

Covid-19: Health & Wellbeing in East Sussex during May and June 2020

What we did...

During May and June 2020, Healthwatch ran two surveys to capture the experiences of residents in East Sussex during the Covid-19 lockdown, one survey was primarily for adults, with an age adapted version for those aged between 11 and 18. The latter was developed in collaboration with the East Sussex Youth Cabinet and East Sussex Children's Services. Both contained the same core questions.

We wanted to find out how the lives of East Sussex residents were affected by the Covid-19 pandemic, especially experiences of health or care services, and also the impacts on day-to-day wellbeing and behaviour.

Our Covid-19 surveys took place shortly after the Government imposed lockdown commenced at the end of March 2020. We received a fantastic response, with 1,200 adults and nearly a thousand young people providing us with insight on the impacts that the lockdown and social distancing were having on them.

As with all Healthwatch engagement activities we made a commitment to share publicly the findings, and this document contains the headlines from the responses received to our surveys. The detailed breakdown of the responses received, including the methodology used, are set out in a parallel document available separately on our website.

We share these findings with the commissioners and providers of health and care services, statutory organisations and voluntary sector partners so that the information captured can be used to inform their activity.

Healthwatch East Sussex will also use this evidence when engaging with partners on the restoration and recovery from Covid-19, and in discussions about the future development of health, care and others support services in the county.

Who did we hear from?

We heard from people right across East Sussex, with the highest response from Wealden District (29.0%) and Rother District (24.3%).

Those aged 18 or younger were the age group who most frequently responded (44.7%), with those aged between 50 to 69 being the next largest age group with 24.8%.

87.4% of respondents indicated they were White British or White Irish.

Just over two-thirds of respondents (69.0%) recorded their gender identify as Female.

Nearly half (44.2%) had an existing health condition.

16.4% indicated that they had caring responsibilities.

What you told us

Greatest impacts of the lockdown

57%

The greatest impact of the lockdown amongst people of all ages was the lack of direct contact with family and friends.

25%

A lack of freedom was the second most common impact, especially not being able to go outside.

30%

The most common impact amongst adults was the lack of freedom.

22%

For 11 to 18-year olds the most common impact was on education, skills and training.

The impact most commonly expressed was the lack of direct contact with family and friends due to the lockdown, social distancing and shielding restrictions. This was raised by just over half of all respondents to both surveys (56.9%).

The second most common theme in the adult survey, was the lack of freedom, especially the restrictions on going outside (30.4%).

“It’s meant that I’m not able to do everything I usually would and things that are important to me I am no longer allowed to do.”

Other themes raised in the adult survey included the impact on personal health or care (including access to services), access to food and day-to-day essentials, as well as the impacts on work and employment.

“Loss of family connectivity, loss of ability to shop widely or get all our needs met shopping wise. Loss of workplace colleagues. Reduction of mobility. Sense of loss for the world I know.”

Within the responses to the Children and Young people’s survey, it was the issues of education, skills and training (22.0%). The responses of children and young people were heavily focused on lack of direct contact with family and friends; education, skills and training; and lack of freedom or ability to go ‘outside’.

Very limited reference was made to impacts on personal health or care amongst respondents in this age category. This may reflect the significance to this age group of the other themes, rather than no impact existing.

“It’s harder and more confusing without going to school and having our teachers help us (when we have work sent home). It’s not really the same when you just email your teacher a question. I also miss my friends, even if I may have their number, I can’t hang around with them in person. It doesn’t feel the same.”

Key concerns

25%

The most common concern amongst adults was access to health and care services.

74%

The biggest concern for 11 to 18-year olds was their education, skills and training.

63%

Two-thirds of respondents indicated 'feeling anxious about the future' *more often*.

43%

Nearly half of the respondents 'felt lonely' *more often*.

Both surveys asked respondents to identify their three main concerns when completing their response during May and June 2020.

Whilst 'contracting Covid-19' was a high-profile concern shared across the responses to both surveys, there were notable differences in other priorities identified by adults and those aged 11 to 18.

The most common concern raised by adults was 'access to healthcare services', which was identified by nearly a quarter of respondents (24.6%). The comments received suggest this may in-part reflect respondents with pre-existing health conditions concerned about ongoing treatment.

They also highlight wider concerns about changes to health and care services brought about by the pandemic and lockdown, such as the cancellation of many routine appointments and non-emergency services. The lack of a timescale for when would resume also increased anxiety, especially for those experiencing physical symptoms.

"I have been waiting to have a biopsy done on my right eyelid. It was due to be done in March, until everything was closed down. The delay is adding to my anxiety."

"We need the dentist to open again - my husband missed his third and final appointment to get his new bridge and crown fitted. He is living off painkillers until he gets this finally fitted."

Other issues commonly raised by adults, included concerns about the future, for example, not knowing how long the pandemic or lockdown would last and what impact this may have, such as on children returning to school.

"My daughter's education and mental health, she is a secondary pupil - will her education have suffered and her friendships."

Parallel themes also identified worries about access day-to-day essentials and food, and concerns around income and employment, including access to benefits, the furlough scheme and other business support mechanisms.

"Finances - my partner only receiving 80% wages whilst furloughed and still having to pay rent and bills."

The overwhelming concern identified in the comments of those aged 11 to 18 related to education, skills and training which was raised by nearly three quarters of the respondents (73.3%).

Comments provided by respondents identified a variety of issues, but clear within them was the heightened concerns amongst those with forthcoming assessments and exams, especially GCSEs and A-Levels. The focus was on whether the exams would take place, and if not, how would they be assessed, and what the potential implications of these changes may be on their results, such as progression to college or university courses.

Comments also identified wider concerns about home schooling and how this may impact on progress, but also its suitability for students normally in receipt of additional support. The impact of disruption to the normal day-to-day routine and the lack of social interaction as part of the learning process were also raised.

"Failing A Levels or getting a worse grade than I would if I hadn't had to work from home."

"I am not learning as much as I should be and feel behind in some lessons because I find it easier to learn in class and not online."

Young people also identified the impact of the lockdown on their friends and family, especially those they knew were vulnerable, elderly or had pre-existing health conditions. This applied to people in their household, as well as those living elsewhere.

Respondents to both surveys raised concerns about the impacts of the lockdown on their mental and physical wellbeing. Comments from both adults and children and young people made clear the increased levels of anxiety and concern, as well as raised self-awareness that this was having an impact on their wellbeing.

Concerns ranged from a cross-cutting anxiety about who might contract Covid-19 and when the pandemic would come to an end, through to specific effects stemming from changes to routine, isolation and loneliness, challenges in accessing support and issues linked to specific personal circumstances.

"The effects to my mental health and wellbeing, I am a single parent and live in a flat, it's an intense environment and I miss my family terribly."

"As someone who suffers with mental health issues, I am feeling overly isolated from my friends."

Changes to behaviour

29%

Nearly a third of respondents indicated undertaking physical activity *more often*.

23%

Almost a quarter of people were eating fruit and vegetables *more often*.

38%

Over one third of people were having good quality sleep *less often*.

38%

Over one third of people indicated they were ordering fast food and takeaways *less often*.

The two surveys asked respondents to tell indicate if they had undertaken or experienced a specified set of activities more or less often than usual since the COVID-19 outbreak began.

The most common thing which they had undertaken *more often* was ‘engaged with people virtually’, with nearly two-thirds of respondents (65.0%) indicating they had undertaken this more frequently during the lockdown.

Concerningly, nearly two-thirds (63.4%) indicated that they had ‘felt more anxious about the future’, and nearly half (42.5%) had ‘felt lonely’ more often.

Benefits were that over a quarter of respondents (28.5%) indicated an increase in physical activity, and a similar proportion (22.9%) were eating fruit and vegetables more regularly.

“Yes, I feel closer to my Granddaughter having regular film nights, gardening and doing projects together teaching her new skills and stuff. Just spending more time with her and enjoying having her living with us.

“More time with my son, brushing up on languages, reconnecting with local environment, appreciating where I live more and how lucky I am to have what I have, including friends and family, health and outside space!!”

Of those activities which respondents had undertaken *less often*, the most common response was ‘ordered fast food or takeaways’ (38.4%). However, over a third of people were having ‘good quality sleep’ (38.3%) or ‘engaging in physical activity’ *less often* (37.4%) than before the Covid-19 pandemic.

Impacts on individuals

90%

The greatest source of anxiety amongst adults was the impact of Covid-19 and the lockdown on friends and family outside their household.

82%

Over four out of five adults were anxious about contracting Covid-19 and the impact on them and their family.

26%

Over a quarter of 11 to 18-year olds had concerns that their parents/carers were worried about not having enough money for their family

18%

Almost a fifth of children and young people felt they didn't have someone to talk to when they have a worry.

Adult respondents were overwhelmingly concerned with the impact of Covid-19 and the lockdown on family and friends, both within and outside their household.

These were the most commonly identified causes of anxiety and worry amongst respondents aged over 18 (combined themes they were very and slightly anxious about) and were at rates higher than for becoming seriously ill from, or contracting Covid-19.

The children and young people's (CYP) survey sought to explore in more detail the impacts of the lockdown and social isolation on their wellbeing, particularly the impacts of living with parents/carers and other family members more regularly than is usually the case.

Whilst an overwhelming majority of CYP respondents identified few issues with their home environment, interaction with parents/carers, or other members of their family and friends, there are a couple of themes worth expanding on.

Approximately one in ten CYP respondents didn't feel that they have someone to talk to in their family when they have a worry (9.8%), with a slightly smaller proportion identifying the lack of anyone outside to their family to talk to when they have a worry (8.5%).

Nearly one in ten respondents indicated that they didn't feel that they could have privacy when they wanted to be alone (8.7%).

Approximately one in four CYP respondents identified a concern that their parents/carers were worried about not having enough money for their family (26.4%).

Responding to concerns and worries

32%

Nearly a third of responding adults reported concerns about their emotional or physical wellbeing but hadn't sought help or support.

15%

The most common challenge to accessing support was identified as changes to the way services were being delivered.

11%

Over one in ten respondents indicated the value of support provided by friends and family when responding to any concern.

8%

Nearly one in ten people highlighted positive examples of support received from health or care professionals in responding to concerns.

Participants in the adult survey were asked whether they had any concerns about their emotional or physical wellbeing during the COVID-19 outbreak, and if they had, whether they had acted on them.

Just over half of those responding (50.7%) indicated that they 'don't have any concerns and haven't sought help or support'.

However, nearly one third of respondents (32.1%) indicated that they 'had concerns but haven't sought help or support'. A range of challenges were identified by this group as being factors which had affected their desire or ability to seek help or support.

The most common issue was due to changes to health and care services being offered during the pandemic, such as the cessation of routine dentistry, cancellation or postponement of hospital appointments and a move to remote appointments.

As the survey was undertaken at an early stage in the pandemic, some services were still in the process of transitioning to remote or virtual engagement, with issues arising due to the limited opportunity to communicate the changes to services to patients and the public, as well as to identify the alternatives that were being put in place (such as web-based information and video appointments) and how they should be used.

"Being visually impaired means that most tasks are now online and that means that they are very visual."

Other barriers included a reluctance to access health or care services which were actually or perceived as under pressure due to the Covid-19 pandemic, especially GP and Hospital services. Comments highlighted a preference for priority to be given to those in most need, with respondents willing to delay access, even where they had symptoms or needs.

"Just my thought that the services are already at breaking point and I would only add to that pressure."

Some respondents highlighted that they weren't clear on where or who to go to for help or support, in part due to the changes to the services available, the nature of their need and potentially because they had not needed to access support before the pandemic. The fear of contracting Covid-19 when accessing services was also identified in the responses and potentially inhibited the use of services.

“Knowing that there is very little mental health support available. Fear of visiting Dr's surgery and catching coronavirus.”

A total of 15.6% adult respondents indicated that they 'had concerns and have sought help and support'. The most common form of help or support received was from friends and family.

“On a bad day, I have reached out to friends and they have told me about their bad days too, making me realise I am not alone. Then we make each other laugh and know that it's ok to be sad and scared sometimes.”

Other comments highlighted positive engagements with health professionals using alternatives to face-to-face communications, together with positive support provided by employers and workplaces (including local and national initiatives) to help staff remain working and engage, as well as support accessed by community and voluntary groups and online.

“I have had calls from Age UK regarding mum in law. Helped being able to just talk. Help with care agency visits to give me somewhat of a break.”

“Work have set up some remote support over Zoom. Also weekly team meetings over Zoom. My manager phones me regularly.”

Coping with the Covid-19 crisis

85%

An overwhelming majority of people felt they were coping well or fairly well during the Covid-19 crisis.

15%

More than one in seven respondents were having some difficulty in coping or not coping at all well.

19%

The theme most frequently identified as a concern amongst adults was personal or household health or wellbeing.

28%

Those aged 11 to 18 most frequently identified their concern as issues associated with parenting, schooling, education or training.

Those participating in both surveys were asked to identify how they felt they were coping with the Covid-19 pandemic.

Over one third of respondents (34.6%) indicated that they were 'coping well', and nearly one half were 'coping well but with a few worries' (49.4%).

Approximately one in ten respondents (11.0%) indicated that they were having 'some difficulty in coping', with a relatively small number (3.8%) 'not coping at all well'.

The most common issues identified by adults that they were having difficulty with related to their health and wellbeing, or the wellbeing of their household, friends and/or family. However, the causes of concern amongst 11 to 18 year olds were related to parenting, schooling, education or training, as well as issues around a lack of social interaction (including loneliness).

Many of the factors identified by people of all ages were inter-linked, with issues identified by adults linking directly or indirectly to the experiences of offspring and children and young people, especially where these were in the same household.

"My weight, I am eating on my emotions, which is incredibly detrimental to my mental health, I am finding it hard to keep a 4yr old autistic boy stimulated the whole time, I worry all the time he is going to regress in his behaviour once back in an educational environment, I am struggling not having an support from my friends and family."

Other issues raised across all ages included a lack of freedom or inability to govern one's own actions, as well as concerns over the future (particularly the unknown).

"Frustration of not being able to choose how I spend my days, because choice is restricted to what I can do at home without seeing anyone outside the household."

"No structure and worry how I'm going to cope getting back into normal life again and routine."

Adult respondents again raised concerns about access to health, care and support services, as well as day-to-day essentials. This was not replicated to a similar degree in the responses of those aged 11 to 18.

It is worth noting that as with the open-ended responses provided to other questions, positive experiences during the Covid-19 were highlighted, even by those who may have had challenges or concerns to deal with.

“I’m doing amazing I love studying at my own pace and learning by myself and getting to go out and exercise and spend time with my family usually I don’t see them often because of work!!”

“I’ve adapted well to the situation and I’ve made the most of it, I’m actually quite enjoying myself.”

Disruption to health and care services

36%

Over a third of respondents experienced a change or disruption to health or care services due to the pandemic.

17%

Of people experiencing a disruption, over one in six indicated that this had a significant impact.

16%

Hospital services were those most commonly identified by adults as being delayed or cancelled.

8%

Dentistry (especially orthodontists) were the services most commonly identified by children and young people as being disrupted.

A significant impact of the Covid-19 pandemic were the changes implemented to the delivery of health and care services at very short notice. This included changing which services were operating, how and where they were delivered and who could access them. The effects of these changes on patients and the public were evident in the responses received to both surveys.

Accessing Health services (Both surveys)

More than one in three people (35.9%) indicated that they had experienced changes or disruption to health services or treatment due to the COVID-19 pandemic.

Of these, 16.5% were significantly affected, 55.0% indicated some impact and 28.5% no impact.

“Regular routine dental, optician check ups put on hold but the impact was none just common sense acceptance.”

The health or care services most commonly identified across both surveys as being disrupted were Hospital services, with the others most referred to being dentists, GPs and issues associated with accessing medication or prescriptions.

It is noticeable that adult respondents constituted the overwhelming majority of those affected by changes to hospital services, whilst the service most commonly mentioned by those aged 11 to 18 was dentistry. These trends potentially reflect the greater proportion of adults undergoing hospital diagnostics or treatment, and the high use of dental services by children and young people, especially in relation to orthodontics.

“My braces were meant to be taken out the day we went into lockdown, I am now experiencing a lot of pain due to them being 3-4 months overdue and falling apart as a result.”

The most common impacts of the changes brought about by the lockdown were delays in accessing services, such as the time taken to get through to a service or receive an appointment. Other frequently referred to themes were the cancellation or postponement

of appointments or treatments, as well as moves to alternative forms of engagement such as phone or virtual consultations.

“Had a long awaited Rheumatology outpatients appointment cancelled. Had waited a year for this appointment, in severe pain. Had a referral 5 months ago for physiotherapy but only had phone appointment, although I understand why it was of no help whatsoever.”

“Unable to see GP. I did however get an in-depth telephone consultation and my query was answered.”

“My 3-monthly B-12 injection was moved to another surgery. All managed brilliantly and without fuss. My iron supplement prescription took a little longer to arrive, but I can now order by phone and it is all brilliant.”

Comments did identify respondents experiencing ongoing pain or discomfort due to the challenges in obtaining timely access to medical care, with these respondents and others also identifying raised anxiety or worries about the timeframe for services to resume.

“Dental. I have lived on a diet of ibuprofen for three weeks solid and then intermittently. Until the pain appears to have subsided but worried it’ll come back.”

Accessing Care services (Adult survey only)

Fewer than one in ten respondents to the main survey (8.0%) indicated that they had experienced changes or disruption to their social care due to the COVID-19 pandemic. Of these, 49.0% were significantly affected, 35.7% indicated some impact and 15.5% no impact.

The impacts most commonly identified in the comments were about access to carers (both employed and family carers), impacts on those receiving support of their carer being affected by the Covid-19 outbreak or contracting the virus, as well as the implications for those being cared for and their families of carers not being able to deliver services.

“Our carer’s husband had COVID, so we had to care for my father in law for several weeks, which was hard on all of us - emotionally and physically.”

Other less frequently identified issues included barriers in obtaining access to care or nursing homes amongst those with a need, restrictions on visiting relatives, as well as challenges in obtaining access to health or support services, especially mental health and dentistry.

“My mother is in a Care Home and I am not allowed to go inside the building. I talk to my mother through her bedroom window, fortunately she has a ground floor room! She has hearing problems and finds it very confusing now she is confined to her room.”

Accessing health or care services for non-Covid-19 issues

46%

Nearly half of adult respondents were unsure or not confident at all about accessing health or care services during the lockdown.

22%

The most common concern about services were how and when to access them due to the changes brought about by Covid-19.

19%

A fifth of adults found understanding the information provided on Covid-19 difficult or very difficult.

34%

A third of adults found it difficult or very difficult to work out what is and what isn't government advice.

Slightly more than half of those responding to the main survey (50.5%) indicated that they were 'Very confident' or 'Quite confident' about accessing health or care services for any treatments or worries that are not COVID-19 related, whilst 33.6% were 'Unsure' and 15.2% were 'Not confident at all'.

"What to do in the first instance - who to contact and who / how any of us would get tested? I have Multiple Disabilities and Chronic Conditions which are Underlying Health Conditions."

"The government has not provided a simple guide about what to do."

Key causes of concern identified in the comments, included a mixed understanding of how and where to seek help, concern about the ability to access support due to living alone, worries about the impacts of self-isolating for those living alone and confusion over when to seek medical help if Covid-19 symptoms became apparent.

"When to know if it's serious enough to need help without wasting anyone's time and taking up resources or leaving it too late as well as are housing situation means we can't self-isolate."

"I don't feel confident about the emotional impact and judging what to do when and how to assess severity."

Using remote or virtual tools to access health or care services

15%

Nearly one in six people had used remote or virtual tools to access health or care services.

41%

Two out of five adults felt it met their needs and would be happy to use it as their main means of accessing the service in the future.

26%

Over a quarter of children and young people felt it met their needs and would be happy to use it as their main means of accessing the service in the future.

49%

Nearly half of children and young people would prefer to see someone face-to-face, even where virtual mechanisms met their needs.

The Covid-19 outbreak has seen a rapid transition of many health, care and other services to remote digital and telephone access in order to overcome the issues around the lockdown and social distancing guidance. At the time of the surveys, this process was in its relatively early stages.

Nearly one in six of those responding to the surveys (14.6%) indicated that they had used remote or virtual mechanisms (phone, video, app) to access health or care services.

Across both surveys the most common response (approximately a third of respondents) indicated that remote or virtual forms of access met their needs, and they would be happy to use it as their main means of accessing the service in the future.

However, there is an interesting difference between the responses provided by adults and by those aged 11 to 18. Whilst the greatest response amongst adults (41.4%) indicated a happiness in using virtual or remote mechanisms and a desire to use them moving forwards, only 26.4% of those aged 11 to 18 responded in this way.

“The GP was good with diagnosis and the appointment was carried out well virtually.”

The most common response from 11 to 18 year olds (49.1%) was a preference for face-to-face engagement in the future, a preference which only 32.3% of adults indicated.

“Doctors can explain things better face to face and make you feel more comfortable.”

“I have phone call anxiety and struggle with phone appointments, I also don't take in enough information from online formats and work better when in a face to face type situation.”

The open-ended comments received on this theme may provide more insight into these trends. Whilst certain benefits associated with accessing services remotely, such as speed of access, time saved and no necessity to travel were identified by those of all ages, this

was more common amongst adults than those aged 11-18, perhaps reflecting differing priorities between the two cohorts.

Other themes identified in the comments focused on the suitability of different remote mechanisms for different functions (e.g. phone vs video), such as booking appointments, receiving test results or undergoing examinations, and that there was no one-size-fits-all solution for all users of all services.

“I would prefer a mixture of the two. It was nice to speak to the two consultants by telephone, and met my needs at that time, to discuss options and arrangements. But I would like to speak to them face to face to get results of scans, tests etc.”

Those aged 11 to 18 identified a number of factors to support their preference for face-to-face engagement. Common reference was made to concerns about confidentiality and the availability of secure or private space in which to hold a virtual or remote appointment.

Children and Young People also indicated that they felt more comfortable in a face-to-face engagement with a health professional, and that communication was potentially easier and clearer in these circumstances.

Accessing Information, Advice and Guidance on Covid-19

49%

Adults most common source of information on Covid-19 was the government's daily TV briefing.

35%

Children and young people identified parents, friends and family as their primary source of information.

11%

The most commonly identified challenge was contradictory or conflicting advice and guidance.

25%

A quarter of adults identified difficulty in getting clear information about dental services.

Sources of information on the Covid-19 pandemic

Nearly half of those responding to the main survey (48.9%) identified the government's daily TV briefings as the most common source of information which helped them most in understanding the government's advice and guidance during the Covid-19 pandemic.

Other sources commonly identified by the adult respondents included websites (11.2%) [primarily the government, BBC and World Health Organisation], newspapers (8.5%) and TV programmes (8.3%).

Some adult respondents identified concerns about the coverage given to Covid-19 and the robustness and validity of the messages relayed. Less emphasis was placed on accessing messaging via social media or word-of-mouth by adult respondents than children and young people.

"I do not watch the news as I believe the media are scaring people & social distancing & lockdown is being flaunted by so many."

"It's not sensible to rely on one source. I read exhaustively from quality sources - then do whatever I consider appropriate."

These findings contrast with the methods identified by respondents to the children and young people's survey as their primary means of obtaining information about the Covid-19 outbreak. The most common source was parents, friends and family, which was identified by a third of respondents (34.7%). The second was TV (29.9%) and the third was Social Media (15.9%).

"I get a lot of information from Instagram. But I also get information from the news, my parents and friends."

The most common social media platform identified by young people was Instagram, but reference was also made to TikTok, Snapchat, YouTube and Facebook.

Ease of understanding and interpretation

A key issue during the Covid-19 pandemic has been the ability for patients and the public to find and understand information, but also keep up-to-date with changes to government guidance and services.

The greatest proportion of respondents to the adult survey indicated that they found finding information 'Very Easy' (47.6%), understanding information 'Easy' (43.0%) and keeping up-to-date with advice 'Easy' (45.3%).

“Contrary to inflated fears in the media, I find the government's advice to be clear and comprehensible. I suspect most of those finding it 'unclear' have an agenda that requires them to state that the advice is unclear.”

However, 'working out what is and what isn't government advice' was less clear cut. Whilst a third of respondents (36.8%) indicated that this was 'Easy', a quarter (26.2%) found it 'Difficult' and 8.0% 'Very Difficult'.

Comments received to the adult survey also highlight some of the challenges in accessing advice and guidance. The most common issue raised was the conflicting or contradictory nature in the information provided, both by different sources, but also by the same sources. This made it challenging to follow and to determine what was and what was not the most up-to-date information.

“The government's advice has been muddled, incomplete, not thought through properly. It has clearly been difficult to enforce because of this. So therefore trying to find out precisely what one can and can't do has been difficult beyond the 4 main strands.”

Similar challenges around information and guidance were highlighted in the responses received to the Children and Young People's survey. Whilst nearly three quarters (73.7%) indicated that it was 'Very Easy' or 'Easy' to understand what was going on during the Covid-19 pandemic, over a quarter (25.5%) indicated that they found it 'Difficult', 'Very Difficult' or 'Didn't Know'.

A key issue referred to in the comments was the ability for members of the public to differentiate fact from opinion, both from sources which they perceived would be robust, but also due to the wide range of outlets offering information and views. The lack of a single, clear and definitive message from all sources caused doubt in some people's thinking.

“I always cross-refer any information I hear or read across multiple sources online to make sure that I am fully up to date with the relevant information I am seeking.”

Lack of clarity in the advice and guidance offered was also regularly mentioned in the comments. Information was often viewed as not sufficiently detailed or specific, which in turn created challenges for people in applying it to their own individual circumstances.

The advice and guidance provided was often viewed as potentially not reflecting the complexities and multi-faceted nature of some people's lives, which in turn created problems in interpreting what applied to them and what didn't.

“Government guidelines are often vague and open to intense interpretation. Some rules contradict others and no definition appears to be clear.”

Barriers to information and advice

Three themes stood out in the adult survey responses as the issues which respondents faced the greatest challenges in getting clear information or advice about.

These were government guidance on the actions to take in relation to:

- Covid-19 (25.2%)
- accessing dental services (24.9%)
- changes to the health and care services that people usually access (19.4%).

Other themes included information or advice on managing existing health conditions, the symptoms of Covid-19, accessing prescriptions or medication and accessing support from the local community.

Responding to Covid-19 symptoms

Participants in the children and young people’s survey were asked about their confidence in identifying and responding to Covid-19 symptoms if they were identified in their household.

An overwhelming majority (85.5%) indicated that they were ‘Very confident’ or ‘Quite confident’ about what to do if they or members of their household experienced Covid-19 symptoms. However, 13.6% were ‘Unsure’ or ‘Not confident at all’.

“I wouldn’t really know what to do, I have to look after them but stay away from them, I’d make them meals and ask if they need help or want anything but I don’t know what I could do.”

“Simply that there’s no protocol in place, we would go to a professional but that’s about it.”

Key concerns identified by children and young people in the comments centred on their ability to deal with members of their household (or other family members) contracting Covid-19, but also anxiety about making the right decisions on behalf of others (especially parents/carers) if they became unwell. This often related to having clear information about who should be the first point of contact in those circumstances.

“How am I meant to stay two metres from someone in my family when we live together?”

Most anticipated activities following the end of the lockdown

55%

Over half of adults were looking forward to seeing friends and family face-to-face.

88%

Nearly nine out ten of children and young people were looking forward to seeing friends and family face-to-face.

26%

Over one quarter of adults were looking forward to socialising and going outside.

16%

Nearly one in six children and young people were looking forward to returning to schools, college or university.

Over two thirds of the respondents to both surveys (70.0%) indicated that the thing which they were most looking forward to doing when the COVID-19 restrictions and social distancing come to an end was seeing friends and family.

This was the most common response by both adults and those aged 11-18, although a far greater proportion of those aged 11-18 highlighted it (88.4%) when compared to Adults (55.3%).

“Seeing my family again and somehow seeing my mum who is in a care home.”

“Seeing family & celebrating special occasions.”

“Meeting our new grandchild.”

In addition to seeing friends and family, the other themes commonly identified by Adults were Socialising/Going Out (26.1%), Hugging and physical contact (20.5%) and Sport and Leisure activities (14.5%).

“Being able to hug my partner, have a coffee, go for a drive in the car and visit charity shops. Generally just freedom.”

“Looking forward to being able to go back to work in the office and separate home from work.”

The responses amongst 11 to 18 year old’s differed to these as the most common aspects they were looking forward to post-Covid-19 were returning to school, college or university (15.8%), socialising or going out (13.9%) and returning to normality (11.5%).

“Finally going back to school as that is the only place where I socially interact with people.”

“Meeting up with all of my friends and having a decent birthday get together. Sleepovers and meeting more than 1/2 people at a time.”

Benefits and positive outcomes

36%

More than a third of people felt the lockdown had provided positive time with family and pets.

24%

Almost a quarter of respondents felt lockdown offered more time to seek out pleasurable activities that they enjoy.

19%

Nearly one in five people reported feeling less stressed and having more free time to relax and sleep.

17%

Over one in six 11 to 18-year olds reported having more time to enjoy hobbies and develop new interests and learning opportunities

In addition to challenges, anxieties and concerns, the Healthwatch surveys also sought to identify whether respondents felt that there had been any benefits or positive outcomes that stemmed from the Covid-19 lockdown and social distancing.

The most common response across the two surveys was having positive time with family and pets, which was identified by over one third of respondents (35.6%) with a rate slightly higher for those aged 11 to 18 (38.9%) than for those aged 18 and over (32.9%).

“Has strangely lessened my anxiety as “the worst has happened” so now just get on and deal with it. Have had time to heal and reflect without feeling guilty about having ‘me time’. More time spent with children. Old hobbies restarted. Communication with friends has increased.”

Other commonly identified benefits included:

- Having more time to seek out pleasurable activities that I enjoy (23.5%)
- Feeling less stressed and having more free time to relax and sleep (19.2%)
- Having more time to enjoy hobbies and develop new interests and learning opportunities (12.3%)
- Engaging in more healthy/physical activity (9.0%)

Whilst rates for the above themes were largely comparable between the two surveys, the rate of those aged 11 to 18 identifying ‘more time to enjoy hobbies and develop new learning opportunities’ was nearly twice that of adults (16.8% compared to 8.6%).

“I can sleep a full 9 hours, like teenagers need. I don't stress about school, tests, or anything else. I enjoy the little things. I don't have a structure, and take every day as it comes, listen to my mind and my body and do what feels good. I can define my own school day, I can cook my lunch at home, I have time to go on walks and cycle, I swim in the sea almost every day when the weather is good.”

Conclusions

The results of these surveys show that the Covid-19 lockdown and imposition of social distancing restrictions had a widespread impact on the population of East Sussex.

- Despite all the concerns, our surveys show that a large majority of the population of East Sussex have shown remarkable resilience during the extraordinary circumstances caused by the early stages of the COVID-19 pandemic
- Communication is a key issue identified throughout the responses as affecting people's behaviour, but also their levels of anxiety and concern. Complex and in some instances conflicting messages at a national level, combined with continuous churn and changes in day-to-day activities such as employment, education and healthcare combined to stimulate and maintain uncertainty and worry.
- Gaps in information or challenges in aligning advice and guidance with people's real-world circumstances also stoked concerns. A significant driver in the anxiety identified by many was the 'unknown', such as not knowing how long the pandemic or lockdown will last, what the next change to restrictions would be, or when any degree of normality would resume. This impacts on mental wellbeing of this heightened anxiety may not only be short-term and may continue well into the future.
- The lockdown appears to have had a disproportionate impact on those least able to adapt their circumstances, such as the vulnerable or those with medical conditions. It has also significantly affected children and young people, both by breaking the daily routine which governs much of their day-to-day lives, and in so doing also impacting on their social networks. The importance of human contact and face-to-face engagement, often taken for granted by many in our increasingly digital world, has been highlighted as an irreplaceable component of people's lives.
- A major concern highlighted by findings is the proportion of people identifying concerns about their own physical or mental wellbeing, but not taking steps to address it. This was in part due to a desire not to pressurise the health and care system, but may also show limited awareness of how and where to access appropriate support. Some conditions may have worsened due to the lack of an early stage intervention and become more challenging to treat.
- The Covid-19 pandemic has led to an accelerated rollout of remote and virtual mechanisms to access health and social care services. This has led to increased efficiency for accessing some services in terms of time saved and reduced need to travel. However, there is no 'one-size-fits-all' approach that can be adopted on a system-wide basis. Choice remains a key preference for the public, especially those aged 18 or younger, who have indicated a significantly stronger preference for face-to-face services than adults.
- It is important to stress the positive benefits of the lockdown identified by some individuals and households. Many families spent higher amounts of time together than would usually be the case and both adults and young people saw this as a benefit. Being at home afforded people a greater opportunity to engage in hobbies and activities which were accessible, as well as exploring new interests. For some, these have diminished other negative cycles of behaviour such as regularly consuming fast or takeaway food.

- The lockdown saw an intensification of the support already undertaken between family, friends and neighbours, with help being provided to those who were shielding, vulnerable or may have experienced challenges in accessing food or other day-to-day essentials. This highlights the invaluable role that volunteers and community groups play, but may also indicate the significant levels of ‘unrecorded’ activity already underway before the pandemic took hold.

Recommendations

The information captured by our Covid-19 surveys has identified a number of key learning points, and from these a number of identified a number of recommendations for our health and care, statutory and voluntary sectors partners.

These respond to both the impacts of the Covid-19 pandemic and the associated lockdown, as well as learning that should be acknowledged and embedded as part of the longer-term delivery of services.

- The outbreak of the Covid-19 pandemic and subsequent lockdown has led to heightened levels of anxiety and worry across the population. Commissioners and providers of support and mental health services should prepare now for the increase in demand, including built-up in needs which may only become apparent over time as people seek to access support. Clearly communicating pathways for access to support, both low level and intensive, should be a priority, as should dispelling myths about mental wellbeing to encourage uptake.
- Health and care commissioners and services must provide clear, transparent, definitive and accessible information to service users and the public when changes are made to service delivery. These need to be provided in plain English (as well other appropriate formats), take account of variable health literacy and be accessible by those without access to the internet.
- Messaging on the provision of health, care and support services should be strengthened to assist the public in assessing their mental or physical wellbeing needs and taking appropriate action. This may including assessing risk, clarifying the benefits of early intervention and reducing the likelihood of those delaying appointments or not seeking help when required. People look to definitive sources for this material and it needs to be appropriately provided.
- Statutory services should recognise the crucial role of parents, carers, family members and schools in communicating messages to children and young people. Whilst the use of technology, social media and websites is high amongst under-18s, distilling multiple or complex messages is often undertaken verbally in conjunction with adults.
- The scale and significance of the day-to-day role of friends, family and carers in providing support to vulnerable people should be more highly valued by service providers. Where this support may be put at risk, by factors such as social distancing restrictions, alternative support needs to be put in place and to be clearly communicated to those receiving assistance.
- Patient choice should remain a key priority for the future delivery of health and care services. The needs and preferences of different groups, including face-face-face engagement, should be recognised and understood by commissioners and providers. The standards and expectations of services delivered using virtual or remote means should also be clearly set out for health professionals, patients and the public.
- Further investigation into the preferences of different gender, ethnic and demographic groups is required to better understand the suitability of different communication tools to support the provision of different services or functions. A particular emphasis should be placed on acting upon the views of children and young people aged under-18.

Contact Us

Healthwatch East Sussex
Freepost RTTT-BYBX-KCEY
Healthwatch East Sussex
Greencoat House
32 St Leonards Road
Eastbourne
East Sussex
BN21 3UT

Telephone: [0333 101 4007](tel:03331014007)

Email: enquiries@healthwatcheastssussex.co.uk