1000 Voices

Lancashire & Cumbria

November 2022

LACVS EMPOWERING COMMUNITIES

Community CVS Support Action Resource Volunteer
Connecting People, Growing Communities

BURNLEY PENDLE & ROSSENDALE COUNCIL FOR VOLUNTARY SERVICE

Voluntary Sector North West

LANCASHIRE BME NETWORK
Leading change through empowerment

NHS England North West

Contents

Thank you

This report would not be possible without the hard work of the 1000 Voices partners across Lancashire and Cumbria:

Burney, Pendle & Rossendale CVS
Community CVS
Lancashire BME Network
Lancashire Association of Councils for Voluntary Service

Executive Summary

Background and introduction

This report and research within aim to provide a better understanding of the experiences of the COVID-19 pandemic from communities in Lancashire and Cumbria with a focus on the health and wellbeing impacts, including how gaps in health inequalities have widened for the most exposed and marginalised communities. These specific groups included:

- People from BAME communities
- People aged under 25
- People who are on the autistic spectrum or otherwise disabled.
- People living in rural areas.
- People living in deprived areas as measured by the Indices of Multiple Deprivation (IMD).

In total, 419 people were interviewed using a variety of methods including face to face interviews, telephone interviews, group sessions and online video calls. The responses were collected by various voluntary, community and social enterprise (VCSE) sector bodies across Lancashire and South Cumbria.

This research was commissioned by NHS England North West (NW) and forms part of a wider programme of work to ensure that lessons learned from the pandemic are understood and that these insights inform how we work to address health inequalities in the future. This report is also a great example of partnership working between NHS England NW and the VCSE sector in Lancashire and Cumbria, providing an essential link to enable local groups and communities to engage and influence within health service design and strategy.

Key issues that emerged

1. Difficulties accessing GP and other health services, particularly face-to-face
2. The impacts of COVID-19 and national restrictions on mental health
3. Communication and accessibility difficulties for those with English as a second language and disabled communities.

The negative impact of the pandemic on mental health and wellbeing across all cohorts was the overall theme throughout the voices collected. This in particular is linked to people's experiences of lockdown with being unable to see family, go to work or access services. GP access was noted by many as being difficult and frustrating. We note the number of responses that specifically said that "nothing" was good during the pandemic peak crisis period, indicating a sense of hopelessness.

Whilst the majority of responses described the negative impacts of COVID-19, there was also an appreciable number of positive responses. This included feeling closer to family for those that isolated together, positive support from the VCSE sector and praise of NHS frontline staff.

Recommendations

The recommendations are summarised below and are amplified on page 17 of the report:

- Consider more widely the impacts of family visiting restrictions
- Expand social prescribing services across the North West
- Develop ways of ensuring communications are inclusive and wide-reaching
- Further research into the impacts and difficulties accessing health services
- Closer working with and investment in to the VCSE sector as a key partner in reducing inequalities
- Consider accessibility in the context of health care transformation as well as COVID-19

Introduction

In 2010, Professor Michael Marmot published "Fair Society, Healthy Lives". This report revealed that people with higher socioeconomic positions in society have a greater array of life chances and opportunities, as well as having better health overall. The report also evidenced that health inequalities closely linked to social inequalities faced by individuals and communities, and in order to address these inequalities there needs to be action across all of the social determinants of health.

Ten years after the release of the original report in 2020, "Health Equity in England: The Marmot Review 10 Years On" was published highlighting how health inequalities have actually widened since the publication of the original report, with people living in deprived areas spending more of their lives in poor health and with a shorter life expectancy than their wealthier counterparts.

Since then, the COVID-19 pandemic has exposed more than ever before the disparity of these health inequalities over the past 18 months. Public Health England's review of COVID-19 outcomes highlighted that the impact of the virus has replicated health inequalities and, in some cases, even increased these gaps. The review reported that the risk of dying with COVID-19 was higher amongst those living in more socioeconomically deprived areas, those in certain occupational groups and those from Black, Asian and Minority Ethnic communities. Recent research by the Resolution Foundation found that the youngest and eldest earners have been hit hardest by job losses and pay reductions with the number of people claiming Universal Credit having increased by 40% in only one month following the first national lockdown.

In response to the disproportionate impacts of COVID-19 and to address the widening inequalities gaps, NHS England North West have launched the 1000 Voices Project, forming part of a wider programme of work. The aim of the project is to gather 1000 first-hand accounts from distinct cohorts drawn from across the North West, of the experience of the pandemic. The focus was on people from backgrounds and demographics most marginalised and exposed to impacts of COVID-19.

For Lancashire and Cumbria, 419 unique voices were collected for this project. The target was 400. Voices were collected during Jan/Feb 2022 with analysis and drafting taking place during March 2022.

The accountable lead was Lancashire Association of Councils for Voluntary Service (LACVS). Voluntary Sector North West (VSNW) have provided project support and have developed this report based upon the voices collected by our partner organisations across Lancashire and Cumbria.

Methodology

To collect the 400 voices across Lancashire and Cumbria, we worked with our collective networks and our placed-based voluntary sector infrastructure organisations across the region. Local voluntary, community and social enterprise (VCSE) organisations have a greater and unique understanding of communities due to their knowledge and reach into local groups, allowing us to achieve intimate access to communities most affected by COVID-19. A working group was set up to support collection of voices in each cohort.

Voices were collected from the following cohorts as identified by NHS England NW:

Our placed-based partners were key to achieving the collection of voices in these cohorts, given their closeness to groups already working with these cohorts and the trust those smaller groups have with these communities, making engagement with “harder to reach” communities achievable. Our list of partner organisations is provided on the contents page of this report.

To aid the collection of voices and to ensure consistency of collection across each place, an interview proforma was developed to guide interviews with participants. The suggested questions within the proforma were designed to be flexible and as conversation prompts to ensure that participants could talk freely about their experiences of COVID-19. GDPR information was also collected as part of the proforma. A copy of the interview form can be found in the appendices.

All responses shared in this report are anonymous. The need for anonymity was essential in order to ensure participants felt comfortable providing honest responses.

Voices Collected

In total, 419 voices were collected as part of this project in Lancashire and Cumbria. The table below shows an overall summary of the numbers of voices collected from each cohort.

Total voices collected across Lancashire and Cumbria cohort

Place	Deprived Areas	People with disability	Rural Commu-nity	BAME community	Un-der 25	Total Voices
Fylde Coast	23	12	4	1	4	**44**
Lancashire Wide	53	9	42	33	43	**180**
Morecambe Bay	0	35	1	2	2	**40**
Pennine Lancashire (East Lancashire)	24	22	20	0	49	**115**
West Lancashire	5	19	6	0	10	**40**
Total	**105**	**97**	**73**	**36**	**108**	**419**

As the tables show, some areas were able to collect voices from a particular cohort more than others. The NEET cohort was amended as a response to the success of the Kickstart programme with the age range broadened and scope widened to include those in employment, education and training. This produced some particularly valuable insights.

This report will breakdown responses by cohort and location and highlight some strong emerging themes and recommendations from the voices, as well as some points of interest for further research to consider. All percentages have been rounded to the nearest whole number.

Findings Across Lancashire & Cumbria

Out of the 419 voices collected and analysed for the project, a significant number of different statements were identified summarising the various experiences of individuals throughout the pandemic. The below table shows the “top ten” issues measured overall.

Most common experiences across Lancashire and Cumbria combined cohorts:

Top 10 most common experiences	No of respondents raising	%
Not seeing family or friends was difficult	203	48%
Anxiety	149	36%
Difficult to access medical services	128	31%
Lockdown earlier	112	27%
Isolation	107	26%
VCSE support	106	25%
Family time at home was positive	91	22%
Exercise increased	77	18%
Close borders earlier	72	17%
Use of technology increased	70	17%

Not being able to see family and friends throughout the pandemic due to isolation rules was significant and was an experience that was shared across all cohorts.

Accessing medical services was found to be difficult. The main complaint was based around being able to access and feel confident with telephone and online consultations, with some participants preferring face to face contact. Perhaps if there had been more dedicated communications on how people can access and benefit from virtual consultations, this issue may not have scored so highly.

There were a number of individuals who expressed annoyance at the chain of communications within their GP practice; having to explain matters to a receptionist, then a clinician and then to their GP. The process was seen as intrusive, by some, and duplicated by many. At the time when this data was collected in Spring 2022, there remained an element of frustration with some participants unable to access their GP as per pre-pandemic routes. There are also reports that, to obtain an appointment, a phone call has to be made which can exclude many people from accessing primary care support.

The number of people using the word “isolated” is high. This is particularly the case with voices from the disabled community. Indeed, negative experiences of the pandemic throughout the report are higher from this cohort than any other. Although not appearing on the “top ten” list, mental health specifically was mentioned as the next most common experience. We posit that this, along with anxiety, isolation and not being able to see friends or family are all linked. There is a real danger of a long-term effect remaining.

Findings by Cohort

People living in deprived neighbourhoods - 105

Top 5 most common experiences	No of respondents raising	%
Lockdown earlier	25	24%
VCSE support good	24	23%
Not seeing family or friends	23	22%
Anxiety	23	22%
Difficult to access health services	22	21%
Family time at home positive	19	18%
Isolation	18	17%
Nothing positive at all	17	16%
Care home issues	13	12%
Use of technology increased	12	11%

Here we begin to see the beginnings of evidence of “two speed COVID-19”. Those living in deprived areas but with the least financial challenges were able to find ways of reducing the isolation and other issues experienced during lockdown. For example, financially stable individuals living in deprived areas may have been more able to afford some luxuries such as take away food deliveries and online shopping whereas those on restricted incomes, or living in an area with restricted choice, found such relief more difficult to access.

It is also interesting to note that issues and concerns around care homes also appear in the top the top ten issues for this cohort. There may have been a number of responders who have first-hand experience of the issues faced by care homes during the pandemic, as well as those with family members finding it difficult and, in some cases, traumatic being unable access their relatives that live in care and nursing homes.

People with a disability - 97

Top 5 most common experiences	No of respondents raising	%
Anxiety	59	61%
Not seeing family or friends	57	59%
Difficult to access health services	50	52%
Isolation	50	52%
VCSE support good	46	47%
Lockdown earlier	36	37%
Exercise increased	28	29%
Mental health issues	28	29%
Close borders earlier	26	27%
Use of technology increased	21	22%

Being unable to see family or friends is a top concern with this cohort, and also reflects the independent living status of many of the cohort interviewed. Due to restrictions, many people with disabilities were unable to physically see those closest to them with the potential impact of this on mental health and wellbeing likely to be significant for this group. Particularly for those individuals in this cohort with learning disabilities, for which seeing family and friends regularly is highly important.

Some of those living within a sheltered complex reported feeling like “prisoners” as they were unable to leave their residence due to COVID-19 restrictions. We understand the challenges in reducing the transmission of COVID-19 but also observe it is essential that people with disabilities are provided with choice and dignity in decision making. It could be that official policy or the rules under which venues were operating, were perhaps unclear and open to varying interpretations.

Rural communities - 73

Top 5 most common experiences	No of respondents raising	%
Not seeing family or friends	61	84%
Difficult to access health services	22	30%
Exercise increased	21	29%
Lockdown earlier	21	29%
Anxiety	20	27%
Isolation	19	26%
VCSE support good	18	25%
Use of technology increased	17	23%
Close borders earlier	17	23%
No longer take things for granted	16	22%

The high number reporting “not being able to see family or friends” may have been slightly skewed by one response collecting body being a rehabilitation centre located in a rural area. Our understanding is that this centre had an open doors policy as part of re-assimilation into wider society and that this had to cease. The response remains highly valid as residents now face independent living without the gradual re-entry policy previously in place which is a potential longer-term issue. Nonetheless, as with other cohorts, being unable to see family and friends remain a significant and long-lasting experience of the pandemic.

The emergence of “no longer take things for granted” is intriguing. Rural areas can, generally, be under served by public services due to accessibility issues. For many people living in such places this is recognised and is seen as an acceptable trade-off for living in greener and less populated areas. However, often when services change through necessity, specifically due to COVID-19 restrictions, it can often cause difficulties in accessing alternatives. However, support from the voluntary sector was also a common experience amongst rural communities, evidencing just how the sector often “stepped in” to fill gaps in support during the pandemic.

Other positives include rural communities increasing the levels of exercise they undertook during the pandemic. This is likely due to this cohort having safe and enjoyable walking spots close to their residence in comparison to those living in more deprived, built up areas.

BAME communities - 36

Top 5 most common experiences	No of respondents raising	%
Not seeing family or friends	33	92%
Anxiety	22	61%
Family time at home was positive	22	61%
Lockdown earlier	21	58%
New hobbies	18	50%
Difficult to access health services	16	44%
Close borders earlier	14	39%
Working from home was good	10	26%
Places of worship support	9	25%
Bereavement	9	25%

Out of all cohorts, individuals from BAME communities across Lancashire and Cumbria were impacted the greatest by bereavement. It is clear from research into the health impacts of the pandemic that people from BAME backgrounds were more at risk of experiencing greater health impacts due to COVID-19, with fatalities linked to COVID-19 a significant risk for this group in comparison with people from white backgrounds. Taking this into account, it is significant that this group were more impacted by bereavement than

other cohorts, and highlights how existing health inequalities for people from BAME communities continue to widen. This is also compounded by the experiences of this group finding it difficult to access health services during the pandemic.

Similarly, to other cohorts, being unable to see family and friends was a top concern for this group particularly for individuals with family and friends living in their home countries. For those that lived with their families, this experience was rated positively. Additionally, this group found support from places of worship which supported a continued sense of community amongst fellow worshipers, as well as providing practical support.

Finding new hobbies was also rated highly in this group, with one positive story of an individual founding a successful cake business during lockdown.

Under 25's - 108

Top 5 most common experiences	No of respondents raising	%
Not seeing family or friends	29	27%
Anxiety	25	23%
Family time at home was positive	24	22%
No support accessed/received	21	19%
Difficult to access health services	18	17%
VCSE support good	15	14%
Mental health issues increased	14	13%
Rest and reflection	14	13%
Lockdown was pointless	14	13%
Exercised increased	13	12%

Originally this cohort was to focus on those under the age of under 25 who were not in employment, education or training however due to the success of the Kickstart scheme supporting young people into employment, the cohort was adapted to include all those under the age of 25 and substantially increased the number of responses.

Similar to other cohorts, being unable to see family and friends, was a top concern for this group. Many individuals in this group of school age during the pandemic may have missed out on their final years at school and will have been unable to socialise and celebrate with their peers which is highly important for this group. Young people in this cohort were explicit in how their mental health has been impacted throughout the pandemic, with anxiety experienced by almost a quarter of all respondents. This is particularly concerning given that 19% of respondents did not access or receive support during this time. However, it was noted by 14% of respondents in this cohort that the support received from the voluntary sector was positive.

Qualitative responses

Having looked at cumulative responses, both overall and by cohort, this section of the report contains a selection of quotes that have been extracted from interviews across all Lancashire and Cumbria cohorts. These have been split into common themes:

Accessing services

"I suffer from a long term physical health problem. The pandemic didn't really affect me mentally (like it did with many people) but it has exacerbated my physical health problem. This is due to a slowing of access/inability to access medical support. As a result, this has had a major impact on my long term health. Although I now have better access to medical service I feel as if I am playing "catch up" with my day to day progress and ability to manage my health condition." – Disabled community voice

The above quote demonstrates the impact of changes in health care delivery. Removing face to face appointments excluded a number of people within the disabled community. We also noted some issues raised in terms of barriers faced in accessing health care, both practically in terms of practice policy and morally in terms of people feeling they were unable to access health care for non-COVID-19 issues:

"From a medical point of view, I would have offered support without bureaucracy. Access to medical care in person whenever possible and less barriers from reception staff. People were afraid to access support because they were afraid of burdening the NHS, catching COVID or just not being able to see a medical professional. This led to unnecessary ailments and none COVID illnesses becoming terminal e.g., heart problems, cancer etc. As a result, we are now facing a number of none COVID pandemics." – *Deprived Area Voice*

"Accessing medical care and support did and still has made life harder. As a result I have been apprehensive about accessing medical care when I've been ill with non COVID related ailments. I didn't and still don't want to access a medical support system/services that was (and still is) struggling. This is mainly due to the fact that I don't want to put any undue pressure on the NHS while they are still trying to get back on their feet and because the winter will see a lot of extra pressure put on them." – Disabled Community Voice

Difficulties accessing A&E were also shared, with the quote below highlighting how confusing and "time consuming" it can be for individuals to find the correct front door to access the appropriate health service:

"During the pandemic I broke my foot. I went to the A&E department but was turned away and told I had to make an appointment to secure a slot. I had to go home and make an appointment and then go back. This was problematic, time consuming and resulted in difficulty in walking longer than necessary." – Deprived Area Voice

"I was unable to attend hospital appointments during the pandemic. I was under 18 at the time. Therefore only 1 person could travel in an ambulance, and I couldn't go to hospital unaccompanied." – Under 25 Voice

A reported cost of phone queuing is shown below. 'Pay as you go' tariffs have the fewest barriers to access with no upfront charges however the call costs are significantly higher, with costs beginning as soon as the phone is "answered", which includes being on hold:

"Local GP cost £23 to get through and get an appointment as could not go in and make appointment – if no means to phone you are stranded"

The delays and barriers in accessing services was not just an issue for the health and care sector, with many voices collected highlighted issues facing other statutory services, particularly for those that were unable to or found it difficult to access services online:

"I didn't try to access any support via the DWP/Job Centre as I couldn't access the buildings or reach anybody." – Disabled Community Voice

Essential vs non-essential services

There is a question of what was categorised as "essential" throughout the pandemic, in terms of what was able to remain open and what had to be closed due to safety restrictions. The comment below highlights how what is non-essential for some is essential for others, and also highlights how often society does not consider the needs of disabled people:

"Delayed surgical procedures have led to a regression in her physical development. The knock on affect is that she is still waiting for treatment. Even things like trying on shoes has been a problem. My daughter requires walking aids and buying the correct footwear is incredibly important. Not being able (at times) to just visit a shoe shop was very frustrating." – Disabled Community Voice

There is also concern regarding the health impacts on this child's feet resulting from having to wear ill-fitting shoes during lockdown, and how this could have long term consequences on pain management and recovery.

What was considered a simple self-care task prior to lockdown, which was unable to be carried out due to COVID-19 restrictions, can have negative impacts on an individual's dignity and wellbeing:

Not getting hair done was hard, it made me worried about my appearance, as felt like I look like a homeless person." – *Disabled Community Voice*

Due to restrictions many retail outlets, deemed essential services, moved to a "card only" system which impacted on those without a smartphone or a debit card:

"Shops needing smartphone to pay for goods was a problem. I don't have one so I could not use these places. I felt horrible at first but they were only doing their job" – Disabled Community Voice

Mental health

The closure of schools, colleges and universities had unequitable impacts on different communities, particularly for those from the disabled cohort. The below quote from a Blind individual highlights how previously their educational course had been adapted to suit their requirements, however the one size fits all approach to lockdown restrictions caused significant stress particularly for this individual who ultimately needed to access mental health support to avoid leaving higher education:

"I was studying a degree course when the pandemic struck. All of my tutorials were done online. As I am Blind and the course was very visual, I found this very, very difficult…Examinations allow me to have a reader. There were no arrangements put in place for this, as I was doing the exam online. It was only at 5pm the evening before my final exam, was I informed that my Parent could read and scribe for me…The pressure and anxiety of trying to do any course in this way was extreme. I had to take medication prescribed from the Doctor and there were a number of times I was very close to giving up the course after 4 years of study." – Disabled Community Voice

Previous experiences of finding it difficult to access health services impacted on how individuals chose to manage their mental health throughout the pandemic, with some people avoiding accessing services altogether despite facing increasing mental health problems:

"In the past I tried to access CAHMS for my daughter but didn't find it a particularly helpful experience. During the pandemic I didn't bother as I have found that there is a large gap in mental health support for 16-18 years olds in the area." – Disabled Community Voice

Young people faced unique difficulties during the pandemic due to COVID-19 lockdown restrictions, and the effect of this on still developing brains and personalities is likely to be significant:

"COVID made my life significantly harder in a variety of ways. During the pandemic my dog passed away. I wasn't able to say goodbye at the vets as people weren't allowed to go into the medical room. I didn't think it would affect me as it did, but it did. It really did affect me." – Under 25 Voice

Frustrations around the welfare system that were already impacting on mental health were exacerbated due to pandemic restrictions:

"Do something about what happens when you claim benefits it's been absolutely horrible for me. When I went through the medical assessment, I told them everything about not

being able to get dressed I can't even put things on my feet or bend or move about. I told them all of this and brother was there, and he told them too.
You know I was upset because the report did not reflect what happened it made me feel really distraught and I kept thinking about all the things we said and the reasons why. It had a really negative affect on my mental health." – Disabled Community Voice

Isolation

COVID-19 lockdown restrictions, whilst necessary to contain the virus, had significant impacts on mental health specifically in terms of social isolation. Whilst people understandably were frustrated being unable to access statutory services, people also found it difficult to find support for simple, everyday tasks such as going to the shops or simply having a conversation with someone:

"It was hard to get help. I had someone who would bring me food parcels and toiletries else I didn't have anyone who could go to the shop for me. But after a while when things changed and the shops were open more that stopped too and some days I would go, well, all day, and I wouldn't see anybody I wouldn't even speak to anybody." – Disabled Community Voice

Food parcel support for those socially isolated, whilst welcome, was often not suitable for individuals with specific dietary requirements:

"I received no support from anyone outside my family.
The government food parcels were not compatible to my diet restrictions, and they had the same things in every week so after 8 weeks we cancelled them." – Disabled Community Voice

Social isolation for a first-time mother with a new-born baby in lockdown is hugely concerning, and the social and maternal mental health impacts of COVID-19 must be considered:

"COVID has made life much harder. I have an 11 month old baby, born in lockdown and I haven't been able to get any support for the things I need and the baby needs. I have emotionally unstable personality disorder and have had previous children taken away. I also have arthritis, sciatica and deafness in both ears, so I have hearing aids. I also have an artificial eye." – Disabled Community Voice

People living with pre-existing long-term conditions who were required to shield to protect themselves from COVID-19 experienced significant social isolation, with many individuals still practicing shielding:

"I live in a residential care home in Blackburn. When lockdown happened, it meant that we couldn't go out. I have COPD, which means that I had to shield. I found this to be hard, as I got bored. We used to go to town for a coffee each morning, but this stopped as the staff said that we couldn't go out."

Recommendations

A series of suggested recommendations have been developed based upon the voices collected, experiences shared, and themes identified in this project. Whilst the initial response to the COVID-19 pandemic cannot be changed, the voices of those impacted in this project can help guide how national crises can be managed in the future to minimise the negative health and wellbeing impacts on vulnerable and marginalised groups. They are also important for understanding how we move forward post-pandemic and highlight just how important some aspects of life are to positive health, wellbeing and reducing inequalities.

Consider more widely the impacts of family visiting restrictions

For many people and many cultures, family, extended family and friends are extremely important for wellbeing, mental health and socialisation. Family and friends provide invaluable support for one another and are an important protective factor. The voices collected throughout the project have emphasised just how difficult it was to live without or not be able to see family, and for those who were fortunate to spend lockdown with their family just how much of a positive impact this had.

The strict rules throughout lockdown on the numbers of people one was allowed to visit, spend time with or indeed not be able to see anyone outside of the household at all made it difficult for many. It is important to consider, for the future, how such restrictions can be arranged so families can have face-to-face contact in the safest way possible to keep important social and support mechanisms in place.

Expand social prescribing services across the North West

Four of the five cohorts reported an increase in physical exercise during lockdowns, the nature of which varied but included walking and cycling. Exercise is also well-proven to positively impact on both physical and mental health and wellbeing. Activities such as social prescribing should explore exercise as a method of improving health overall whilst addressing social isolation and loneliness. Support from the VCSE sector was also rated highly by many cohorts, providing essential and inclusive health and wellbeing support without which many individuals would have found difficult to live without. Being able to signpost individuals to services that were still available during national lockdowns, with local community group knowledge, was and is extremely valuable

Therefore, it is recommended that social prescribing be expanded further across the North West with an open, integrated and local approach with the VCSE sector’s essential role within social prescribing model well recognised. This will not only enable people to utilise social prescribing service more frequently but also to successfully manage mental health and wellbeing needs post-pandemic.

Develop ways of ensuring communications are inclusive and wide-reaching

Those with English as a second language talked about the impacts of being unable to access interpreter support in hospital and primary care settings and how this meant they were denied quick and efficient access to health care, putting health at risk. The availability of translated guidance was limited to a few number of languages. Some voices collected from Deaf and Blind communities talked about how they struggled accessing services and receiving guidance on how to access services in lockdown. For example, comments were made about how masks impeded lip reading, an essential communication method for the Deaf community. Additionally, those without access to the internet or digital equipment struggled to access information altogether.

Community groups play an important role in communicating with groups that are considered “hard to reach” by statutory organisations, due to the close links they have with these communities. Being inclusive in providing communications and working with community groups on the ground is crucial to ensure these communities do not get left behind.

Further research into the impacts of difficulties accessing health services

Throughout the report one of the most common highlighted experiences raised by the voices interviewed was the struggle in accessing and negative experiences of health services during the pandemic. Difficulty accessing GP services, particularly face-to-face appointments, was expressed by all cohorts alongside an identified lack of mental health support, childbirth in isolation and hastened hospital discharges. Some individuals raised a lack of confidence in services, feelings of guilt accessing support and using limited NHS resources, perhaps compounded by the official “Save the NHS” language.

In order to ensure that the public has confidence and trust in the health and social care system, further research should be undertaken to assess the impact of access difficulties and to develop solutions to ensure that people do not leave their health conditions unattended and further widening equalities gaps.

Closer working with and investment in to the VCSE sector a key partner in reducing inequalities

The sector has a strong track record in reaching those who are not only difficult to reach but also difficult to find. The voices gathered in this project have evidenced that, along with social prescribing, the work of the VCSE sector throughout the pandemic has been and remains invaluable in reducing inequalities. Closer working between community health partners and the sector as an equal partner in service design and delivery will allow health services to benefit more from the sector’s flexibility, adaptability and community expertise whilst drawing out excellence from the sector itself.

For example, the 2021 Cheshire & Merseyside Women and Children’s Services Partnership VCSE Small Grants Programme for improving maternal mental health is an

opportunity to not only gather crucial learnings for supporting new and expectants mothers but also to raise the profile of the VCSE sector in these delivery roles.

Consider accessibility in the context of health care transformation as well as COVID-19

The impact of COVID on accessibility of services has parallels with the current transformation of health services and the increasing use of virtual services. Underpinning a number of access issues therefore is digital exclusion. In many ways the above recommendations should therefore also be considered in the context of health transformation, not just in light of the impact of COVID-19.

Equalities Impact Assessment are key part of the transformation work going forward but we need to use the intelligence gathered here in order to anticipate likely equalities impacts and develop a blended model of transformation and work with partners across Lancashire and Cumbria to address digital exclusion.

Considerations

Whilst 419 voices across Lancashire and Cumbria is a large number it should be noted that responses within each cohort (average 44) are not significant enough to apply to all individuals across the region that fall into that cohort. Rather they represent a snapshot of experiences from those interviews with some common themes.

The project amassed a large number of experiences and thoughts from individuals who were interviewed, with many common themes and many individual themes raised. Due to the numbers this report has dealt with the common threads from respondents. A full breakdown of issues is provided in the appendices.

A common response across all cohorts and places, when asked if anything was better or worse for them during the pandemic, was “nothing”. When “nothing” has been specifically said, this has been taken to mean that the individual did not have a positive or negative experience depending upon the question. Questions with blank responses have not been considered in this way and have instead not been counted.

Many voices collected, whilst designated to one out of the four cohorts, could have fallen under two or more of the cohorts included within this project. For example, someone living in a deprived area but also facing digital exclusion. Voices have been allocated to a cohort following information provided by partner organisations.

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Appendices

1. Datasets by cohort

1.a. Those living in deprived areas

Unique experience statements – 115 identified

Lockdown earlier	25
VCS support good	24
Not seeing family/friends	23
Anxiety	23
Medical Services access difficult	22
Family time at home was positive	19
Isolated	18
No positives at all	17
Carehome issues/protection	13
Tech use increased +ve	12
Mental Health issues	12
Exercise increased	10
Close borders earlier	9
Finances deteriorated	9
Access to public services poor	9
Food bank support	9
Finances improved	8
Media distrust/panic	8
Groups closed/ should have remained open	7
Clearer communications (no hysteria)	7
Support difficult to access	7
Bereavement	6
Relaxation and reflection	6
No support accessed/received/needed.	6
All to follow rules	6
Employment lost	6
Support from school/uni	6
Mask wearing self concious/difficult to breathe	6
Consistent rules/fewer changes	5
No effect on life at all	5
Quietness appreciated	5
WFH good	5
On line shopping good	5
Employment changed for the good	5
F2F GP access needed	5
Family Tensions due to proximity (inc DV)	5
Harsher punishment for rule breakers	5
Household jobs completed	5
Vaccine compulsory	5
Home schooling difficult	5
New hobbies	4
Social life stopped	4
Funeral attending	4

Exercise reduced	4
PPE procurement	4
On line shopping – minimum spend too high	4
Shopping – less stock	4
Medical support service access good	4
Masks compulsory	3
Church/mosque/temple supportive	3
Social distancing difficult	3
WFH difficult	3
Enforce Rules	3
Employment – job finding harder	3
Surgery delayed	3
School support poor	3
DWP reduced pressure to get a job	3
Council support good	3
UC uplift to be retained	3
Unaware that support was available	2
Travel difficult	2
support from family	2
Hospital visiting	2
Neighbourhood awareness increased1	2
Better local communication	2
Government did well	2
Reduce news bulletins – depressing	2
Alone positive	2
UK wide approach	2
Schools remain open	2
SPLW	2
Community baker was excellent	2
Internet speed slow/not there	2
Reduced social interaction	2
Better planning for future pandemics	2
Increased life challenges	2
Misery	2
Employment search easier	2
No support awareness2	2
Political party support received.	2
No longer take things for granted	1
Celebratory events cancelled	1
Diet improved	1
No access to tech (ability/equipment)	1
Better balance of MH effects	1
College access difficult/stopped	1
Increased hobby time	1
On line church (+ve)	1
Church/Mosque Closed	1
Covid used as excuse for poor service	1
Weight increased	1
Reduce red tape/paperwork	1
Relationship ended	1
Schools closed longer	1
Employment – career change	1

Banking contact poor	1
Better financial support	1
IT access for all	1
No internet access (places closed)	1
Poor public transport	1
Vaccine – less pressure	1
Aftercare support team	1
Alcohol use issues developed at home1	1
Became homeless	1
Diet required food difficult to obtain	1
Free school meals helped	1
Good experience	1
Gym good	1
NHS direct good	1
Not going to work	1
Prescriptions to be delivered – not collected	1
Prison support good	1
Safer environment	1
Too proud to ask for help	1
Volunteer/support database needed	1

1.b. People with a disability

Unique experience statements – 128 identified

Anxiety	59
Not seeing family/friends	57
Medical Services access difficult	50
Isolated	50
VCS support good	46
Lockdown earlier	36
Exercise increased	28
Mental Health issues	28
Close borders earlier	26
Tech use increased +ve	21
No positives at all	21
Groups closed/ should have remained open	18
New hobbies	16
Relaxation and reflection	14
Bereavement	13
No support accessed/received/needed.	12
Support from NHS (inc welfare calls)	12
Family time at home was positive	11
Unaware that support was available	11
Quietness appreciated	9
Access to public services poor	9
support from family	9
No access to tech (ability/equipment)	9
Restricted freedoms	9
Finances deteriorated	8
No effect on life at all	8
Frustration increased	8

Consistent rules/fewer changes	7
Social life stopped	7
All to follow rules	7
Funeral attending	7
Greater appreciation of life	7
Celebratory events cancelled	6
Finances improved	6
Masks compulsory	6
Travel difficult	6
Diet improved	6
Hospital visiting	6
Better local communication	6
Better balance of MH effects	6
Boredom	6
Daily support phone calls	6
No longer take things for granted	5
Church/mosque/temple supportive	5
On line shopping good	5
Family Tensions due to proximity (inc DV)	5
Harsher punishment for rule breakers	5
College access difficult/stopped	5
Reduce news bulletins – depressing	5
Increased hobby time	5
Develop herd immunity	5
More outside for young people	5
Carehome issues/protection	4
Employment lost	4
Exercise reduced	4
F2F GP access needed	4
WFH difficult	4
Mask wearing self concious/difficult to breathe	4
Employment – job finding harder	4
Food bank support	3
Clearer communications (no hysteria)	3
Social distancing difficult	3
Support difficult to access	3
Support from school/uni	3
Employment changed for the good	3
Enforce Rules	3
Drug recovery programme accessed	3
Honesty needed	3
DWP reduced pressure to get a job	3
UK wide approach	3
Covid used as excuse for poor service	3
Rules too restrictive	3
Shopping difficult with mobility issues	3
Weight increased	3
Reduce red tape/paperwork	3
Wedding plans disrupted	3
Neighbourhood awareness increased1	2
Household jobs completed	2
Surgery delayed	2

DWP supportive	2
Keep parks open	2
No lockdowns	2
SPLW	2
Community baker was excellent	2
Reduced social interaction	2
Relationship ended	2
Appreciated non cohabiting partner more	2
Retain leisure facility opening (cafe/pub)	2
Support from CAB	2
Lost in housing system/communication	2
Lost self help skills	2
Post natal support difficult	2
Samaritans	2
Shelter	2
WFH good	1
Media distrust/panic	1
PPE procurement	1
Government did well	1
Vaccine compulsory	1
School support poor	1
Carry on as normal	1
On line church (+ve)	1
On line shopping – minimum spend too high	1
Shopping – less stock	1
Church/Mosque Closed	1
Council support good	1
Illness – non covid – not diagnosed	1
Internet speed slow/not there	1
On line learning	1
Schools closed longer	1
Support from google/online/zoom	1
Employment – career change	1
Sporting event attendance cancelled	1
Alcohol not to be considered an essential item	1
Allow visits to those near death	1
Banking contact poor	1
Drug/alcohol abuse worsened	1
Essential clothing purchases impossible	1
Became a Buddhist	1
Employer called weekly	1
GP reception interrogation	1
Lack of respite care	1
No physio access	1
Partner (a nurse) was over worked	1
Physio via zoom was poor	1
Poor communications	1
Queues for disabled	1
Wedding postponed	1

1.c. Those living in rural areas

Unique experience statements – 108 identified

Not seeing family/friends	61
Medical Services access difficult	22
Exercise increased	21
Lockdown earlier	21
Anxiety	20
Isolated	19
VCS support good	18
Tech use increased +ve	17
Close borders earlier	17
No longer take things for granted	16
Family time at home was positive	15
New hobbies	14
Bereavement	13
Groups closed/ should have remained open	11
Carehome issues/protection	11
Social distancing difficult	9
Celebratory events cancelled	8
Travel difficult	8
No effect on life at all	8
Greater appreciation of life	8
Mental Health issues	7
No support accessed/received/needed.	7
Masks compulsory	7
Finances improved	7
Drug recovery programme accessed	7
Support from neighbours	7
Relaxation and reflection	6
No positives at all	6
Social life stopped	6
Finances deteriorated	6
Neighbourhood awareness increased1	6
Funeral attending	6
Diet improved	6
Government did well	6
School support poor	6
Consistent rules/fewer changes	5
Media distrust/panic	5
Clearer communications (no hysteria)	5
Carry on as normal	5
On line shopping good	5
Food bank support	5
Church/mosque/temple supportive	4
support from family	4
PPE procurement	4
WFH difficult	4
Support from school/uni	4
Vaccine compulsory	4
On line church (+ve)	4
Food delivery from local restaurant	4

WFH good	3
Surgery delayed	3
Access to public services poor	3
Better balance of MH effects	3
Support from NHS (inc welfare calls)	3
Mask wearing self concious/difficult to breathe	3
Illness – non covid – not diagnosed	3
Employment lost	2
Quietness appreciated	2
Hospital visiting	2
Honesty needed	2
Support difficult to access	2
Employment changed for the good	2
Better local communication	2
Household jobs completed	2
Rules too restrictive	2
Quicker help for s/e	2
Easier to live in a rural area	2
Harsher punishment for rule breakers	2
UK wide approach	2
Council support good	2
Covid used as excuse for poor service	2
Unaware that support was available	1
DWP supportive	1
Exercise reduced	1
Unable to complete studies	1
All to follow rules	1
Alone positive	1
No lockdowns	1
No access to tech (ability/equipment)	1
Restricted freedoms	1
DWP reduced pressure to get a job	1
Shopping difficult with mobility issues	1
UC uplift to be retained	1
Sporting event attendance cancelled	1
Church/Mosque Closed	1
On line learning	1
Shopping – less stock	1
Increased hobby time	1
Home schooling difficult	1
Employment – career change	1
Misery	1
Retain leisure facility opening (cafe/pub)	1
Drug/alcohol abuse worsened	1
Essential clothing purchases impossible	1
IT access for all	1
No internet access (places closed)	1
Poor public transport	1
Avoidable deaths	1
Aware of own mortality	1
GP's open for f2f	1
Lack of wrap around care caused reduced hours at work	1

No follow up from paramedic visit	1
Not dying alone	1
Pandemic was politicised – negative	1
Proactive contact needed	1
Stricter rules	1
Therapy services difficult	1
Zoom difficult when deaf	1

1.d. BAME Communities

Unique experience statements – 80 identified

Not seeing family/friends	33
Anxiety	22
Family time at home was positive	22
Lockdown earlier	21
New hobbies	18
Medical Services access difficult	16
Close borders earlier	14
WFH good	10
Church/mosque/temple supportive	9
Bereavement	9
Isolated	8
Mental Health issues	7
Relaxation and reflection	7
Social life stopped	7
Masks compulsory	7
Consistent rules/fewer changes	6
Groups closed/ should have remained open	6
Finances improved	6
Unable to complete studies	6
Exercise increased	5
No longer take things for granted	5
Support difficult to access	5
Tech use increased +ve	4
No positives at all	4
Quietness appreciated	4
VCS support good	3
Celebratory events cancelled	3
Unaware that support was available	3
No support accessed/received/needed.	3
Finances deteriorated	3
Travel difficult	3
Exercise reduced	3
No effect on life at all	3
Media distrust/panic	3
Honesty needed	3
WFH difficult	3
Employment changed for the good	3
Alone positive	3
On line shopping good	3
Church/Mosque Closed	3
F2F GP access needed	2

Life was paused	2
Surgery delayed	2
Clearer communications (no hysteria)	2
Social distancing difficult	2
Support from school/uni	2
Better local communication	2
Household jobs completed	2
College access difficult/stopped	2
Schools remain open	2
Food bank support	2
Government did well	2
On line learning	2
Quicker help for s/e	2
Fear of dying	2
Multi lingual messaging	2
Support from employers	2
Enforce Rules	1
support from family	1
Hospital visiting	1
Neighbourhood awareness increased1	1
All to follow rules	1
PPE procurement	1
Support from google/online/zoom	1
Diet improved	1
On line shopping – minimum spend too high	1
No lockdowns	1
Schools closed longer	1
Driving lessons interrupted	1
Carehome issues/protection	1
Shopping – less stock	1
SPLW	1
Weight increased	1
Easier to live in a rural area	1
Vaccine – less pressure	1
Complete dissatisfaction	1
Eat out to help out good	1
Greater independence	1
Isolation hotel costs eccessive	1
Support for pet owners needed	1

1.e. Those under 25 and not in education, training or employment

Unique experience statements – 114 identified

Not seeing family/friends	29
Anxiety	25
Family time at home was positive	24
No support accessed/received/needed.	21
Medical Services access difficult	18
Tech use increased +ve	16
VCS support good	15
Mental Health issues	14
Relaxation and reflection	14

Lockdown pointless	14
Exercise increased	13
Isolated	12
No effect on life at all	12
Celebratory events cancelled	12
Unable to complete studies	11
Unaware that support was available	10
Lockdown earlier	9
No positives at all	9
Consistent rules/fewer changes	9
Keep parks open	9
All to follow rules	8
Social life stopped	7
Enforce Rules	7
Carry on as normal	7
Develop herd immunity	7
Rules too restrictive	7
Schools remain open	7
Vaccine – less pressure	7
Close borders earlier	6
Bereavement	6
Masks compulsory	6
Employment lost	6
Government did well	6
No support awareness	6
Greater independence	6
New hobbies	5
Church/mosque/temple supportive	5
Exercise reduced	5
Family Tensions due to proximity (inc DV)	5
Employment – job finding harder	5
Boredom	5
DWP supportive	5
Improved GCSE results	5
Groups closed/ should have remained open	4
Finances deteriorated	4
Quietness appreciated	4
Travel difficult	4
support from family	4
F2F GP access needed	4
Hospital visiting	4
Neighbourhood awareness increased1	4
Life was paused	4
Improve access to health care	4
No longer take things for granted	3
WFH good	3
Media distrust/panic	3
Support from school/uni	3
Weight increased	3
Household jobs completed	2
Finances improved	2
Access to public services poor	2
Funeral attending	2

Support from NHS (inc welfare calls)	2
Employment changed for the good	2
PPE procurement	2
Surgery delayed	2
Honesty needed	2
Reduce news bulletins – depressing	2
Medical support service access good	2
No lockdowns	2
Appreciated non cohabiting partner more	2
Support from google/online/zoom	2
On line college good	2
On line shopping good	1
Clearer communications (no hysteria)	1
Social distancing difficult	1
Support difficult to access	1
Greater appreciation of life	1
Diet improved	1
WFH difficult	1
Mask wearing self concious/difficult to breathe	1
Better local communication	1
No access to tech (ability/equipment)	1
Better balance of MH effects	1
Restricted freedoms	1
Vaccine compulsory	1
College access difficult/stopped	1
DWP reduced pressure to get a job	1
Alone positive	1
On line church (+ve)	1
On line shopping – minimum spend too high	1
Shopping difficult with mobility issues	1
UC uplift to be retained	1
Internet speed slow/not there	1
Relationship ended	1
Schools closed longer	1
Better planning for future pandemics	1
Increased life challenges	1
Sporting event attendance cancelled	1
Support from CAB	1
Alcohol not to be considered an essential item	1
Allow visits to those near death	1
Better financial support	1
Driving lessons interrupted	1
Anger reduced	1
Birthing alone	1
Legalise Cannabis	1
No support for new mothers	1
No vaccine passports	1
Online advertising - controls needed	1
Online gambling habit developed	1
Quarantine instead of close borders	1
Returning to workplace	1
Visits to relatives if -ve test	1

3. Interview proforma

Instructions for the Interviewer

Please write responses in the note taking section for each part of the conversation.
This interview should, ideally, take the form of a conversation. There are some prompt questions below to guide focus of the conversation in 5 particular areas.
Please take notes and ask the person you have interviewed to complete the section at the end of this page. This is a GDPR requirement and, without it, there will be no payment made to the organisation that has asked you to undertake this interview. You also need to complete the boxes below or no payment will be made.

COMPLETION BY THE INTERVIEWER

Category the Interviewee	**Please tick (✓)**
The Interviewee lives in a deprived neighbourhood within the most deprived 20% of lower super output areas in the country on the Index of the Multiple Deprivation 2019	
The interviewee has a disability, learning disability or autism	
The interviewee lives in a rural community	
The interviewee is aged between 16 and 24 years old and is not in education, employment or training	
The interviewee is from an ethnic minority / BAME background	

Name of Person Conducting the Interview	
Job Title	
Organisation Name	
Date Interview Completed	
Telephone or Face to Face	
Signature to confirm that the notes taken are a true reflection of what was said in the interview [electronic signatures are acceptable]	

Conversation Area 1: **How has COVID-19 impacted or changed your life compared to before?** **Prompt when you want to know more about what they have said:** What is the main reason for saying what you have just said?
Conversation Area 2: **Has there been anything that was better or that you enjoyed because of the pandemic?** There are many examples – some people like on-line Church; some people like walking more than they did because they were encouraged to walk more in the first lockdown. Others discovered that having food shopping delivered has saved time to do other things. What is the best thing for you and why? **Prompt if they are struggling to answer –** Has there been anything that COVID has forced you to do differently – which has surprised you as being enjoyable or useful and which you might continue to do going forward.
Conversation Area 3: **Has there been anything that has made life harder or has upset you because of the pandemic?** The pandemic has made life more difficult for some people and it is important to hear of these difficulties. Not being able to see people at meetings and get togethers may have been hard. Not being able to see people in hospital or at a care home could have been difficult. Numbers at funerals may have caused additional upset. Getting a car serviced was very difficult at the beginning of the pandemic. Speaking to the right person at the council has not been easy if offices are closed. Medical services have also changed. So, what have you found difficult and why?
Conversation Area 4: **What has been your experience of the support you have been given by local charities, community groups, faith groups, local volunteers, the local authority where you live?** Please name the organisations where possible.
Conversation Area 5: Finally, **What would you have done if you were in charge?** This question can be answered in many ways. The answer could be different if the person is speaking from the position of Prime Minister; local council; local doctors; member of a local group. So, it may be an idea to ask this question from each of these perspectives so as wide range of views as possible can be captured.

GENERAL DATA PROTECTION STATEMENT

The information you provide will be stored electronically by both ourselves, Lancashire Association of Councils for Voluntary Service and VSNW. No personal details will be shared but we do need personal details in case we need to clarify something that you have said. The information collected will be read and then reports produced for use by LACVS, VSNW and partners in the NHS integrated care system. The reports may contain some of your comments, but these will not be able to be traced to you. There will be 400 responses in the reports. On 30th June 2022 all records will be deleted as there will be no need to keep them.

Your name.	
Your preferred contact method (please detail)	
Residential Post code (where you live)	
First language	

If it is a telephone interview	Please tick (✓) and initial to confirm that you have read the above declaration and the interviewee has given their permission to take their personal details above.
If this is a telephone interview then the interviewer must read the declaration above and note, on this form, that they have done so by ticking and putting your initials on the box to the right.	