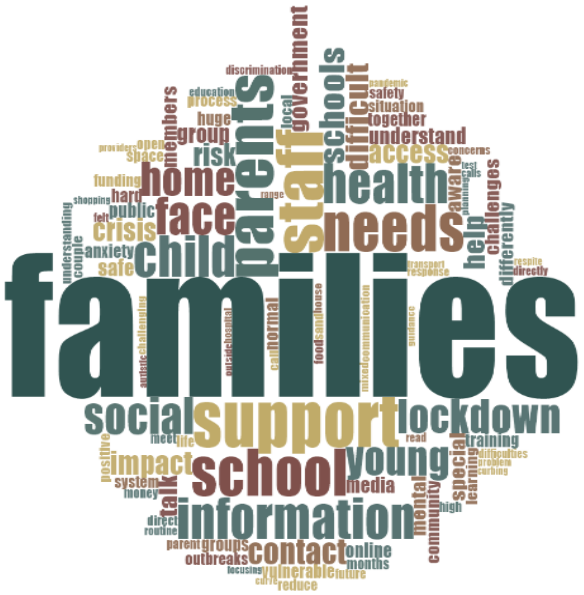


Figure vii - Word Cloud illustrating key words/terms frequently used from Key Informant Interviews and Community Interviews

Some families found that their child or young person 'thrived' during lock down for a number of reasons, whether that related to; not having to have social contact with others, not having to manage in a classroom environment or simply just appreciating being at home with family. Parents and Carers spoke about the positive impact of not having to do the school run and

feeling that the way of life was more relaxed. Others found lockdown particularly difficult due to feeling isolated or lonely, experiencing difficulty in managing behaviours at home, and not feeling they have the advice, help and support that they needed.

As result of discussions through the Command Structure responsible for responding to the incident, and in response to national governmental guidance the NHS, Social Care and Education came together in Surrey to identify those who have an EHCP. Those families were risk assessed from a multi-agency perspective and those at greatest risk of being at home or in school during lockdown were prioritised for resources and/or face to face help and support. Once the riskier cases had a robust support package in their 'changed' circumstances, all families with EHCP's were contacted to ensure they continued to have the support for their particular needs where there were potential consequences to not having their needs met. Some Moderate Learning Disabilities and Severe Learning Disabilities Schools remained open which resulted in little change for those children and young people and their families.
Advice and Guidance for both families and professionals was made available virtually and was drafted by a range of services and teams so there was less confusion about what was available and where.

Some families struggled without having access to school or health/social care professionals face to face, reporting feeling isolated, left unassisted or unsure how to manage particular problems. For some young people, not having access to their friends caused exacerbated feelings of loneliness and isolation. Parents, Carers, children and young people worried about whether there would be long term impact from not attending school on their future.

Families need to be able to feel supported when situations occur such as lockdown. Help and support is vital in order for parents to feel they can care for their child/young person and the way that this is available is of particular significance. Families don't necessarily find reading and researching helpful and a face to face discussion for some is of vital importance.

For those who have thrived through not having to attend school, the re-integration in September 2020 needs to be handled sensitively and carefully. Emotional and mental health needs have increased since Phase Three and Recovery and Restoration commenced and there must be specific attention to helping people with coping skills at times of unprecedented measures being implemented, but also robust plans to make support available through this transition.

Adults with Learning Disabilities

Surrey has a higher than national average number of adults who have a learning disability and so it is important to consider how COVID-19 has impacted those children and young people with SEND and autism who have reached adulthood.

A high proportion of this cohort had unsettled or insecure accommodation prior to lockdown. One of the significant reports related to impacts from this group was related to income, which will undoubtedly have impacted upon their accommodation. There were many reports of adults having their benefits re-assessed during this period, which caused anxiety and

insecurity. The result of the assessment for some was that their benefits were reduced or ceased.

Day to day routines for this group can be difficult to establish and may take some years to overcome poor habits such as getting up late in the day. The changes imposed due to lockdown and social distancing/cross-contamination prevention measures was distressing for this group. Also, routines that take some courage to complete no longer needed to be conducted and therefore the re-starting of these poses difficulties for individuals. The lack of access to communal green spaces also caused concern as with the children's group.

The information that was released was often inaccessible whether that is due to reading or language ability or simply because the messaging was confusing. The outcome was often mistrust in the guidance and hence information was sought through channels such as YouTube. This was a significant theme across all age groups where there are SEND needs.

Memory, impulsivity and cognition can be of deficit for some adults with LD. Imagining why there is risk for them, what the risk is and remembering to wear masks and other such expectations was more complex for this cohort. Rules applied in some areas and not others are a challenge e.g. wearing masks on public transport but not in restaurants.

Adults with Learning Disabilities often have a significant reliance on family members, whether that is for care, supervision and/or company. Loneliness and fear can emerge as result and where it isn't resolved anxiety and emotional difficulties can emerge and persist. Individuals reported finding difficulty in accessing mental health support.

There is a theme related to service disruption and the impact of not having their regular appointments but some ambivalence about accessing day centre provision. Some reported being fearful to attend whilst others felt where centres were closed, that further impacted on their routine, isolation and emotional health.

Compliance with medication regimes and self-care was compromised where carers could not continue to offer support. This further impacted on mental health for some.

As within many areas where care and support are delivered, there was a significant shift towards digital consultations. There was a mixed response to this, with some enjoying this type of intervention whether that relates to staff or patients, but others finding it problematic for many of the reasons expressed by children, young people and parents. Pressure related to helping patients maintain their routines and workload was an issue for staff. Also, the emotional burden due to patients finding difficulty in coping.

Recommendations

The recommendations related to children and families with SEND very much apply to this group. In particular;

- Communication must be much clearer, less ambiguous and accessible for those with needs related to language, interpretation or disabilities related to cognition or ability to read

- PPE must be more widely available to enable more face to face contact where it is felt to be needed
- PPE should cater for difficulties such as deafness in order that lip-reading is possible when wearing face protection
- Solutions should be considered as to how risks related to isolation can be overcome. Socialising is of significant importance to maintain good emotional health

Lessons Learned

A clear local strategy related to how important information is made available (and is updated) which is 'accessible' by all will help vulnerable people to make sense of national guidance. This should take into consideration the recommendations and circumstances that have been encountered by this group as referenced.

Mitigations in Business Continuity Plans have now been tested and findings related to people's experiences should be factored into plans, for example the importance of face to face contact and social contact.

A Surrey-wide strategy to manage a further pandemic would be helpful. Whilst the gold command structure was uniformly implemented across providers, there is room for improvement in how those structures come together with a shared plan of action. Some cells didn't have membership represented across health, social care and the voluntary, third, faith sector. Important factors can be brought to planning from these areas of expertise and can prevent unnecessary duplication or mixed messaging.

The impact of lockdown upon emotional and mental health cannot be under-estimated and therefore careful thought should be given to how preventive measures are introduced to avoid unnecessary stressors.

Impact on Homeless people

The term Homelessness refers to a number of circumstances that people face that include, but is not exclusive to, rough sleeping. A person is deemed to experience homelessness if they are[i]:

- Sleeping Rough i.e. people without any kind of shelter
- Living in Hostels, Shelters, Refuges or other temporary accommodation
- Staying temporarily with family and friends – this is also known as 'sofa surfing'
- Being threatened with eviction
- Living in unfit housing or extreme overcrowding.

Public Health England defines homelessness as 'not having a home'. Rough sleeping is the most visible and extreme type of homelessness and the Ministry of Housing, Communities and Local Government (MHLCG) conduct an annual rough sleeping count for the purpose of rough sleeping estimates.

People who experience homelessness are disproportionately affected by health conditions such as cardiovascular disease[5]. Preliminary data from the COVID-19 pandemic showed a correlation between the presence of underlying medical conditions and worse outcomes of an infection with SARS-CoV-2. As a result of the health inequalities and relatively high burden of disease amongst the homeless population, Ministry of Housing, Communities and Local Government (MHCLG) called for local authorities to 'bring everyone in' in response to the COVID-19 pandemic.

Stakeholders and Key Informants

6 interviews were conducted with stakeholders who offer a range of services to the Homeless population in Surrey. This was undertaken to gain insight into both the pre-existing challenges facing these services that were exacerbated by COVID and new challenges created by the pandemic.

Stakeholders also shared key lessons learned from lockdown including changes to services that would likely be sustained after the pandemic.

[5] https://www.gov.uk/government/publications/health-matters-rough-sleeping/health-matters-rough-sleeping

Figure viii - Word Clouds illustrating key words/terms frequently used from Stakeholder Interviews

Highlights: Positives and Negatives

- The 'everyone in' initiative resulted in unprecedented levels of engagement and stability for clients experiencing homelessness
- More effective outreach work was able to occur, for some services, as clients were in more 'stable' locations due to government limitation on movement during lockdown
- Issues around contacting some clients virtually existed because of data costs, loss of mobile phones etc.
- Quick adaptation to virtual working for several services
- Difficulty in assessing clients in the same way especially over the phone due to losing the detail that in person assessments give
- Concerns about lack of accommodation in Surrey and the negative impact that out of area placements may have on clients
- Exacerbation of existing mental health issues caused by lockdown

Priorities Highlighted by Stakeholders

- Need for increased provision of local emergency accommodation to minimise loss of support networks for homeless clients.
- Longer term certainty of funding for homeless services and continued collaborative approach needed to address significant concerns there may be cuts to funding for the sector
- Staff in local organisations supporting homeless need ongoing support through training / mental health / trauma informed care support to prevent burnout and ensure support is maximised
- Opportunistic public health guidance comms when contact is made with any homeless clients with appropriate materials shared widely for use.

- Support for embedding local models that enable flexible nuanced care for the more complex clients.

Recommendations

The Rapid Needs Assessment demonstrates there has and continues to be been a lot learning by all stakeholders through the ongoing crisis. The following recommendations listed below are intended for consideration and further development by all relevant local organisations and partnerships to enable action that builds on the huge amount of work happening to support homeless persons locally.

Accommodation

The need for people to be housed locally should be included in local housing strategies to ensure that clients do not lose contact with supported services. A more flexible approach to 'out of area' outreach provision services could also be considered for situations where clients cannot be placed in county in the short to medium term.

Tailored support the homeless clients with multiple complex needs

Alternative models of support to these clients should be considered in preparation for a second wave of COVID-19 such as operating in person services subject to national guidance, now that we have a better understanding of COVID safe measures for those clients who are not digitally connected or unable to engage with digital services.

Obstacles to remote / virtual contact should continue to be addressed on a case by case basis to address barriers such as lack of phone or sufficient data for video contact.

The greater multi-agency approach seen during the covid response should be embedded permanently to enable better outcomes for those experiencing multiple issues.

Staff Readiness, training and support

Support for organisations to prioritise and promote staff wellbeing and improve appropriate trauma related training to enable staff continue to deliver services as safely as possible.

Continue to ensure access routes to PPE remain. Consider use of overnight staff presence at sites where there may be lower adherence to Public Health guidance.

Communications and support materials

Ensure any communication materials tailored for more vulnerable groups is well circulated within local homeless networks for opportunistic communication by those who have contact with homeless population in a manner that is not overwhelming for those clients who are struggling.

Financial resources and commissioning

Building on the additional MHCLG revenue and capital funding made available over the summer to enable persons to remain in accommodation, longer term funding continues to be

needed and should be lobbied for. Locally commissioned services that support homeless persons should maximise multi-agency working arrangements and be prioritised for longer term assurance of provision to address the ongoing and longer-term impact of the pandemic.

Cross Cutting Findings

Health and Wellbeing

1. Many vulnerable groups reported a lack of clear and effective communication which led to fear and uncertainly at the height of the pandemic

The language of information and guidelines was confusing for some groups and caused an increased sense of mistrust towards government and mainstream media. BAME and Gypsy, Roma and Traveller communities felt there was a lack of clear communication of guidelines. There were suggestions to fund and develop culturally appropriate communication materials through trusted channels. A need for a closer partnership working to build trust with vulnerable communities was strongly expressed by community members and stakeholders.

Members of the community who were shielding, living with a long-term health conditions and/or disability, or have been looking after residents in a caring capacity reported a lack of information generally. Many mentioned the lack of contact from Adult Social Care and other support services, but some felt information sharing worked well from the Council. Opportunistic and targeted communications for the Surrey Homeless Population was another recommendation raised by stakeholders.

This is critical insight for the ongoing response to the pandemic and will inform the COVID-19 mass vaccination communication and engagement strategy.

2. Many vulnerable groups felt excluded

Many of the groups we have spoken to have felt excluded from services, for example Gypsy, Roma and Traveller and BAME communities. Others were unable to access transport, e.g. older, shielded individuals and those with chronic illness and/or disability.

The impact of lockdown has also widened inequalities in relation to accessing services and further reduced access to services particularly for digitally excluded individuals who do not have access to equipment or are unbale to receive support remotely. Concerns about loss of contact with mental health services are especially serious for older adults. Homeless clients who are not digitally connected or unable to engage with digital services were also impacted and alternative models of support should be considered. Obstacles to remote / virtual contact should continue to be addressed on a case by case basis to address barriers such as lack of phone or sufficient data for video contact.

3. Many vulnerable groups felt isolated as a result of COVID-19 lockdown restrictions

Lockdown has left many individuals feeling isolated and cut off from friends, family and their local community. This includes domestic abuse survivors, dementia patients, individuals in residential care, older individuals shielding, people with disabilities and chronic conditions, and newly unemployed people.

Lockdown has likely exacerbated pre-existing abuse, and the closure of schools has likely further exposed children to the abuse being perpetrated in the household, increased the duties of victims and decreased opportunities to obtain support. The inability to leave the home environment has provided further opportunities for perpetrators to increase their victim's isolation and lent itself as a tool for greater coercive control. There is a concern about the long-term physical and mental impact of lockdown for victims of Domestic Abuse and their dependants. The concern is heightened by uncertainty about how this might manifest in both groups, but worries are now focused particularly on the mental health of children returning to school and a possible "wave" of disclosures in the school environment upon reopening.

There has been a big impact on unpaid family carers due to the fear of allowing paid care staff into the home as they may have been in contact with many people. It had taken several weeks for some people to access online shopping and some had to rely on food banks for a significant amount of time.

Social distancing reduced family contact and increased social isolation, particularly on working-age adults living alone and those in poor health. This was made worse as the lockdown disrupted some of the community networks which were key in supporting certain groups (e.g. older individuals whose first language wasn't English). However, the weekly clap for carers did help with this for some individuals.

Infection control strategies in residential care homes led to the isolation of staff affecting mental health increased/ unbudgeted cost lines for PPE which may not be sustainable in the longer term and led to tensions with residents' families. For residents and families, this strategy has led to challenges in maintaining contact, and both reductions in mobility and cognitive ability in residents, particularly those with dementia.

Some parents and families of children with Special education needs and disabilities (SEND) found lockdown particularly difficult due to feeling isolated or lonely, having trouble in managing behaviours at home, and not feeling they have the advice, help and support that they needed. Whilst others say their children thrive in the new home setting.

Some families struggled without having access to school or health/social care professionals face to face, reporting feeling isolated, left unassisted or unsure how to manage particular problems. For some young people, not having access to their friends caused exacerbated feelings of loneliness and isolation. Parents, Carers, children and young people worried about the long-term impact from not attending school on their future.

4. COVID-19 heightened stigma felt by some vulnerable groups

There is greater stigma felt by some groups, for example around perceptions of mental health and stereotype of vulnerability. We have heard concerns around stigma from shielded individual, people with disabilities and chronic conditions, people in residential homes and people from BAME communities.

Some ethnic groups, particularly the Chinese families, were subjected to hate crime and racism as a result of the pandemic. Historic racism and cultural practices (e.g. respect towards the manger) might have meant that some individuals in BAME groups were less likely to seek care when needed or as NHS staff are less likely to speak up when they have concerns about Personal Protective Equipment (PPE). Although good progress has been made by organisations to complete risk assessment, there are some concerns by BAME staff about the use of data and its impact on their future job prospect.

Anti-discrimination and cultural awareness training across was recommended by service providers, Gypsy, Roma and Traveller and BAME communities to address the ongoing and established systemic issues effectively. All stakeholders highlighted the importance of ensuring that the positive strategies and outcomes from the unprecedented levels of engagement is sustained for the future beyond any subsequent waves of the pandemic.

5. The rigidity of COVID-19 lockdown restrictions and regulations was difficult to maintain by some vulnerable groups

The regulations that have been imposed have often caused unintended harm, for example worse outcomes for dementia patients, impact on mental health, poor access to services for people with chronic conditions, impact on individuals with SEND and people using lockdown as a tool for domestic abuse. Embedding equality impact assessments and meaningful engagements with vulnerable communities must be at the centre of every new policy and intervention to ensure they are culturally appropriate in order to improve access, experiences and outcomes.

Practicing effective social distancing was a challenge for BAME families who often live in overcrowded housing and/or multigenerational households.

For homeless people, being placed in hotels and similar accommodation also brought some level of regulation especially during lockdown when PHE advised only essential movement and travel. For some people who had a long history of homelessness, it was harder to comply with these regulations, as well as others relating to behaviour and this resulted in some people leaving these accommodation sites – often voluntarily or being placed in several sites.

6. Many vulnerable groups suffered from significant mental health impacts driven by isolation, fear of infection, lack of knowledge about services and digital inequalities

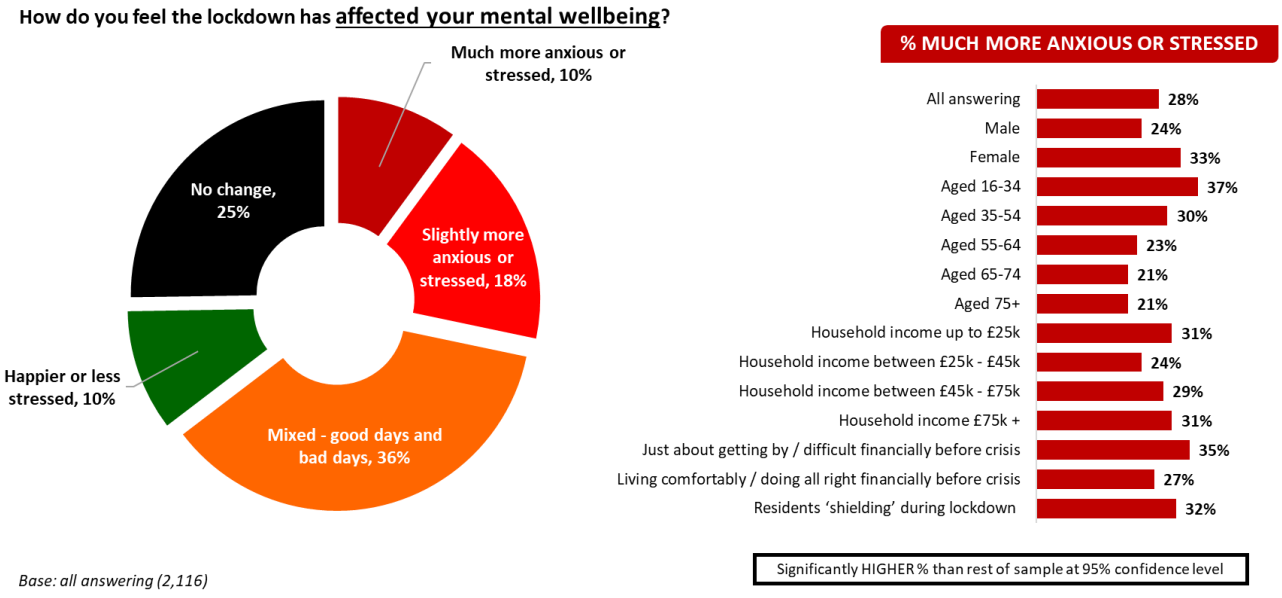
The Rapid Needs Assessments reflected the impact of covid-19 on the mental health of vulnerable people who experienced social isolation, loss of coping mechanisms and ability to connect. The fear of infection and access to PPE combined with conflicting information, lack of knowledge about how and when to seek help also affected mental health wellbeing as did the impact of job losses. Access to services and care for patients, carers and frontline workers caused concern, whilst digital inequalities meant some individuals had no access as they were unable to receive support remotely (e.g. older adults). People with dementia living on their own and homeless people were also disproportionately impacted by Covid-19 with rising

concerns about the long-term impact of lockdown. Service providers stated that the restrictions on mobility at the height of the lockdown in particular exacerbated existing mental health and substance misuse issues in some homeless clients. The closure of social spaces which allowed clients alleviate mental health issues was also highlighted as a challenge. Overall, it was noted that people who experienced homeless for the longest time period, so called 'entrenched homeless', are the most likely to have been negatively affected by COVID-19 and the lockdown. Lockdown has also exacerbated pre-existing domestic abuse, and further exposed victims to the abuse being perpetrated in the household.

7. A significant number of residents not typically considered vulnerable suffered from mental health impacts as a result of the pandemic, with increased self-reported stress and anxiety most prevalent in residents aged 16-34

The pandemic has impacted residents' mental wellbeing with over a quarter of surveyed residents reporting that they felt more anxious or stressed. Though evident across all demographic subgroups, self-reported effects on mental wellbeing is particularly significant amongst residents aged 16-34. Interestingly, this demographic is also more likely to be struggling financially. This could serve as a contributing factor to stress and anxiety.

This finding was echoed in the ethnographic research. Most residents reported a large increase in anxiety levels surrounding everyday activities or activities that previously brought them joy. One resident was given antidepressants by her GP and another had to quadruple her insulin as a direct result of stress.



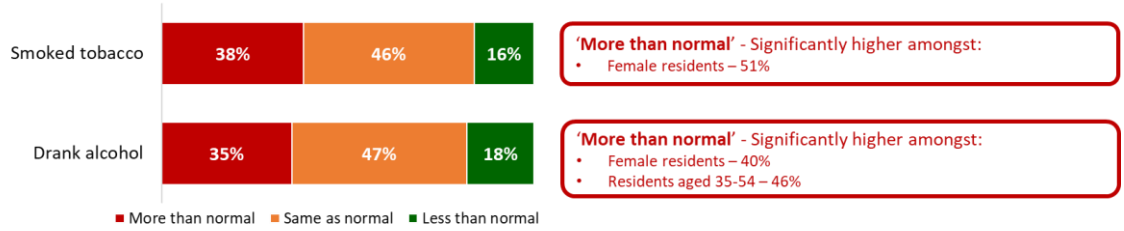
Base: all answering (2,116)

8. Residents reported seeing direct physical and emotional repercussions from continued uncertainty

The survey indicated that since the start of lockdown, more residents were participating in unhealthy behaviours, with over a third of residents drinking alcohol or smoking tobacco more than normal.

This finding was echoed in the ethnographic research. Many residents noted that Covid-19 related financial uncertainty had resulted in drinking two to three times as much during lockdown and smoking up to five times as many cigarettes a day. Anecdotally, these habits had begun to lessen as restrictions eased but hadn't completely evaporated. We heard that socialising, going to the gym or other "treats" suddenly taken away contributed to the increased levels of drinking and smoking as many struggled to find outlets for their stress.

Since the start of lockdown, have you..? Excluding 'Not applicable'

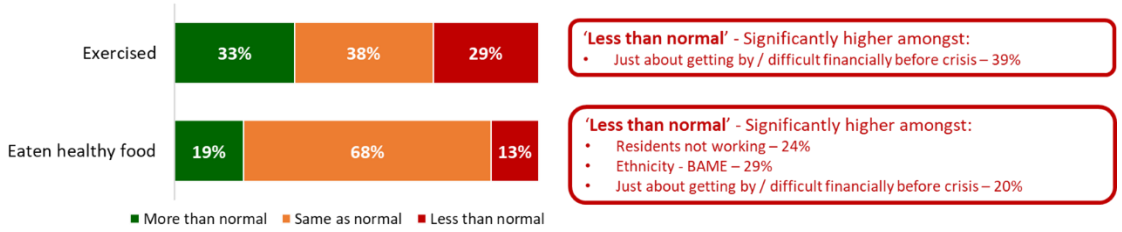


9. But for those able to exercise, levels of reported physical activity increased during the pandemic

Since lockdown, around a third of surveyed residents have reportedly exercised more with nearly half spending more time outdoors.

In the ethnographic stage of the research, all physically able residents reported higher levels of physical activity. Many took advantage of the 1-hour of exercise allowed a day during lockdown to go for long walks, furloughed residents also had more time for outdoor activities and parents used physical activity as a way to entertain their children. One resident noted that "going for a walk with the whole family was the highlight of the day". This emphasises the importance of the outdoors, which is explored in more detail in the environment section of this report.

Since the start of lockdown, have you..? Excluding 'Not applicable'



Health and Wellbeing – Opportunities for Action

The findings of the CIA align closely with the Health & Wellbeing Strategy and add further depth to specific areas of immediate targeted action. The research highlights some high-level areas of focus that align to each of the Health and Wellbeing Strategy priorities:

Priority One - Helping people in Surrey to lead a healthy life

- Access to substance misuse and mental health services for those with serious mental illness
- A whole system approach to eliminate rough sleeping
- Specialist housing to enable independent living
- Early intervention approaches to support young people
- Support to enable people to recover effectively from domestic abuse
- Rehabilitation programmes, including for couples affected by situational violence
- Support for carers

Priority Two – Supporting the mental health and emotional wellbeing of people in Surrey

- Preventative mental health in-reach offers with schools
- Preventative mental health support access for Older People
- Wellbeing at work
- Domestic abuse support offers for mothers throughout and after their pregnancy
- Social isolation

Priority Three - Supporting people to fulfil their potential

- Infrastructure to best support children missing education due to social, emotional and mental health needs
- Mentoring schemes offered to children and young people across Surrey
- Supporting adults to succeed professionally and/or through volunteering

Further specific opportunities have been identified:

1. With partners, continue work to review the provision of mental health services for young people and vulnerable groups, particularly in relation to social isolation. Ensure plans are in place to tackle any predicted increase in demand by enabling access to the right help and resources.

2. Safeguard and improve access to green spaces to encourage residents to utilise the county's natural assets. Consider ways to increase physical activity and improve mental health and emotional wellbeing.

3. With partners, deliver effective and local public health information to enable people to make decisions about their physical and mental wellbeing.

4. Take further preventative action to mitigate the impact of unintended consequences which the Rapid Needs Assessments have highlighted, particularly in preventing future harm to children and adults experiencing domestic abuse. Facilitate wider support through use of online outreach tools.

5. Gain deeper insight from those people who experienced marginalisation, exclusion and felt stigmatised and further promote anti-discrimination and cultural awareness. This can be achieved through Equality, Diversity and Inclusion programmes which are a key priority for council and healthcare partners who are addressing health inequalities as part of Implementing phase 3 of the NHS response to the Covid-19 pandemic.

6. Embed equality impact assessments and meaningful engagements with vulnerable communities into working practices to ensure new policies and interventions are culturally appropriate, mitigate the risk of unintended harm and improve access, experiences and outcomes for vulnerable people. For example, outcomes for dementia patients, impact on mental health, poor access to services for people with chronic conditions, impact on individuals with special education needs and disabilities (SEND) and impact on victims of domestic abuse.

7. Strengthen the partnership working that has emerged from Wave 1 of the pandemic, particularly the role of third-party reporting and community involvement, for example in the management of chronic conditions and domestic abuse reporting. Cement the improved collaboration and formation of networks.

8. Tackle health inequalities that Covid-19 has amplified in Surrey through joint efforts to support communities who have been disproportionately impacted through targeted health protection, prevention and health promotion.

9. Work with wider partners across health and care to proactively develop targeted interventions and place-based health and wellbeing improvements for vulnerable groups, for example around homelessness, domestic abuse, residential care, shielding and people with chronic conditions and disability. As part of these interventions it is crucial to ensure that communication and engagement is effective, adapted and culturally appropriate.

10. Work with partners to provide co-ordinated and sustainable support for the local agencies and organisations working with vulnerable communities. For example, the emerging government plans to offer key relatives rapid Covid-19 testing so that they can resume seeing their loved ones in care homes.

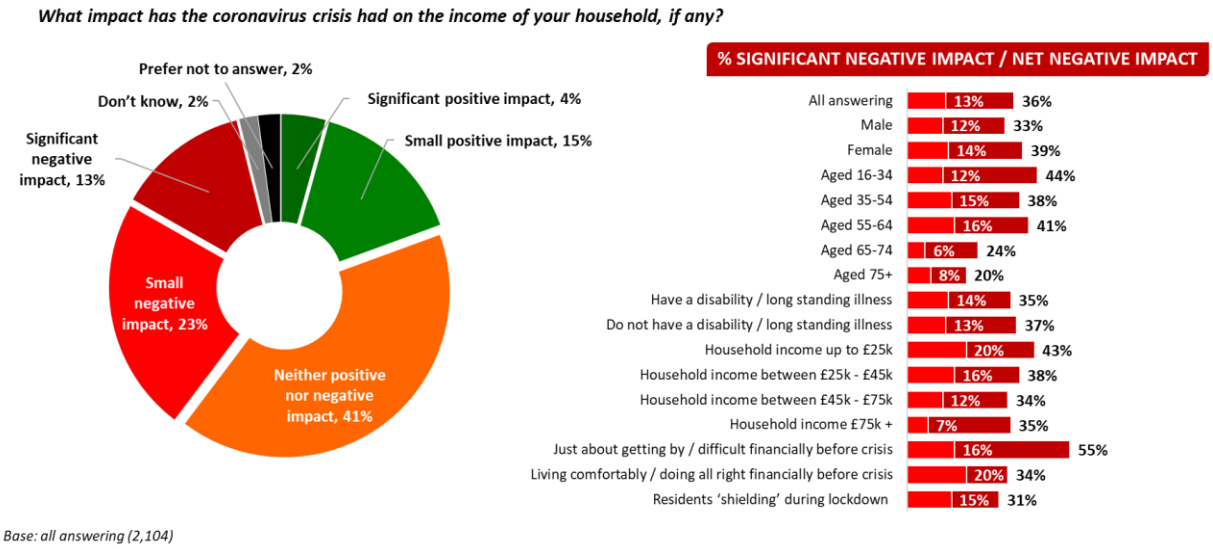
11. Embed local models that enable flexible nuanced care for vulnerable people. Across the spectrum of RNAs, cross-cutting themes emerged which emphasised the support and resource needed for mental health, carers and vulnerable groups.

12. There has been a significant impact of COVID-19 on health outcomes and healthcare provision. The CIA provides in-depth insight and intelligence to support health partners in delivering the 8 urgent actions to address health inequalities outlined in the Phase 3 Implementation Guidance published by NHS England and Improvement (August 2020).

Economic and Finance

1. A third of residents have reported that Coronavirus has had a negative impact on their household income. Vulnerable groups were also significantly impacted financially

Prior to the pandemic, just over half of residents surveyed reported that they were living comfortably; 38% were doing all right and 11% were just about getting by or finding it difficult. Since then just over a third of residents have reported experiencing a negative impact on the income of their household as a direct result of Covid-19, one resident expressing that "we fell off a cliff really" due to such a sharp cut in their income. On the other hand, 41% of those surveyed reported neither a positive nor negative impact and 19% have seen a positive impact, one resident noting that "financially, it's done us a favour" as they were spending less and earning more due to doing more overtime.

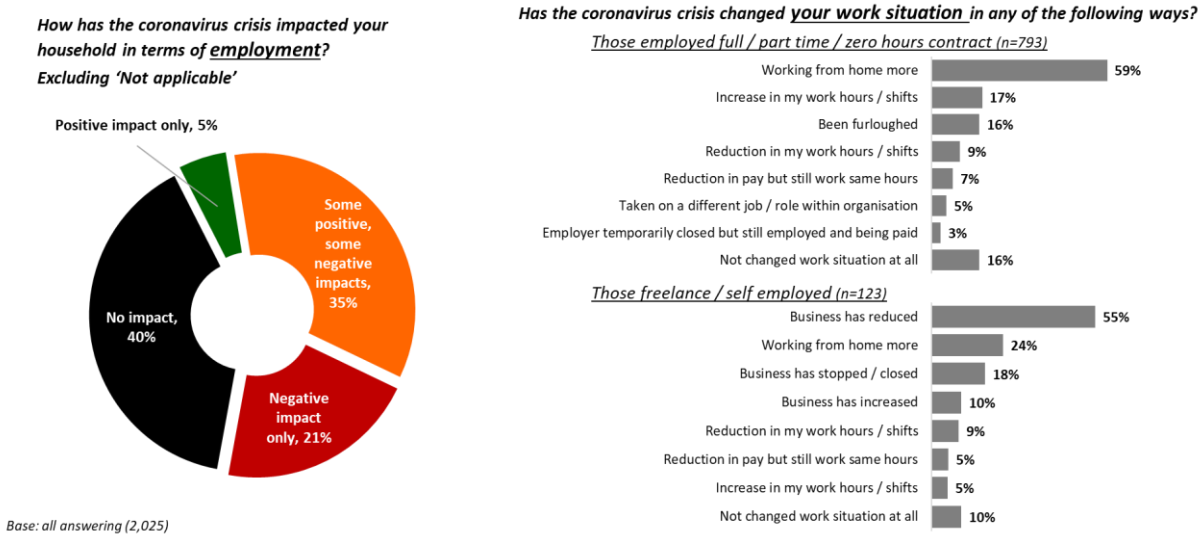


Financial challenges were highlighted with many GRT community members generally self-employed and the impact on individuals, families, carers and services was also a common concern amongst vulnerable groups; many of whom also felt there was little financial support available to them.

2. Over half of residents report a negative impact on the employment of their household with furlough having an emotional toll on residents

56% of surveyed residents have seen their household negatively impacted in terms of employment, with 40% experiencing no impact and only 5% reporting a solely positive impact. Over half of freelance or self-employed residents have seen their business reduce, one resident saying that it "will be years to make up the losses". 59% of those surveyed who are employed are now working from home more, and 16% have been furloughed.

The ethnographic research particularly highlighted the emotional toll on furloughed residents. Furlough created a sense of never-ending uncertainty that prohibited many residents from moving forward, one resident describing it as “fluffy furlough, as it is like the rug could be pulled from beneath you at any time”. As a result, many saw the end of furlough as a key juncture at which they would finally know their employment status and would then worry about the future.



3. Furloughed and commission-based residents suffered greatly, despite having an income, and would have benefited from additional support with adjusting to decreased incomes

Support offered to residents who relied on commission for most of their salary was limited. Although, technically, those on furlough were receiving 80% of their total salary, residents working on a commission basis were typically earning just a third of their usual income and received no guidance on how to adjust to this change.

Some furloughed residents expressed that if they had been equipped with the knowledge and resources to do so, they would have liked to have used furlough as a point to explore a career change. A lack of information and networking opportunities combined with a general lack of awareness of opportunities for professionals who have not found themselves unemployed before has proved to be a barrier for change.

4. Certain industries and sectors felt that they missed out on much needed financial support

A lack of guidance on how to adjust also resonated with those working in severely economically impacted industries such as hospitality and construction, who felt excluded from governmental support. This was due to residents being unable to do any usual overtime and business owners often having the title of Company Director and therefore being ineligible for financial assistance. As a result, industry resources became the main source of

filling the 'information gap' left such as a construction-based radio station or an online angler's society.

Many self-employed and business owners 'fell through the cracks' when it came to relief schemes, having to rely on Universal Credit. Even where this was available, residents reported that payments were unpredictable during lockdown and therefore didn't provide much financial stability. There was also a lack of information as to why someone did or did not qualify for assistance, and those who didn't qualify for the self-employment scheme felt let down that they had 'paid into a system' that in turn was not there when they needed it.

5. Economic strain was heightened for parents of school-aged children

Only 2% of surveyed residents felt that Covid-19 had impacted on their children's education positively, with 49% saying it has been entirely negative. The sudden switch to online classes and homework placed a financial burden on struggling families as schools require technological devices that many families do not have. Without access to technology, parents feared that their children would fall behind.

New school restrictions also placed a large burden on parents who were already juggling multiple instabilities. We heard from parents looking for new jobs that they are restricted by a lack of childcare, combined with the inability for children to share lifts to school and the new and very specific school pick-up and drop-off times. There is also a fear that they will have to take time off any potential work if their child is infected, combined with a fear for their children's health and safety. In extreme cases, an inability to pay for childcare has prevented some parents from returning to work, leading to a fear of redundancy.

6. The concept that financial assistance is only for the worst off further prevented residents from seeking help

Over 75% of surveyed residents reported feeling that government financial assistance was only for the 'worst off', preventing them from seeking help; and there were direct physical and emotional repercussions of these impacts.

Almost everyone we spoke to expressed that they had something to be grateful for and that "there are others worse-off" than them. Many residents returned food parcels or were hesitant to accept government assistance because they felt that others needed it more, despite having reached the limit on their credit card or defaulting on their mortgage.

All residents expressed positivity and gratitude for something; those that were unwell were grateful for their homes, those struggling financially were grateful for their family, and the lonely were grateful for their health. While a survival mechanism, this sense of positivity has prevented residents from getting help until they are desperate with no alternatives.

Worries of both a local and global recession in the long-term made many residents hesitant to accept handouts, with many concerned that "we will have to pay it back someday".

7. Financial assistance was beneficial for some residents but also left those who were ineligible facing difficult choices

Residents who found themselves eligible for financial assistance did so through a mixture of governmental assistance (such as grants, low-interest loans, mortgage holidays and universal credit) and local assistance (such as council tax holidays, business grants and food parcels). However, those who were ineligible for assistance resorted to lifestyle changes to get by. Examples we heard from residents include cancelling subscriptions (gyms, Netflix etc.), removal of all travel and eating out, a greater reliance on credit cards and eating more simply such as swapping meals for beans on toast.

8. Some residents reported that Covid-19 had a positive impact on their financial situation

It is also important to note that not all residents had dramatic changes to their financial circumstances, and in fact 13% of residents say that Covid-19 has only had a positive impact on their finances. Some were promoted or earned more working overtime, and many were able to save more money than pre-lockdown due to not paying for childcare, travel, eating out or holidays. In addition, those who had experienced financial struggle before lockdown were aware of what was available to them in terms of benefits and therefore received assistance.

9. There is widespread support for local business

Over half of residents surveyed believe the County Council and partners should focus on supporting local businesses over the coming year, making this the number one highlighted priority in the survey.

We found that eating out locally was seen as “stimulating the economy”, and many residents were willing to eat out for this purpose. Our survey also found that encouraging residents to shop locally and support local businesses was the most popular priority that respondents believed the County Council and health partners should focus on over the next year.

However, the positive impacts have not always felt by local business owners. One restaurant owner expressed that “the local customers are loyal here, but those who came during Eat Out to Help Out only wanted a deal and haven’t been back since” and so he feels the initiative was introduced too early in the pandemic.

Economy and Finance - Opportunities for Action

1. Work with partners to support residents who have been impacted by employment challenges. For example, work with Job Centre Plus to review their offer and ensure it

meets local needs (e.g. providing financial planning tips to those who are not used to living with less income).

2. Explore ways to promote information to residents on how to access advice, guidance, or training at a Further Education College to improve their skills and support a return to employment.

3. Consider ways to work with partners and local employers to help incentivise an increase in apprenticeship starts locally. For example, areas where the government has recently made new announcements or utilising the council's apprenticeship levy to transfer to local businesses.

4. Encourage local industry to emphasize hiring candidates from linked industries (e.g. cabin crew and customer service).

5. Improve support for families identified as struggling the most by helping to maximise take-up of government support schemes, for example Universal Credit and Job Seekers Allowance, access to food banks and financial counselling and providing incentives for childcare, school transportation and nursery fees.

6. Signpost information to government education technology initiatives (laptops and tablets for children).

7. Explore with partners innovative approaches to signpost support and listening services for mental health and emotional wellbeing for 16 to 34 year olds, who are typically "hard to reach" (e.g. targeted social media/advertising, paid partnerships with local influencers to amplify key messaging).

8. Run communications campaigns that encourage residents to support local businesses and encourage businesses to purchase locally and use local supply chains.

9. For all the above, focus efforts in the areas that have been most impacted economically, for example areas in Spelthorne and Reigate & Banstead.

Social Cohesion and Community

1. On a micro local level there have been clear improvements to community cohesion, but a sense of belonging is not felt by all

Social cohesion, or in some cases, a lack of, was another key finding to come from the ethnographic research. A clear appreciation of the micro-local environment increased, with a focus for participants on their immediate neighbourhood instead of their wider community, particularly within suburban and urban areas. For some, gardens, driveways, and balconies served as proxy community centres with many residents having mentioned growing closer to their neighbours during lockdown by talking through fences, across streets, and over balcony railings. These opportunities for residents to interact with their immediate neighbours acted as a replacement for the lack of social interaction with friends, colleagues and family members. This resulted in the development of community cohesion in areas where this had not previously existed and built upon community relationships where it had.

However, a sense of togetherness was not felt by all. Some residents felt that lockdown served to highlight fractures within their neighbourhoods. One resident stated, “It was lockdown mixed with Black Lives Matter that made me realise that I just don’t fit in here”. As a mixed-race woman, this resident expressed how she feels she stands out in her local community and doesn’t identify with other local people. Another noted “Maybe I’m just a snob, but there might be smashed glass or groups of teenagers in the local playground just swearing and smoking”. For some residents, there was a clear sense that lockdown had exacerbated their sense of otherness. This was particularly apparent amongst residents who lived alone and spent much of their week commuting out of their immediate area.

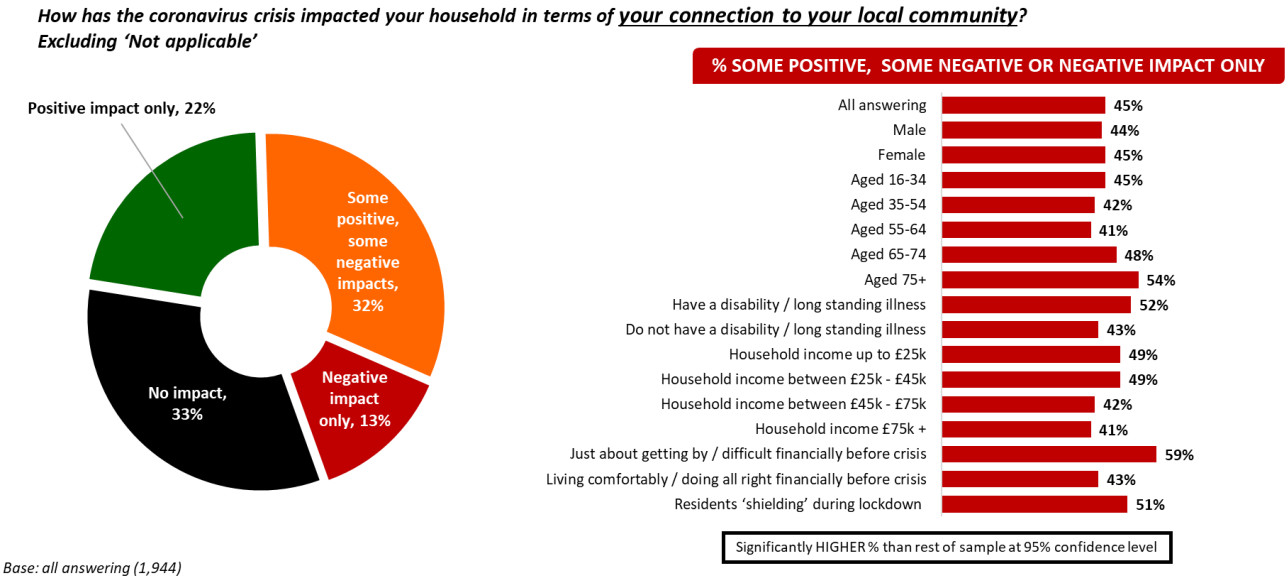
Community was a theme that was further explored in the survey. Just under half of residents reported that the coronavirus crisis had a negative impact on their connection to their local community. This perceived negative impact is highest amongst residents aged 75 or over, residents with a disability or long-standing illness, lower income households as well as shielding residents. This indicates that Covid has disproportionately affected those less physically and socially mobile.

2. The relaxing and tightening of Covid rules brought to light the impact of shifting nationwide morale on community cohesion

As lockdown continued and cases began rising again after the initial relaxation of restrictions, comradery and optimism amongst residents that the worst was over began to fade. Instead, a sense of distrust in government bodies and ‘otherness’ grew amongst residents, with some being able to name an authority or sector of society which they felt was responsible for the ongoing crisis. Some residents began to blame individuals or groups in their wider communities for breaking rules, and the ethnographic research found that many Facebook community groups over the later summer months were filled with residents complaining about others in their area. No one themselves felt they were to blame, even those who had

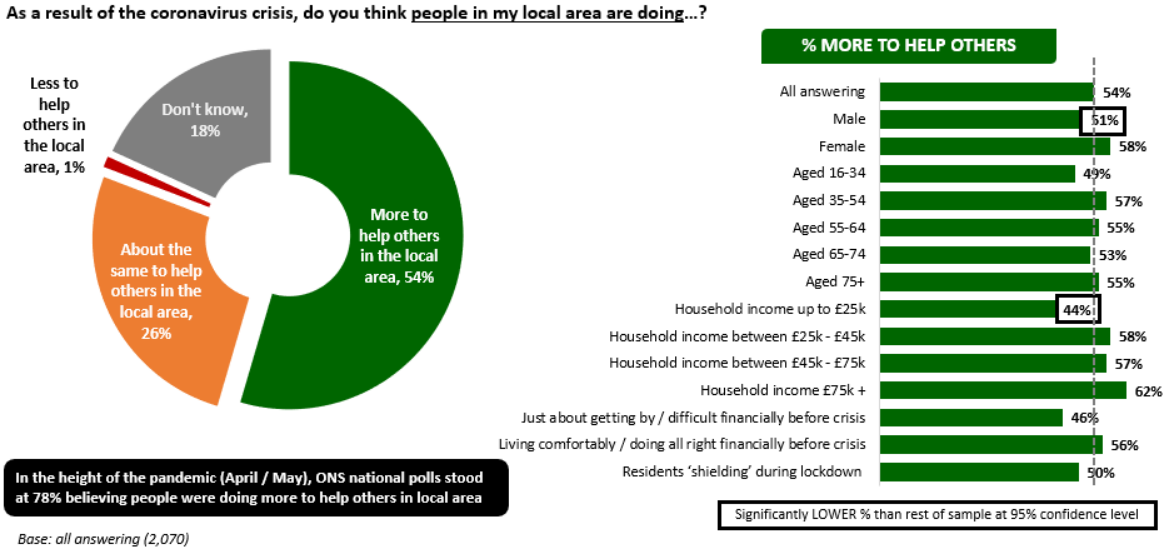
admitted to breaking lockdown rules, indicating a desire amongst some residents to exclude themselves for the problem.

The apparent lack of government presence enforcing rules or offering clarity further exacerbated negative feelings toward government entities, and, by proxy, local government. This highlights the reality in many communities that neighbourliness does not extend beyond immediate postcode. The initial comradery at the start of lockdown has been replaced with distrust in others as residents become weary of the effects of lockdown and seek someone to blame.



3. There is a strong desire to help others, but not necessarily via structured voluntary schemes

At the height of the pandemic, research undertaken by the ONS revealed that 78% of people believed that they were doing more to help others in their local area than before Covid-19. In the ethnographic research, this sentiment was echoed. All residents felt that they had 'helped out' those around them, such as neighbours, family members and friends. Residents mentioned helping others on a case-by-case basis rather than volunteering in any established groups. Most assistance provided didn't extend beyond their immediate neighbours. One resident stated, "I'm not involved in any community activities really, but I did the food shop for an elderly lady in the village who has cancer". 'Helping out' gave people a sense of purpose and strengthened neighbourhood ties without feeling like an overwhelming commitment. In the survey, 54% of residents believed that people were doing more to help others in their local area, and the ethnographic researched showed that many residents felt this was a natural and relatively easy thing to do.



Anecdotally, whilst all volunteering schemes were well received and appreciated, many widely recognised volunteering efforts appear to be pioneered by prominent members of local communities with support and resource galvanised via local WhatsApp groups or community Facebook groups. This has shown that many residents prefer to be involved in local initiatives ran by fellow members of their community with whom they feel they are 'helping out' instead of being involved in any official voluntary schemes. We heard from one resident that a neighbour left sugar at her gate after she had posted on the village Facebook group that she had ran out. Another said he has frequently leant jump leads to neighbours in the community Facebook group for his housing development, and over lockdown, was able to borrow a specific drill from a neighbour which saved him from spending £40 to purchase one.

Voluntary and community organisations were also central to some. Faith based groups were particularly noted, with one resident stating that "the local church has been extremely active and have sent round some very useful information".

Social Cohesion and Community - Opportunities for Action

1. Explore new ways of working with communities to capitalise on informal community led networks. Seek to discover ways to support residents to participate in their community in a way that suits them.

2. Understand the causal factors that resulted in people feeling more or less connected to their community during the lockdown period and seek to develop tools that support community cohesion.

3. Use programmes such as the Your Fund Surrey to help increase the “will to share” by supporting community initiatives that respond to local needs and issues, particularly for the most vulnerable.

4. Consider how we ensure underrepresented residents feel that they belong within communities through increased focus on Equality, Diversity and Inclusion projects.

5. Seek to understand the blame culture that has emerged later in the pandemic and challenge exclusive behaviour and the blaming of 'others' through robust evidence and facts.

Environment

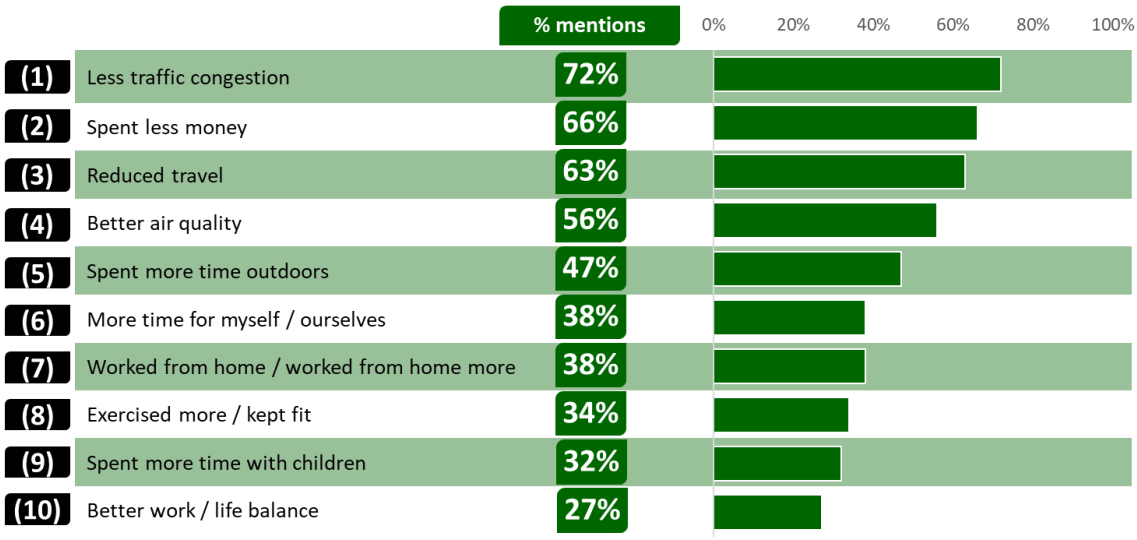
1. Residents have a renewed appreciation for being outdoors and access to green spaces has helped to support a sense of wellbeing

The ethnographic research found that most individuals accessed and appreciated the outdoors more as a result of Covid-19. Many mentioned discovering new cycle routes or places to walk, and one resident explained that, having spent so much time at home over lockdown, "you learn to appreciate the nature of what's on your doorstep that you just weren't aware of". This resident says he has continued to go for an hour walk in his local area every day, even as restrictions have eased, due to his increased awareness of the environment around him. Those living close to the airports also noticed an increase in wildlife, one resident saying that "the wildlife came alive when Gatwick closed", further adding to their appreciation of their local environment.

These findings are supported by the survey which found that over 50% of residents say that less traffic congestion, reduced travel and better air quality are all positive changes which have come out of lockdown. Nearly half of those surveyed stated that spending more time outdoors was another positive change. These findings were consistent across all demographic groups and show that, not only is there a greater use of outdoors spaces by Surrey residents, but that there is also a greater appreciation for these areas.

All findings suggested that access to green spaces is crucial for wellbeing. Many residents expressed that in the height of lockdown, their hour of exercise outside was the highlight of their day. Nearly half of surveyed residents believe that they'll walk and/or cycle more often in the future as a result of Covid-19, and 30% said they will do more for the environment and climate change demonstrating that there is an appetite for innovation in this area. Environmental initiatives are therefore likely to be well-received at this time due to the heightened appreciation and use of the outdoors and natural environment.

What positive changes, if any, have come out of the current situation during lockdown for you and your family?



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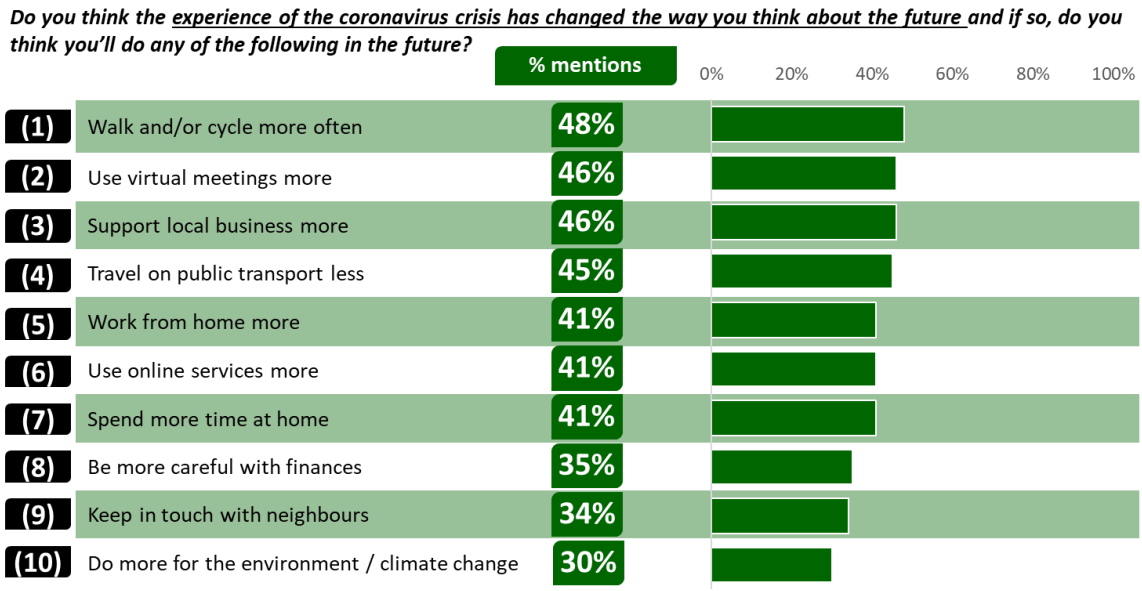


Base: all answering (2,004)

Environment - Opportunities for Action

1. Continue the investment and focus on our Greener Futures Strategy to reduce carbon emissions in Surrey and promote sustainability.

2. Continue to develop countryside sites to increase accessibility, conserve and protect biodiversity, and work towards making it financially sustainable.

3. Act quickly to capitalise on increased appetite for walking and cycling through small-scale innovative pilots that promote active travel.

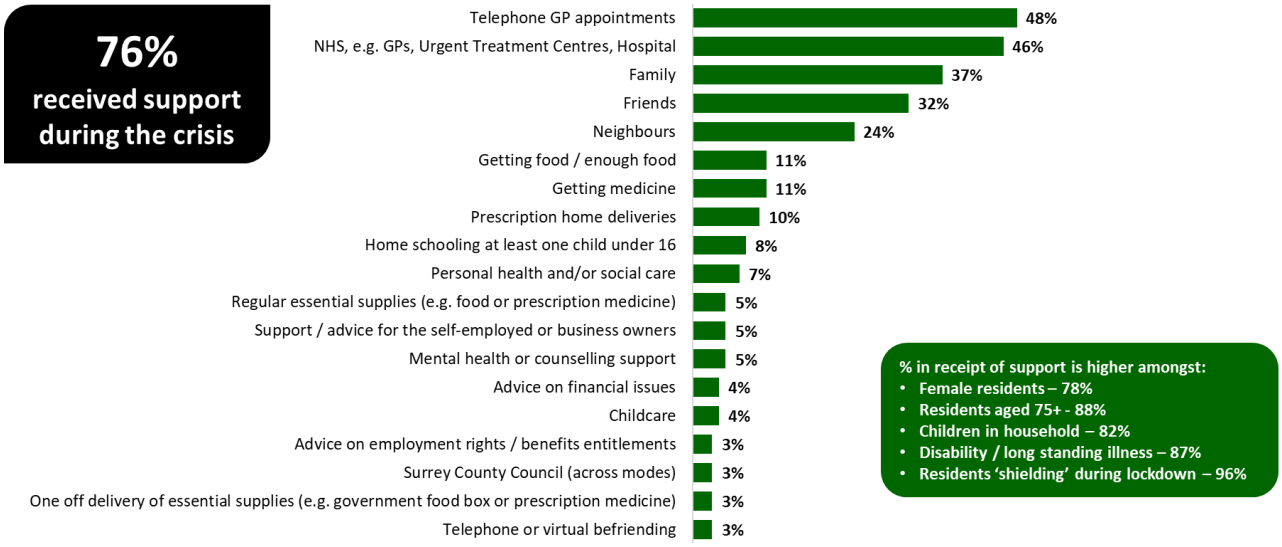
4. Support and encourage walking groups to help reduce isolation and reduce reliance on vehicle transport at local level, especially for older people.

Access and Use of Services

1. 76% of residents received support during the crisis, and over 90% of shielded residents who needed support with basic needs received it

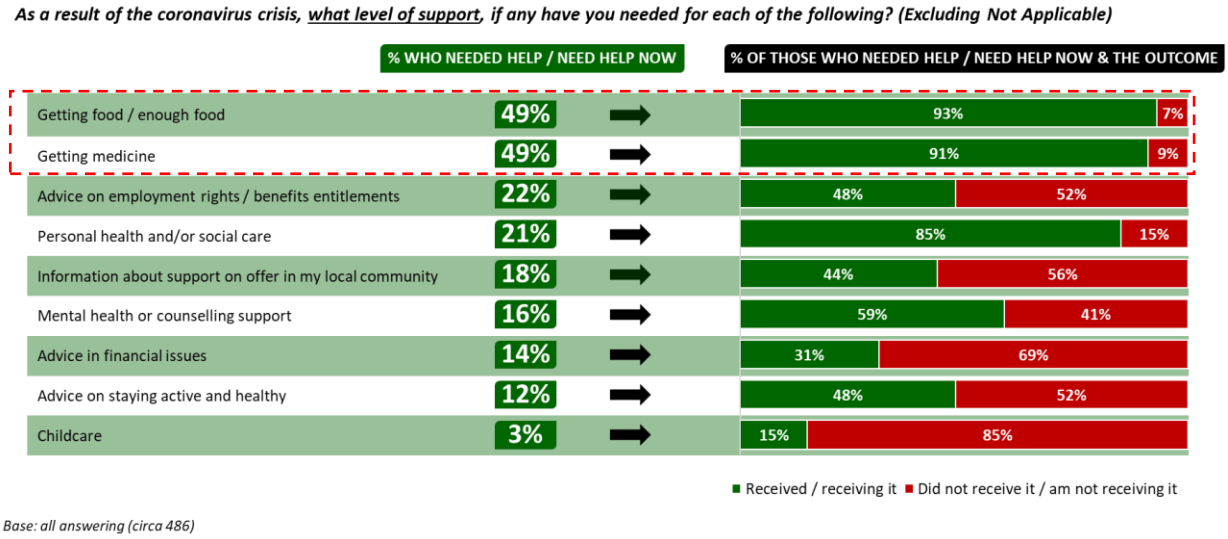
In the survey, just over three quarters of residents indicated they have received at least one element of support from the variety of services listed. Telephone GP appointments and NHS services are the most common. Family, friends and neighbours have also played key supporting roles.

Reported support is higher amongst residents aged 75 & over, residents with a disability or long-standing illness and residents shielding during lockdown, as well as female residents and households with children.



For shielding residents, targeted support efforts to deliver vital provisions have proven to be successful with over 90% receiving support, food and medicine.

Shielding Residents Only



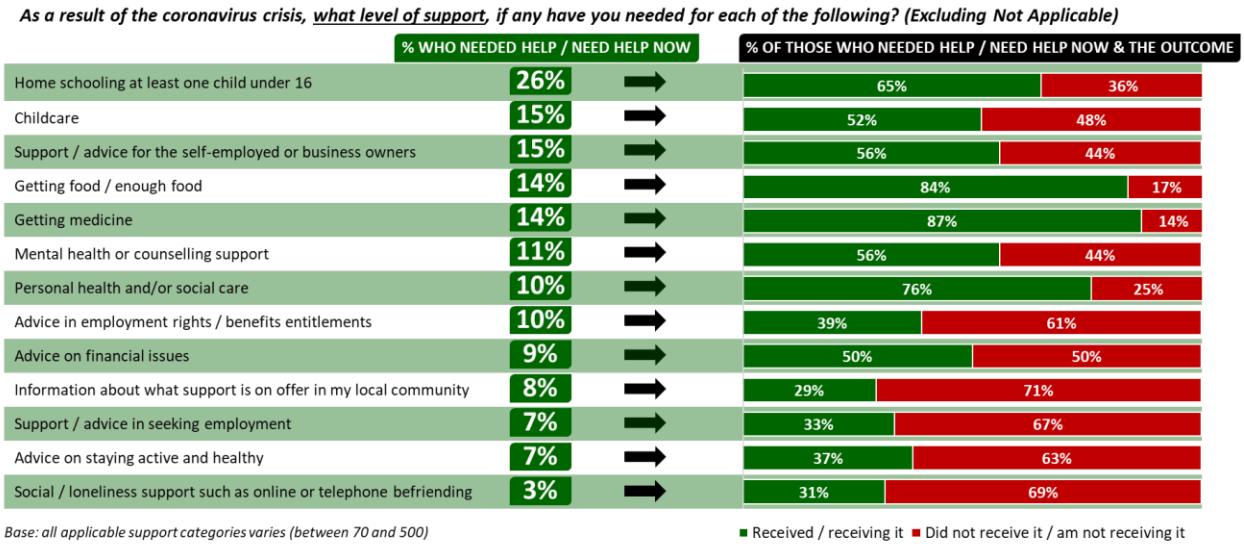
Base: all answering (circa 486)

2. There have been gaps in service provision, with lower demand services being the least accessible. This might have disproportionately affected already marginalised groups

Of the support categories relevant to residents, home schooling was reported as the most common area for help, followed by childcare, support and advice for the self-employed / business owners and getting food and medicine.

However, the proportion of residents who have received or are receiving help compared to those needing help varies dramatically and highlights some gaps in service provision for some specific types of needs, such as information around employment and mental health.

Services where there was greater demand tend to have been more accessible, whereas more specialist services for which there has been lower demand have proved harder to access such as services for employment support and befriending.



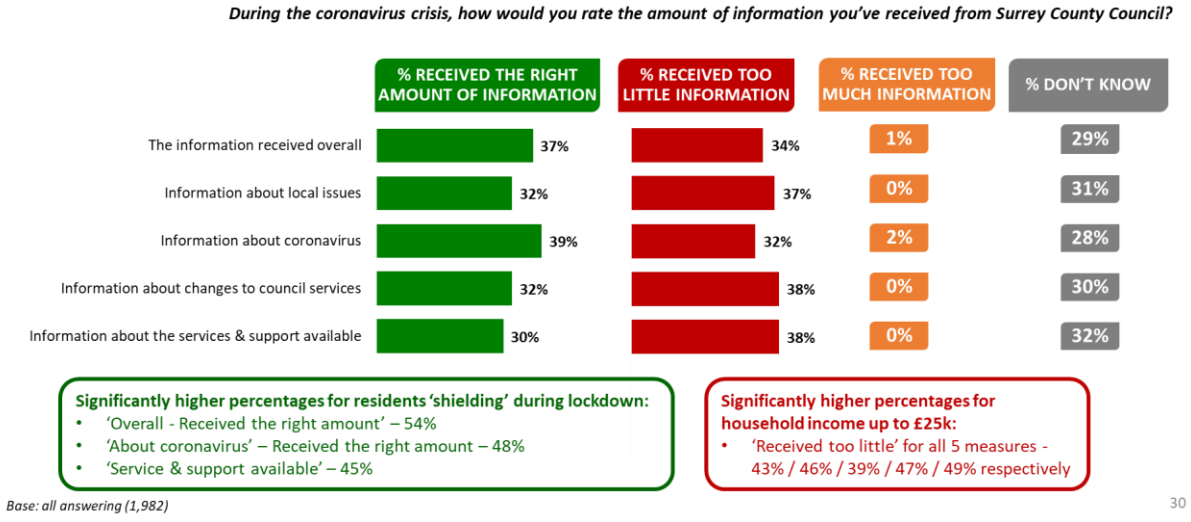
Base: all applicable support categories varies (between 70 and 500)

3. Residents have found information around guidelines and provision of services confusing. This could have created a barrier to accessing available support

Findings suggest that support is available for those who most needed it, and that targeted support efforts for shielding residents were successful.

Four in ten residents believed they had received the right amount of information from the council with just over a third believing they had received too little. This could account for varying levels of awareness of what's available support wise.

The ethnographic research revealed similar findings, with varying awareness of council grants available. Some residents indicated a strong awareness of grants available for businesses from the council with a number having benefitted from such grants. However, others demonstrated uncertainty around obtaining this sort of financial support or lacked awareness as to what they may be eligible for. In several cases, this led to the notion that residents had to go looking for support, even though in reality this was not the case. Confusion around accessing support was likely exacerbated by the fact that many people suddenly required support services which they had never needed before.



Access and Use of Services - Opportunities for Action

1. Continue to build on digital service offers such as virtual clinics, while ensuring that those who struggle with digital access are still able to access the support and services they need easily.

2. Through partnership forums such as the Surrey Office of Data Analytics use data to identify cohorts of residents and target specific support services, utilising linked datasets and predictive analytics.

3. Design clear partnership plans on how to best reach minority groups that have found accessing information difficult during the pandemic.

Conclusion

The Community Impact Assessments identifies a risk that Covid-19 will increase inequality between communities in Surrey in the long term, and that vulnerable groups will continue to be disproportionately impacted. During the second wave of the pandemic it is crucial that partners act on the findings to mitigate negative impacts and capitalise on opportunities in relation to community cohesion and the environment.

The research has identified varying impact across different places in Surrey. Economic impacts have been focussed in the North and South East of the county, in areas such as Spelthorne, Elmbridge and Reigate & Banstead. There have been varying economic and financial impacts across demographic groups with residents aged 16-34, vulnerable groups, those in lower income households and those who are self-employed being hit hardest, as well as those in unstable or commission-based industries such as aviation and sales.

There is demand for clearer information on financial assistance available and, where unavailable, financial planning advice for the large number of residents living on considerably less income than they are used to. There is also a clear need for local advisory services to support individuals to make career changes, utilise transferable skills, and find new opportunities. Resident support for local businesses is strong and is evident in priorities for local recovery. Encouragement should also be given to local industry to emphasize hiring candidates from linked industries, such as cabin crew and customer service roles.

Health impacts have been most greatly concentrated in the South West in areas with higher numbers of over 80s and care homes, such as Waverley. The survey research has found a significant impact on mental health & wellbeing, notably amongst residents aged 16-34, vulnerable people and lower-income households. A link can be made between a negative impact on mental health and isolation, and vulnerable residents have also suffered due to isolation, fear of infection, lack of knowledge about services and digital inequalities. There is a need for more investment into mental health and support services and increased signposting to match the high levels of confidence found in how to access emergency health services.

Vulnerable residents have been disproportionately impacted, including those with pre-existing mental health conditions, staff and residents living in residential care homes, people experiencing domestic abuse, homeless people and Gypsy, Roma, Traveller and BAME communities. Residents who were shielding, had chronic illnesses and/or physical disabilities were also significantly impacted as a result of reduced social and professional contact, particularly for those residents who were without technology or unable to us it. Common themes included feelings of isolation, exclusion, stigma and confusion around information, guidelines and lack of access to services. Moreover, mental health has had an adverse effect across all vulnerable groups which has been exacerbated by anxieties related to financial insecurity and future uncertainty. Some parents and families of children with Special education needs and disabilities (SEND) found lockdown particularly difficult due to feeling isolated or lonely, and not feeling they have the advice and support they needed. Whilst, other parents and carers spoke about the positive impact of not having to do the school run

and feeling that the way of life was more relaxed. Families and carers needed to feel supported when an emergency situation such as a lockdown occurs. Timely access to help and services is vital for families and the way that this is available is of particular significance. Some families did not necessarily find reading and researching helpful and preferred a face to face discussion.

There have been many positive messages about local services and use and access during the pandemic. This includes health services such as telephone GP appointments, services for vulnerable people such as food and medication delivery, and the role of the voluntary, community and faith sector. For example, over 90% of those who needed help getting food and medicine received support, showing that these services for vulnerable people were effective. New multi-agency partnerships developed where the common goal was to deliver support and outreach, this was particularly notable for services to support those suffering domestic abuse and homeless people. However, for some vulnerable people such as the Gypsy, Roma and Traveller community, access to some services was challenging although overcome by support from Outreach teams. Continued support for priority groups or more vulnerable residents is recognised by residents as a priority.

Nevertheless, the research also shows that services with lower levels of demand tend to have been less accessible, such as information on employment and mental health. There was also a general lack of awareness amongst some residents about the type of support and services available to them, with many finding themselves in newly challenging situations and so relying on their pre-existing knowledge of a limited number of support services.

Many groups have found information and guidance (e.g. from government) about lockdown and the pandemic confusing and there is mistrust amongst many residents towards official communications and messaging. Vulnerable groups felt effective engagement and culturally appropriate communication was needed.

Multi-mode communication and engagement from partners is critical moving forward, through both digital and non-digital means, as well as increasing awareness amongst residents of the role of the different types of local government. A key message to communicate across Surrey is that assistance is for all, not just ‘those who need it most’. This is particularly the case for financial assistance, of which there is strong demand for a new form of financial aid for parents of school children during this time. Incentives and subsidies for childcare, school transportation, nursery fees, and technology for home-schooling and remote learning, allowing students to continue their education and parents to return to work.

In urban and suburban areas there has been a greater feeling of neighbourliness and helping out between local people, with hyper-local networks forming, and a greater sense of community being developed. This was particularly reflected in the response from vulnerable communities. Community initiatives and voluntary groups were also well received and utilised by residents, a common example being support from faith-based groups. A balance must be struck between equipping and encouraging residents to help themselves and providing support to communities through appropriate top-down initiatives.

Although the impact of 'place' has not been as significant as expected, the environment has played a significant role with regards to wellness throughout the pandemic, from both a physical and mental health perspective. An increased use and appreciation for green spaces and the outdoors has overwhelming been experienced by many residents, and there is consequently a great opportunity here to harness this support for the outdoors and to implement environmental initiatives in Surrey. Appreciation of change can be seen by residents with regards to methods of travel, use and protection of green spaces and the natural environment, and exercise opportunities.

Overall, the CIA identifies a risk that the pandemic will increase inequality between communities in the long term, and particularly that vulnerable groups will continue to be disproportionately impacted. The findings of the CIA should be used by partners across Surrey to target resources and support towards those communities where there has been the greatest impact, and which are most susceptible to being left behind.

Appendix – CIA Products

The CIA was split up into five main workstreams, described in the table below:

Product	Description
Geographical Impact Assessment	Presents analysis of the impact of COVID-19 on local communities across health, economic and vulnerability dimensions. The analysis helps to **identify which places in Surrey have been most affected** by the pandemic and how.
Local Recovery Index	The LRI is a **surveillance tool for monitoring how well Surrey is recovering from the pandemic.** It looks at a range of indicators across three themes; Economy, Health and Society.
Temperature Check Survey	**A survey of over 2,000 households** from across Surrey to understand their experiences of the pandemic and lockdown.
Community Rapid Needs Assessments	**10 in-depth assessments of how vulnerable communities have been affected during COVID-19** and these communities' needs and priorities.
Place Based Ethnographic Research	Detailed research into individual experiences of COVID-19 in seven different types of places across Surrey **that have been significantly impacted**. In this section of the research, we wanted to understand how the impacts of COVID-19 have affected social cohesion and community and how specific places within Surrey have been discretely impacted.