



CWM TAF MORGANNWG REGIONAL PARTNERSHIP BOARD POPULATION ASSESSMENT FINAL VERSION 2020

Annex 2: Covid-19 impact on populations needs

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1.0 REQUIREMENT

ii) Covid-19 impact on populations needs

All effective planning needs to be based on clear evidence. The Social Services and Well-being (Wales) Act and supporting guidance require a full Population Needs Assessments exercise be conducted in line with each local government electoral cycle, with the next scheduled for 2022. The previous assessments, published in 2017 will contain many aspects which remain valid over the longer term but there is a need to ensure all information is up to date and under review throughout your planning cycle.

In light of the unprecedented scale and impact on population and services brought by the pandemic, RPBs and their partners should undertake a rapid review of their population needs assessments to understand the effect of the pandemic. This review should focus on some of the most affected groups and how services may need to change in order to meet needs in the new landscape.

RPBs must revisit the needs of the following priority groups;

- Children and young people with complex needs (ref new part 9 definition)
- Unpaid carers
- Older people, with specific reference to supporting people living with dementia
- People with physical disabilities
- People with learning disability/autism

- People with poor mental health
- Sensory impairment

You will also need to be mindful of care and support needs of other groups, including those experiencing VAWDASV, those who are homeless and those in secure estate as set out in the Code of Practice.

2.0 INTRODUCTION

In 2014, the Welsh Government published the Social Services and Well-being (Wales) Act 2014. The Act put a 'duty' on Local Authorities, Cwm Taf Morgannwg University Health Board and partners (including the voluntary sector) to think about the overall 'well-being' of people who use care and support services and the carers who help them.

As part of the Act, there was a requirement to jointly carry out an assessment of the care and support needs of our population and the needs of carers. The range and level of services required to meet those needs as well as the range and level of preventative services.

The original Assessment was published in 2018. Note that the Assessment was completed prior to health board boundary changes that saw the creation of a new Regional Partnership area with the inclusion of Bridgend. Work has been undertaken to align priorities across the new region.

The information within this document provides a summary of Population Needs assessment as compiled for original assessment (including additional information relating to Bridgend that was outside of the original scope), national survey information regarding the impact on specific priority groups and local intelligence including feedback from Strategic Sub Groups of the RPB where this was available.

Note the local intelligence priorities have been captured through the Citizen Engagement through Lockdown report. These priorities have been established following basic analysis of data collected by the Our Voice Matters project (ICF funded Project) in collaboration with citizens and partner organisations prior to the COVID-19 pandemic and subsequent lockdown measures through the projects phase 1 activities, and the #CTMLockdownVoices campaign that has been running throughout the lockdown period.

Note a Community Impact Assessment has been completed on behalf of the Regional Partnership Board and Public Service Boards for Cwm Taf and Bridgend.

This information will be used to inform Regional Partnership Boards planning and priorities.

Special thanks is given to;

Jenny Mushiringani Monjero, Our Voice Matters Project, Regional Engagement and Co-production Coordinator.

North Wales Research, Innovation and Improvement Coordination Hub who compiled the national research included in the document.

3.0 HEALTH & SOCIAL CARE CAPACITY: MODELLING AND MONITORING GROUP

The Health & Social Care Capacity: Modelling and Monitoring Group is a joint initiative, led by the NHS Wales Delivery Unit and the Welsh Government, in collaboration with health and social care partners across Wales.

The group builds on the joint intelligence gathering undertaken as part of the national Covid-19 response, and will undertake the following:

1. Whole system modelling of the health and social care capacity¹ required to meet the needs of:

- People discharged from hospital following Covid-19 infection, on a Discharge to Recover then Assess (D2RA) Pathway;
- People who have not been hospitalised with Covid-19 and will need support in their community to recover from the illness or the effects of shielding/self-isolation;
- People who may be affected by future potential surges of Covid-19; and
- Anticipated winter pressures.

3.1 Key Messages: August 2020

We have to consciously work together across the whole system (health, social care, third and independent sectors) in order to manage demand this winter

- Pressure in the system is already building;
- New demand for intermediate care and social care is increasing, whilst the tail of demand from the first Covid-19 surge remains in the social care system;

- Capacity in NHS community teams and domiciliary care is decreasing;
- Increased capacity in care homes is positive from perspective of choice and ability to discharge, but some care homes are at risk of unsustainability due to significant voids. Commissioners should have procedures in place to manage unplanned closure and escalation support plans which support essential services to remain sustainable under financial and workforce pressures;
- The impact of care homes being closed to admissions for 28 days following a positive test in staff and/or residents, continues to be felt by the wider system;
- Further work is required to create sufficient capacity for 'step-up', as well as 'step-down', care for individuals from care homes and their own homes, who are testing positive for Covid-19, are unable to self-isolate but do not require acute hospital admission. There may be particular gaps around step-up/down support for people with dementia, mental health conditions and / or learning difficulties.

Having the right workforce in place to meet uncertain demand remains our greatest challenge. Community service capacity needs to be grown at pace.

- Few/none of the frontline staff coming out of shielding can return to the frontline, where direct contact with service users is required;
- These are often the most experienced staff (many over 70 years of age) and are not readily replaceable. (However, they do have key skills and experience that could be redeployed effectively elsewhere in the system.);
- We also need to factor in staff who are required to self-isolate;
- A national rapid recruitment campaign is in progress for social care (the 'We Care' campaign). The ending of the national furlough scheme and redundancies in other sectors with similar skills profiles

(e.g. hospitality & tourism) may offer further opportunities for recruitment, however:

- The practicalities of such wide-scale recruitment are more challenging in reality than 'on paper';
- Many applicants are unprepared for the level of responsibility and the need to deliver personal care, so quickly withdraw from the process. Employers are encouraged to signpost potential applicants and / or interviewees to the Question of Care website, which is designed to give people who are considering work in the care sector an insight into what this involves, through video clips of day to day situations.
- Social Care Wales are intending to make bite size training available on the WeCare website to try to address this. For example, to explain a social care workers role in safeguarding.

4.0 CHILDREN AND YOUNG PEOPLE WITH COMPLEX NEEDS

4.1 Definition

The children and young people chapter includes those aged 0 to 18 as well as those eligible for services until they are 25 including care leavers.

* Note: Amendments to Part 9 of the Social Services and Well-being Act saw the following changes to broaden the definition of children with complex needs to include;

- Children with disabilities and/or illness
- Children who are care experienced
- Children who in need of care and support
- Children who are at risk of becoming looked after
- Children with emotional and behavioural needs

4.2 Headlines

- Adverse Childhood Experiences (ACEs) have a tremendous impact on health and well-being later in life.
- Timely access to the right mental health care is crucial if we are to support better mental health among children and young people and reduce pressure on high level need services such as CAMHS.
- Levels of subjective well-being are found to predict future health, mortality, productivity and income.
- We need to get better at involving children and young people, seeking their views and actively listening to what they say.
- Focus on prevention
- Early help and permanence strategy
- Reduced numbers of LAC & CIN
- Increased move-on options
- Review of high cost/OOC placements and residential services
- Effective information/advice/advocacy

4.3 Impact of COVID

4.3.1 Children and Young People with Care Experience

The British Psychological Society (2020) explain children who have experienced care may be more vulnerable to the pandemic, having faced insecurity and stressful situations before or they may have had to be alert to danger, which can cause stress responses during lockdown, affecting their behaviour and emotions. Voices from Care Cymru (2020) state how care experienced children are already disadvantaged socially and financially, claiming the pandemic may exacerbate inequalities.

National Youth Advocacy Service (2020) found 50% of children in care and 4 in 5 care leavers felt lonely and anxious during lockdown. Voices from Care Cymru (2020) also found children felt more isolated and anxiety had

increased, they claim isolation may impact mental health of children who have already experienced trauma, and those receiving mental health support may have found this disrupted.

The British Psychological Society (2020) claim reduced time with their birth parents may also have an impact on their mental wellbeing.

The Fostering Network (2020) report some foster carers found lockdown challenging, creating behavioural issues but some found the children were more settled. Adoption UK (2020) report among children in care 50% were distressed/anxious and 31% increased violent behaviours. There were positive impacts from lockdown, 50% of teenagers were calmer and 54% had improved relationships with carers/families.

In a survey of care experienced children, National Youth Advocacy Service (2020) found 1 in 10 children in care and 1 in 5 care leavers didn't have the technology to stay in touch with family and friends. Voices from Care Cymru (2020) also found care experienced children lacked access to technology to keep in touch.

The British Psychological Society (2020) highlight how disruption to care experienced children's education can affect their feeling of belonging, especially if they have had to change schools in the past. The Fostering Network (2020) claim children have lower educational attainment and this disruption to education could further widen the gap.

Many carers reported additional learning needs not being met during the pandemic, a significant proportion of care experienced children have these additional needs. Adoption UK (2020) also claim looked after children achieve lower education levels and have higher rates of additional educational needs, they found 85% were not getting extra support from school.

The survey from the National Youth Advocacy Service (2020) found during lockdown, 1 in 10 had no contact with their social worker. The report from National Youth Advocacy Service (2020) claims many children in care struggled to get in touch with their social workers when needed. This was echoed by Voices from Care Cymru (2020) who found that there was reduced contact from social workers.

In a report from National Youth Advocacy Service (2020) they have seen fewer child protection interventions due to children interacting with fewer agencies, which they believe can make children more vulnerable to violence. Community Care (2020) found that among social workers, children's services were more dissatisfied, they were more concerned about personal protective equipment availability, and reported an increased workload, with domestic abuse referrals putting a strain on the system.

The Children's Society (2020) set out recommendations for care experienced children including; focusing on education/training, targeted support for BAME children, support for mental health and wellbeing, support for care leavers, specific guidance and allowing children to share care experiences to inform future care.

4.4 Local intelligence

The priority headings presented below provide a summary of detailed priority explanations captured in the Citizen Engagement Through Lockdown report. These priorities have been established following basic analysis of data collected by the Our Voice Matters project in collaboration with citizens and partner organisations prior to the COVID-19 pandemic and subsequent lockdown measures through the projects phase 1 activities, and the #CTMLockdownVoices campaign the project has been running throughout the lockdown period.

1. Resilience Building/ Mental Health and Wellbeing

- Children and Young People would like to see more work being done to tackle bullying, increase respect for others and build and strengthen friendships and peer support networks.
- Children and Young People would like targeted support to help them overcome fear and anxiety associated with COVID-19 and lockdown, and to transition back into normal everyday living effectively.
- Children and Young People would like improved access to counselling services and mental health support, especially outside of the school environment which they can engage through lockdown or self-isolation periods.
- Children and Young People would like to engage with more confidence building activities to help them do the things they want to and to view themselves in a more positive manner.

2. Community Integration and Safe Places for Children and Young People.

- Children and Young People would like opportunities to play an active role within their communities and to mix with community members of all ages and abilities. They are keen to learn about how to be a good citizen and to make the community a safe place for everyone.
- Children and Young People would like to see places and spaces in the community designated as 'safe' and young people friendly where they know they can go for help, advice or assistance, or to spend time with friends in a judgement free environment.

- Children and Young People would like to see more opportunities for their community to 'come together' and take care of one another.

3. Aspirations, Careers and Opportunities

- Children and Young People would like to see new/more opportunities being opened up to them that help them learn what they are good at, the things they like and don't like doing, to try new things and how to achieve their dreams.

4. Communication and Information Sharing

- Children and Young People would like to see better access to accurate and reliable information, instead of being misled by 'fake news' on social media.
- Children and Young People would like better internet infrastructure across their communities and better access to technology to help them stay connected and to effectively participate in home schooling situations through lockdown and self-isolation.
- Children and Young People would like more work done to protect people online and teach people how to keep themselves safe online.

5. Youth Voice – we want to be heard!

- Children and Young People would like to be fully involved in decision making processes and would like to be seen as an equal and valued contributor to decisions.

- Children and Young People would like to be informed about the progress of consultations and decisions they are part of, and welcome regular feedback and justification when things cannot be achieved as they had suggested.

6. Education and Life Skills

- Children and Young People would like more mental health and wellbeing support to help them in school.
- Children and Young People would like the issue of bullying, especially in school and education settings to be resolved.
- Children and Young People would like more opportunities for life skills learning to be made available to young people so that they feel better equipped for life and able to try different things.

7. Friendships and Peer Support

- Children and Young People would like to support to make, sustain and strengthen friendships, allowing them to build better peer support networks to face future crisis situations.

5.0 UNPAID CARERS

5.1 Definition

The SSWB Act provides the legal framework for improving the well-being of people who need care and support. This includes carers who need support and it is significant that now carers have equivalent rights to those that they care for. As defined in the Act, a carer is a person of any age who provides or intends to provide care for an adult or disabled child but who is unpaid except for carers related allowances. The Act has removed the previous requirement that carers must be providing “a substantial amount

of care on a regular basis". Carers are legally entitled to a carer's needs assessment regardless of the amount or type of care they provide, their financial means or the level of support they may need.

Alongside this legal definition and the use of the term "informal care" which is often used, we recognise that there is no typical carer. Carers of all ages, whether young carers, young adult carers, parent carers of children with a disability, working age or older carers, those who look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide can be physical, emotional or social.

5.2 Headlines

The most common issues raised by carers;

- Easy access to a central point of up-to-date, easy to understand information and advice.
- Access to respite and short breaks to recharge batteries and more free time for young carers to spend with friends/socialise.
- Professionals should respect, communicate with and listen to carers.
- Awareness raising is needed to increase knowledge and understanding of the caring role, both in society and with professionals.
- More practical support would ease the pressure on carers.
- More emotional support would prolong the health and well-being of carers.
- More funding and resources is needed for carers.
- Support Groups for both younger and older carers are highly valued.
- Carers would like accessible and discounted transport.
- Better understanding is needed from employers and schools.
- Carers need more understanding of Carers Champions and their role.
- Better communication is needed between different agencies with automatic referral processes.
- Access to appropriate training and workshops to support carers in their caring role.

- Improve identification of carers
- Access to short breaks
- Access to support at an early stage
- Increase awareness and uptake of carers assessment

The higher levels in the Region of poor physical and mental health, chronic illnesses and disabilities, together with an ageing population, have an impact on the need for informal care and the number of carers locally.

5.3 Impact of COVID

Figures in a report from Carers Week (2020), including data from the Office for National Statistics and a YouGov survey, the COVID-19 pandemic has seen an increase of up to 196,000 additional unpaid carers in Wales. 98,000 of these new unpaid carers are also working alongside their caring responsibilities. The Office for National Statistics (2020) data showed a rise in reporting research found, during the pandemic, young carers and young adult carers mental health has worsened, they are more worried about the future, more stressed, less connected, and their caring hours have increased. Young carers have poor mental health among carers, with an even greater increase among female carers. Carers Wales (2020) stated they have seen a rise in people accessing support from the charity with concerns around; their mental health, PPE, testing, food, medicine, feeling invisible or abandoned, and ongoing loss of independence.

In a report from Carers Trust Wales (2020) a number of issues for young carers and young adult carers have been raised. The asked for more support with wellbeing, help to stay connected, breaks, help to balance caring with education and work, and support to stay fit and healthy.

The survey report from Carers Week (2020) highlighted the key challenges for carers in Wales as; not being able to get time away, stress and responsibility, financial costs, other relationships, impact on mental and physical health, impact on paid work, and not having anyone to talk to. The report also showed a higher percentage of female than male carers and found that women were more likely to worry about their health and finances. This suggests that women may be disproportionately affected as a result of caring responsibilities exacerbated by the COVID crisis, this could further impact gender equality issues faced by carers. Carers UK (2020) Behind Closed Doors report found the majority of carers in Wales feel; concerned they will burnout, anxious services won't be restored and worried what will happen if they become ill.

The Wales Carers Alliance (2020) raised issues with Welsh Government during the lockdown regarding confusion over changes to carers rights in Wales due to the Coronavirus Act, resulting in reduced support plans for some. Other issues that were identified included; being discharged without adequate support, reduced respite care, confusion over guidelines for self-isolating, as well as the above issues mentioned in the Carers Week (2020) survey.

5.4 Local Intelligence

The priority headings presented below provide a summary of detailed priority explanations captured in the Citizen Engagement Through Lockdown report. These priorities have been established following basic analysis of data collected by the Our Voice Matters project in collaboration with citizens and partner organisations prior to the COVID-19 pandemic and subsequent lockdown measures through the projects phase 1 activities, and the #CTMLockdownVoices campaign the project has been running throughout the lockdown period.

1. Respite Care

- Parents and carers would like a review of respite care services across the region to see how these can be delivered effectively in line with COVID related safety guidelines to ensure that parents and carers can receive adequate support through respite.

2. Greater Recognition and Support for Unpaid Carers

- Parents and carers would like a review of local authorities COVID response measures to identify how greater recognition and support can be provided to parents and carers if any future restrictions such as lockdown are imposed.
- Parents and carers would like to review the support package that was on offer to them prior to lockdown and to work with local authorities to identify where and how improvements can be made in a post lockdown climate.

3. Carer's Assessments

- Parents and carers would like to be involved in future work concerning carer's assessments across the region to ensure that they are effective and provide the desired outcomes and access to help, guidance and support parents and carers need.

4. Social Worker Allocation/ Changes to the Social Work Team

- Parents and carers would like to work with local authorities to review the current Social Work team processes and where applicable across the region, Social Worker allocation processes to help identify solutions for improvements.

- Parents and carers would like to see action taken on previous consultation and conversations they have been engaged in around topics such as changes to the social work team.

5. Supported and Independent Living Guidelines Review

- Parents and carers would like the guidelines for supported and independent living providers to be reviewed and to allow/promote individualised risk assessments for tenants rather than implementation of generic measures, allowing people to re-connect with family.

6. Communication and Information Sharing

- Parents and carers would like the communication strategies used with parents and carers through lockdown and beyond to be reviewed and for greater support to be offered to help them connect virtually and in other ways, with suggestions around befriending services and the development and strengthen of peer support networks such as The Grapevine.
- Parents and carers would like to identify a regional informational platform for parents and carers to access information that is relevant to them, in a way they can understand to bring clarity and reduce confusion.

7. Young Carers Support and Opportunities

- Young carers would like to see more support programs in place to help them look after themselves, physically and emotionally, so that they can look after the loved one they are caring for.
- Young carers want to see more opportunities for them to take some time out through respite care services and 'me time' style

opportunities for them to engage with, and to find ways for them to interact with their local communities more as a source of support.

- Young carers would like to find ways to increase peer understanding of young carer identities, as well as identify ways in which they can make friends and create peer support networks to help them.

6.0 OLDER PEOPLE, WITH SPECIFIC REFERENCE TO SUPPORTING PEOPLE LIVING WITH DEMENTIA

6.1 Definition

There is no agreed definition of older or old people and people differ widely in what they consider to be old. Members of each age band are a very diverse group and age is a very unreliable indicator of state of health or mental or physical capacity of any individual.

With improved living conditions and better health care throughout life, life expectancy continues to increase. This, combined with declining birth rates has created a shift in the age structure of our population, with increases in the proportion of the population aged over 65. The critical issue is whether people will spend these extra years in good physical and mental health, or in illness, distress and with loss of independence.

6.2 Headlines

- Value their independence,
- Value the ability to live in their own home,
- Expect to be treated with dignity and respect,
- Value continuity of care from health and social services,

- Expect health and social care to work together to co-ordinate their care,
- Want help when they need it,
- Value health promotion messages (stroke awareness, eye health and hearing tests),
- Need easy access to good quality information and advice,
- Want to be recognised and valued by professionals if they are a carer,
- Experience loneliness and isolation particularly at night,
- Value social networks,
- Value day centres and public amenities such as libraries as a meeting place,
- Value public transport,
- Lose their confidence following bereavement, illness or frailty etc,
- Want to feel connected to their community,
- Want to be safe,
- Want more housing/accommodation options.
- Develop whole life pathways
- Better access to community support.

The key components of our role in commissioning and/or providing high quality specialist and substitute services are:

- Equipment and adaptations service.
- Telecare.
- Long Term Domiciliary Care.
- A range of supportive accommodation including extra care housing and residential and nursing home provision.

6.3 Impact of COVID

Kings Fund (2020) state data shows that age increases the risk of dying from COVID due to deterioration of immune systems and being more likely

to have chronic conditions. Figures from ICNARC (2020) show age increases the likelihood of dying if admitted to critical care with COVID.

The Office for National Statistics found over 50% of the over 60s were worried about their wellbeing, of these 70% were worried about the future, 54.1% were stressed/anxious and 43.3% felt bored. They found the over 60s coped by staying in touch with family/friends, gardening, reading and exercise. The data showed they were more likely to help neighbours, less worried about finances, more worried about getting essentials and less optimistic about how long the pandemic would last.

Banerjee (2020) also claims the elderly are more vulnerable to mental health problems during a pandemic and recommends that consideration is made for the mental health of this group, with increased risk of health anxiety, panic, depression and feeling of isolation, particularly those in institutions.

Hoffman, Webster and Bynum (2020) discuss the implications of isolation on the older population. They claim reduced physical activities, lack of social contact, and cancellation of appointments, can lead to increases in disability, risk of injury, reduced cognitive function and mental health issues. Campbell (2020) also finds social isolation can impact physical and mental health, with reduced physical activity, limited access to resources, loneliness and even grief. Cox (2020) claims the higher risks for older people are further exacerbated by inequalities including; chronic illness, poverty and race, making individuals with long-term conditions, low socio-economic status and BAME even more vulnerable.

The Centre for Ageing Better (2020) claim that although many more of the over 55's have moved online, the digital divide has widened during the pandemic, with more services moving to online only. It is important to ensure that older people aren't digitally excluded moving forward. Boulton

et al (2020) in a review of remote interventions for loneliness, highlighted methods that can reduce loneliness including; telephone befriending, video communication, online discussion groups and mixed method approaches. They claim that the most successful involved the building of close relationships, shared experiences or characteristics and some pastoral care. In a rapid review, Noone et al (2020) contradict this, suggesting evidence that video consultations reduced loneliness, symptoms of depression and/or quality of life were inconclusive and more high quality evidence was needed.

6.3.1 Care Homes

Statistics from the Office for National Statistics (2020) show deaths in care homes were up 45.9% from the same period last year, the data shows as well as COVID deaths, other deaths also increased during this period. They found in Wales age specific deaths in care homes were higher than those not in care homes and COVID deaths in care homes exceeded COVID deaths in any other location, also figures show men had a higher rate of mortality.

The Older People's Commissioner for Wales (2020) found the supply of personal protective equipment (PPE) to care home was mixed, with some saying there were delays and long waits for more supplies. The use of PPE had been distressing to some who are hard of hearing and care homes had to purchase their own transparent masks. They highlight the issue of lack of availability of tests for care homes, delayed results, lack of information at the start, all of which was felt to have impacted the outcomes in care homes. The report also stated how the mental wellbeing of care home residents had been impacted by not having visitors, worries regarding COVID and deaths of other residents.

In reports from House and Fewster (2020) they claim care homes were not prioritised and a series of issues contributed to their high transmission rates these included; the data from care home deaths initially not being recorded, testing not carried out and asymptomatic spread not being considered. The delayed response and lack of clarity to care homes could have contributed to the high number of deaths in care homes.

The residential and nursing home sector across the Cwm Taf Morgannwg region is made up of approximately 68 residential and nursing homes, which range from very small independent businesses to larger medium size homes meeting the needs of our most vulnerable residents.

Local Authorities in region and Health have long-established relationships and effective support mechanisms in place for communication, provider support and improvement which enabled a coordinated response to support for care homes across the region in response to the pandemic.

This platform has shaped our response, ensured we are consistent with government guidance and best practice across the region and to target and deliver an enormous amount of support to these vital assets in our community. This extends beyond the focus of residential and nursing care home market to include care providers.

6.3.2 Innovations/Collaborations

In a report from the British Geriatrics Society (2020) they highlight some innovations and collaborations to help protect and improve the care of older people during the pandemic, examples include:

- Anticipatory care intervention for those who are high risk
- Multidisciplinary team response to urgent care needs
- Hospital at home collaboration to keep people at home
- Multiagency approach for rapid guidance and support to care homes
- Advanced care planning to identify individual needs
- Children's ward utilised for elderly patients and found beneficial

- Integrated discharge planning
- Proactive rehabilitation with targeted physiotherapy prior to discharge
- Delivery of telephone and digital appointments

6.3.3 Leave no-one behind - Action for an age-friendly recovery

The Commissioner's recommendations for immediate action are:

Public bodies should take action to ensure that public health messaging is communicated more effectively to older people

- Public bodies should undertake community-level audits of vulnerable older people who have been digitally excluded during the pandemic and provide user-friendly devices with access to the internet

The Commissioner's recommendations for longer-term action are:

- Establish a right to digital connectivity – viewing digital infrastructure as an essential service that the whole population needs affordable access to
- Introduce a social tariff for internet access and work towards the provision of free universal access to the internet
- Place a duty on public bodies in Wales to demonstrate how they will engage with and serve citizens that are not online
- Health boards and local authorities should establish outreach programmes to build digital confidence for older people to access digital public services, building upon the work being delivered by Digital Communities Wales

6.4 Dementia

Figures from the Office for National Statistics (2020) show 49% of COVID deaths in care homes were residents with dementia. Further figures from Office for National Statistics (2020) demonstrate people with dementia made up 25.6% of all deaths involving COVID-19. Alzheimers Society (2020) highlighted statistics that showed non-COVID deaths in April, among those with Dementia were also up by 50% than usual. These figures suggest that people with dementia have been disproportionately affected by the pandemic.

Research by Wang et al (2020) suggests delirium from COVID can make it hard to identify COVID in dementia patients, this could impact their care. In a report from Suárez-González et al (2020) it is claimed that dementia patients often have other conditions, further increasing the risk of complications from COVID. They also claim those with dementia experience greater functional loss, worse functional recovery, and changes to their routine or environment can further impair cognitive functioning. Research from Mok et al (2020) also found; increased risk of infection, worse outcomes, adverse impact on cognition and these patients were harder to isolate.

The general wellbeing and care of those living with Dementia has also been impacted by the pandemic. Alzheimers Society (2020) argue people with dementia face challenges with infection control and the impact of social isolation. Mok et al (2020) found non-COVID related health care appointments were impacted, lack of social engagement and support may have resulted in a deterioration of their condition, also isolation could affect psychological wellbeing.

A rapid review published regarding older people by the Centre for Evidence Based Medicine (2020) highlighted social isolation could impact quality of life, health and wellbeing outcomes, and could reduce mobility. Loneliness

has been linked with dementia, so Alzheimers Research UK (2020) are investing in research to look into the true impact of COVID on mental health, wellbeing, health, and using social care.

The Social Care Institute for Excellence (2020) in 'Dementia in Care Homes', highlight issues those with dementia may have; not understanding the need for isolation, they may find personal protective equipment frightening and they may struggle with communication. The Social Care Institute for Excellence (2020) 'Safeguarding adults with dementia during the COVID-19 pandemic' raise concerns warning people with dementia may be more vulnerable to abuse or neglect during the pandemic. This may be due to; social isolation, stress on carers, overstretched care staff, increased scams, increased domestic abuse, and new staff/volunteers/support.

Young Dementia UK (2020) share stories from those living with early onset dementia, they highlight issues such as; lack of routine, feeling forgotten, loneliness, isolated, confusion, feeling vulnerable, losing skills, not being entitled to support and loss of confidence. These stories also discussed many positive aspects, with some saying they had learnt new skills, found the virtual support beneficial and one even felt less anxious as going out makes them anxious. The stories highlight how it is important to consider the individual when implementing support for those with dementia.

6.5 Local Intelligence

The priority headings presented below provide a summary of detailed priority explanations captured in the Citizen Engagement Through Lockdown report. These priorities have been established following basic analysis of data collected by the Our Voice Matters project in collaboration with citizens and partner organisations prior to the COVID-19 pandemic and subsequent lockdown measures through the projects phase 1 activities,

and the #CTMLockdownVoices campaign the project has been running throughout the lockdown period.

1. Reducing Loneliness and Isolation

- Increase in telephone and face-to-face (within the COVID-19 safety guidelines) befriending services, to allow older people to create a support system for their mental wellbeing, and as a source to gather important information, help and guidance.
- Develop support and training opportunities to get older people connected virtually online, and to help them understand how to stay safe online from scammers.
- To identify avenues for more community and neighbourhood support, so that older people feel that they can access support and advice, as well enjoy a 'friendly chat' with people in their immediate locality.
- To identify and protect safe places for older people to go where they can be assisted in the community of needed

2. Feeling Forgotten

- Older people would like to feel useful in and to their local communities and would like to see more opportunities for them to participate in community activities, and to engage in intergenerational projects with younger generations. One suggestion offered in relation to this was a mentoring programme to help young professionals in a similar career to the one an older person had retired from.

3. Communication and Information Sharing

- Some older people have requested that information is shared via post, and that postal and telephone services are used for some engagement activities to find out what matters to them and what issues they are experiencing.
- Some older people would like there to be more options and greater support from health care services, GP practices and pharmacies so that they can access the health care and medications they need without the fear and anxiety of having to use online systems.

4. Mental Health and Wellbeing

- Older people have suggested that they would like to see more programmes that help them to enjoy life and overcome some of negative barriers they experience in relation to their mental health and wellbeing, and to help them discover and try new things and meet new people.

5. Transport

- Older people would like a review of bus and train timetables across the region, and for projects putting on activities for older people to attend (when safe to do so) to consider public transport capabilities during their planning.

7.0 PEOPLE WITH PHYSICAL DISABILITIES AND SENSORY IMPAIRMENT

7.1 Definition

A person with a 'health or physical disability including sensory impairment', may have difficulty carrying out everyday activities as their movement and senses may be limited. Sensory impairment is reduced or loss of sight, hearing or both. Those included are the blind, partially sighted, Deaf, and hard of hearing. A disability may be present from birth or occur during a person's lifetime. Health disabilities can include chronic conditions, for example obesity. For people who have suffered, for example, a stroke there may be long term effects on their movement, speech, hearing and sight.

As illustrated, there are many different types of conditions, this can make it hard to discuss common issues affecting these people, as they may not feel like, and self-identify as a group.

7.2 Headlines

- Although a range of support services exist, people are unsure about what is available to them and how to access services, support and help.
- People do not identify with the language and definitions that are routinely used by professionals and providers of services.
- Services need to focus on the needs of individuals.
- People with physical disabilities including sensory impairment want to be part of their community removing the barriers that exist.
- Establish early intervention and preventative services rather than reactive services, which often come into play in times of crisis.

7.3 Impact of COVID

Figures from the Office for National Statistics (2020) show COVID mortality rates for those with disabilities were 1.9 times higher for men and 2.4 times higher for women.

Further information from Office for National Statistics (2020) show disabled people have had a greater social impact, they were more worried about wellbeing, getting groceries, accessing healthcare and 1 in 10 felt unsafe outside their home. It was also noted their concerns have increased over time, rather than stabilising like non-disabled people.

In a manifesto from Difference North East (2020), it was reported many people with a disability were classed as clinically vulnerable, and had felt isolated and forgotten, with many not receiving appropriate support. Research from Scope (2020) found 63% of disabled people were concerned they may be refused treatment if they became ill, and they worried about catching COVID from carers due to lack of protective equipment. They also found 28% felt ignored by the government and over 50% were concerned for the future, stressed and anxious.

The United Nations for Human Rights (2020) claim disabled people can be more vulnerable as they often have other health conditions, particularly those in care homes, due to the high death rates. They report that the barriers they can experience in accessing healthcare were exacerbated due to the pandemic. They were more vulnerable to discrimination and violence, this was especially true for disabled people who were; prisoners, homeless or without adequate housing.

Iob, Steptoe and Fancourt (2020) found those with disabilities were more likely to experience abuse, self-harm and suicidal thoughts. Lund (2020) also raises concerns regarding the increased risk of abuse for those with disabilities, due to increased reliance on care, and expressed concerns they may fail to report abuse due to their reliance on support.

Some benefits for those with disabilities were reported by Difference North East (2020), including greater use of technology allowing them to connect with others in ways they hadn't been able to before, and home/flexible working benefiting some disabled workers. Although Annaswamy, Verduzco-Gutierrez, Frieden (2020) recognise the benefits, they also highlight that many with disabilities can be disadvantaged by the use of technology due to internet and technology costs. They stress it is vital each individual's situation is considered when considering switching from face to face appointments to online.

7.3.1 Physical Disabilities

The World Health Organisation (2020) stated those with physical disabilities may be more at risk of COVID due to; barriers to hygiene, lack of accessible handwashing, being unable to wash hands sufficiently, close physical contact for support, contact with surfaces to support themselves, underlying conditions or reduced access to services they rely on to stay well.

Annaswamy, Verduzco-Gutierrez, Frieden (2020) highlight how the use of technology has been shown to be beneficial to those with physical disabilities due to; not needing transport, not requiring extra care to take them and less risk from COVID. However, they claim mobility or manual dexterity disabilities may create challenges due to difficulties interacting with the technology. These findings show that it is important to consider each individual situation before switching to online appointments.

7.3.2 Multiple Sclerosis (MS)

The MS Society (2020) claim some people with MS were classed as 'extremely clinically vulnerable' to Covid-19, some had cancelled appointments, cancelled support, reduced exercise and those living alone felt lonely. In a survey of MS healthcare professionals, Multiple Sclerosis

Trust (2020) report that 70% felt services were not meeting needs of MS sufferers, with rehab being the most cancelled and the service that most wanted to see return.

7.3.3 Deaf/Hard of Hearing

Action on Hearing Loss (2020) report 70% of those hard of hearing are over 70, so at increased risk of Coronavirus so it is vital that information is accessible, both with subtitles and British Sign Language (BSL), and for public health announcements these need to be in place from the start. The British Psychological Society (2020) claim those who rely on sign language struggle under normal conditions, but under lockdown it has been increasingly difficult, this is especially true for those who are Welsh as most interpreters are English speaking. Park (2020) found those with hearing loss struggled as healthcare services, such as COVID testing, being inaccessible.

According to Action on Hearing Loss (2020) the switch to telephone and online appointments can make things harder for those who are hard of hearing, as they often rely on visual cues and lip-reading, they recommend individual consultation to determine communication needs. They also find face to face interactions difficult due to mask wearing, as it is a hidden disability many worried about a negative response to asking someone to remove their mask to communicate with them. The wearing of face masks can be problematic to those with over ear hearing aids, getting them tangled or damaged when caught in the mask ear loops. Park (2020) also found those who are deaf were negatively impacted by the use of masks. Many of the online technologies are not accessible to those who are hard of hearing, according to Annaswamy, Verduzco-Gutierrez and Frieden (2020).

The National Deaf Children's Society (2020) conducted a survey and found the main issues for deaf children were; loss of their existing support network, lack of access to audiology for repairs or delayed cochlear implant surgery, accessing online home learning materials. If schools insist on face masks and other changes to education can impact children who are hard of hearing, who are already disadvantaged in education (British Association of Teachers of the Deaf, 2020), this will risk further widening the gap. The accessibility of remote learning is also questioned by the British Association of Teachers of the Deaf.

Action on Hearing Loss (2020) claim some workplace changes can have a disproportionate effect on those who are deaf, like sitting back to back, wearing masks and the erection of physical barriers. Grote and Izagaren (2020) highlight the difficulties they had as hard of hearing healthcare professionals, struggling when trying to discuss important information when people were wearing masks.

People who are deaf face increased isolation due to impaired social interaction (Action on Hearing Loss, 2020), impacted by masks and social distancing. The hard of hearing were less likely to leave their home during lockdown just 54.8% in an average week, compared to 80% of disabled people with a mental health issue, further impacting feelings of isolation.

7.3.4 Blind/Vision Impaired

Research from the Royal National Institute for the Blind (2020) found social distancing has been near impossible for those with visual impairments, with inaccessible signage and fear of reprisals if they fail to distance, some reported being confronted by others for not socially distancing. This is a concern especially as Henshaws (2020) stated ¼ were high risk and needed to shield and Senjam (2020) found the visually impaired were a group at higher risk of catching COVID.

Royal National Institute for the Blind (2020) research found 74% worried about getting food due to limited deliveries, and 21% rationed food. In a

report from Difference North East (2020) they found many with disabilities weren't vulnerable enough to get support and struggled to get shopping, many visually impaired may have fallen into this category. Many reported losing confidence going out and 2/3 felt less independent. Senjam (2020) also reported disruption to support services, and fear of going out had increased feeling isolated, which may impact mental wellbeing.

Royal National Institute for the Blind (2020) found 26% couldn't access information in an accessible format during the pandemic. Senjam (2020) also found those with visual impairments had difficulties accessing information. Survey results from Henshaws (2020), a Greater Manchester based charity, found 41% didn't receive public health information in a format accessible to them. The findings suggest consideration for visual impairments is needed when circulating information in a health pandemic, especially as the blind are at increased risk.

With many appointments moving online, this can be problematic for those with visual impairments, Annaswamy, Verduzco-Gutierrez and Frieden (2020) claim many of the technologies do not meet their accessibility needs.

8.0 PEOPLE WITH LEARNING DISABILITY/AUTISM

8.1 Definition

The term 'learning disability' is used to describe many different types of conditions and people with the same learning disability may experience it differently. This is also true for Autistic Spectrum Disorders, where some people might have difficulties communicating with others, problems with controlling their behaviour and a different way of seeing the world to people without Autistic Spectrum Disorders. So, it is very difficult to talk about people with 'learning disabilities' as one group and people with learning disabilities might talk about the same condition in different ways.

8.2 Headlines

- People want to be able to be a part of their community
- There seems to be more people with lots of different learning difficulties and what people expect from services is changing. This is creating challenges for everyone.
- There seems to be more people with lots of different learning difficulties and what people expect from services is changing. This is creating challenges for everyone.
- Services need to work more collaboratively to see the person, not the problem.
- Review day services (Bridgend)
- Ensure meet the needs of over 65's.
- Maximise the use of technology

8.3 Impact of COVID

A report from Improvement Cymru (2020) found those with learning disabilities had a higher rate of mortality than the general population in Wales. Statistics from the Care Quality Commission (2020) also showed an elevated mortality rate for those with a learning disability, compared to the same period last year. Mencap (2020) have raised concerns about the disproportionate impact on mortality of those with learning disabilities, higher than that found in care homes. The Welsh Parliament (2020) report 'Into Sharp Relief', stated how COVID had widened inequalities in terms of mortality, income, risks of COVID and they point out how those with special education needs may have fallen further behind. Courtenay and Perera (2020) claim those with a learning disability are at increased risk of infection and experiencing more severe symptoms.

The Learning Disability Consortium Wales (2020) found some people with learning disabilities didn't receive shielding letters when they should have and others were confused by the letters, they had issues accessing food, supplies and healthcare appointments (some found telephone appointments problematic). Those with learning disabilities who are employed have had to learn new ways of working and using transport safely.

The Third Sector Additional Needs Alliance (2020) claim families of children with complex needs have found it challenging, as school can be a form of respite. They found the children and young people they support, felt isolated and experienced accessibility issues with learning. Courtenay and Perera (2020) claim withdrawal of support; school, day centres and respite, will affect the finances and mental wellbeing of families/carers. They also point out that the change of routine and physical restrictions can cause anxiety, paranoia and behavioural problems, in those with learning disabilities. The Learning Disability Consortium Wales (2020) also reported those with learning disabilities and their families were more anxious about the virus, safety of their support, new rules and losing support.

Learning Disability Wales (2020) discussed the use of technology, claiming those with learning disabilities can be excluded due to; costs, lack of skills, needing help or inaccessible technology. During lockdown many support groups moved online which has benefited some, attracting those who would not attend physical groups.

Learning Disability Consortium Wales (2020) highlight positives of the pandemic for those with learning disabilities including; learning new things, excellent community support and the Welsh Government being largely responsive to their needs.

8.3.1 Autism

The National Autistic Society (2020) in their report 'Left Stranded', claim the pandemic has disproportionately affected those with autism and their families. The research found compared to the general population, those with autism were 7x lonelier and 6x more likely to have low life satisfaction, and 9 in 10 were concerned about their mental wellbeing. Ghent University (2020) also found those with autism had higher levels of anxiety and depressive symptoms.

Eshraghi et al (2020) claim disruption to routine can be especially distressing for those with autism. They point out some may struggle with social distancing, mask wearing, and may not understand the need to follow these rules. Ghent University (2020) also found adults with autism found following the new rules difficult making them anxious especially when shopping, and struggled with changes in routine.

The report from the National Autistic Society (2020) found those who require constant support were significantly more impacted by lockdown. It was also found adults with autism need for support increased, with many who didn't require support now needing it, (Ghent University, 2020). The National Autistic Society (2020) found the increased need for support had impacted many families, with 1 in 5 families reducing their working hours due to increased caring responsibilities.

The National Autistic Society (2020) reported how the education of those with autism had been impacted, with 7 in 10 parents struggling with the school work and half of parents felt their child's educational progress had been impacted.

8.4 Local Intelligence

The priority headings presented below provide a summary of detailed priority explanations captured in the Citizen Engagement Through Lockdown report. These priorities have been established following basic analysis of data collected by the Our Voice Matters project in collaboration with citizens and partner organisations prior to the COVID-19 pandemic and subsequent lockdown measures through the projects phase 1 activities, and the #CTMLockdownVoices campaign the project has been running throughout the lockdown period.

1. Communication and Information Sharing

- People with learning disabilities would like more Easy Read and accessible information made available to them in a timely manner so that they can feel informed. They would also like to know where they can go to get information.
- People with learning disabilities would like to be included in decisions that affect them so that they can share their views and opinions.
- People with learning disabilities request that an effective communication platform is identified that meets their needs in terms of ease of use and accessibility so that they can continue to contribute to and inform the decision-making processes locally and regionally.

2. Daytime Opportunities Reform – My Day, My Way

- People with learning disabilities would like to have more opportunities and choice regarding the daytime opportunity they engage, with particular focus on innovative employment/volunteering and education options that help people integrate in the community, as these were highlighted

as a means to increase individuals self-worth and value, and reduce loneliness and isolation.

- People with learning disabilities would like more opportunities for social contact both online and in person (within the prescribed COVID-19 guidelines) to help them establish support networks and helping them connect with new activities, develop new skills and be more active especially in local outdoor spaces.

3. Supported and Independent Living Guidelines Review

- People with learning disabilities would like the guidelines for supported and independent living providers to allow/promote individualised risk assessments for tenants rather than implementation of generic measures, allowing people to have more ownership and choice over their lives.

4. Transport

- People with learning disabilities would like a review of public transport timetables (in particular bus timetables) to be undertaken to give them the flexibility to attend regular appointments between 8am – 6pm.
- People with learning disabilities would like timetables to be converted into an Easy Read format that uses visual aids to help them understand the prescribed time.
- People with learning disabilities would like public transport staff and drivers to undergo learning disability awareness training to help them understand and support people with a learning disability better when they are accessing their service.
- People with learning disabilities would like to see more travel training and travel support being offered across the region.

5. Friendships and Peer Support

- People with learning disabilities have highlighted that they would like opportunities and skills to make 'real' friends who can be there for them in hard times like lockdown.
- People with Learning disabilities have highlighted how they have enjoyed being able to connect with people and meet new people safely from other geographical areas, and this is something they would like to continue/expand even after lockdown has finished. They did feel that this shouldn't replace face-to-face meetings with friends, and that after lockdown they would also like to be supported to meet up with friends locally and from other areas safely within the guidelines.
- People with learning disabilities would like to be able to participate in a range of leisure activities without restrictions, such as bedtimes and staff schedules.

6. Community Integration and Regional Safe Places Scheme

- People with learning disabilities have suggested that they don't fully feel part of the communities in which they live in and would like more opportunities outside of day services to do things and be seen in the community.
- People with learning disabilities have agreed that they would like to see a scheme like this across Cwm Taf Morgannwg as it would help them to feel more confident and comfortable being in their community, as well as visiting other places across the region when lockdown restrictions have been lifted and it is safe to do so.
- People with learning disabilities would like more daytime opportunities that are based in their community.

7. Advocacy, Rights and Equality

- People with learning disabilities from across the region would like to see a Learning Disabilities Charter developed, co-produced and implemented effectively across the region to help them have a voice.
- To compliment the work of the Learning Disability Charter, people with learning disabilities would like to develop a regional Self Advocacy Strategy to make sure that others understand the importance of Self Advocacy and the role it plays in making sure that people with learning disabilities have voice, choice and control over their lives under the strapline 'Nothing about us, without us'.
- People with learning disabilities would like to see more Disability Equality Awareness Training being delivered to a range of community members.

9.0 PEOPLE WITH POOR MENTAL HEALTH

Good mental health is essential to physical health, relationships, education, training, work and achieving potential. Mental health is affected by biological, psychological, social, economic and environmental factors which interact in complex ways.

Together for Mental Health (T4MH) is the age inclusive, cross-government strategy for Wales. It emphasises the need:

- To promote better mental well-being among the whole population
- To ensure that the needs of vulnerable people with mental health problems receive the appropriate priority
- To adopt a recovery and enablement approach to improve the lives of service users and their families

- To work in partnership, acknowledging that no single body or sector can transform mental health in Wales.

9.1 Headlines

- Supporting the mental health of children and young people / adults / older people
- Improving systems to provide better services and reduce inequalities
- Supporting the development of preventative services
- Improving systems to provide better services and reduce inequalities
- Implement mental health pathway
- Single point of access
- Review accommodation options
- Improve transition from children and young people to adult services

9.2 Impact of COVID

9.2.1 Poor Mental Health

In a press release from the Royal College of Psychiatrists (2020), psychiatrists have reported a 43% increase in emergency appointments and a 45% reduction in routine appointments, they warn of a surge in mental health cases could be ahead. The report from NHS Confederation (2020) reflects this prediction, highlighting increased referral rates, higher than pre-lockdown. They are expecting further rises with; those with existing mental health issues, those relapsing and new patients. Statistics from the Office for National Statistics (2020) show depressive symptoms doubled during lockdown with 1 in 5 adults experiencing some form of depression. Mind (2020) reported 1 in 5 people in Wales were unable to access mental health support at the start of lockdown, they claim this can lead to people reaching crisis point and needing emergency care. Mind, also report increased access to their online services.

Reports from the Mental Health Foundation (2020) and the Centre for Mental Health (2020) highlight the disproportionate impact on the mental health of people from Black, Asian and Ethnic Minority (BAME) groups and those facing financial insecurity, lower income households. The Centre for Mental Health (2020) also highlight other groups where lockdown has had an unbalanced impact on their mental health, including; those with existing mental health problems, those with long-term health conditions, the elderly and those subject to trauma/violence in lockdown. Usher, Bhullar and Jackson (2020) argue it is important to recognise that isolation can have a more severe impact on children, older adults, minority groups, lower socio-economic groups, females and those with pre-existing mental health conditions. Iab, Steptoe and Fancourt (2020) found these groups were more likely to self-harm and have suicidal thoughts, as well as those with a disability and COVID sufferers. These inequalities were echoed in a report by Mind (2020) 'The Mental Health Emergency'.

In a survey of those with pre-existing mental health conditions, from Rethink Mental Illness (2020) 79% reported their mental health had worsened due to the pandemic. Over 50% exercised less and ate less healthily, this could result in worsened physical health, which could have implications on those with severe mental illness whose life expectancy is already reduced. Those with mental health issues are more likely to gain weight due to medications and lifestyle, this may put them at higher risk of severe symptoms of COVID, where obesity has been linked with poorer outcomes.

9.2.2 Age Groups

A study from Mental Health Wales (2020) showed 1/3 of children experienced mental health issues during lockdown. Alfven (2020) also reported an increase in anxiety and depression amongst children and raised

concerns about how; missing education, poverty, malnutrition and inequalities may exacerbate these problems.

It has been found (Vernooij-Dassen, Verhey and Lapid, 2020) that social distancing during the pandemic has had a negative impact on the mental health of the elderly, including; anxiety, stress and depression. Webb (2020) states as well as increasing anxiety, stress and depression, the pandemic can reduce their resilience and feeling of self-worth.

9.2.3 Pregnancy and Postnatal

Women are at higher risk of mental health problems during pregnancy and postnatal, Durankus and Aksu (2020), and Babies in Lockdown (2020) found depression and anxiety were even higher in this group of women during the pandemic. Babies in Lockdown (2020) found the increase in anxiety and depression was higher for BAME mothers and lower income families. Both reports state how mental health can impact the pregnancy and the baby, so it is an important issue to avoid long-term complications, and to address the greater impact this has had on disadvantaged groups.

9.2.4 Addiction

Research from Alcohol Change UK (2020) found among current or former drinkers, 28% had been drinking larger quantities and 21% had been drinking more frequently. They also found of those drinking more, 40% said this was due to stress or anxiety, and 1 in 6 felt concerned about their level of drinking. Research from Wardell et al (2020) suggests solitary drinking and drinking as a coping mechanism, both of which increased in lockdown, are associated with drinking problems. The research indicates that issues with alcoholism may be more of a concern due to the pandemic.

9.2.5 Eating Disorders

Castellini et al (2020) found lockdown had a significant impact on those with eating disorders, causing post-traumatic symptoms and impaired

recovery, this was particularly prevalent in those who suffered early trauma or attachment issues. In a study by Baenas et al (2020) it was found that symptoms of eating disorders were exacerbated during lockdown.

9.2.6 Obsessive Compulsive Disorder (OCD)

A case is discussed by French and Lyne (2020), in which they claim those with OCD are potentially at increased risk of relapse during a health pandemic, such as COVID, and express the importance of supporting this vulnerable group.

9.2.7 COVID Survivors

In a review of the literature, Kaseda and Lavene (2020) claim there is a high likelihood of psychiatric symptoms and disorders in COVID-19 survivors, including post-traumatic stress disorder (PTSD). Lyons et al (2020) also report high incidences of post-viral depression following previous similar viruses and warn this could be the case with those recovering from COVID. Rogers et al (2020) warns clinical staff should be aware of the possibility of PTSD, depression and anxiety, following recovery from COVID.

9.2.8 Recommendations

Reflecting on the results of their survey, in a statement on 30 June, from Mind (2020), they state that the pandemic has been a mental health crisis and mental health needs to be central in recovery plans. They claim the full impact on mental health is yet to come with increased; unemployment, financial and housing difficulties. A briefing from Centre for Mental Health (2020) recommend support with financial instability which can cause mental health problems, proactive mental health support for COVID sufferers and health and social care staff, and the use of trauma focused approaches to support schools, health and social care, and businesses.

9.3 LOCAL INTELLIGENCE

The priority headings presented below provide a summary of detailed priority explanations captured in the Citizen Engagement Through Lockdown report. These priorities have been established following basic analysis of data collected by the Our Voice Matters project in collaboration with citizens and partner organisations prior to the COVID-19 pandemic and subsequent lockdown measures through the projects phase 1 activities, and the #CTMLockdownVoices campaign the project has been running throughout the lockdown period.

1. Improving Mental Health and Wellbeing

- Citizens would like to see a clear mental health and wellbeing support programme/strategy put in place as a response to COVID-19 that helps people to overcome any issues related to fear, anxiety, depression and hopelessness that they may have developed through lockdown. Equally, citizens would like to see increased information regarding support and advice, especially on a local level within their communities.

2. Lack of Services/Access to Services

- Citizens would like to see more services and appointments available for people suffering from mental health issues, so that they can obtain help and treatment at the earliest intervention opportunity.

3. Resilience and Capacity Building

- Citizens would like to see more preventative services that increase the resilience and capacity capabilities of citizens within their communities, and more positive messages to be circulated about what people can do rather than what people can't do.

10.0 COMMUNITY RESILIENCE

There is a need to develop community capacity and resilience across the region to support the need for low level services, close to where people live, that create opportunities to connect with other people and improve quality of life by offering purpose and social interaction.

Some areas in the region already have strong networks of support in place but this is not a consistent picture.

There is evidence in some English Local Authorities that low level community run activities can have a significant impact on supporting vulnerable groups, which is reflected in lower demand for statutory services.

Older people in particular identified this as they are prone to suffering with loneliness and isolation and reducing social networks as they age - however this is not an exclusive issue for older people and improved local activities and social groups can offer advantages to all vulnerable groups.

11.0 Parc Prison

The delivery of effective healthcare interventions in prison settings presents a significant opportunity to contribute to a reduction in health inequalities, the potential to reduce re-offending (Ministry of Justice, 2013a) and also impact on the health of the wider community, particularly in relation to communicable and vaccine preventable disease. In addition the prison environment is a setting that can be used

opportunistically and proactively to promote health and well-being, taking a holistic approach which would include, prisoners, staff and visitors.

In support of the Implementation of the health and Wellbeing operational Delivery Plan there is a requirement to complete population needs assessment on a three year cycle and refreshed annually. The Prison Health, Wellbeing and Social Care Partnership Board has approved progressing this needs assessment specification in September 2020

The needs assessment will help the partnership board to review both primary and secondary healthcare within the prison.

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