Community Rapid Needs Assessments - Summary Table

Theme/ Focus	Key Findings and Priorities
Black, Asian, and minority ethnic (BAME) Communities	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. • Lack of clear communication of the guidelines at the beginning of the lockdown, which led to confusion about accessing care and support. • Disruption of 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 experienced lack of access to financial 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 lead to BAME groups 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. **Priorities Highlighted by Stakeholders** • Investment in BAME charity and voluntary, community and faith sector (VCFS) organisations to enable a meaningful engagement with BAME communities and to build trust. • Appropriate training for 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. • Proactive prevention with a focus on BAME maternity services (see NHS letter) and those with pre-existing physical (such as obesity, CVD, diabetes) and mental health conditions. • 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).

	• Empower BAME communities to reduce delay and stigma in accessing care. • Tangible actions by institutions to tackle racism and discrimination and provide equal opportunity for career progression at workplace. • Partnership working to reduce the health inequalities by reducing the impact of the wider determinants of health and discrimination.
Gypsy, Roma and Traveller (GRT) Community	Anecdotally GRT communities have responded well to COVID-19 guidance and sites have implemented government guidance. However, there is a lack of appropriate communications material, over reliance of digital media and not adapted for low levels literacy. The GRT Health Outreach team are well trusted, and often first point of contact for community members. There has been good use virtual working for services, particularly health. Telephone contact has worked well. There are concerns over mental health issues within the communities. Financial challenges highlighted as many community members generally self-employed. Challenges accessing water and cleaning facilities for some families. A GRT communities strategy group established to build on the work of the RNA and to provide a more multi-disciplinary approach to supporting GRT communities. **Priorities Highlighted by Stakeholders** • Strengthen engagement and further co-ordinated support for the local agencies and organisations working with GRT communities. • Cultural awareness training and a commitment to improving outcomes for GRT communities Closer working with organisations like FFT *Note: DHSC/MHCLG/VCS had a Roundtable for Gypsies and Travellers on the Test and Trace Programme on 6th Aug 2020*
Shielded, Chronic Illness, Physical Disability (provisional – ongoing analysis).	Five Stakeholders and eleven 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, the voluntary sector, a local church and a foodbank. Interview also conducted with members of the community who have been shielding or have been looking after residents in a caring capacity. **Themes** • Misclassification of people leading to being missed from shielding list and support services • Lack of prioritisation of services for people with long term conditions • Difficulty in obtaining GP appointment and missed appointments due to fear • Fear driven predominantly by the media

	• Lack of digital access – improving access a priority for second wave e.g. the provision of devices and training • Not all online services are suitable for all situations e.g. bereavement • The loss of independence (due to changes in routine/fear/ process of shielding for such as long period of time) – the result of which may be that people will require care services earlier in life • Judgement of carers purchasing items in bulk in supermarkets viewed as hoarding • Positive impact of increased volunteers during Covid-19 - awareness of services was raised • Positive impact of remote working opening opportunities for the disabled to work • Ongoing difficulties are obtaining staff with specialised training **Priorities** • Early warning system for local outbreaks to make informed risk assessment daily. • Set up support systems for individuals and staff, ensure social contacts are maintained • Availability of PPE and training in its use with infection control training • Clear care plans, conduct risk assessments for providing services • Provide clear guidance and messaging, implement interventions when announced (not 2 weeks later) • Send out more positive news • Better care for people who don't have Covid-19 so health issues aren't missed and to redress a lack of monitoring during the lockdown period • Reference new disabilities that have arisen from covid and the impact covid has had on existing conditions including chronic fatigue including those who have 'long covid'. • Psychological support for people who were shielded, have a chronic illness or are Disabled
Domestic Abuse	Surrey estimates based on the mid 2018 population count place the number of Surrey Domestic Abuse (DA) victims between 14,205 – 48,288 individuals. Fifteen stakeholders and professionals were interviewed to gain understanding of the issues experienced throughout the pandemic. **Key findings** • Increased awareness of DA and support available to victims. Demand for services changed, with increased contacts to helplines, particularly from "third parties", and a higher-than-average number of DA-related incidents. • All outreach and refuge services suspended face-to-face support and moved to a remote working model, facing important challenges in continuing their work to support victims.

- Agreement that the Surrey DA partnership put together an agile and effective response, which materialized in greater coordination among system partners
- Short term funding was made available, but there is a worry that the peak of reporting from DA survivors might be yet to come - further resources needed
- A new refuge was developed, which accommodated 7 families at a time of crisis.
- Lockdown has 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.
- Financial stresses may impact on the family also exacerbating any pre-existing control of the victim's finances.
- There is a concern about the long-term physical and mental impact of lockdown for victims of DA and their dependents.
- Mental health of children returning to school and a possible "wave" of disclosures in the school environment upon reopening. Impact on resources available to cope with any further increase in demand for services

Priorities for preparedness

- Work should continue at pace to address the challenges identified pre-lockdown, to ensure resilience in the Surrey DA response system
- New partnership dialogue arrangements should be cemented. Networks across the sector became stronger and partnership arrangements working better since beginning of lockdown.
- Data should continue to be used as a monitoring and planning tool
- Awareness raising exercises should continue so that the general public is equipped to reporting incidents on behalf of victims as necessary
- Opportunities for silent/digital reporting should be increased, so that victims can call on services to help even when opportunities to talk are limited
- Direct links between the police and outreach services should be consolidated, and possibly extended to other system partners
- The covid19 outbreak and lockdown have demonstrated Surrey's ability to act as a partnership, an ability that should be maintained in the future
- Daily Multi-Agency Risk Assessment Conferences (MARACs) are highly valued in the partnership and have made a difference for adult services
- Funding and sustainability of the new refuge should be considered. Available evidence points to Surrey being the only locality to open a new refuge during lockdown at national level.
- Further ways of ensuring contact with victims is maintained in case of new lockdowns should be investigated
- 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

	• Training for all agencies in dealing sensitively with new, remote procedures and awareness training of how perpetrators might exploit lockdown to their advantage • Training should be developed and made available to school staff to help them identify signs of exposure to domestic abuse in children's appearance and behaviour It is important to consider that the voice of victims and survivors has not been included in this report currently, as it was deemed unsafe for Surrey County Council to engage with them given their very recent traumatic experience. in Perspective of victims and survivor to be incorporated in autumn 2020.
Homelessness	People who experience homelessness are disproportionately affected by health conditions such as cardiovascular disease and have an average life expectancy of 44 and 42 (men and women) compared to 76 and 81 for the general population[1]. Preliminary data from the COVID-19 pandemic showed a correlation between the presence of comorbidities and worse outcomes of an infection with SARS-CoV-2. 6 interviews conducted with stakeholders with offer a range of services to the Homeless population in Surrey. **Highlights: Positives and Negatives** - The 'everyone in' initiative resulted in unprecedented levels of engagement and stability for clients experiencing homelessness - More effective outreach work as clients were in 'stable' locations due to government limitation on movement during lockdown - Issues around contacting some clients virtually because of data costs, loss of mobile phones etc. - Quick adaptability to virtual working for a number of services - Difficulty in assessing clients in the same way especially over the phone/ loss of the detail that in person assessments give - Concerns about lack of accommodation in Surrey and the negative impact that out of area placements can have on clients - Exacerbation of mental health issues and substance misuse caused by lockdown - 'entrenched homeless' are the most likely to have been affected by COVID-19 and the lockdown. **Priorities Highlighted by Stakeholders** • Need for 'in area' emergency accommodation ensure no loss of support networks for homeless clients. • Continued funding for homeless services – there are concerns there may be cuts to funding. • Opportunistic comms when contact is made with any homeless clients e.g. whilst delivering food parcels

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

	• Need to incorporate a mixed methods approach to services in the future i.e. virtual as well as face to face *Recovery, Priorities and Solutions - analysis underway*
Special Educational Needs and Disability (SEND).	A number of 'Key Informants' and Families who have a child or young person with special educational needs or a disability were interviewed. **Common Themes** • Some families found that their child or young person 'thrived' during lock down, reasons related to not having to have social contact with others, not having to manage in a classroom environment or appreciating being at home with family. • Parents and Carers spoke about the positive impact of not having to do the school run and feeling things were more relaxed. • Others found lockdown 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. **Negatives and Positives** • The NHS, Social Care and Education came together in Surrey to identify those who have an EHCP and provided support to those at greatest risk • Some Medium/Severe Learning Disabilities Schools remained open • Advice and Guidance made available virtually for both families and professionals • Those with complex and severe needs continued to be seen face to face • Some families struggled without access to school or health/social care professionals face to face • 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 long term impact from not attending school **Priorities** • Families need to be able to feel supported during lockdown. • Help and support is vital for parents. Families don't necessarily find reading and researching helpful and a face to face discussion for some is of vital importance. • Re-integration in September 2020 needs to be handled sensitively and carefully. • Emotional and mental health needs have increased since phase three commenced and there must be specific attention to helping people with coping skills and robust plans to make support available through this transition.
Mental Health	Over 20 interviews were conducted with stakeholders, key informants and elected members. A focus group with current service users was held.

Common themes
- 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.

Priorities
- Effective communication to raise awareness about MH services and how/when they can be accessed.
- Improving 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, alternatives to admission and strengthening community services to help people to stay well and avoid escalations.
- Putting in place local offers to support health and social care frontline staff, ensure they have access to PPE and testing.
- More partnership working to tackle MH inequalities impacting the most vulnerable groups (e.g. older, BAME groups) and reducing MH stigma.
- 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.
- Investment to reduce digital inequalities.
- Improve care pathways by enhancing service integration.

Resilience- evidence of recovery,
- Work of the MH reference group, including the staff wellbeing offer
- Development of the MH recovery plan as part of the emotional wellbeing workstream of the Recovery Board

Youth Unemployment	Since the onset of the outbreak all Surrey districts have seen a marked increase in claimants (figures more than tripled). Waverley has seen the largest percentage increase of 566.7% whilst Woking has seen the lowest at 344.4% In July 2020, 5,150 people aged 16-24 claimed unemployment related benefits in surrey. This was an increase of **3,805** claimants, or 383**%**, from March 2020. When comparing the period January-June of 2020 to the last 5 years there is a noticeable increase in the monthly average for this period. Some increase in the Claimant Count is due to people who have become unemployed, some increase will also be due to employed people who have become eligible for Universal Credit as part of the government response. *Further analysis underway*
Substance Misuse	Analysis underway
Residential Care	Analysis underway