

Cornwall Coronavirus Survey 2020

What Cornwall and the Isles of Scilly say about health and social care during the Covid-19 pandemic

Full Report

1,731 respondents between June 1st and July 12th 2020

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Aims and Methods

Aims

- To listen to people's experiences of the pandemic and find out how changes to health and social care services have been working for people
- To feedback people's experiences to local service commissioners and providers and to Healthwatch England to inform national policy

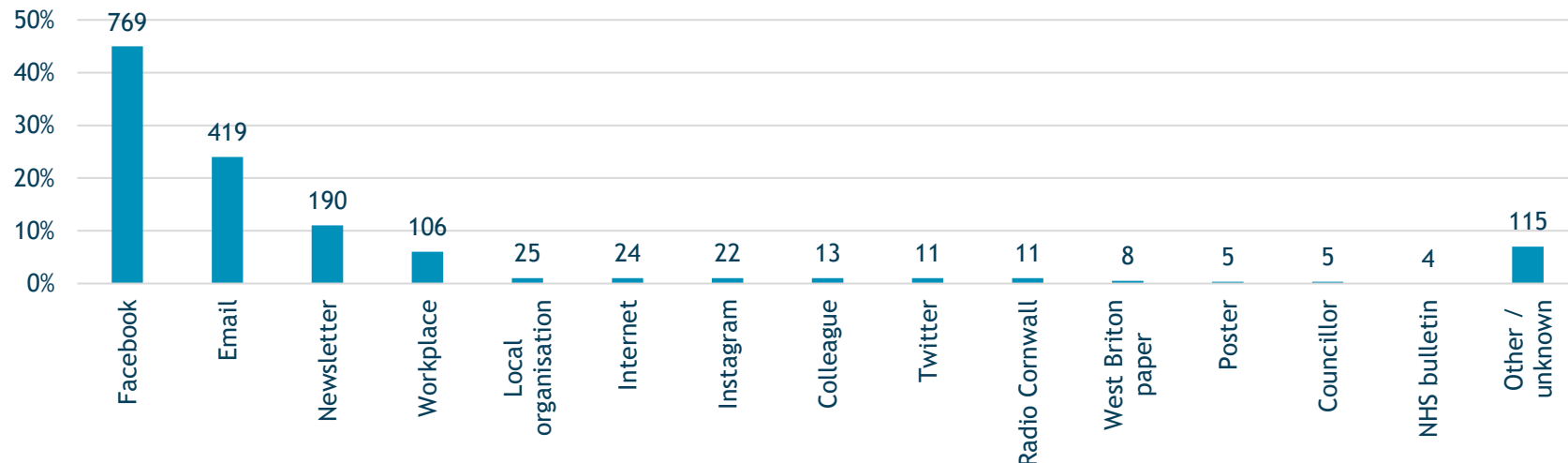
We asked about

- Quality and accessibility of information and advice
- Experiences of changes to health and social care services
- The impact of the pandemic on people's mental health and wellbeing and sources of support
- Changes to employment and uptake of volunteering

Methods

- Online survey with opportunity to complete over the phone
- Advertised through
 - Email networks
 - Facebook and other social media
 - Radio Cornwall
 - The West Briton newspaper
 - Local stores and community noticeboards

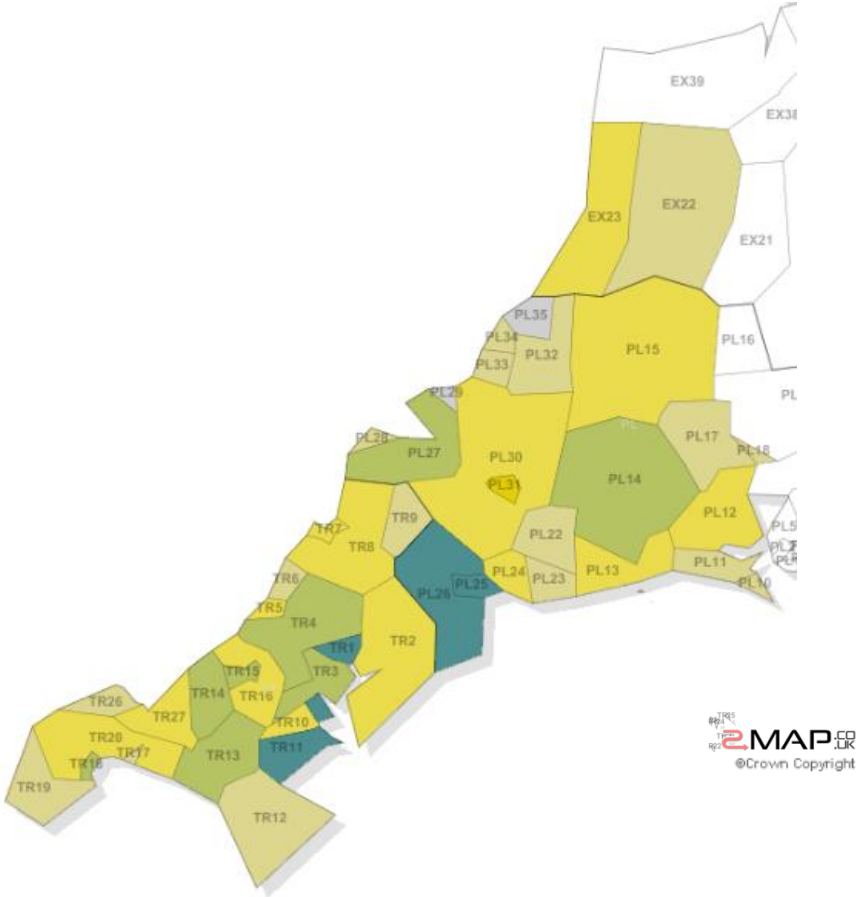
How respondents heard about the survey:








- Thematic analysis of free text responses, counts and percentages and statistical analysis of the Warwick-Edinburgh Mental Well-being Scale ^[1,2]

Who took part?

1,731 people took part from all over Cornwall and the Isles of Scilly

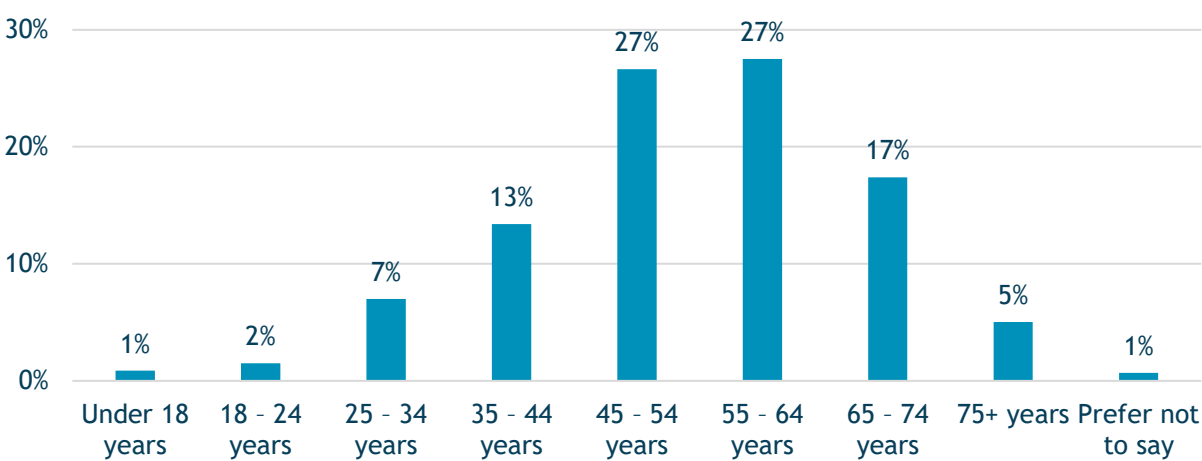


Number of respondents in each Post Code district

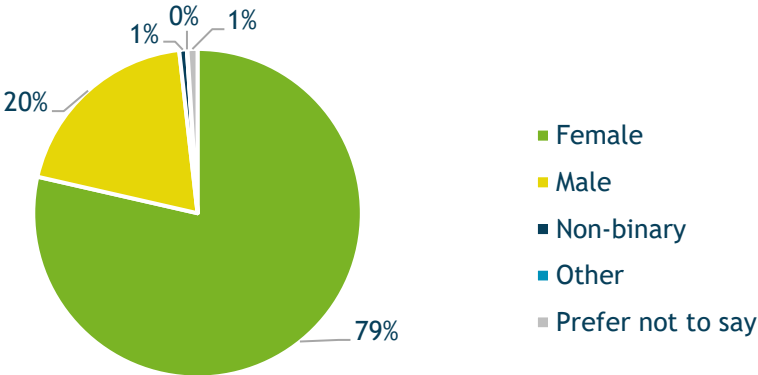
	0
	1 - 26
	27 - 52
	53 - 78
	79 and over

85% of respondents were aged between 35 and 74 and 79% were female

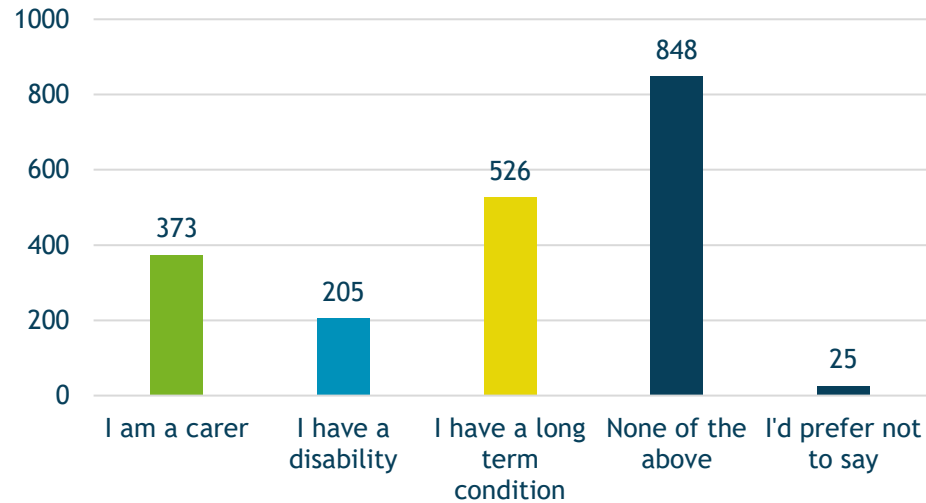
AGE		
Under 18 years	15	1%
18 - 24 years	26	2%
25 - 34 years	121	7%
35 - 44 years	232	13%
45 - 54 years	461	27%
55 - 64 years	476	27%
65 - 74 years	301	17%
75+ years	87	5%
Prefer not to say	12	1%
TOTAL	1,731	



GENDER		
Female	1360	79%
Male	340	20%
Non-binary	13	1%
Other	1	0%
Prefer not to say	17	1%
TOTAL	1,731	



373 respondents were carers and 205 considered themselves to have a disability



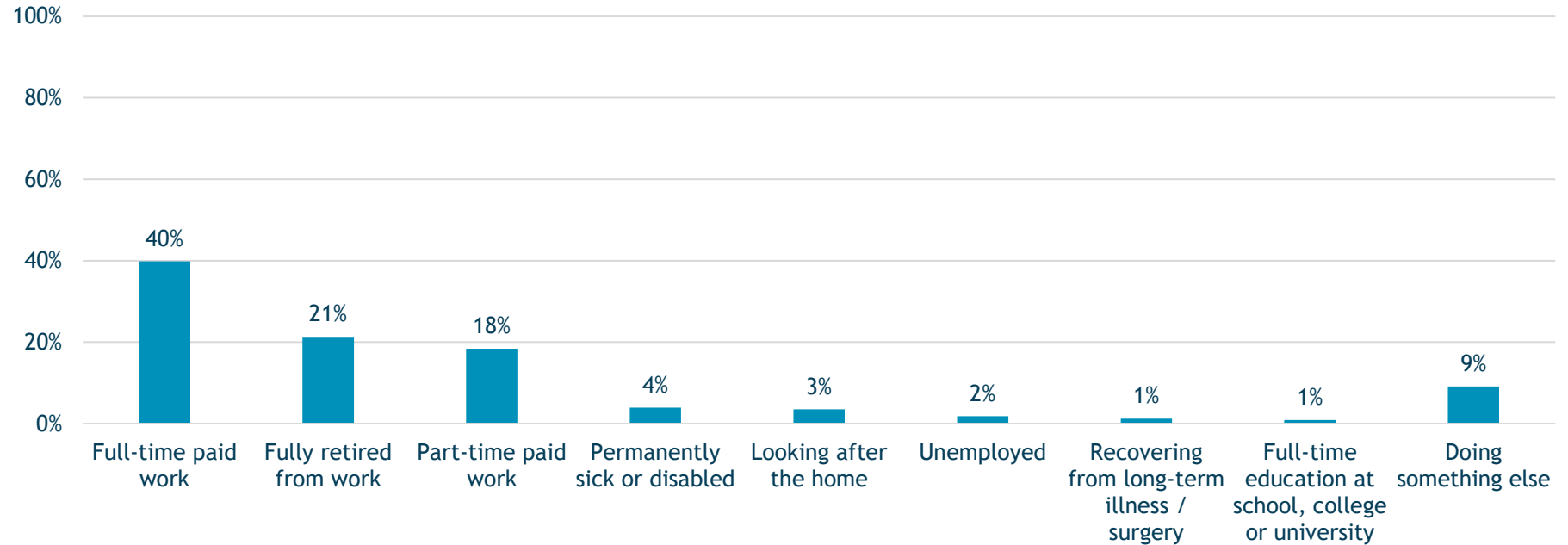
I am a carer	373	22%
I have a disability	205	12%
I have a long term condition	526	30%
None of the above	848	49%
I'd prefer not to say	25	1%

97% are White ethnicity

White: British, English, Cornish or Northern Irish	1101	86%
White: Any other White background	124	10%
White: Irish	18	1%
Asian / Asian British: Chinese	1	0.1%
Asian / Asian British: Indian	1	0.1%
Asian / Asian British: African	1	0.1%
Mixed / Multiple ethnic groups: Asian and White	1	0.1%
Mixed / Multiple ethnic groups: Black Caribbean and White	1	0.1%
Mixed / Multiple ethnic groups: Any other	4	0.3%
Another ethnic background	5	0.4%
Prefer not to say	28	2%
TOTAL	1,285	

446 respondents did not complete optional question on ethnicity

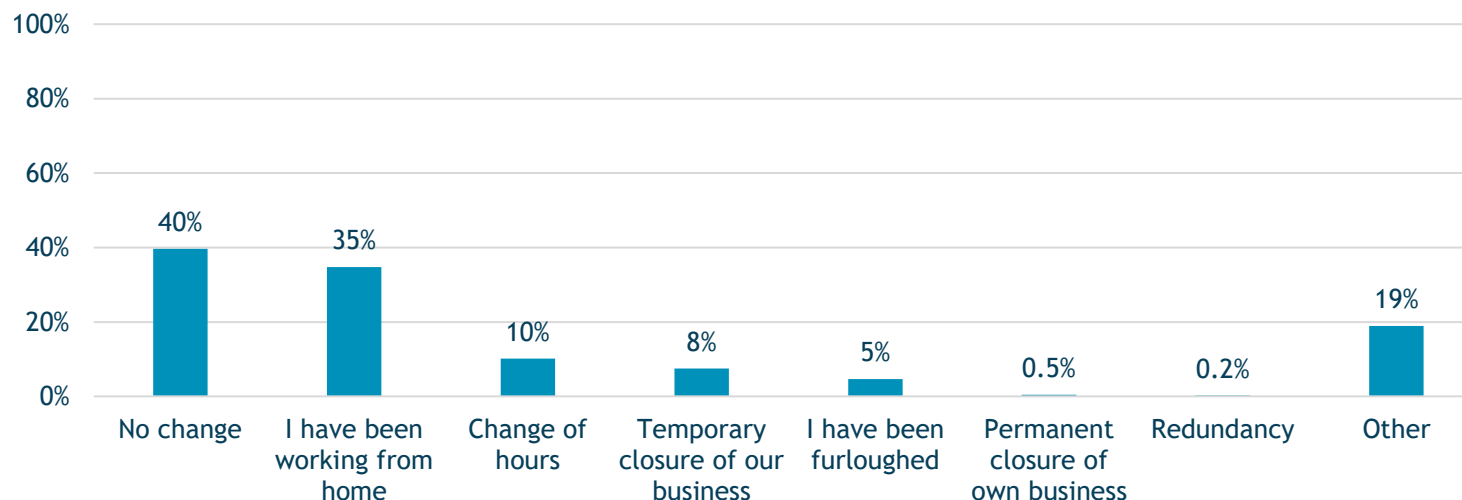
58% of respondents were in full or part time employment and 21% were retired



Which of these best describes what you are doing at present?

Full-time paid work (30 hours or more each week, including self-employment)	547	40%
Fully retired from work	293	21%
Part-time paid work (under 30 hours each week, including self-employment)	253	18%
Permanently sick or disabled	54	4%
Looking after the home	48	3%
Unemployed	25	2%
Recovering from long-term illness / surgery	17	1%
Full-time education at school, college or university	12	1%
Doing something else	125	9%
TOTAL	1,374	

Of 1,247 who responded, 40% have not seen a change in their employment, 35% are now working at home and 5% have been furloughed



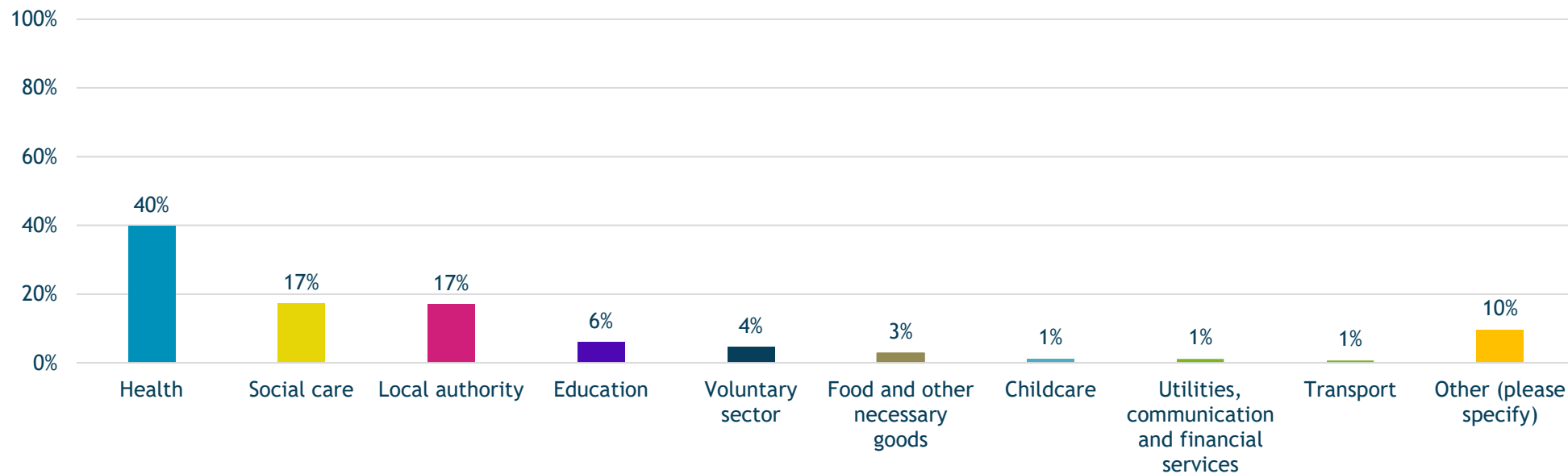
In which ways has your employment been affected? (Tick one or more options)		
No change	494	40%
I have been working from home	433	35%
Change of hours	127	10%
Temporary closure of our business	94	8%
I have been furloughed	58	5%
Permanent closure of own business	6	0.5%
Redundancy	3	0.2%
Other	236	19%
TOTAL NUMBER RESPONDENTS	1,247	

Common themes for 'other' included:

- Redeployment or a change in work activities
- Increase in hours
- Change of work location
- Changes due to health reasons
- Reduced business activity
- Reduced hours
- Reduced pay, including no or little pay as self employed

45% considered themselves to be key workers

Key worker sectors:



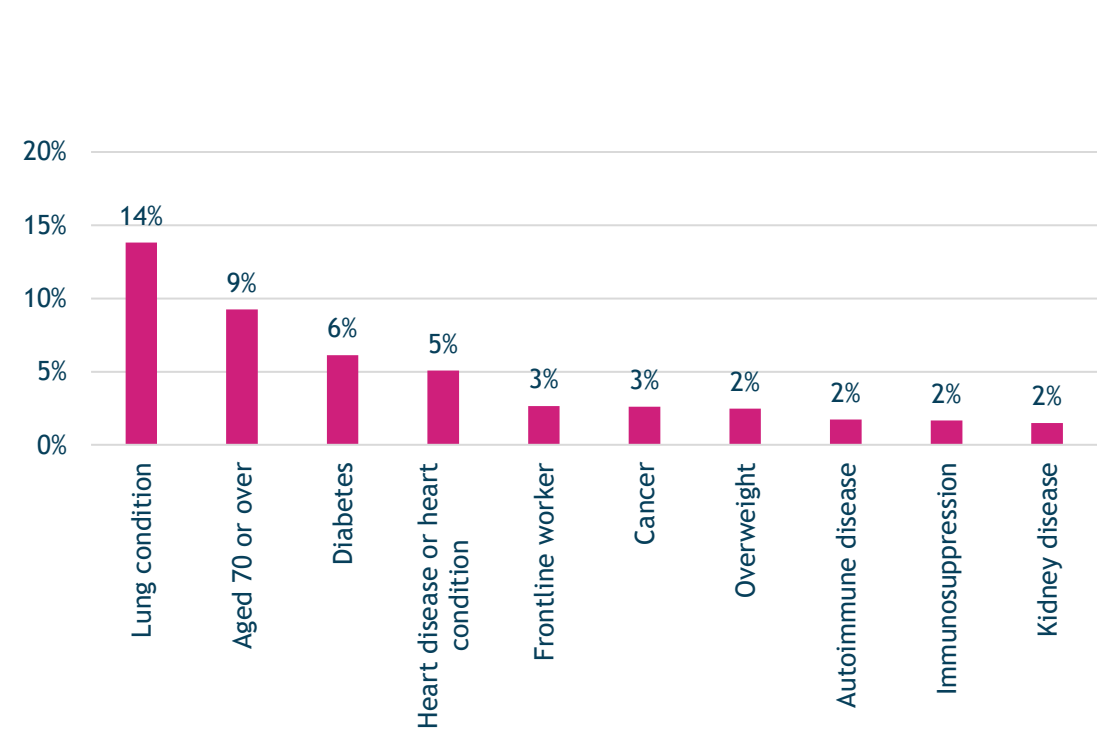
Which sector do you work in? (key workers only)		
Health	239	40%
Social care	104	17%
Local authority	102	17%
Education	36	6%
Voluntary sector	27	4%
Food and other necessary goods	17	3%
Childcare	7	1%
Utilities, communication and financial services	7	1%
Transport	4	1%
Other	58	10%
TOTAL NUMBER RESPONDENTS	601	

‘Other’ sectors included:

- Unpaid carers
- Farming
- Veterinary
- Civil service

677 (39%) considered themselves to be at a higher risk from coronavirus

Having a lung condition was the most common reason, given by 14% of all respondents.



Please tell us why you consider yourself to be at a higher risk?

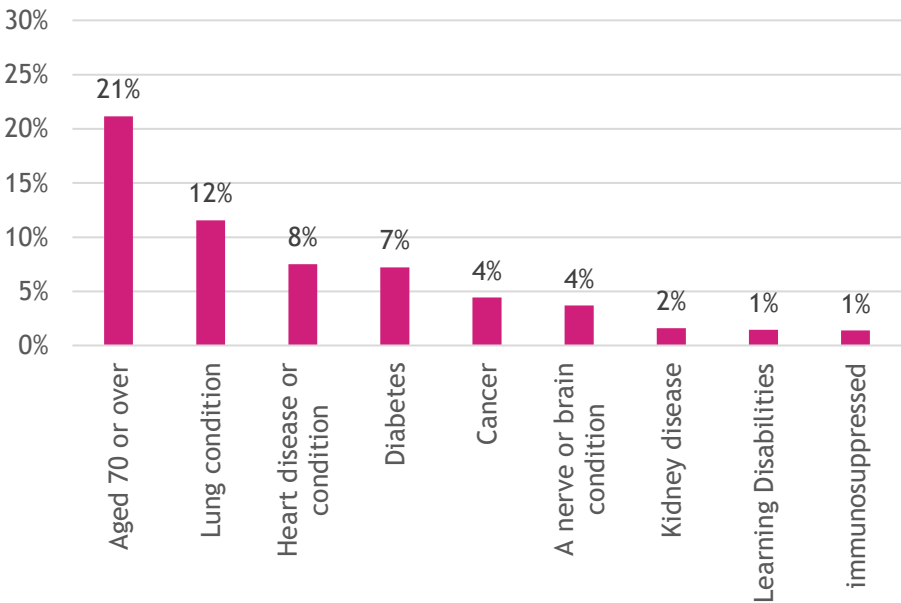
Lung condition	239	14%
Aged 70 or over	160	9%
Diabetes	106	6%
Heart disease or heart condition	88	5%
Frontline worker	46	3%
Cancer	45	3%
Overweight	43	2%
Autoimmune disease	30	2%
Immunosuppression	29	2%
Kidney disease	26	2%
A nerve or brain condition	17	1%
High blood pressure	17	1%
Age	13	1%
Liver disease	12	1%
Arthritis	10	1%
Pregnant	9	1%

White items were listed as response options, whereas yellow items came up within ‘another reason’

153 of higher risk (23%) have received a letter or text advising to shield themselves.

661 (38%) care for or support someone, or more than one person, who is considered to be at higher risk from coronavirus

Most commonly caring for, or supporting, someone aged 70 or over:



Please tell us why you consider them to be at a higher risk?

Aged 70 or over	366	21%
Lung condition (such as asthma, COPD, cystic fibrosis)	200	12%
Heart disease or condition	130	8%
Diabetes	125	7%
Cancer	77	4%
A nerve or brain condition (such as Parkinson's disease, motor neurone disease, multiple sclerosis)	64	4%
Kidney disease	28	2%
Learning Disabilities	25	1%
Immunosuppressed	24	1%
Liver disease	10	1%
Dementia	10	1%

White items were listed as response options, whereas yellow items came up within ‘another reason’

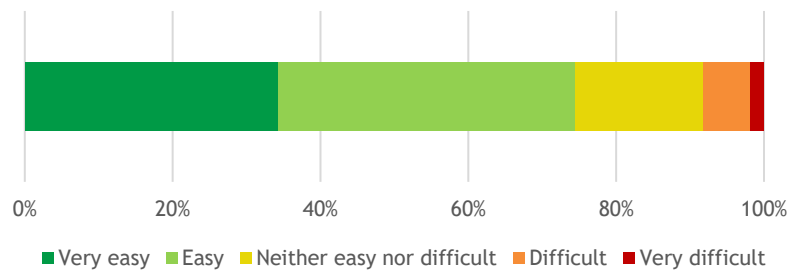
226 (35%) of those caring for/supporting someone have received a letter or text advising to shield themselves.

Information and advice

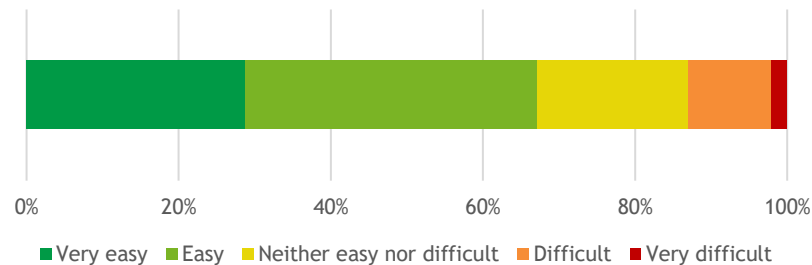
1,617 respondents

Finding information is easier for more people than **acting on** and **keeping up to date** with it

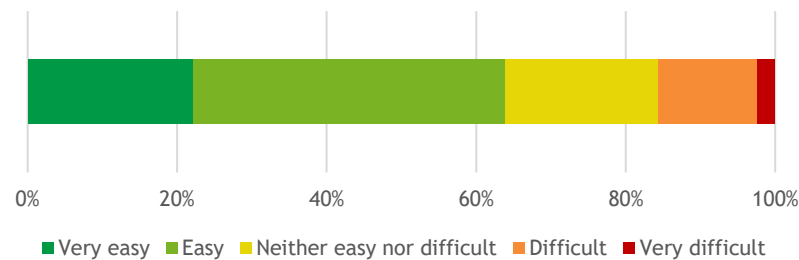
Finding information



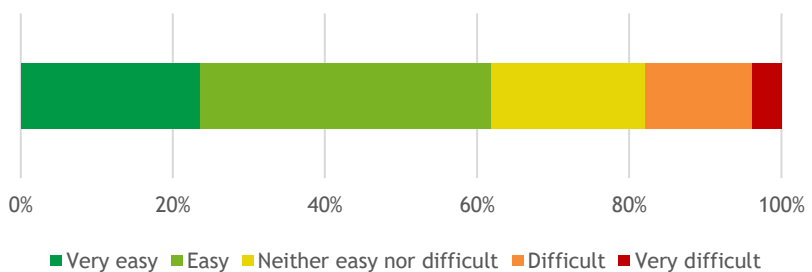
Understanding information



Acting on information



Keeping up to date with changes to information



Respondents described sourcing information from:

- gov.uk websites
- Daily briefings on the television
- Cornwall Council
- Updates via their employers
- Social media

As I have a disability which effects my mobility in addition to having diabetes, I have found it difficult to get food online during the shut down. This has caused me to venture out to collect my prescription, buy food etc. I follow a strict washing of hands but distancing also depends on other people and I constantly find some people do not follow these rules especially in supermarkets.

When describing experiences ‘**acting on information**’, common themes included difficulties maintaining social distancing due to other people’s behaviours, particularly in supermarkets, and due to having small children and/or caring responsibilities; and difficulties obtaining food deliveries.

A small number of people described difficulties obtaining PPE and employers not following safety guidelines.

Difficult at times accessing PPE for essential visits to vulnerable people.

Others have felt well supported and have found it easy to follow the guidelines.

We are fortunate in that we live in a small village with a regular newsletter which keeps us up to date, and supplies phone numbers etc.

Which topics, if any, you have found it difficult to get clear information or advice about?

697 (43%) provided topics they have found it difficult to get clear information about

Most frequent topics mentioned:

Clear government information and advice, including keeping up to date with changing rules	160
Shielding people who are at very high risk of severe illness from COVID-19/coronavirus	94
Changes to the health care services I usually access (e.g. GP practice, pharmacy, hospital outpatient appointments)	44
Face masks	39
Testing for COVID-19/coronavirus	37
Statistics for Covid-19 (incl. local statistics)	35
Shopping	34
Travel	31
PPE	30
Social distancing	22
Which businesses are allowed to trade	21
Keeping safe / level of risk	18
Meeting up with family	16

National government information and advice is often described as confusing and contradictory. Some question the rationale of government decision making.


Goalposts keep changing. No clear directions.

I've struggled with the governments lack of clarity - making recommendations then changing their minds, making recommendations that disagree with clear scientific principles.

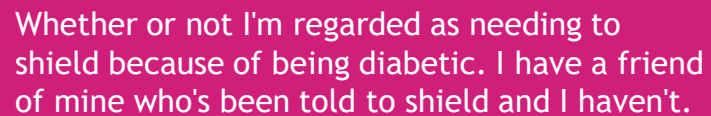
In general, local government information has been more helpful than national, but 22 people would like to see more local coronavirus statistics, such as number of cases in the local area and the R rate.

What the R rate is in Cornwall. What the alert level is - i.e. are we still on 4 and what is the track and trace system in Cornwall and how is that doing.

In all honesty the only confusion in terms of messaging comes from central not local government. I think Cornwall Council have done well to interpret information to make it easily understood and accessible to residents. Whilst also providing some level of reassurance.

A large, stylized green shape in the top left corner, resembling a speech bubble or a stylized letter 'C'.

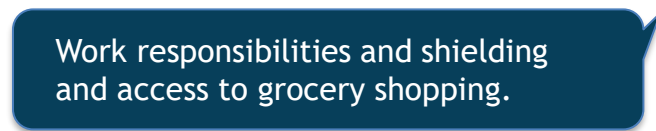
Respondents have questions about who should be **shielding**, what the rules are, how to keep safe and what support is available for those shielding.

A pink speech bubble with a tail pointing towards the top left.

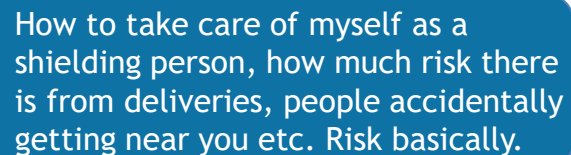
Whether or not I'm regarded as needing to shield because of being diabetic. I have a friend of mine who's been told to shield and I haven't.

A green speech bubble with a tail pointing towards the top right.

People who are shielding and have a mental health condition. There is no help.

A dark blue speech bubble with a tail pointing towards the top right.

Work responsibilities and shielding and access to grocery shopping.

A blue speech bubble with a tail pointing towards the top right.

How to take care of myself as a shielding person, how much risk there is from deliveries, people accidentally getting near you etc. Risk basically.

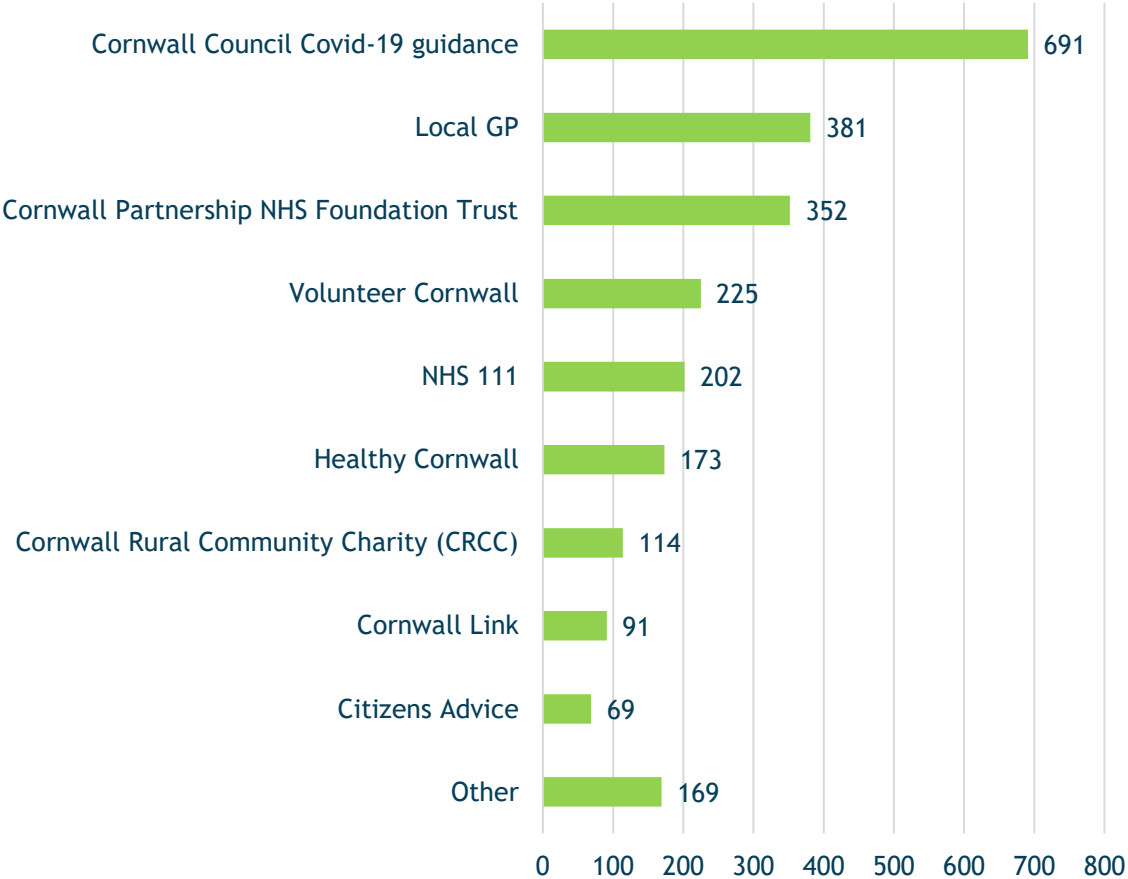
Respondents would also like information on the **availability and safety of healthcare services**. This is also a key theme in the healthcare section of the survey.

Is our local GP surgery open and what sort of illnesses are you allowed to go to them with.

Healthcare i.e. GP visits, social care access, safety of hospital before admission.

I have been waiting to have a blood test since the beginning of lockdown and have been constantly fobbed off with - ring back in a week and then a month. It is only now, 3 months later, that I have been booked in. This does not seem to be the case in all surgeries. It would be much more helpful to have some sort of break down of information on what services are being offered and where.

Have you found any local sources of information or support helpful?

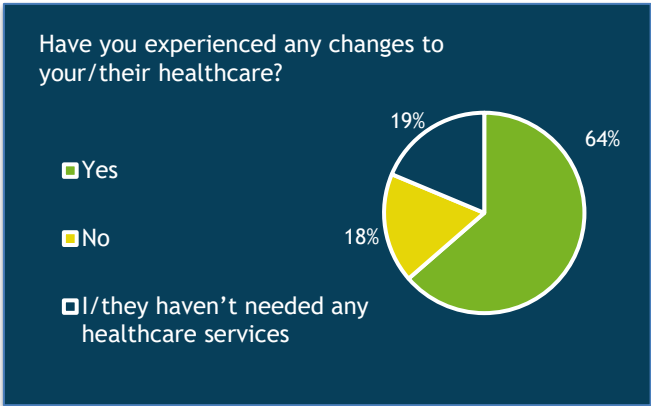


- ‘Other’ includes:
- Local community groups
 - Local groups on social media
 - Other national and local charities and organisations
 - RCHT
 - TV and news
 - Government websites and briefings
 - NHS, Public Health England
 - Councillors and parish councils

Healthcare

1,498 respondents

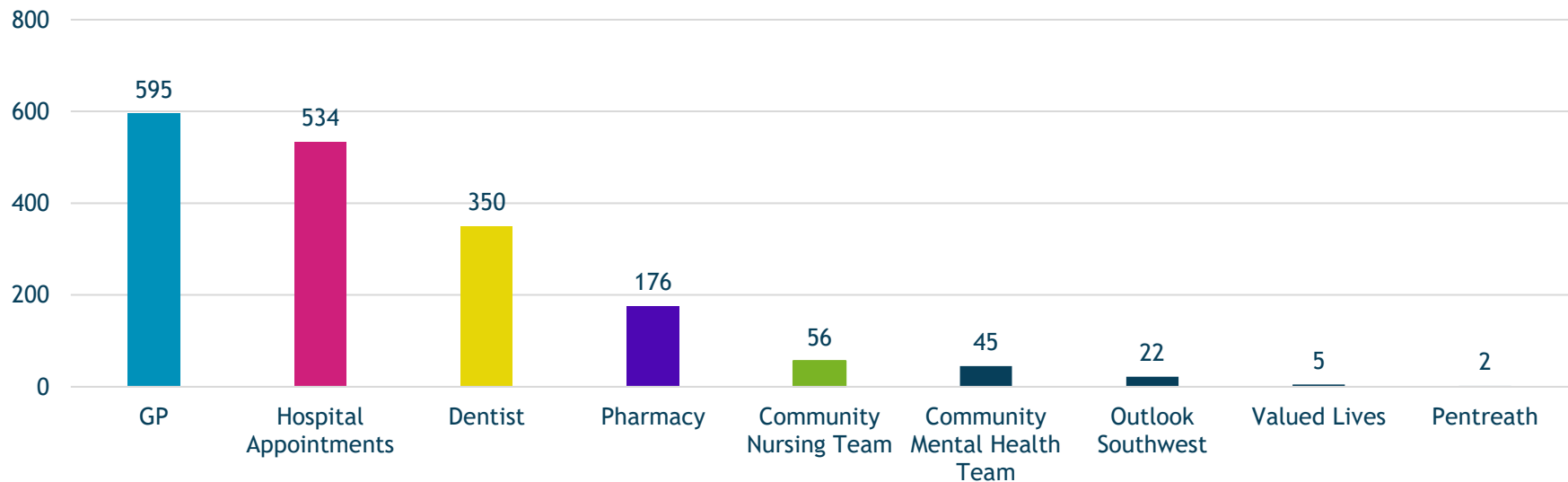
64% of respondents have experienced changes to their healthcare



Changes were across different services and commonly included:

- Delays and cancellations
 - Changes in location
 - Telephone and video calls replacing face to face consultations
- 67% of those experiencing changes said they included use of **telephone**
 - 15% said changes included use of **video calls**

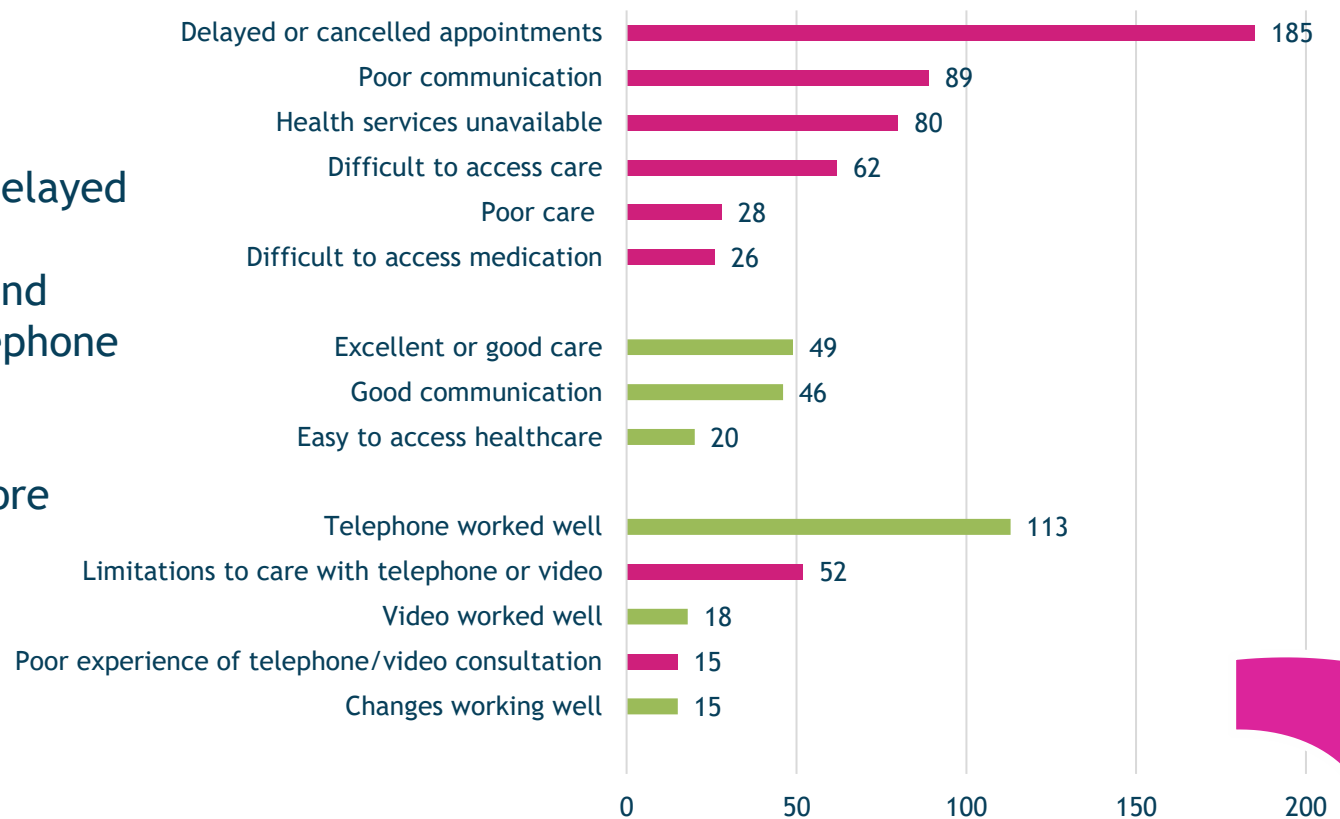
Number of respondents reporting changes across different services:



669 respondents provided details about changes to healthcare. These details were coded into themes:

Common themes included delayed or cancelled appointments, difficulties accessing care and positive experiences of telephone and video appointments.

Themes are described in more detail in the next 3 slides.



Experience of telephone and video consultations was generally positive, but for some there are limitations and support and/or face to face consultations may be required.

I have had a telephone conversation with my GP which worked really well and saved me time.

Video appt was excellent, no distractions, no travelling so took up less time, and no hanging around in a hospital.

In our elderly relatives home there is no internet. The telephone call with the breast care consultant was difficult for my relative and me to hear. No visuals mean missed opportunity for the consultant to monitor potential change in tumour.

A small number of people described bad experiences and/or felt unprepared due to the timing of the call

Had to call hospital to check whether my cancer check up was going ahead as I had had no communication regarding this. When I called (a week before my appointment) I was told it would be by telephone instead. I was phoned by the registrar later that day in lieu of my appointment in the middle of a work meeting which completely threw me as this can be quite distressing. The registrar was lovely and I completely understood why this had to be by phone but I was unprepared, it wasn't a suitable time or environment and I was also alone.

151 people described 185 appointments or operations which had been cancelled or delayed, the most common below:

Dental	42
Surgery	13
Medical imaging	10
Cancer / screening	9
Routine blood tests / GP review	8
Physiotherapy	8
Cardiology	8
Eye care	8
Orthopaedics (Inc. surgery follow up)	7
Diabetes	4
Mental health	3
Occupational Therapy, wheelchair, orthotics	3
Ear, Nose and Throat	3
Paediatrics	3

80 people described having no access to services, the most common services are listed below:

88 people described difficulties accessing services, most commonly GPs (41) and obtaining medication (26).

Difficult to obtain medication	26
Difficult to access GP - booking system	21
Difficult to access GP (in general)	12
Difficult to access GP - doctor	3
Difficult to access GP - face to face	3
Difficult to access mental health services	3
Difficult to access dentists	3
Difficult to access routine injections	2
Difficult to access GP - home visits	2

No access to dental care	26
No access to GP	7
No access to social care	8
No access to mental health services	5
No access to screening	5

Impossible to speak to a professional due to receptionists blocking.

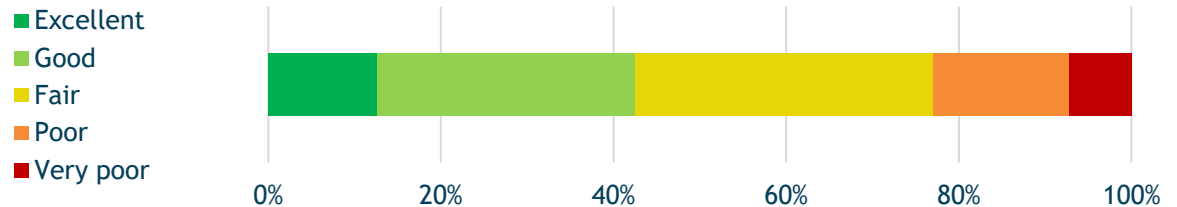
No dental access even when in severe pain.

Not able to receive the steroid injection and blood tests I need, and no time line for when I can receive these.

Communication in relation to changes has been mixed:

- 43% rated communication as either good or excellent
- 23% rated communication about changes as poor or very poor

How would you rate the communication received about the changes?



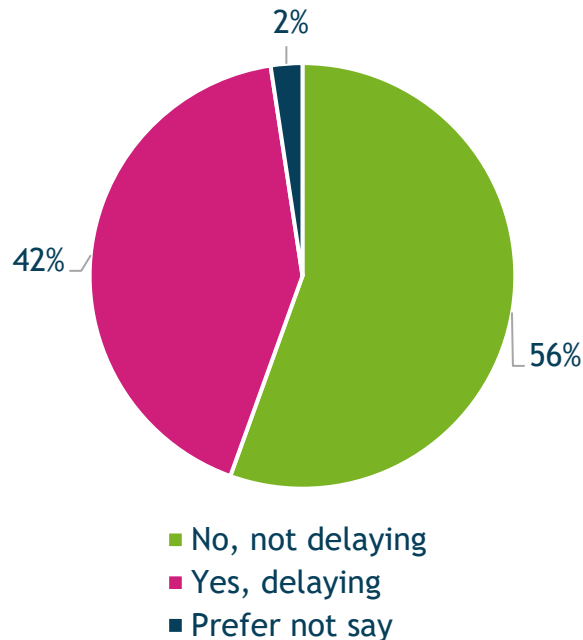
I had an elective surgery cancelled, ongoing pain and no notice of when surgeries might resume.

Poor communication was most often described in relation to uncertainty about when healthcare will return, how to manage conditions without healthcare and how to access care when it becomes available again.

My child's ENT appointments and surgery were both completely cancelled with very little communication on the next steps or how we can help him in the mean time.

Received a letter to say that my appointments were cancelled. Which is understandable. But nothing since. Will my appointment be rebooked or do I need to get reordered by my GP?

42% of respondents have been delaying seeking health care that they would otherwise have due to the pandemic



Reasons for delaying (as a % of 596 respondents delaying):

I don't want to burden the NHS	326	55%
I'm worried about me/my family catching coronavirus	235	39%
I don't know what services are available	141	24%
Another reason	133	22%

Common 'other' reasons

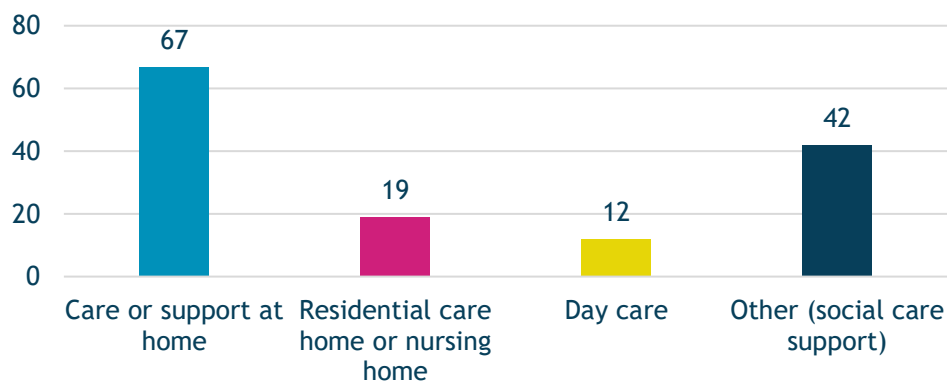
Health services are unavailable or difficult to access	59	10%
Do not consider my health issue a priority	25	4%
Lack confidence in NHS and/or GP	12	2%
Dislike consultations via telephone or video	10	2%
Unsure what is considered a priority	9	1%

Social care

244 of 1,423 (17%) receive care for themselves or someone else and so completed this section

126 respondents have experienced changes to their care, or to the care of the person they care for. This is 52% of all those who receive care for themselves or for someone else.

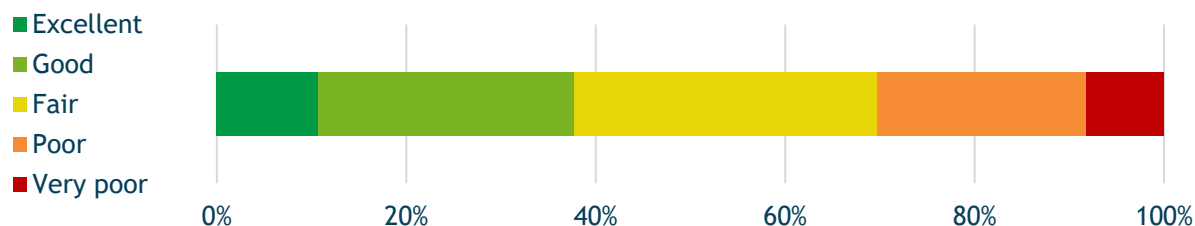
Number of respondents reporting changes across different types of care



Communication about changes to social care has been mixed:

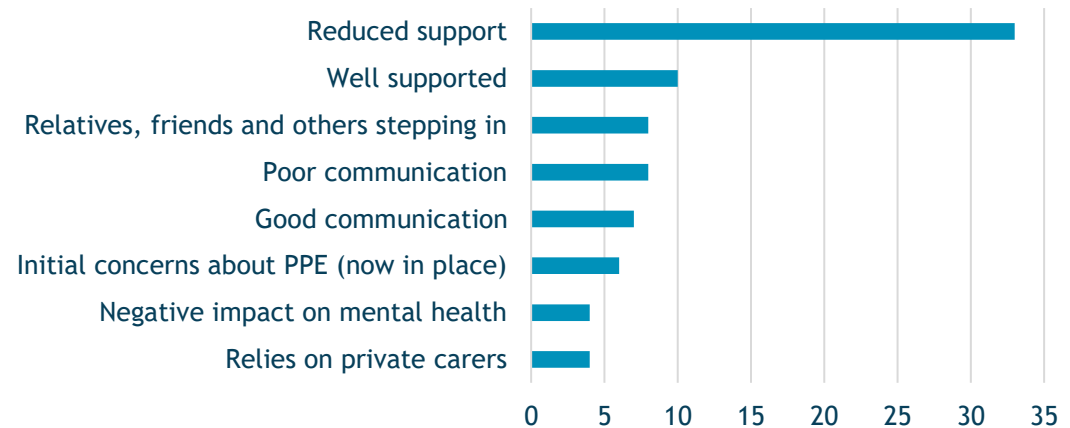
- 38% rated communication about changes as either 'good' or 'excellent'
- 30% rated communication as 'poor' or 'very poor'

How would you rate the communication received about the changes?



82 respondents provided details about their experiences of changes. The most common themes were reductions in support received (or provided) and family, friends and others stepping in to provide additional support.

My partner has received a drop in the number of visits as two of the carers were in the shielding group. Home Instead have done their best to help with this but we cannot use the number of hours funded by Cornwall Council to deliver the care plan because of a shortage of staff.



Reduced support includes:

- Closure of day centres
- No respite care
- Reduced/ no hours from carers / PAs
- Changed roles of carers / PAs
- Loss of cleaners
- Loss of social visits
- Loss of physical activities, such as swimming

Carer visits to one relative have been suspended whilst a family member had selflessly moved in to self isolate with them. But as we were concerned the carer visit slots would be lost, we are still paying monthly for a service. Our choice but it shows how fearful we are of losing access to care once the relative goes home. The other dependant person lost their cleaner and as they are unable to manage their house, another relative had stepped in on top of managing own home and work.

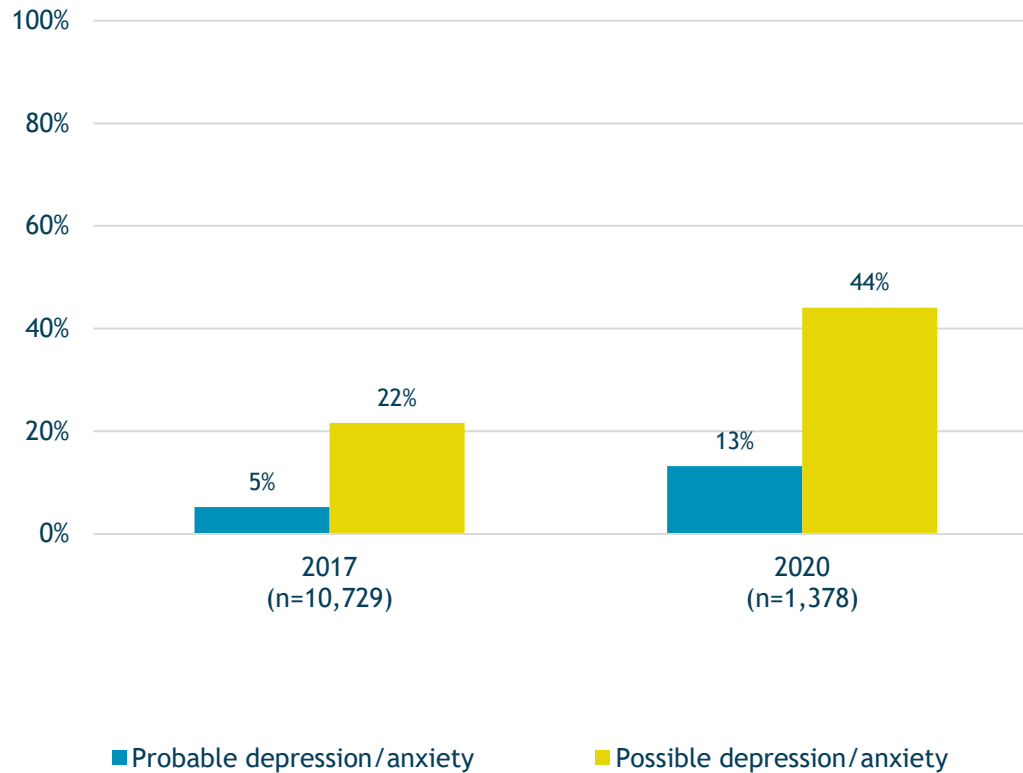
Feedback on Learning Disability Services

- Day Services and Taxis have still be charging during lockdown despite services being closed. Service users were not made aware of their rights which may have led to them challenging an external contractual agreement.
- When in-house day services closed, carers managing personal budgets were not told that they could pay for a Personal Assistant (PA) with the money saved.
- No extra funding or advice about provision of PPE was given to those who employ a PA/support worker via a direct payment.
- Advice about what to do if a PA is isolating or unwell / finding a replacement or furlough is unclear for those who are digitally isolated.
- When a service user is unwell and isolating they will not be attending the service. The usual rules for paying a retainer for a day service place seem unfair in extraordinary circumstances. The situation may apply repeatedly as local lockdowns are enforced. Some service users remain critically vulnerable and families do not feel confident about them attending a service.
- Day services are requesting that service users use masks, causing distress in those who are exempt.

Mental Health and Wellbeing

1,401 respondents

Analysis suggests an increase in respondents with ‘probable’ and ‘possible’ depression and/or anxiety’ compared to Cornwall Council’s Residents’ Survey in 2017 ^[1].



Analysis:

- Scores of 7-17 represent ‘probable’ depression or anxiety
- Scores of 18-20 represent ‘possible’ depression or anxiety

These definitions are based on similar SWEMWBS cut off scores used in a comparison study with clinical measures of depression and anxiety (Patient Health Questionnaire (PHQ)-9 and General Anxiety Disorder assessment (GAD)-7) ^[2].

Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2008, all rights reserved. Analysis of SWEMWBS by Dr. Richard Sharpe, Wellbeing & Public Health, Cornwall Council.

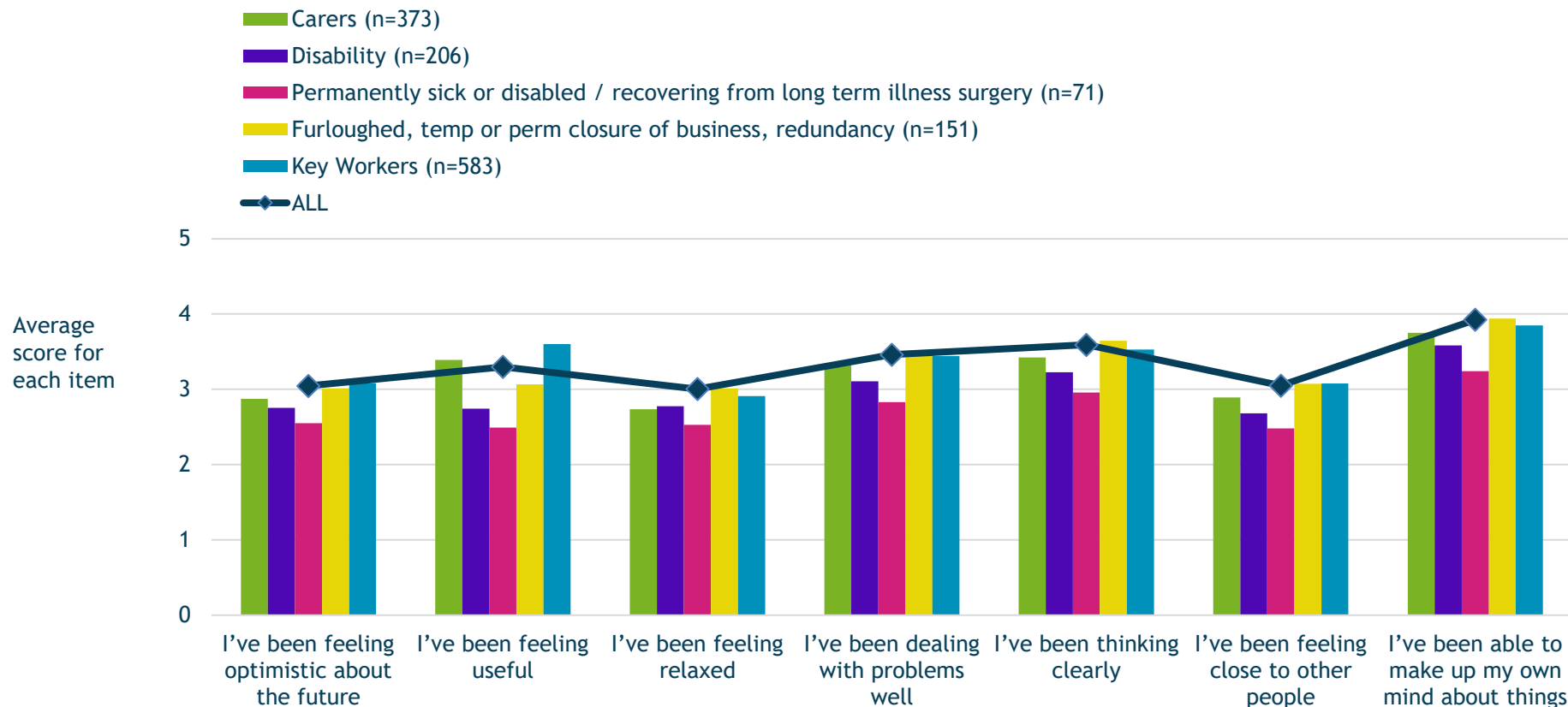
Statistical modelling indicates some groups are at higher risk of ‘probable’ depression/anxiety. Particularly, those with employment status ‘permanently sick or disabled’ or ‘recovering from a long term illness or surgery’ who are 5 times more likely to describe symptoms of ‘probable’ depression/anxiety.

Groups with increased risk for depression/anxiety are highlighted in pink.	Unadjusted			Adjusted (age, gender, ethnicity)		
	ODDS RATIO	95% confidence intervals		ODDS RATIO	95% confidence intervals	
		Lower	Upper		Lower	Upper
Carers (n=373)	*1.5	1	2.1	1.4	1	2.1
Disability (n=206)	***2.7	1.8	3.9	***3.1	2	4.7
Long Term Condition (n=528)	**1.7	1.3	2.4	***1.9	1.4	2.8
Higher risk for coronavirus (n=678)	1.2	0.9	1.7	**1.7	1.2	2.3
Looking after the home (n=48)	**2.6	1.3	5.4	**3.1	1.4	6.6
Permanently sick or disabled or recovering from long term illness or surgery (n=71)	***5.9	3.5	10.1	***6.0	3.4	10.6
Unemployed (n=25)	1.6	0.6	5	1.3	0.4	4.7
Fully retired from work (n=293)	0.9	0.5	1.4	1.5	0.8	2.8
Furloughed, temporary or permanent closure of business, redundancy (n=151)	*1.9	1.1	3.5	*2.1	1.1	4
Key workers (n=583)	0.8	0.6	1.2	0.7	0.5	1.1

Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2008, all rights reserved. Analysis of SWEMWBS by Richard Sharpe, Wellbeing & Public Health, Cornwall Council.
p values for odds ratios: * p<0.05; ** p<0.01; ***p<0.001

There is no statistical evidence for higher risk of anxiety/depression amongst key workers, those in full time retirement and unemployed. Lack of evidence may be due to small sample size for ‘unemployed’.

In general, respondents reported being able to make up their own mind about things more often than feeling optimistic about the future, feeling relaxed and feeling close to other people.



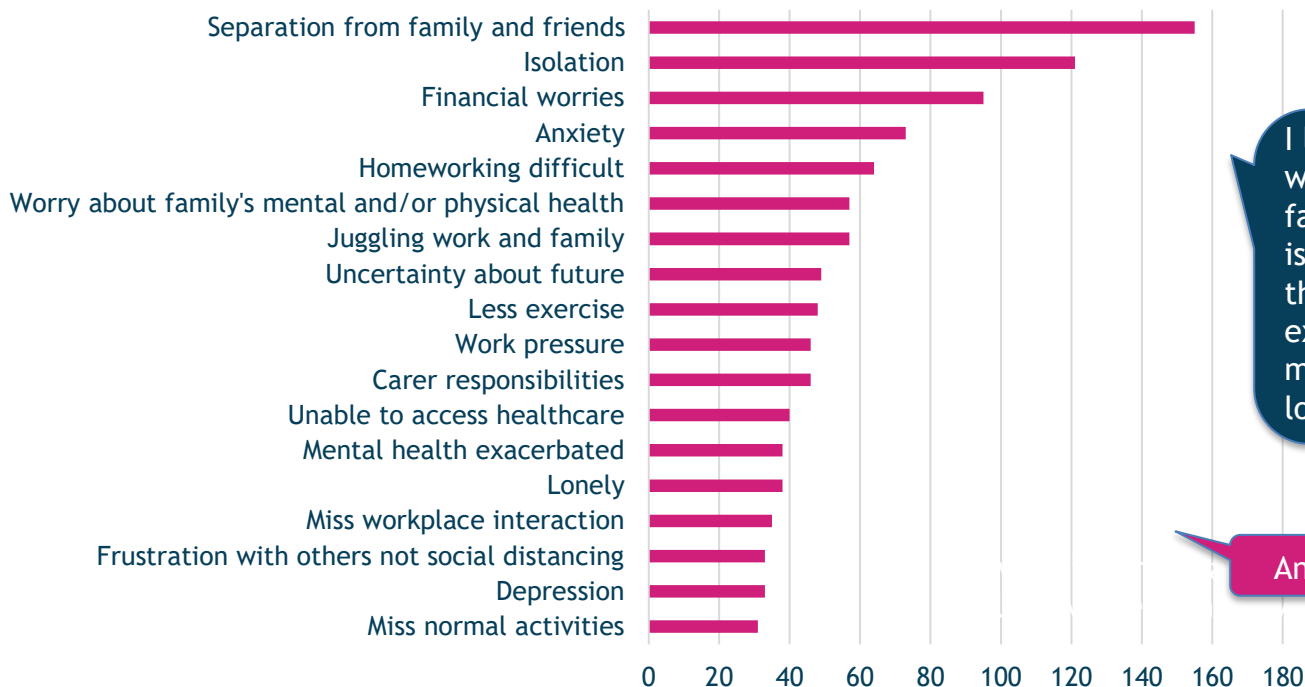
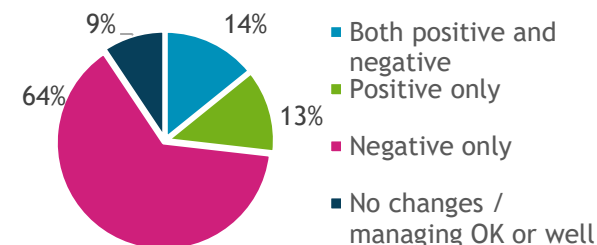
Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2008, all rights reserved.

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1,078 respondents told us more about the impact of the pandemic on their mental health and wellbeing:

Common negative experiences include separation from family and friends; isolation, financial worries and anxiety

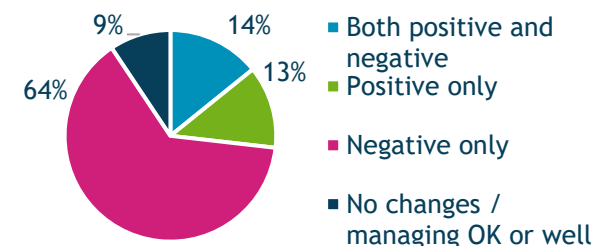


I live on my own so with the changes to working from home and not being able to see family and friends I have been feeling really isolated and lonely. Most days I don't leave the house I have no motivation to go out and exercise on my own. I've been eating a lot more to deal with the boredom and I guess loneliness. I just feel really isolated.

Anxiety, living and working alone

Loss of foreseeable work and resulting lack of income is a worry. I am in a group that gets no government financial support.

Common positive impacts are mainly related to more home working, such as being able to work well at home and being more relaxed at home.



Working from home has meant I have managed my work load better so I've been less stressed.

Early days increase in anxiety and catastrophic thought patterns. Lack of social life, hugging family/friends. However, now I'm running, feel healthy, feel useful as home schooling.

More relaxed, enjoying house and garden more. Time to think. Beginning to find it hard to get motivated some days, but learning a new way of being.

Common themes amongst groups

Respondents who have a disability:

Isolation	34
Separation from family / friends	20
Anxiety	16
Depression	9
Lonely	9
Homeworking difficult	8
Mental health exacerbated	8
Worry about family's mental and/or physical health	8
Unable to access healthcare	7
Financial worries	6
Miss normal activities	6

Isolation, lack of motivation, anxiety, access to shopping, low mood, not being able to complete tasks, disability limitations, and unable to get trades to do jobs for me.

Worried about lack of financial support for my household as we are not eligible for anything and currently have no work, and unlikely to for the foreseeable future.

Respondents who have lost employment, either through the furlough scheme, redundancy or closure of business:

Financial worries	22
Isolation	16
Separation from family / friends	11
Unable to work	10
Anxiety	9
Uncertainty about future	9
Carer responsibilities	7
Unable to access healthcare	7
Worry about job	6

Carers

246 carers told us more about the impact of the pandemic on their mental health and wellbeing. Many talked about the impact in relation to their caring responsibilities, with the lack of services and support and home schooling making caring more difficult, and a lack of respite also impacting mental health.

Carer responsibilities	39
Isolation	30
Separation from family / friends	23
Worry about family's mental and/or physical health	21
Anxiety	17
Juggling work and family	17
Mental health exacerbated	15
Work pressure	14
Finances	11
Lack of support	9
Depression	8
Unable to work	8
Childcare	7
Stress	7
Unable to access food	7
Unable to access healthcare	7
Uncertainty about future	7

Not being able to attend to things for learning difficulties child, spouse shielding and being stuck at home with them, very stressed over cancer with spouse and child who needs help, and the system messing their care around.

Having to care for someone 24 hours a day. 7 days a week with no respite is not easy.

Larger caring role with little to no support from physiotherapists, occupational therapist and social worker. Isolation has been difficult. Am also now home teaching my other child as well as caring. Work has decreased as a result.

41 carers also described positive impacts:

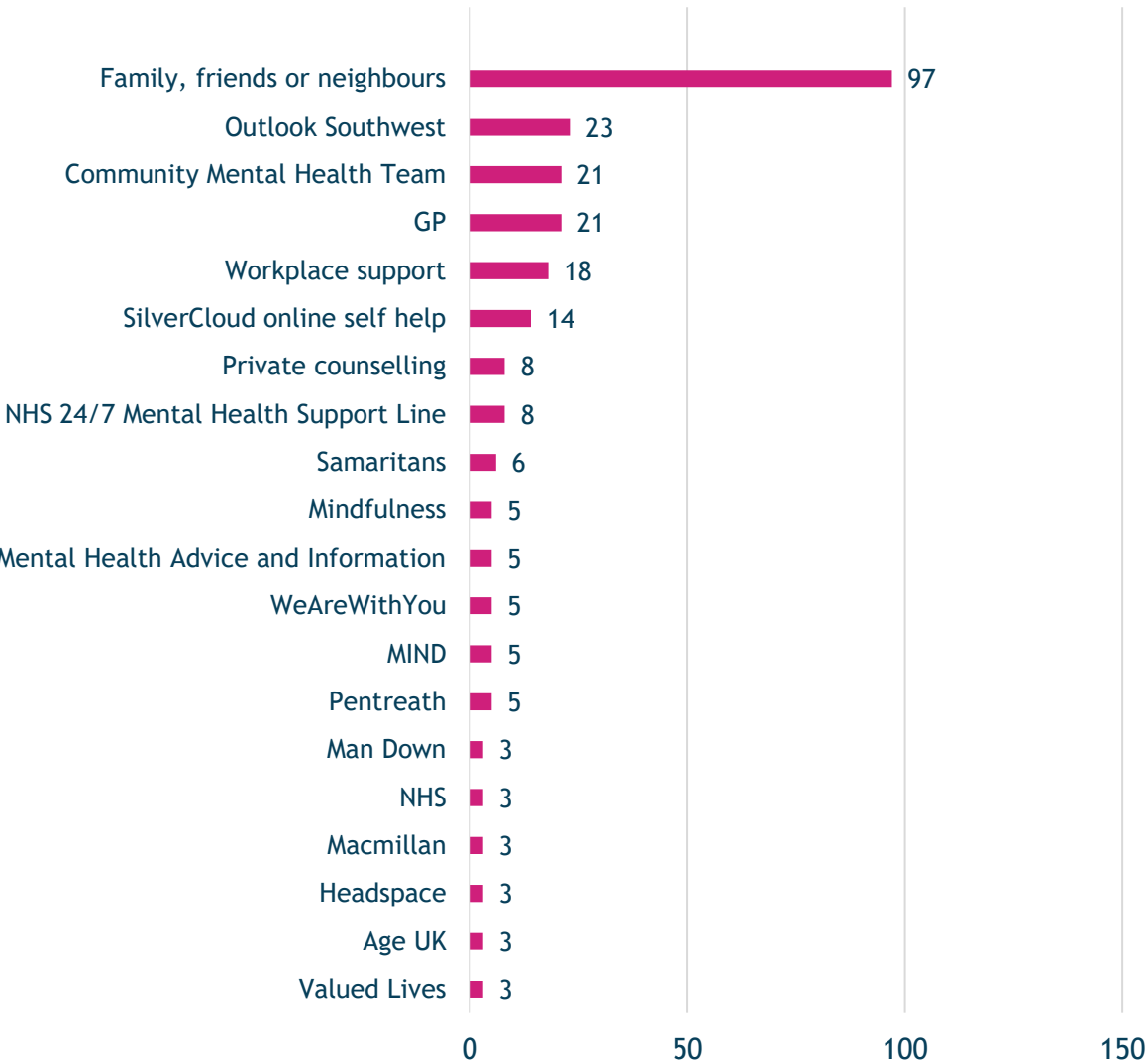
Able to work well at home	6
Adjusted over time	4
Exercise helping	4
Happy at home	4
More time outdoors	4
Relaxing	4
Saving money	4

163 (12%) have accessed support for mental health and wellbeing from 48 organisations:

Only 23% of those with ‘probable depression/anxiety’ are accessing support for their mental health and wellbeing:

Family, friends or neighbours	20
Community Mental Health Team	10
Outlook Southwest	6
GP	6
Silver Cloud online self help	5
NHS 24/7 Mental Health Support Line	4
Samaritans	4
Valued Lives	2
Pentreath	1
MIND	1
Cornwall Council's Mental Health Advice and Information	1

Cornwall Council's Mental Health Advice and Information



What additional support would help you with your mental health and wellbeing?



Of 691 who responded to this question, 308 (45%) said 'Nothing', 'N/A' or 'Not sure'. The remaining 383 suggestions were coded with the most common themes displayed above with size indicating frequency of theme.

Complaints about accessing mental health services

Requests for easier access to:

- Counselling
- Mental Health Team
- Crisis support & 24 hr helpline
- Diagnosis
- Psychiatrist
- Personality Disorder Service

The existing mental health services in Cornwall are inaccessible to a large number of people who don't meet the criteria for emergency help. We are pretty much left to fend for ourselves or offered weak, ineffective services.

Once a week check in from a mental health professional would have helped.

Someone to actually come back to me. It was three weeks since I contacted them.

There is a lack of support for people's mental health - cut backs to services has led to people falling through the gaps. CMHT are clearly over stretched, there is poor communication between them and other services. People who are too complex for Outlook South West but do not meet the criteria for CMHT are still getting bounced around.

Suggestions for support for mental health and wellbeing

More intensive and/or specialised therapies:

- Grief counselling
- Family life coaching
- C - PTSD support
- Palliative psychological support
- DBT (Dialectical Behavioural Therapy)
- Autism aware therapy

I need specialist mental health support with one on one DBT. I need a crisis plan. I also need a support worker to help me manage and take control of my life and help to meet my medical needs.

Being with the people that understand Dementia.

The existing mental health services in Cornwall are inaccessible to a large number of people who don't meet the criteria for emergency help. We are pretty much left to fend for ourselves or offered weak, ineffective services.

I don't want any of this stuff, I want someone to help me look after my parent!

Other support for mental health and wellbeing:

- **Support for carers (incl. practical support)**
- Walking therapy
- Support for the elderly (local wellbeing helpline)
- Support for SEN children
- Support for weight loss
- A 'buddy'
- Coronavirus related support
- Dementia support

What additional support would help you with your mental health and wellbeing?

107 carers responded with a wide range of suggestions

More support caring for my loved one with dementia.

Knowing what support is available to carers.

More support as my mental health is now bad but have got to hide it to support others.

I just think someone should have checked in with us that we were coping.

Support for carers	19
Access to mental health services / counselling	15
Return to normality	11
Time to self or time off	10
Information about availability of services	5
Regular telephone calls	4
Financial information and support	4
Meeting with friends and family	4
Government approach to virus and vaccine	4
Workplace support	2
Faster assessments	2
Empathy from staff	2
Universal basic income	2

Suggestions by groups

What additional support would help you with your mental health and wellbeing?

To be listened to and pointed in the right direction.

Respondents with 'probable depression/anxiety'

Access to mental health services / counselling	19
Return to normality	7
Information about availability of services	6
Clear, trustworthy information	4
Regular telephone calls	3
Time to self	3

Counselling sessions which are easily accessible.

A person to chat with who I don't know and therefore has less expectations but who isn't actually a counsellor - more a new buddy.

No one from my hospital team has called or reached out. I had shielding letter and standard text messages.

Respondents with a disability

Access to mental health services / counselling	16
Return to normality	9
Regular telephone calls	6
Information about availability of services	5
Meeting with friends and family	4
Support for carers	4
Clear, trustworthy information	3
Time to self	3
Acceptance people are struggling	2
Access to doctors	2
Food Delivery	2
Time in work for mental health	2

A more tolerant approach and a wider vision of the issues and challenges people are facing when guidelines around 'being safe' are put together.

Experiences of lockdown in one or two words



Volunteering

1,364 respondents

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Organisations volunteered with during the pandemic

Local support (no details)	40
Volunteer Cornwall	34
NHS	21
Food delivery	17
Prescription delivery	10
We Are With You	8
Cornwall Scrubs	8
Concern Wadebridge	6
Age UK	5
Cornwall cloth masks	4
Shopping for neighbours	4

Before the pandemic, 24% volunteered for over 200 different groups and organisations:

We Are With You	16
Age UK	13
Food bank	7
Scout Association	6
Volunteer Cornwall	6
Cornwall Air Ambulance	5
Local organisation (no details)	5
RCHT	5
Samaritans	5
Cornwall Hospice Care	4
PPG	4
The National Trust	4

12% have been supported by volunteers during the pandemic, most commonly from groups, individuals and businesses within people's local communities:

Local support (no details)	27
Volunteer Cornwall	18
Prescriptions deliveries	12
Food deliveries	10
RCHT	6
Bodmin Bikers	4
Age UK Cornwall	3
Cornwall Council	3
Cornwall Volunteers	3
Local shops delivering	3
NHS	3

Key Themes and Recommendations

A summary report including themes and recommendations is available on our [website](#):
Cornwall Coronavirus Survey Report: What Cornwall and the Isles of Scilly say about health and social care during the Covid-19 pandemic.

Mental health and wellbeing

- Impact of isolation
- Worries and anxiety
- Access to mental health services

Recommendations:

1. Preventative strategies should be developed to address isolation in the event of a local or national lockdown. This may involve neighbourhood level buddy support systems and telephone and online peer support.
2. The Mental Health Commissioner should consider commissioning support tailored to meet the needs of specific groups, such as those with a disability who have lost support, and for those who have lost employment.
3. Attention must be paid to addressing the issues of access to mental health services. People are confused not knowing what is available or how to access it. The single point of access for mental health services will help with this however effective communication of that service and its roll out will be key.

- Reduced social care support
- Additional challenges as a carer
- Support for carers

Recommendations:

1. Further qualitative research is needed into the local needs of carers. Supporting carers to continue their caring role whilst maintaining their own wellbeing has been a continual theme made more difficult during the restrictions and service changes of the pandemic. Creative solutions enabling carers to have regular, formal and informal respite together with practical and emotional support are needed.
2. More accessible and effective communication with carers is required to ensure they are made aware of statutory and non statutory services available in the community and peer support networks.
3. Improve signposting and advice on contractual rights in relation to direct payments and personal budgets. Increased flexibility with use of direct payments, especially in relation to Personal Assistants, will allow a timely response to paid carer absences and changes in service provision.
4. Incorporate themes raised by carers into the development of the new Carers Service and through the ongoing implementation of the Carers Strategy (2020 2029). The role of carers on the Carers Partnership Board is important in monitoring this.

- Local sources are trusted
- Uncertainty about health services - safety and availability
- Telephone and video consultations

Recommendations:

1. Develop a strategy to support and advise those who choose to shield that includes advice about keeping safe, as well as practical support and promotion of health and wellbeing while isolating. Improve signposting to Cornwall Council's existing shielding guidance.
2. Build on public preference for and trust in local information, enhancing communication strategies to consistently
 - address people's safety concerns and reluctance to seek healthcare
 - advise those who are shielding including advice about keeping safe
 - clarify which NHS services are open and how to access them
3. Providers should manage people's expectations informing them about when they are likely to receive their delayed or cancelled appointments, advising and supporting people to manage their own conditions in the interim.
4. Providers should offer people choice between face to face consultations and telephone or video, which may be inappropriate for some.
5. Where providers are using telephone or video appointments, these should be scheduled enabling people to prepare for the call and organise support.

Next Steps

Next steps

- We will share this report with the local integrated care system, commissioners and providers requesting a response to our recommendations.
- To assist the design of solutions and inform implementation of the new carers strategy we will
 - build qualitative research into carers' needs into our 2021 workplan
 - work with the Learning Disabilities, Autism and Carers' Partnership Boards
- We will work with the Adult mental health strategy board to co-produce services to meet needs identified in this report.
- In line with our current strategy we will also seek to increase our engagement with men, children and young people, young adults and vulnerable groups to reflect their views more thoroughly in future work.

Any questions, email enquires@healthwatchcornwall.co.uk or Tel: 01872 273501

Appendices, references and contributors

Please tell us about your marital or civil partnership status:		
Married	769	61%
Single	182	14%
Divorced / dissolved civil partnership	115	9%
In a civil partnership	62	5%
Widowed	54	4%
I'd prefer not to say	52	4%
Separated	28	2%
TOTAL	1,262	

Please tell us which sexual orientation you identify with:		
Heterosexual / Straight	1104	88%
I'd prefer not to say	67	5%
Bisexual	26	2%
Asexual	20	2%
Lesbian	17	1%
Gay	13	1%
Pansexual	4	0.3%
Other	2	0.2%
TOTAL	1,253	

Is your gender different to the sex that was assigned to you at birth?		
Yes	54	4%
No	1202	94%
I'd prefer not to say	20	2%
TOTAL	1,276	

Please tell us about your religion or beliefs:		
Christian	573	45%
No religion	528	42%
Other	76	6%
I'd prefer not to say	72	6%
Buddhist	14	1%
Jewish	2	0%
Hindu	1	0%
TOTAL	1,266	

Are you currently pregnant or have you been pregnant in the last year?		
Yes	26	2%
No	1,217	97%
I'd prefer not to say	18	1%
TOTAL	1,261	

References

1. Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2008, all rights reserved.
2. Neha Shah, Mizaya Cader, William P Andrews, Sarah L Stewart-Brown. Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS): performance in a clinical sample in relation to PHQ-9 and GAD-7. Forthcoming 2020:
<https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/research/validation/>
3. Cornwall Council (2017). Cornwall Council Residents' Survey 2017. Full Report. Available online: <https://www.cornwall.gov.uk/media/28979484/cornwall-residents-survey-full-report-2017.pdf>

Survey questions and summary report are available on our website:
www.healthwatchcornwall.co.uk

Contributors

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