



Surrey Covid-19 Community Impact Assessment

Older People who were Shielding, had
Chronic Illnesses and/or Physical
Disabilities Rapid Needs Assessment



Older People who were Shielding, had Chronic Illnesses and/or Physical Disabilities

Rapid Needs Assessment

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Executive Summary

Expert doctors in England have identified specific medical conditions that place some people at greatest risk of severe illness from Covid-19 and therefore who needed to shield. These medical conditions included people; who have had solid organ transplants, with specific cancers, with severe COPD, with rare diseases, on immunosuppression therapies and other conditions (PHE, Aug. 2020). **It should be noted that many people shielded who were not on the official shielded list but had other significant vulnerabilities. The need to shield can apply across all ages but here we are focussing mainly on the elderly population of Surrey.**

Five Stakeholders and fifteen Key Informants were interviewed to get an understanding of the issues experienced throughout the crisis. Views were provided from the NHS, organisations that supported the elderly, carers support groups, charities/voluntary sector, a local church and a foodbank. Experiences shared from a service provider point of view covered; pre Covid-19 challenges, impacts of lockdown, coming out of lockdown and future priorities. However, there was a mixed picture given from service providers and charities.

Raising funds, a lack of paid care workers/staff/volunteers and lack of suitable transport (personal/public) was an issue. Some offices shut down, staff worked from home and home visits reduced or stopped altogether. Social and professional contact reduced, especially for those without, or couldn't use, technology. Getting the right support and engagement with the NHS/GP practices was sometimes difficult and cancellations of medical appointments caused problems.

There was little impact on workers who normally work from home. Online Zoom events and groups worked well for those with the technology, but it was not suitable, or wanted, by all. Engagement with various digital platforms has been huge. Service providers said the use of technology has been a positive for many, by giving access to the outside world and some structure to the day. Call centres were quickly set up and staff levels maintained at some services. Most services felt they were better prepared if another outbreak should occur.

Support services took on new roles; doing the shopping, picking up prescriptions/medicines and providing transport to appointments. However, people not on the official shielding list did miss out on many interventions and support. It has been a rapid learning curve for everyone; understanding guidelines, following Covid-19 infection control procedures and use of technology which hasn't always been easy. There will be long term impacts (physical and mental) for shielded people, those with a disability, people living with a long term health conditions and their carers. Coming out of lockdown is a scary thought for some people with a loss of faith and trust due to confused messaging from government, and the media causing anxiety and stress.

We have also interviewed members of the community who have been shielding, living with a long-term health conditions and/or disability, or have been looking after residents in a caring capacity covering all ages. Conditions ranged from dementia, cerebral palsy, frail elderly, physical impairments and many others. Common themes from the community interviews were a lack of information generally. Many mentioned the lack of contact from Adult Social Care and other support services. Local targeted information was thought to be the most beneficial. There has been a big impact on unpaid family carers due to the fear of letting paid care staff into the home as they may have been in contact with many people. Help with shopping or access to online slots was deemed essential for those who couldn't go out. It

had taken several weeks for some people to access these and some had to rely on food banks for a significant amount of time. Personal views and experiences differed greatly across the community interviews; some felt totally let down by the system and support services, some understood the challenges and made the best of it, some were very happy with the level of support received.

Some felt it was hard to contact and engage with Surrey County Council, with staff trying their best to give support, but with mixed results. However, some said information sharing worked well from the Council. Social distancing reduced family contact and increased social isolation, however the weekly clap for carers did help with this for some individuals. There were concerns relating to scammers which led to an increased need to check out a glut of volunteers and new support groups; most were genuine, but some were not. The response from the community to a crisis generally has been good. New relationships and friendships were built between residents and support workers.

Those in the community reported that the cancellation of physiotherapy and other health appointments had a negative impact on them. It was felt that not all health appointments should be carried out over the phone. For example, this was not suitable for asthma checks. Some residents felt that GPs were prescribing medication rather than getting to the root of problems. The closure of some high streets has had a negative impact on disabled people.

Figure 1 shows three word clouds that were produced based on key words and phrases that interviewees used during their interviews. The top two clouds show a similarity between key terms which emerged from the interviews with Key Informants (left) and members of the community (right) who were shielding or by people who were caring for shielded residents. The bottom cloud gives key terms that emerged from interviews with people in the community who had physical disabilities. Words such as; help, (mental)health, need, support, information, lockdown, problems and shopping were all raised frequently during the interviews with all participants.

Figure 1. Word Clouds showing key words/terms generated from Key Informant Interviews and Community Interviews.

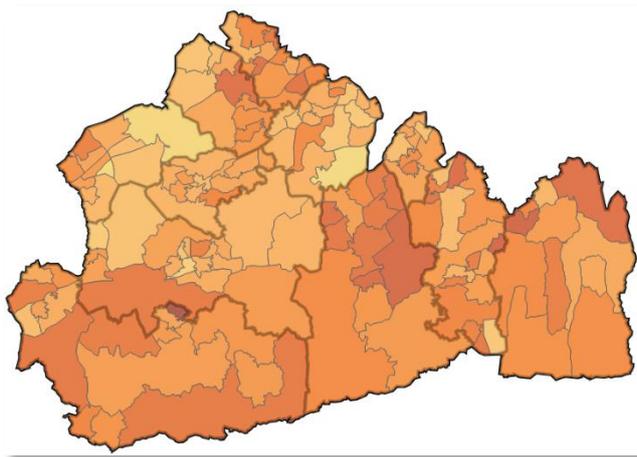


support before and during the crisis. They have all been vital in protecting residents across the county.

Population profile

Various health behaviours and vulnerabilities can indicate whether a population is at a higher risk from Covid-19 and other health conditions.

Figure 2. Map of Surrey showing the distribution of the Population Groups Score across MSOAs



This map shows the prevalence of population groups with pre-existing vulnerabilities and/or who are more likely to have been impacted during lockdown, including bereaved families and friends, **those who are shielding, people with disabilities, people with a mental health diagnosis, older people living alone and carers.** The map shows that the groups are spread across the county, with slightly higher prevalence in the South and East.

The top 5 most impacted MSOAs (Middle Super Output Areas) in the population groups dimension are:

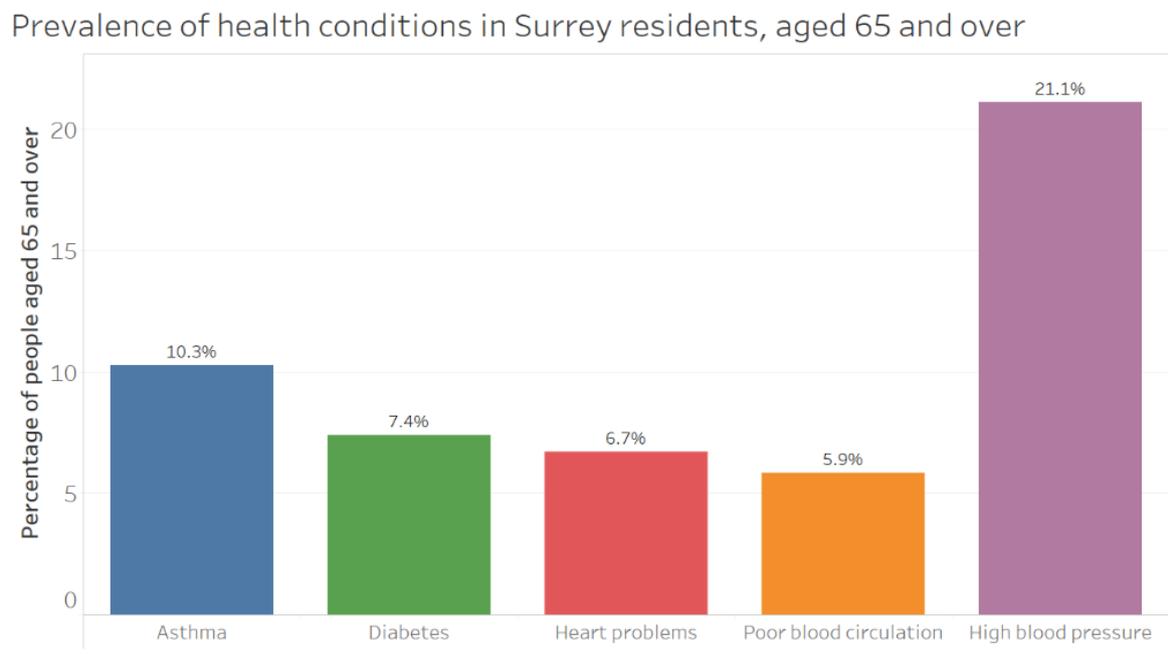
- Farncombe (Waverley)
- Caterham West (Tandridge)
- Merstham (Reigate & Banstead)
- Box Hill & Brockham (Mole Valley)
- Dorking South (Mole Valley)

Certain medical conditions placed some people at greater risk of severe illness from Covid-19 and therefore these people were advised to shield. Figure 3 shows the percentages of people aged 65 and over who, in 2019, were diagnosed with either asthma, diabetes, heart problems, high blood pressure or poor blood circulation. Some people will have multiple diagnoses of these conditions.

The prevalence of various health conditions is consistent between the local authority areas across Surrey. Around 10.3% of over 65's suffers from asthma and depending on the severity of the condition can place them in the clinically vulnerable or clinically extremely vulnerable category (NHS, Sept 2020). Roughly 7.4% (16,845 people) elderly residents are diagnosed with diabetes across all local boroughs and districts. It is also estimated **there are 52,184 people aged 18-64 with diabetes across Surrey** with the vast majority in the 45-64 age range (see table 1). People with diabetes are at moderate risk placing them in the clinically vulnerable category. 6.7% of 65's and over suffer from heart problems across Surrey and 5.9% have poor blood circulation. A diagnosis of high blood pressure, or hypertension, is

linked to a higher risk of serious illness from Covid-19, and therefore places a person at high risk (BHF, Aug 2020). The proportion varies across Surrey with an average of 21.1% across districts and boroughs.

Figure 3. Chronic conditions and health behaviour of people aged 65 and over in Surrey



Source: Mosaic 2019 data

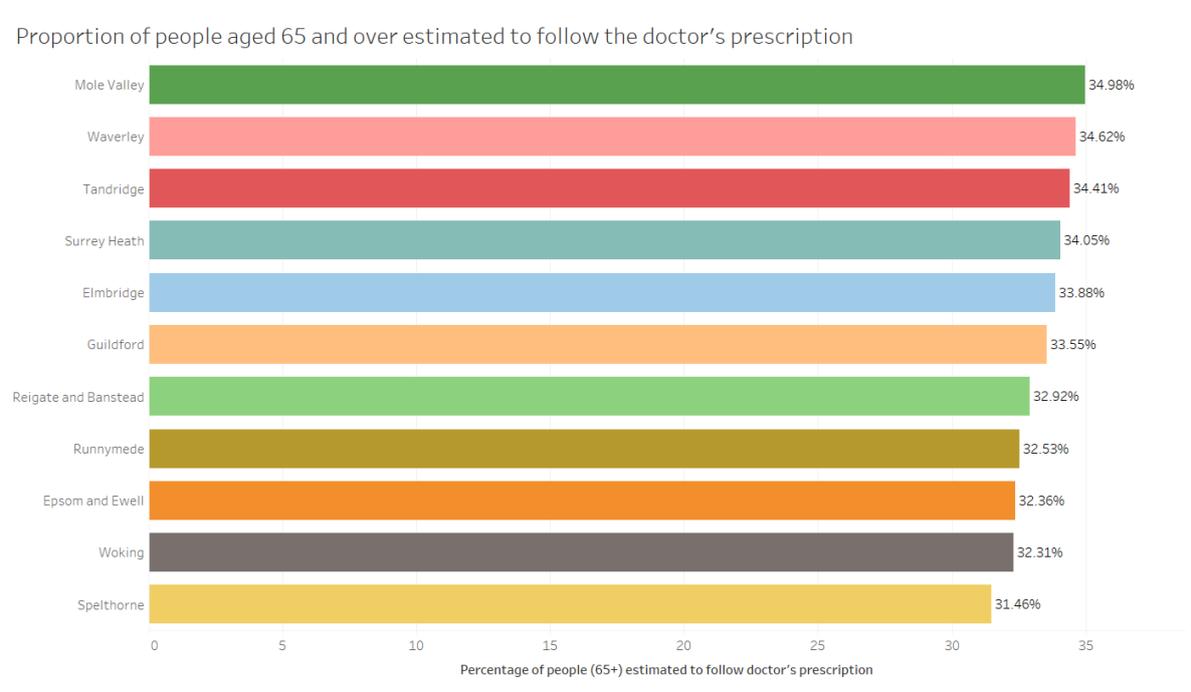
Table 1. Estimated number of people aged 18 and over with diabetes in Surrey

LA Name	Age Range						Total
	18-24	25-34	35-44	45-54	55-64	65+	
Surrey	6,789	9,639	11,839	12,987	10,930	16,845	69,029
Elmbridge	538	826	1,443	1,581	1,228	1,839	7,455
Epsom and Ewell	417	602	822	853	691	1,062	4,447
Guildford	1,535	1,597	1,351	1,475	1,274	1,885	9,117
Mole Valley	412	587	770	1,028	961	1,577	5,335
Reigate and Banstead	670	1,264	1,594	1,615	1,335	2,005	8,483
Runnymede	843	976	805	853	749	1,111	5,337
Spelthorne	477	838	1,027	1,045	903	1,339	5,629
Surrey Heath	428	667	841	1,014	845	1,274	5,069
Tandridge	416	683	850	991	881	1,390	5,211
Waverley	647	794	1,188	1,453	1,209	2,119	7,410
Woking	431	809	1,127	1,074	858	1,263	5,562

The chart in figure 4 shows the proportion of over 65s estimated to follow the doctor’s prescription. The taking of prescribed medications, as instructed, is vitally important if certain medical conditions are to be successfully managed and/or treated. The chart shows that people taking their medications as prescribed ranges from 31% to 35%. This leaves between 65% and 69% who do not take their medicines as prescribed, which could place them at

serious risk of failing to manage, improve or recover from diagnosed conditions and consequently lead to more serious health outcomes.

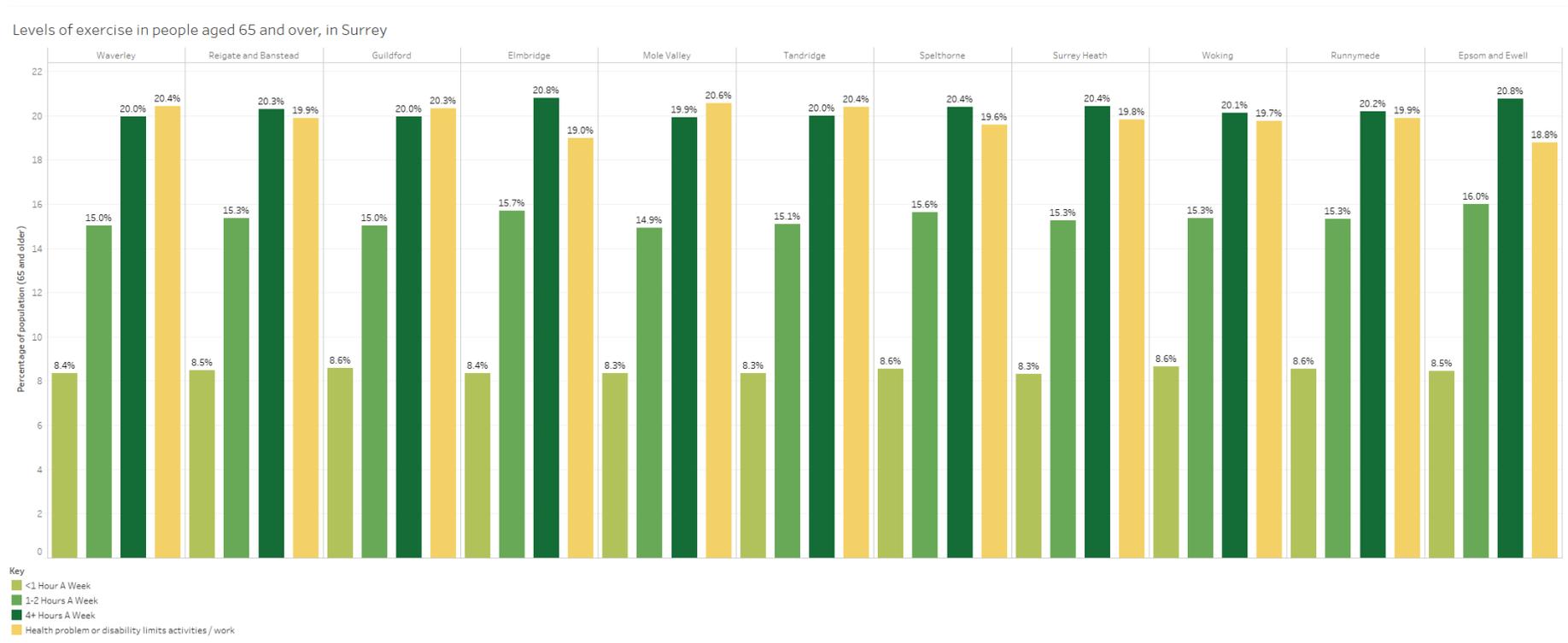
Figure 4. Proportion of people aged 65+ estimated to follow doctor's prescription



Source: Mosaic 2019 data

Excess weight/obesity has been a complicating risk factor when someone contracts Coronavirus. The NHS recommends that people aged over 65 should do at least 150 minutes of moderate intensity exercise each week (NHS, Oct 2019). The exercise indicators in figure 5 have been arranged by percentage of the population with a health problem or disability which impacts on their ability to exercise. A large percentage of over 65's across Surrey have limited ability to exercise or work due to health problems or disabilities. This ranges from 20.6% (Mole Valley) to 18.8% (Epsom & Ewell). Between 8.6% and 8.3% get less than 1 hour's exercise per week and between 16.0% and 14.9% get 1 to 2 hours exercise per week, both which are less than the amount recommended by the NHS. More positively, between 19.9% (Mole Valley) and 20.8% (Elmbridge/Epsom & Ewell) get 4 or more hours exercise per week.

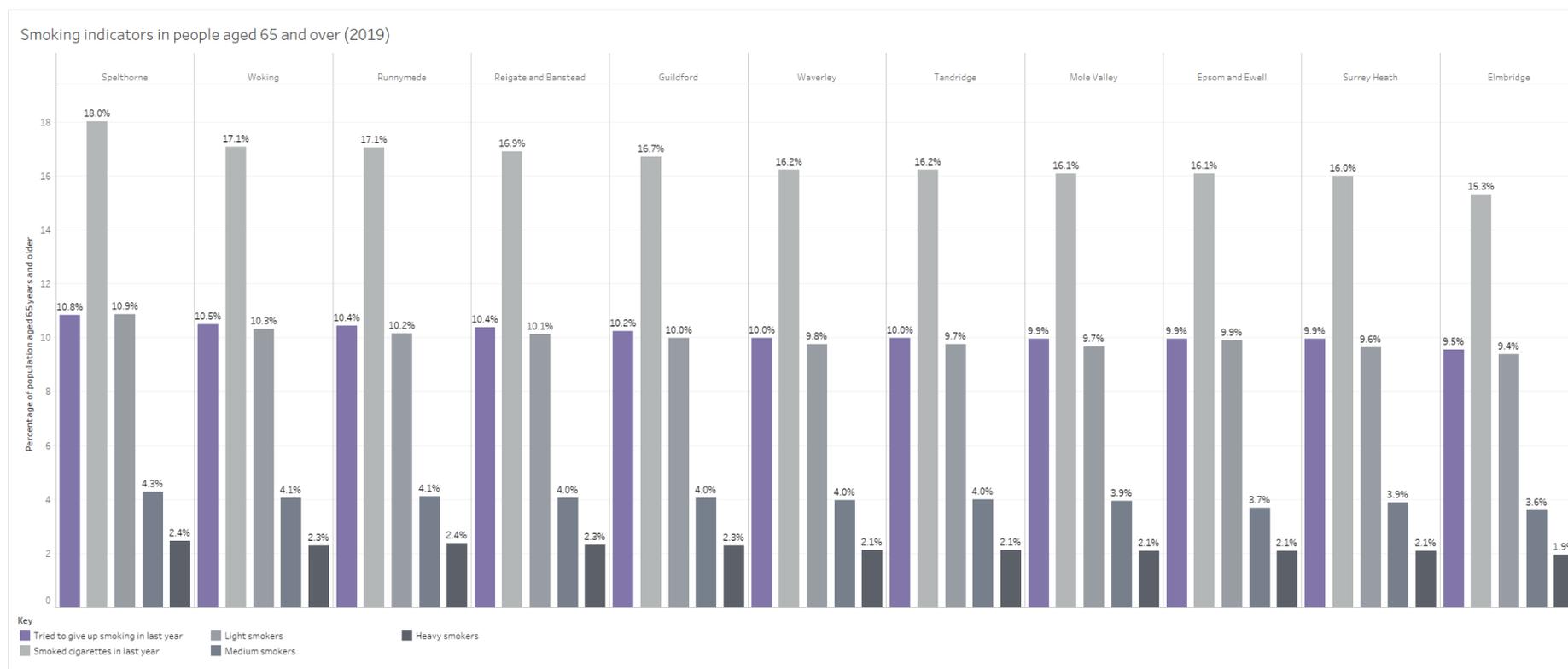
Figure 5. Exercise level of people aged 65 and over in Surrey



Source: Mosaic 2019 data

Smoking status has also been a key risk factor impacting on the severity of illness, experiencing related complications and ability to recover if someone contracts the disease. Figure 6 charts the smoking status for those aged 65 and over across Surrey in 2019. Between 6.7% (Spelthorne) and 5.5% (Elmbridge) 65's and over are medium/heavy smokers. There are a considerable number of elderly residents who are light smokers or who had smoked cigarettes in the previous year, ranging from 39.0% (Spelthorne) and 24.7% (Elmbridge). Between 10.8% and 9.5% have tried to give up smoking in the last year. The benefits of stopping smoking are well known and more elderly smokers should be encouraged to reduce and/or stop smoking altogether if possible.

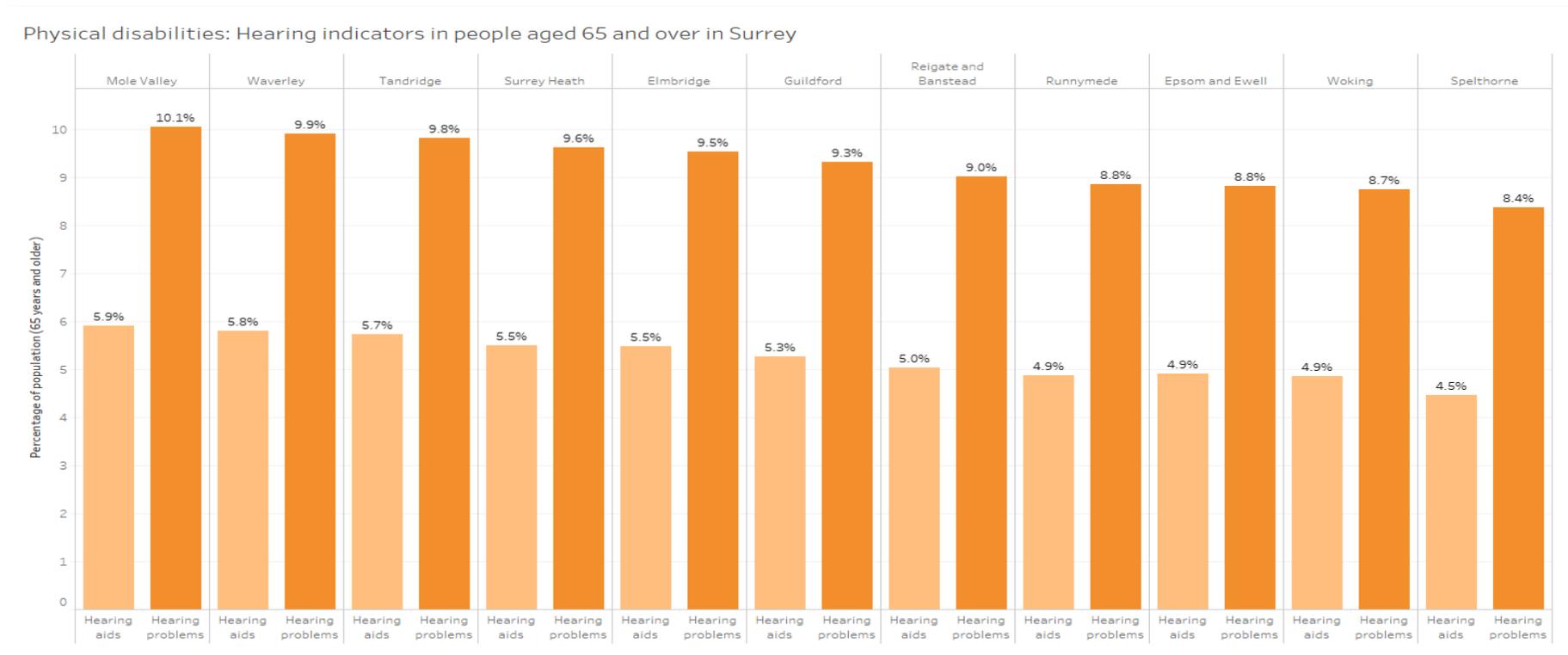
Figure 6. Smoking status of people aged 65 and over in Surrey



Source: Mosaic 2019 data

Levels and type of **communication between various support services and residents** who have been shielding has affected peoples understanding of issues during the lockdown period. People with a hearing impairment sometimes found it hard to communicate clearly with others and to take in any information they needed to protect themselves from the virus and to access support. Figure 7 below charts hearing indicators for those aged 65 and over across Surrey. Between 10.1% (Mole Valley) and 8.4% (Spelthorne) of people aged over 65 have a hearing problem. Use of corrective intervention in the form of hearing aids ranges from 5.9% (Mole Valley) and 4.5% (Spelthorne). There are still **a large cohort of over 65s with hearing difficulties that might need additional support** to help them understand ongoing issues during a future crisis.

Figure 7. Hearing indicators of people aged 65 and over in Surrey



Source: Mosaic 2019 data

It should also be noted that **many under 65s are hard of hearing or deaf** and access to support services for these people is just as vital as those who are over 65. Table 2 shows estimates across all ages of those with hearing problems across districts and boroughs. Clearly, the highest numbers are in the over 65 age group as would be expected. In total, there were approximately 21,125 people aged 65 and over who had a hearing problem. However, there are significant numbers across all other groups between ages 18 to 64 (65,439 more adults). The numbers are generally increasing as people get older, with an exception in the 55-64 age group.

Table 2. Estimated number of people aged 18 and over with hearing problems in Surrey

LA Name	Age Range						Total
	18-24	25-34	35-44	45-54	55-64	65+	
Surrey	8,514	12,087	14,846	16,286	13,706	21,125	86,564
Elmbridge	708	1,087	1,900	2,081	1,616	2,421	9,813
Epsom and Ewell	512	739	1,008	1,046	847	1,302	5,454
Guildford	1,876	1,952	1,652	1,803	1,558	2,305	11,146
Mole Valley	40	769	1,010	1,347	1,260	2,067	6,493
Reigate and Banstead	817	1,542	1,944	1,969	1,628	2,445	10,345
Runnymede	1,007	1,166	962	1,019	895	1,327	6,376
Spelthorne	554	973	1,193	1,214	1,049	1,555	6,538
Surrey Heath	568	885	1,117	1,346	1,122	1,692	6,730
Tandridge	541	889	1,105	1,288	1,146	1,807	6,776
Waverley	843	1,036	1,550	1,896	1,577	2,765	9,667
Woking	520	976	1,360	1,296	1,035	1,523	6,710

Risk of sight loss is heavily influenced by health inequalities, including ethnicity, deprivation and age. Sight loss can increase the risk of depression, falls and hip fractures, loss of independence and living in poverty (RNIB, 2014).

Prevention of sight loss will help people maintain independent lives as far as possible and reduce needs for social care support, which would be necessary if sight was lost permanently. Research by the Royal National Institute for Blind People (RNIB) suggests that 50% of cases of blindness and serious sight loss could be prevented if detected and treated in time. Whilst this is mainly due to uncorrected refractive error and untreated cataract, the research implies that the take-up of sight tests is lower than would be expected. This is particularly the case within areas of social deprivation. Low take-up of sight tests can lead to later detection of preventable conditions and increased sight loss due to late intervention.

In 2018/19 there were 467 (39.2/100,000) sight loss certifications for preventable sight loss across Surrey. The rate for Surrey has consistently been below the averages for England and the South East since 2013/14. However, there has been an increasing trend in rates from a low of 32.2/100,000 in 2015/16 (Fingertips: PHE, 2020).

Sadly, evidence shows that people with certain medical conditions or disability are more at risk of suffering severe illness and even fatality due to Covid-19. The initial strain on health services was extreme as they fought to treat and save the lives of many, with pre-existing health conditions, who contracted the disease. **Many of those conditions are seen in the elderly population.** It is useful to evaluate what impact the disease may have had on the number of deaths during the crisis. **It should be noted that any deaths within a 28 day period of a confirmed Covid diagnosis is recorded as a Covid death.**

National evidence from the CQC/ONS is available that shows an increase in deaths of people with a learning disability and/or autism. The analysis looked at all deaths notified to CQC between 10 April and 15 May this year from providers registered with CQC who provide care to people with a learning disability and/or autism (including providers of adult social care, independent hospitals and in the community), and where the person who died was indicated to have a learning disability on the death notification form.

This data shows that nationally, 386 people with a learning disability, some of whom may also be autistic, died who were receiving care from services which provide support for people with a learning disability and/or autism. For the same period last year 165 people with a learning disability, some of whom may also be autistic, died who were receiving care from services which provide support for people with a learning disability and/or autism. This is a 134% increase in the number of death notifications this year. Of the 386 people who have died this year, 206 were as a result of suspected and/or confirmed COVID-19 as notified by the provider and 180 were not related to COVID-19. 184 people were receiving care from community-based adult social care services and 195 from residential social care settings.

As said, the above information is from national data submissions. However, based on these numbers, it could be assumed there was also an increase in deaths of people with learning disabilities and/or autism across Surrey.

Individual and personal circumstances could be a factor, and many were identified during the research interviews with key informants and residents. Vulnerable people living in isolation and/or in more deprived circumstances are more at risk. Some people who are living in shared rented accommodation are open to the spread of coronavirus disease and consequently the risk of severe illness or death. Access to health-related services and accessible information did reduce for some, which could have impacted on their ability to manage some of the existing medical conditions listed above.

Reason for perceived exclusion of group from services

A few of those interviewed did feel more isolated from family, friends and service providers. Social and professional contact reduced, especially for those without suitable technology, or those who couldn't/didn't want to use it. There was a view that staff levels reduced as we went into lockdown and which did affect resource levels available to provide support services for those who needed them. **There was a definite view that the numbers of contacts and visits reduced for some during lockdown.** Some residents were fearful of support workers/carers coming into their homes who might, in their opinion, bring the disease to them. A comment was made about improper use of PPE and what appeared to be poor infection control measures been applied which made the shielded person, people living with a long term health conditions and/or disability feel unsafe.

Some of the interviewee's did face a negative reaction from other members of the public in terms of been questioned about not wearing PPE (face masks) when out in the community, for example when doing their own shopping. Some members of the public were still quite hostile even though explanations were provided as to medical exemptions allowing people not needing to wear face masks.

Reductions/changes in services as a result of Covid-19

Services that support vulnerable people changed dramatically in the lead up to, and during lockdown. **Some volunteer organisations, that rely on charitable donations, found it very difficult to raise funds.** This contributed to the issue that some staff only worked part time and some organisations took advantage of the furlough scheme introduced by central Government. This resulted in a reduction of workforce capacity to deliver the support that many vulnerable people usually rely upon. For those workers who didn't normally use their own transport to make home visits, the reduction in public transport and having to use taxis was an issue, though this was minimal. Home visits reduced or stopped altogether in some cases. A lot of offices shut down and most staff who were still working worked from home.

Some interviewees expressed difficulties in engaging with, or getting the adequate levels of support from, the NHS and/or GP practices. It has been widely reported that NHS staff were re-allocated to support the fight against Covid-19 resulting in cancellation of some hospital check-ups and non-emergency medical appointments. This did cause concern, anxiety, anger and other problems for some residents, with some expressing that there was no medical support in place for those who needed it.

A lot of people not on the official shielding list did miss out on some interventions that were put in place. **Many charitable organisations took on new roles**, as part of a modified support service, for these vulnerable residents who were shielding but who were missing out. They did the shopping for those who couldn't get a home delivery slot, they picked up prescriptions and medicines, they sometimes provided transport for people who did still have necessary appointments to attend. The local response has made a huge difference to this client group. **It has been a rapid learning curve for most organisation's; understanding and implementing new guidelines, following Covid-19 infection control procedures, setting up telephone call centres and the use of technology which hasn't always been easy.** Some organisations have adapted well to the use of IT and will continue to do so where appropriate as time moves on, however, they have said it does not replace the personal intervention of a face to face visit to someone who is vulnerable and needs support.

Between the 16th March and 31st May, Crossroads Care Surrey received 3514 calls for support and carried out 1031 outreach (shopping and prescription collection) activities. This is just one example of how local support services have adapted to help vulnerable groups during the Covid-19 crisis.

Severity of Covid-19 impact

The overwhelming view is that there will be long term impacts for this population group due to Covid-19. These will be both physical and mental, not only for people with a long-term health condition or disability themselves, but also for those who have been caring for them.

The term "long Covid" has been given to the poor health conditions been experienced by some who have had the disease and can last for a considerable amount of time. Older people and those with a wide range of initial symptoms are more at risk. Previous conditions such as asthma, lung disease, been overweight and been female also increases the risk of long Covid.

For some, it has **taken longer to have certain conditions diagnosed due to non-face to face appointments been conducted.** Telephone and online facetime appointments don't always pick up specific issues that may need treatment. Some vital procedural information has been missed off hospital letters, leading to a delay in treatment which could have a longer-term impact in terms medical outcome. Many thought that the lack of exercise, eating unhealthily and greater alcohol consumption during lockdown has made them put on weight which could lead to related health issues such as diabetes, cancer and heart problems. Going forward, it **must be made clear that the NHS is open for business.** People should not be put off going to clinical settings to seek urgent treatment or advice from their GP, midwife or other care expert when you are feeling unwell or worried about a new, or existing, condition. This also applies to mental health services for related issues.

There was a resilience in a lot of older people which they thought maybe wasn't there in younger people. Older people, generally, didn't feel as if they suffered financially because of the crisis and were relatively comfortable regarding their future financial situation. However, this will not be the case for all people who are living with a long-term health condition or disability or those who are carers for vulnerable family members. Indeed, funding for appropriate childcare was a major issue for one family.

What can be done? Recommendations

Key informants and residents were asked what needed to happen, or be prioritised, should another major wave or an alternative crisis occur in the future. There were mixed views on this, but three key themes emerged and are identified below:

Communication

- Provide clear guidance and messaging, implement interventions when announced (not 2 weeks later) in a range of accessible formats suitable for those with a sensory impairment, a learning disability and members of the deaf community
- Establish early warning systems about local outbreaks so people can make informed risk assessments daily, including those not on an official 'shielding' list or those with physical disabilities but who could be disproportionately affected
- Promote the Healthy Surrey website which holds the widest possible range of information about care and support locally
- Send out more positive news

Healthcare and protection

- Improve availability of PPE and training in its use alongside infection control training, particularly for people who employ their own Personal Assistants
- Have clear individual care plans for those who need them and conduct risk assessments for provision of services
- Set up support systems for individuals and staff ensuring social contacts are maintained
- Be prepared earlier with longer preparation time, however, maintain the good things/systems that are in place now
- Better care for people who don't have Covid-19 so health issues aren't missed, particularly focusing on people with long term health condition and/or disability
- Redress a lack of monitoring during any future lockdown period

Health Improvement

- Reference new disabilities that have arisen from Covid-19 and the impact the disease has had on existing conditions
- Psychological support for people who were shielded, have a chronic illness or are disabled
- Promote Mind Matters free NHS Talking Therapy service to help people who are experiencing common mental health problems
- Activities/provision to support increased activity levels for people with a long-term health condition, disability or those of older age
- Continue to promote existing smoking cessation provision and work to encourage more elderly smokers to quit

Acknowledgements

This work could not have been conducted without the involvement of key informants from various agencies and members of the community and taking part in the interview process. The various agencies work to provide services for older people and across the age range in most instances. The residents were identified by key informants and who agreed/asked to take part. Their views and opinions were vital in the production of this piece of work. Those listed below have given permission to be acknowledged and we are very thankful to them.

Key Informants

Jane Andrews, Operational Manager, Sight for Surrey

Rachel Brennan, Adult Carers, Action for Carers Surrey

Clare Burgess, Chief Executive, Surrey Coalition for Disabled People

Melanie Bussicott, Head of Community Support Services, Elmbridge Borough Council

Rosanna Cowdery, Staff member, Age UK Surrey

Helen Hammer, Volunteering Manager, Tandridge Voluntary Action

Jonathan Lees, Managing Director, Epsom & Erwell Foodbank

Eamonn McNamee, Volunteer Centre Manager, Central Surrey Voluntary Action

Claire Robertson General Manager, Age Concern Banstead

Christine Schauerman, Programme Manager, Mary Francis Trust

Rev. Jane Schofield, Curate, St. John the Evangelist Church

Residents

Mara Casadei, resident, Guildford Borough Council

Thandi Hagos, Carers Support Advisor, Action for Carers, Surrey (Organised a focus group discussion with a group of service users)

Maria Hewson, resident, Reigate & Banstead

Nicola Hodges, shielding/carer, Haselmere

Mother of young child, shielding/carer, Spelthorne

Michael O'Neill, resident, Farnham

Nikki Scholes, shielding/carer, Spelthorne

Mark Scholtz, resident, Elmbridge Borough Council

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