

Report to the NHS Somerset Clinical Commissioning Group on 28 January 2021

Title: Annual Report of the Director of Public Health for Somerset 2020 – First Wave Covid-19 in Somerset	Enclosure F
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Summary and Purpose of Paper

The production of an Annual Report is a statutory requirement of the Director of Public Health (DPH), although the contents are entirely discretionary. It is an opportunity for the DPH to give an independent view of health and wellbeing priorities in the county.

This report describes the impact of the ‘first wave’ of Covid-19 on Somerset, in the period from February to July 2020. It considers the direct impact of a disease which has so far led to over 200 deaths in Somerset, and the wider impact of the measures put in place to control it on the health and wellbeing of the county. It includes interviews with Somerset residents – ‘Corona Conversations’ – that give the personal stories behind the statistics.

Recommendations and next steps

The Governing Body is asked to **endorse** this report. The contents remain the sole responsibility of the Director of Public Health.

The Governing Body is also asked to **discuss** the recommendations, and to assist in their implementation.

- 1 System wide delivery and community support for the Local Outbreak Management Plan, delivery driven by strong public health leadership
- 2 System wide commitment to prevention and management of long-term conditions, particularly obesity and diabetes
- 3 System wide commitment to the promotion of mental health and the prevention of mental illness
- 4 Digital infrastructure and transformation – across Somerset
- 5 Addressing inequalities in our society
- 6 Active and real time monitoring of direct and indirect impact

Impact Assessments – key issues identified				
Equality	As a report rather than a decision, this does not require a full equality impact assessment. The report stresses the importance of addressing inequality in promoting resilience to Covid-19 and in recovery after the pandemic.			
Quality	The report highlights the importance of the health and care system working together as a whole in order to provide a high-quality response to the pandemic.			
Privacy	No specific impacts are discussed, although cross-system working will inevitably rely on a shared understanding of population health needs.			
Engagement	The report is complemented by <i>Corona Conversations</i> (http://www.somersetintelligence.org.uk/files/CoronaConversations.pdf), which gives voice to a wide range of people in Somerset affected by, or responding to, the first wave of the Covid-19 pandemic.			
Financial / Resource	None directly described.			
Governance or Legal	None directly described.			
Risk Description	Not applicable.			
Risk Rating	Consequence	Likelihood	RAG Rating	GBAF Ref



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COVID-19 **The First Wave**

**Annual Report of the
Director of Public Health
for Somerset 2020
Trudi Grant**



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Acknowledgements

What a year this has been. No Director of Public Health wants a pandemic on their watch but if it has to be me, I would choose to do it in Somerset every time. I am really proud of the way Somerset residents have played their part and, by and large, have stuck to the infection control measures. Just like the 2014 flooding, Somerset residents have launched a huge volunteer response to the pandemic, helping people to self-isolate, stay connected and well during lockdown, even making Personal Protective Equipment (PPE) for our health and care services, the combined effort has been simply fantastic!

In addition to the effort of local residents, the response from all the public, private and voluntary organisations has been exemplary and barriers between organisations have been disregarded in order for all of us to work together to protect the health of the public.

I also want to take this opportunity to say a huge thank you to all the Public Health Team in Somerset and the South West Regional Public Health England staff who have worked tirelessly and professionally throughout the pandemic to date as one public health family. Your efforts are often behind the scenes and go unknown but they have been pivotal in helping to control the spread of the disease locally.

Finally, a huge thank you to Susan Hamilton, Pip Tucker, Jo McDonagh and Jack Layton for helping to write this report whilst we were all also responding to the pandemic.

Foreword

The new coronavirus impacts on health and wellbeing in two ways.

Firstly, the direct impact, in terms of death and ill health caused by COVID-19. Monitoring this impact in terms of number of infections, hospitalisations and deaths were the focus of the Government daily press briefings and resulting media reports from March 2020.

Secondly, the indirect impact, results from the response to the pandemic. Without a vaccine or cure for COVID-19, governments around the world had no option but to implement social distancing measures to slow the spread of the infection and prevent health services from getting overwhelmed. This led to profound changes to areas such as the economy, transport, education and social networks. These are closely linked to health and wellbeing outcomes, and impact on health inequalities . These are the indirect impact of the pandemic.

This report highlights the major impacts of COVID-19 on the health and wellbeing of the population of Somerset and was written when Somerset was still actively responding to pandemic. As such, it describes the impact, knowledge and understanding at a point in time – up till July 2020. In most areas, the indirect impact will take months or years to understand the full impact on health and wellbeing outcomes. What we do know is that there will be an impact, and this report aims to identify the areas of prime concern.

An important part of this report has been collecting some experiences of the people of Somerset through interviews. The ‘Corona Conversations’ aim to capture the diversity of experiences and some issues specific to Somerset. The themes emerging from these interviews and reflections are contained in this report. The full transcripts of these interviews are published in an accompanying document.

I am grateful to many of our voluntary sector who provided much of the intelligence in this report, including Community Council for Somerset, SPARK Somerset and Somerset Activity and Sports Partnership, the Lords Larder, Citizen’s Advice Bureau and Mind. These organisations saw how quickly the needs of the population changed during the pandemic.

In addition to this written report, the statistical analysis of the health and wellbeing of the Somerset population can be found at:

<https://www.somerset.gov.uk/social-care-and-health/public-health/>



Trudi Grant
Director of Public Health

Direct impact of COVID-19

A new strain of coronavirus, SARS-CoV-2, causing the illness COVID-19 was first discovered in China in December 2019. It rapidly spread round the world and by the end of January 2020, the UK had its first diagnosed case. In mid-February, the first diagnosed case had occurred in Somerset. Infections rose rapidly after this point, peaking in mid-April. By late July nearly 1,300 laboratory confirmed COVID-19 cases had been diagnosed in Somerset.

Several of the Corona Conversations interviewees remarked on their initial shock at the speed of the epidemic. ID 8 reflected on her reactions at the start of the epidemic.

“Surprise – because up until then it was happening in China and it wasn’t going to happen to us and it all came about so quickly, it was like disbelief – slightly surreal perhaps.”

Throughout the pandemic, and in common with many parts of the South West, Somerset has had comparatively low rates of new COVID-19 infection. In part this reflects the characteristics of Somerset in terms of low population density and relative affluence. Other factors, including the ongoing commitment by residents of Somerset for social distancing and hand hygiene measures, and effective infection prevention and control in health and care settings, will have contributed.

National comparison lab confirmed COVID-19 cases
7-day rolling averages - Pillar 1 & 2

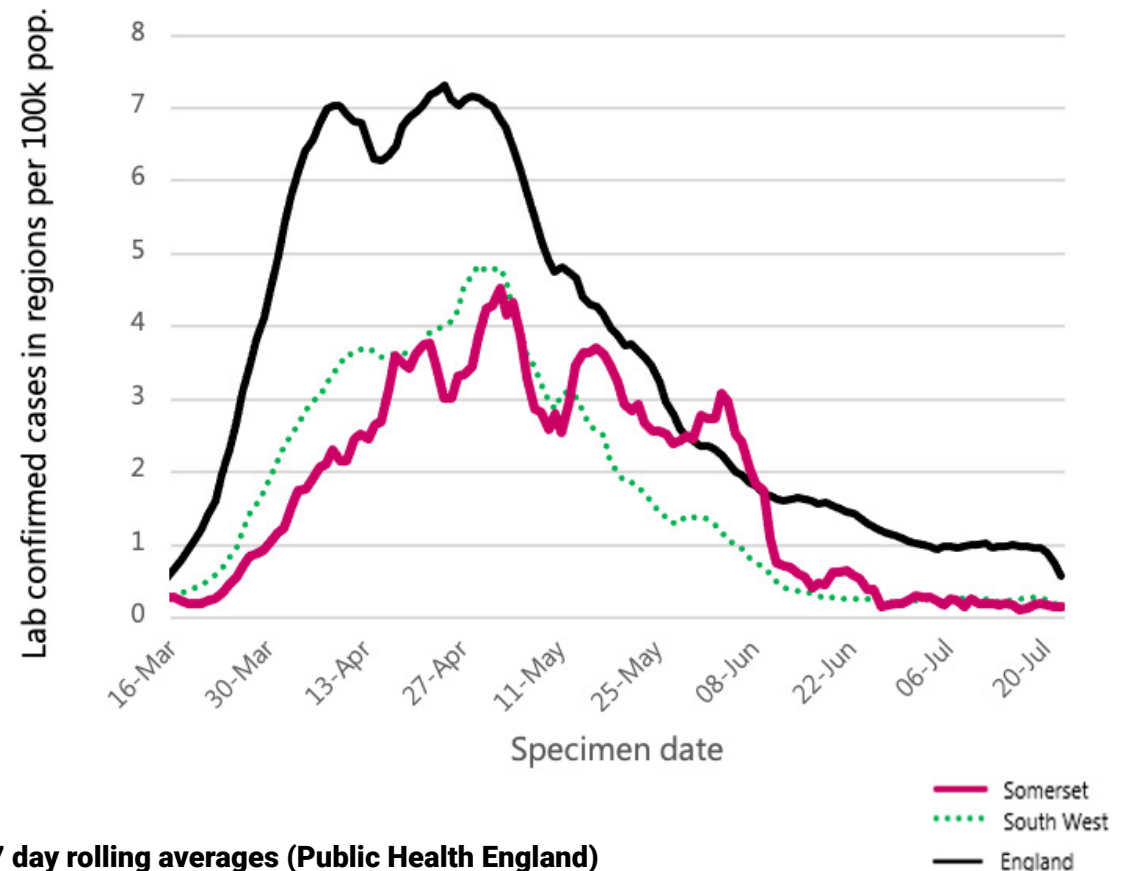


Figure 1: National comparison lab confirmed COVID-19 cases, 7 day rolling averages (Public Health England)

We heard first-hand in the Corona Conversations about the physical challenges of being ill with COVID-19 and the resulting fear.

“...that night I had to sit up in bed a lot because I couldn’t breathe – it was like being at high altitude – the following day I was all right as long as I didn’t talk ...that evening it got worse and worse and the prospect of not being able to breathe was alarming.” ID 9

As the pandemic progresses, more is being learnt about the physical and mental health needs of those who are recovering from severe COVID-19. Patients who have been on intensive care can have significant respiratory, renal and cardiac complications in addition to psychological problems. Around 45% of these patients will need some form of medical or social input for recovery and 5% will require intensive rehabilitation.

Patients with severe infection require admission to hospital, the most ill patients requiring oxygen or ventilation. In Somerset, hospital admissions for COVID-19 peaked in April. One nurse recalled her experience for the Corona Conversations:

“I remember when our senior nurse said the first floor was full and the second floor was full – it was going to come up to our ward – and I think then, we did think “It’s the unknown” – none of us had looked after COVID patients at that point – that this is ‘real’ and it’s really happening.” ID8

Deaths in the pandemic

By mid-July, around 200 people in Somerset had died from COVID-19. Most of the deaths occurred in March and April, accounting for 17% and 30% of all deaths occurring in those months, respectively. In common with most of the South West, death rates from COVID-19 in Somerset have been among the lowest in England – in the bottom 10%.

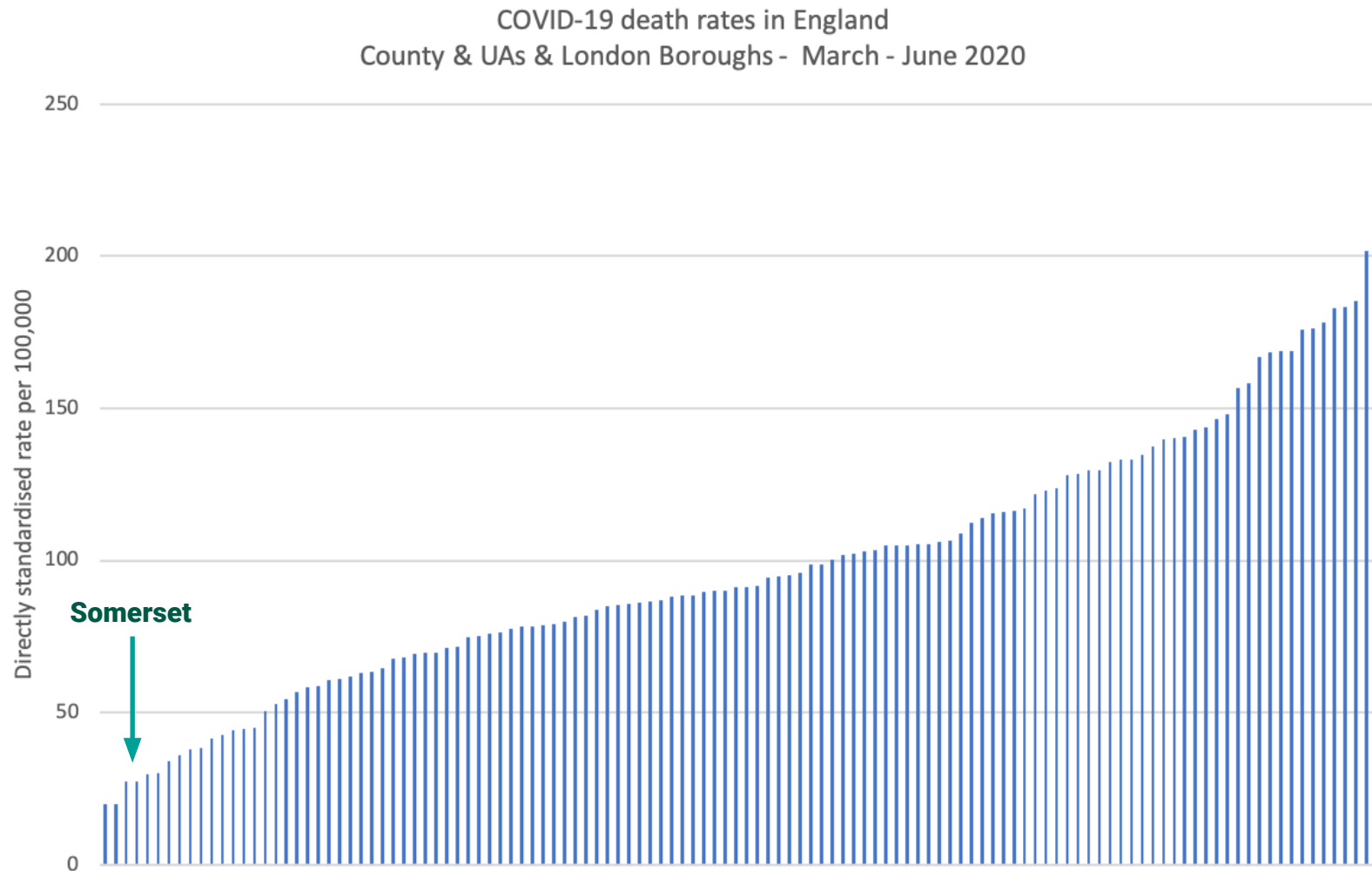


Figure 2: COVID-19 death rates in England, County and UAs and London Boroughs, March-June 2020 (ONS)

Measuring the impact of a pandemic is challenging. Deaths rise quickly and lack of accurate diagnosis and testing, particularly in the early stages of this pandemic, meant that some COVID-19 deaths may not have been identified. The pandemic and the lockdown measures implemented by governments to slow the spread of the virus created major changes in society, impacting areas including the economy and access to services. This is the indirect impact of the COVID-19 pandemic, and some of these changes will have increased mortality.

Measuring mortality from all causes and excess mortality, is a useful way of assessing the overall impact – both deaths from COVID-19 and indirect mortality. In 2000, up until the end of May, deaths were 10% higher than the previous five years. COVID-19 was the main cause of 60% of these excess deaths.

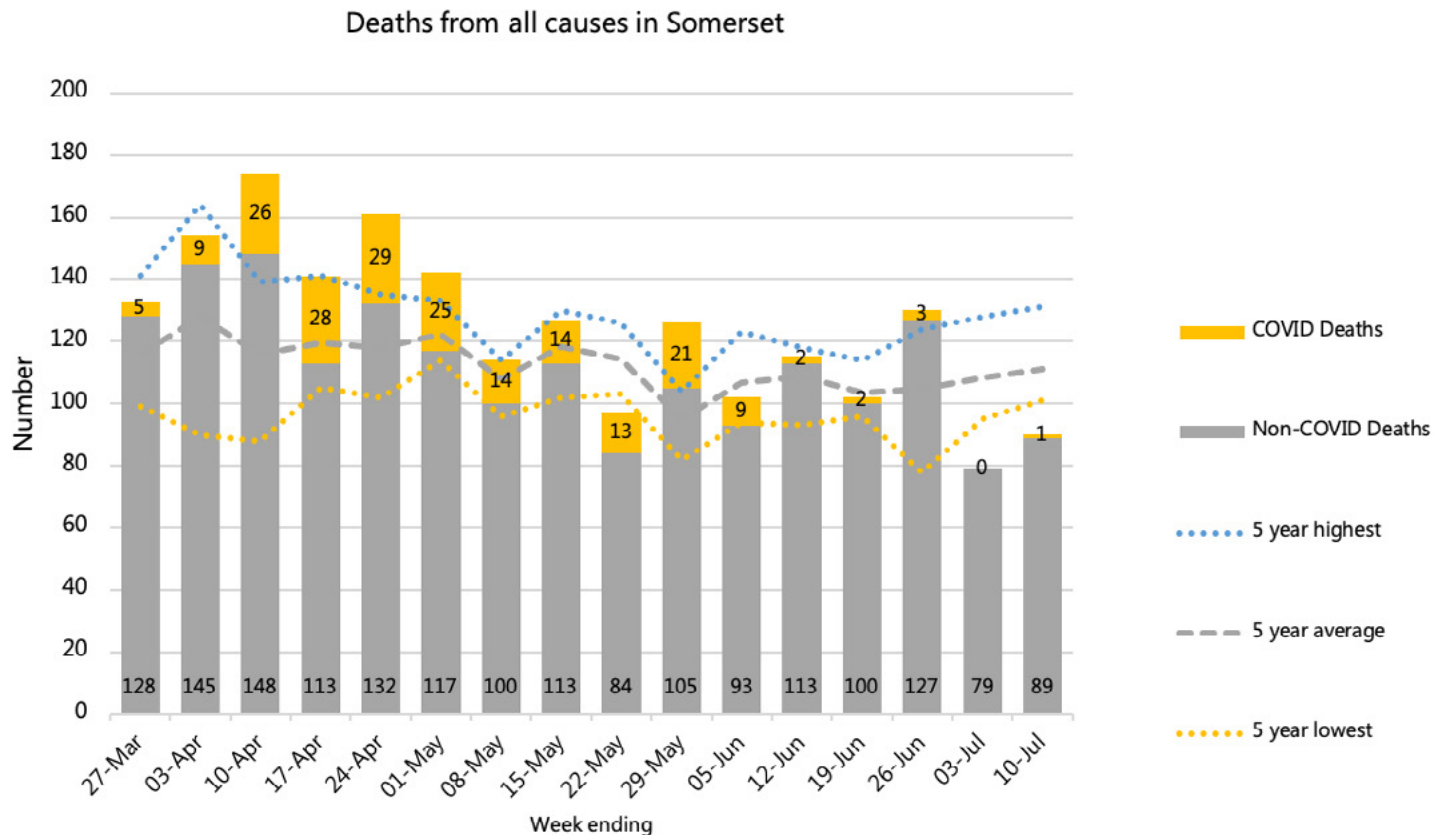
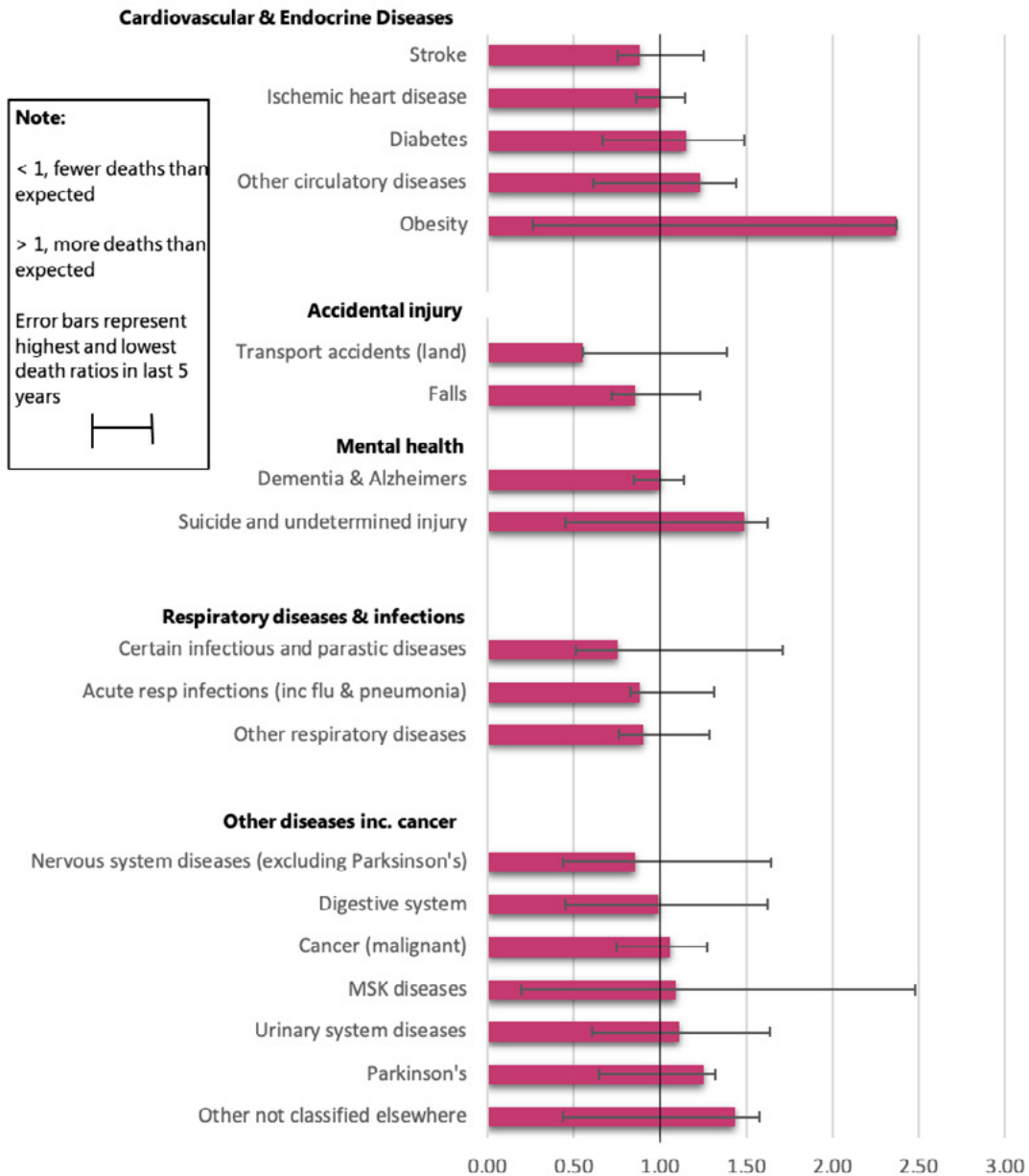


Figure 3: Deaths from all causes in Somerset (ONS)

Ratio deaths in 2020 (till end May) to expected (average last 5 years) for certain conditions in Somerset



There were increases in deaths from some conditions, including 15% more deaths from diabetes, obesity deaths twice as high as average. Declines were seen in areas including deaths from transport accidents and respiratory infections. Recent research has identified the link between increased risk of severe COVID-19 infection in people with diabetes and obesity, so it is likely that some of these deaths are attributable to the infection. Other changes in the patterns of deaths are likely to reflect changes occurring during lockdown, including reduced road traffic and fewer people at work, school and social gatherings reducing transmission of flu and infections that can cause pneumonia.

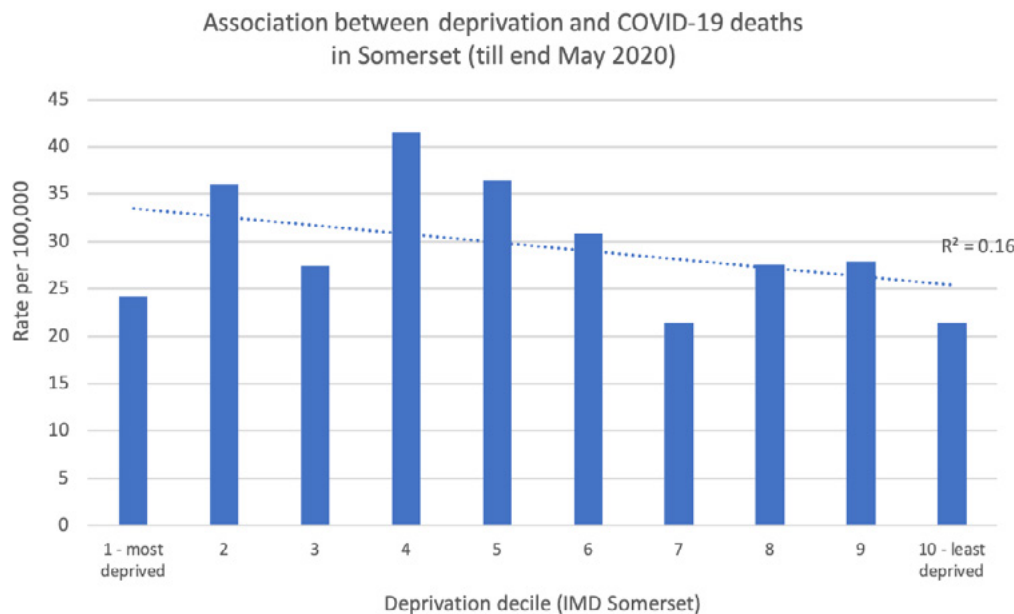
Figure 4: Ratio deaths in 2020 (to end May) to expected (average last 5 years) for selected conditions in Somerset

High risk groups

Certain groups are more likely to be seriously ill or die as a result of COVID-19. Data on some risk factors, particularly ethnicity and occupation, for those that are seriously ill or have died from COVID-19 are currently lacking in Somerset. Mirroring the national pattern, deaths from COVID-19 were higher in men, with 65% of all COVID-19 occurring in men. Most deaths occur in older people, with 80% of all COVID-19 deaths in those aged over 75.

The association between deprivation and risk of poor outcomes COVID-19 is complex. People living in deprived areas are more likely to have risk factors associated with increased risk of death from COVID-19 including multiple long-term conditions, obesity, and some working conditions. They are also more likely to experience discrimination, have low levels of health literacy and have difficulty accessing health services. In contrast to the national pattern, there was only

weak evidence of an association between deprivation and COVID-19 deaths in Somerset. This pattern may be different in future months.



Certain settings, including hospitals, care homes and workplaces such as food processing plants, can act as amplifiers for spreading the virus. By mid-July, most outbreaks had occurred in care homes. In Somerset 27% of all homes reported an outbreak, slightly below the South West average of 30% and substantially lower than the national average of 44%. Care home residents are extremely vulnerable to COVID-19 and by July 42% of all deaths from COVID-19 in Somerset had occurred in a care home.

The response to preventing infection and controlling the spread of the virus in Somerset has been remarkable. This includes provision of personal protective equipment (PPE) to over 800 organisations; setting up of mobile testing sites; training and provision of public health advice to health and care staff; and active management of over 70 outbreaks. Strong public health leadership has been instrumental in the effectiveness of Somerset's response.

Figure 5: Association between deprivation and COVID-19 deaths in Somerset (to end May 2020)

Indirect impact of COVID-19

Without a vaccine or cure, governments around the world had no choice but to implement social distancing measures to slow the spread of the virus. This led to profound changes in areas including the economy, transport, education, relationships and social networks. These in turn impact on health and wellbeing and as such are the indirect impact of the pandemic. In most areas, it will take months or even years to understand the full impact on health.

Economy and education

Health outcomes are closely connected to economic deprivation, and recessions are linked to a rise in chronic ill health, particularly mental health. Lockdown led to an immediate economic shock. In Somerset, the claimant count rate rose from 2.3% in March to 5.1% in May and 5.0% in June. This level has not been seen since the recession in the early 1990's.

Trends in the claimant count in Somerset
Jan 1992 - June 2020



Figure 6: Trends in the claimant count
in Somerset Jan 2019-June 2020

There are signs of growing economic inequalities, with low to middle income households, parents and the self-employed among the most affected. Young people, already on lower incomes, are particularly vulnerable. By June, the claimant count rate in 18-24-year olds had risen to 8.6%, up from 3.7% in March. The UK is headed for a recession and current projections indicate that the impact in Somerset could be slightly worse than that seen nationally, with economic output falling by 8% in 2020 and as many as 10,000 jobs lost.

The economy was one of the strongest themes in the Corona Conversations, a series of interviews on the impact of the pandemic with some Somerset residents. Several interviewees were negatively impacted by lockdown, with reduced income, job insecurity and job losses although others reported adapting their business model. The long-term economic impact of the pandemic was a common concern, as one interviewee reflected.

“The difficulty with Somerset is that there are a lot of people self-employed and small businesses – so I think things will be different in a few months’ time.” ID 4

Schools closed to most pupils in March with only some year groups permitted to return in the summer term. In Somerset this meant that only one in five pupils attended school at some point in the summer term. Attendance in Somerset was higher than the England average.

While some children valued time at home, national surveys indicate that most struggled with home school with 43% of parents reporting that their child’s wellbeing was affected. Older children were particularly affected leading to lower levels of wellbeing than their parents. Educational inequalities are likely to have increased during lockdown.

Domestic Abuse and Homelessness

From the beginning of the pandemic, there was professional concern, that COVID restrictions would increase the risk of domestic abuse, due to restricted movement, added stresses for families and limited opportunity to access support physically or remotely. In recognition of this, a large-scale local communications campaign '#Nocloseddoors2020' was launched. As a result, hits on the Somerset Survivors website increased from 1,999 average monthly hits in 2019 to 4,990 by the end of July 2020.

In Somerset, since March 2020 there have been fewer referrals to Somerset's Integrated Domestic Abuse Service than compared to the weekly average in 2019/20. Nevertheless, in the same timeframe, reports of domestic abuse incidents to the police continue to be at higher rates than the previous year with a weekly average of 90, compared to 70 last year. In addition, feedback from specialist staff working with victims suggest the severity and complexity of the abuse experienced has increased, meaning that victims need more intensive support for longer. As anticipated, there has been an increase in disclosures from children experiencing abuse since September, when schools reopened fully (albeit very small numbers)

Rough sleepers were prioritised by central government early in the pandemic and through the 'Everyone In' intervention and provided with emergency accommodation. In Somerset, 160 rough sleepers were accommodated. By mid-July, 62 of these rough sleepers had moved into permanent accommodation. This programme had an immediate positive impact. Rough sleepers are likely to have poorer physical and mental health than the general population. This cohort is additionally vulnerable to COVID-19 because of underlying health conditions, inability to access sanitation facilities and inability to self-isolate. The response included by July 2020. Blood borne virus screening and treatment via Arc's Health Link Worker. Approximately 40% showed signs of current or past hepatitis C infection and two thirds received treatment.

"Coming into the hostel was like a dream. I had a safe and secure place to stay with support from staff on hand. Accommodation is the most important thing and I felt safe at last. I never want to go back to living on the streets. I don't want to live with that constant fear". ID 11

Around 22,000 people, or 4% of the Somerset population, were advised by the NHS to shield to reduce risk of exposure to coronavirus. Local agencies identified other potentially vulnerable groups, so in total 89,000 were offered support during lockdown.

Mental health and wellbeing

On a population-wide basis, the negative mental health effects of the pandemic are likely to last much longer than its physical health impacts. The effects of physical distancing, social isolation, and lockdown on individual mental wellbeing, as well as the loss of a loved one, increase the mental health challenges for the Somerset population. People's mental health is being affected by social distancing measures and their economic consequences.

Support and resources to enable people to look after their wellbeing have been a critical part of the COVID response. It has challenged all of us. Feelings of anxiety, worry or loneliness have been normal reactions to uncertainty and challenging times. Levels of anxiety rose considerably at the point of lockdown with 50% of the UK reporting high level of stress during lockdown week. Anxiety was often mentioned in interviews.

“[My] mental health deteriorated, grief cycle, loss of control, anxious and on edge – probably because I can't exercise as much, loss of strategies to control anxiety. Different when [you] lose the ability to choose what you're doing.” ID 5

Issues raised by clients of two Somerset charities – Mind in Somerset and Citizen's Advice – provide an indication of factors contributing to high levels of anxiety. These include loneliness, debt, employment and physical health. Both organisations also reported large increases in calls concerning housing and family and relationships. These mirror the national patterns.

There are some early indications that severe mental illness may have increased during lockdown. In 2020 up till the end of May, hospital admissions for deliberate self-harm were much higher than the average for the previous five years. Local monitoring of suspected suicides provides timely data and so far into the pandemic has not provided an indication that rates are increasing. “Low-level” mental health problems such as anxiety and depression have increased with Mindline in Somerset taking 500-700 calls per week.

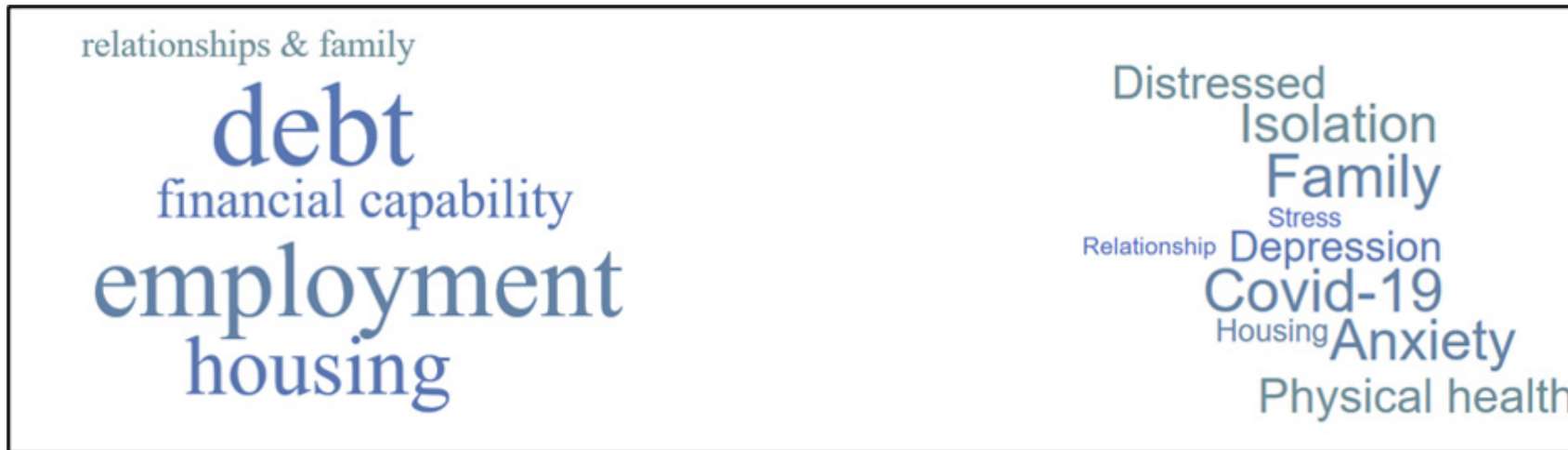


Figure 7: Top reasons for calling Somerset helplines (Somerset Citizens' Advice Bureau (left), Mindline in Somerset (right))

While many of the changes have negatively impacted on mental health and wellbeing, some societal changes were positive. Benefits include more time with household members, slower pace of life and for those who could work remotely, less travel. Increased community cohesion in many areas of Somerset, as well as the use of digital to keep in touch with friends and family, positively affected wellbeing. These were often mentioned in interviews.

“In some ways it was hard to believe the lockdown was here [in Somerset] when you compare with London – we could get outside.... I think we’re extremely lucky to live here in the south west. And a supportive village makes a huge difference.” ID 8

“I’m living my best life. No negative emotional aspects. Enjoying the time for more mindfulness, appreciating working from home, love spending time with my fiancée.” ID 2

Lifestyle in lockdown

Lockdown had both positive and negative impacts on lifestyle. In terms of diet, more people reported healthier eating habits. However, consumption of unhealthy snacks also increased. The economic impact led to a steep rise in food insecurity increasing reliance on food banks.

Nationally, the Trussell Trust saw an 89% increase in food bank parcels given in April 20 compared to the previous year. One food bank in Somerset, the Lord's Larder, reported demand nearly tripling between February and March. The Lord's Larder have seen particularly high demand in households with children. Other groups disproportionately affected include those who were self-employed or had reduced income due to furlough, and families with a long-term condition. Locally, partners have worked together to develop a strategy to maintain supplies to food banks and to families in need.

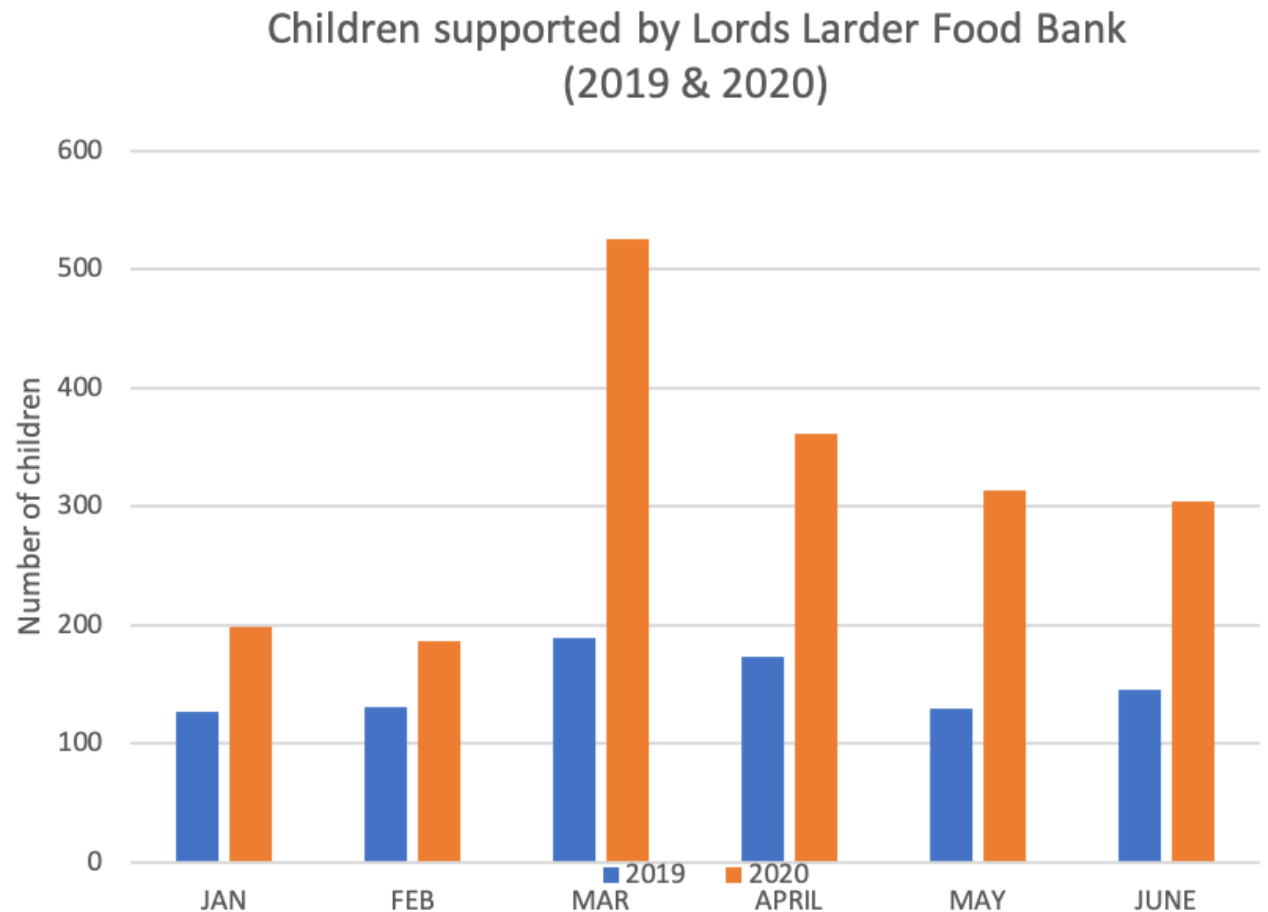


Figure 8: Children supported by Lord's Larder food bank (Lord's Larder)

At a national level, a third of adults increased exercise and drank less. Another third drank more and exercised less. Lockdown was an incentive for some, particularly those aged under 30, to stop smoking. A reduction of up to 60% in Somerset traffic is likely to have contributed to an increase in outdoor activity. Walking and cycling were at an all-time high. An increase in online exercise classes provided benefit to many, as ID 1 reflected.

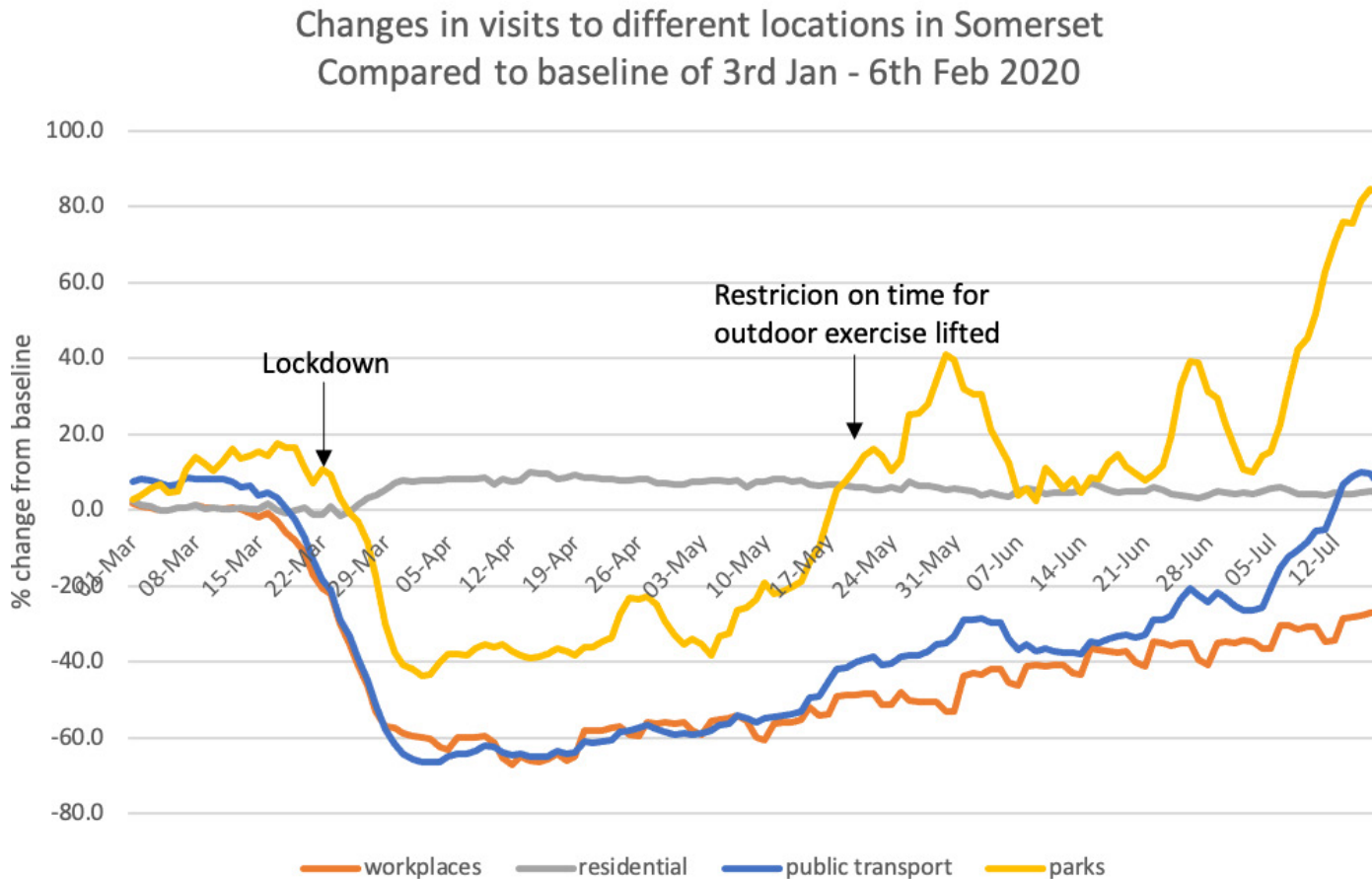
“As a retired individual, the physical impact was minimal as I was still able to exercise at home by doing Pilates via an instructor who put her class online. ”



Figure 9: A deserted M5 during lockdown

Uptake of physical activity was not equal. Groups who were less active before lockdown, including people on low incomes, those with disabilities, women, older age groups and some black and other minority ethnic groups, still found it difficult.

The natural environment in Somerset was often mentioned in the Corona Conversations as a particular asset in relation to physical activity and wellbeing.



“Somerset had one of the lowest infection rates, which was helping in many ways and the beauty of nature – it’s always soothing and stabilising, grab the dog and go for a five mile, eight mile walk and you come home and you’re fine.” ID 7

Lockdown had the effect of reducing sexual activity in the UK with a fifth of adults reporting they had less sex than before lockdown. Sexual activity was most reduced in younger age groups. Most services

providing long acting reversible contraception (LARC) were suspended. Patterns of access to contraception changed after lockdown, with a 50% fall in provision of emergency contraception in pharmacies.

Figure 10: Changes in visits to different locations in Somerset compared to baseline of 3rd January - 6th February 2020 (Google mobility reports)

Use of health services

Use of GP and hospital services in Somerset fell dramatically after lockdown. A&E attendance and urgent referrals for suspected cancer in Somerset were 60% lower in April than at the start of the year, reflecting national trends. Routine surgery, cancer screening programmes and NHS health checks were suspended. These changes are likely to lead to an increase in late diagnosis of cancer and other long-term conditions such as diabetes, when treatment is more difficult.

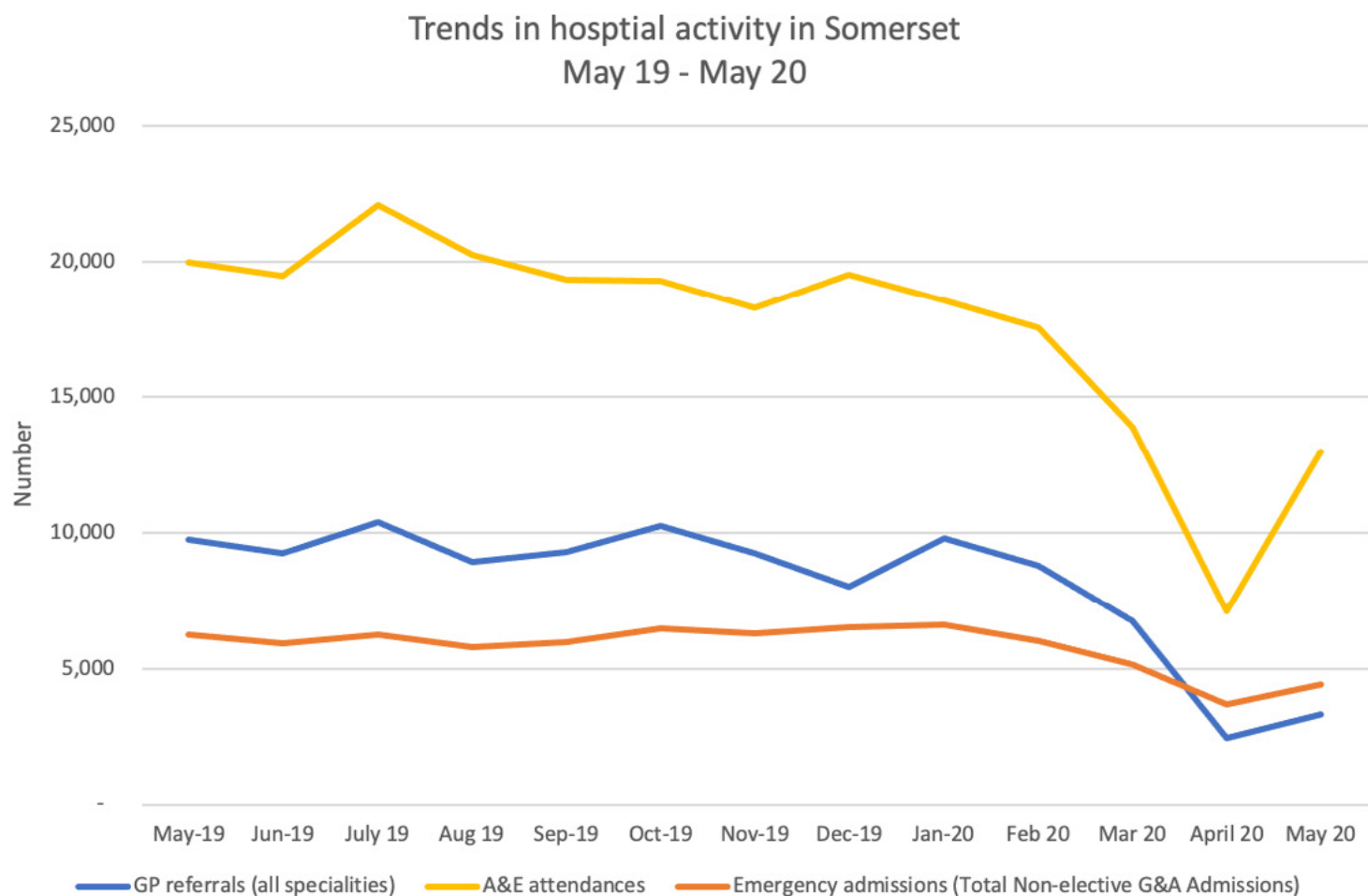


Figure 11: Trends in hospital activity in Somerset May 2019 - May 2020

For those working in the NHS it was a unique time.

“It’s been an interesting way to come toward the end of my career with a different type of nursing – it’s like going to war. And also, there this great camaraderie and support at work – because you’re all working together with something unknown- it’s not cut and dried.” ID 8

NHS, council and community organisations worked quickly and innovatively to continue to deliver many care and support services, often using digital platforms. Partnership working and sharing of resources across organisations, including staff and buildings, increased.

The need for good digital infrastructure to enable service delivery during a pandemic was a consistent theme in the Corona Conversations. The community and voluntary sector leaders identified both the benefits digital brought to the delivery of services in a pandemic, as well as the challenges in terms of lack of broadband signal in some areas of Somerset and digital skills gaps among staff and volunteers.

The response of communities within Somerset was incredible. Among the many examples were the 60 village agents who assisted 40,000 vulnerable people with activities including distribution of food parcels and the 1,300 Corona Helpers, supporting over 100 local COVID-19 community and voluntary groups. Sustaining this response long-term is challenging.

“I think that people are tired now, 13-14 weeks down the line, they’ve been juggling a lot of things – still the energy is there and the will to help people” ID 11

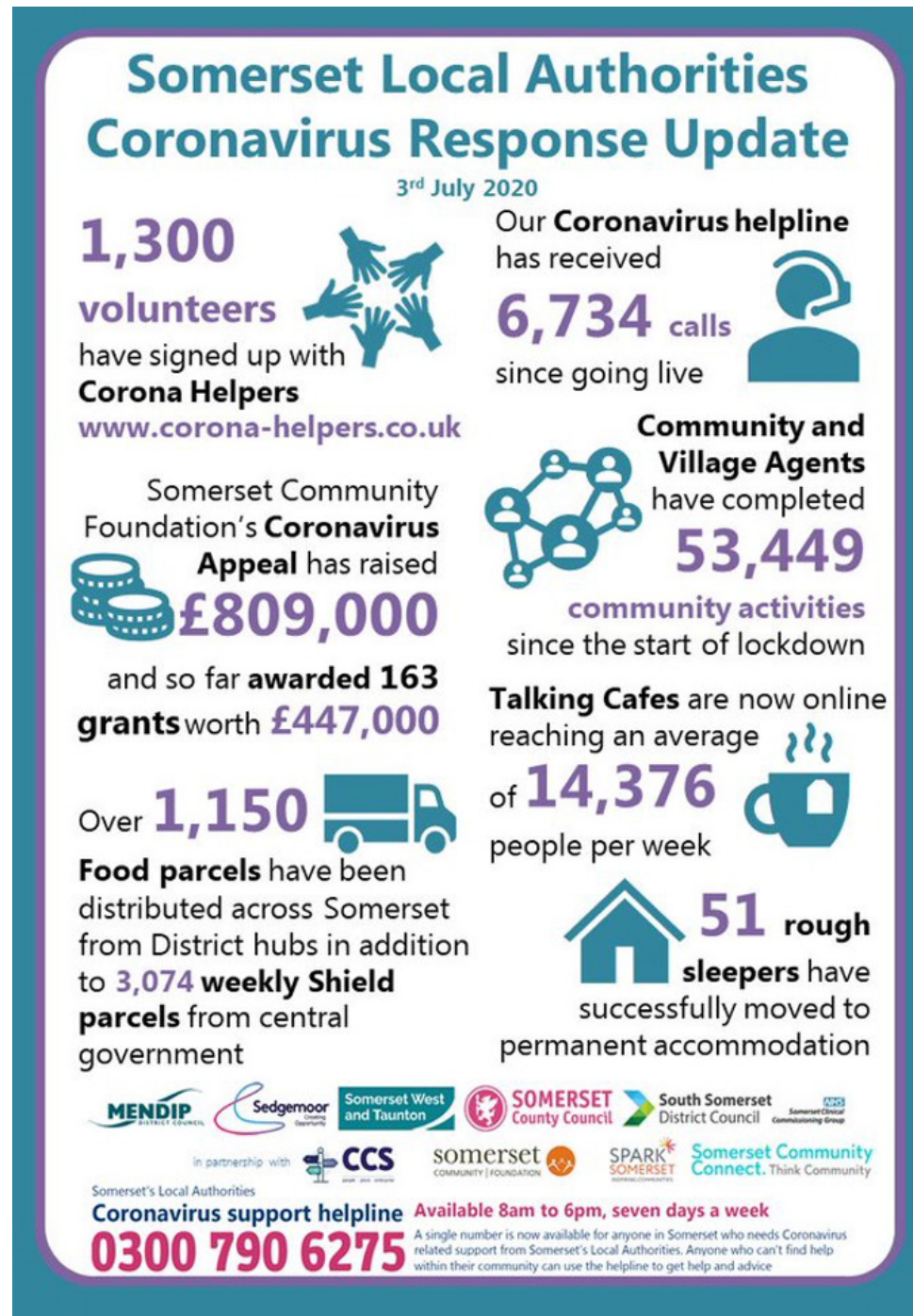
Somerset's response to COVID-19:

Preventing and controlling infection

The response from communities, and the voluntary and statutory sectors to the challenges posed by the pandemic in Somerset has been remarkable. New support networks, ways of working and innovative solutions to the everyday challenges rapidly emerged. Not least has been the simple but vital response of individuals maintaining physical distance, washing hands and following guidance on self-isolation. This section highlights a few examples of activity in the first few months of the pandemic.

Health and care services had to work to avoid their sites being places where coronavirus could spread. The Accident and Emergency departments at Yeovil and Musgrove Park both split their services into COVID-19 and non-COVID-19 sections to reduce infections. In social care, a new 37-bed 'pop-up' care home was set up at Hendford Court in Yeovil for COVID-19 patients unable to return home, particularly on discharge from hospital.

Figure 12: Infographic shown summary of Local Authorities' response



The Corona Helpline was set up by Somerset's County and District councils to provide information and advice on council services and practical support during the pandemic, and received nearly 7,000 calls by the end of June.

Personal Protective Equipment (PPE) was regularly distributed to over 800 health, care and education providers, including visors and eye protection donated by local businesses. Infection prevention and control training was provided by NHS Somerset and Public Health England to care homes and schools, and a webinar held by Somerset Public Health gave information and guidance for local business on preventing COVID-19 and how to respond to cases.

Managing the outbreak and testing

Testing for potential COVID-19 has been a key part of understanding and so managing the pandemic in Somerset. There have been mobile testing sites in Taunton at Silk Mills Park and Ride and Taunton Racecourse, as well as access for Somerset residents to sites outside the county. There were 44,874 of these 'Pillar 2' tests, for the general population, down to the end of July 2020. 'Pillar 1' tests – for those in clinical need and NHS and care staff – are undertaken and reported on a different basis, but for rough comparison approximately 11,000 such tests were undertaken in the month of July.

COVID-19 is often described as a 'disease of clusters', and 70 outbreaks – linked cases in a shared location – were managed by the NHS, County Council and PHE down to the end of July. The NHS and Council formed joint teams to rapidly set up systems to deliver testing, PPE, Infection Prevention and Control, and support to Care homes during the first wave of the pandemic.

As numbers began to decline in the summer, the initial response was superseded by the 'Local Outbreak Management Plan', launched on 30th June 2020. This set up the systems to monitor outbreaks and to take advantage of the greater capacity to test, trace and isolate people testing positive for COVID-19 that was not present at the start of the pandemic. This has been the means for dealing with continuing outbreaks and what, at the time of writing (October 2020), could be the beginning of a 'second wave'.

Supporting communities

At the community level, small scale voluntary and charitable action has been extraordinary. Somerset's 60 village, community and carer agents assisted 40,000 vulnerable people with over 53,000 activities including distribution of food parcels and prescriptions, and the voluntary sector organisation SPARK Somerset launched Corona Helpers, recruiting and matching 1,300 volunteers with 103 local COVID-19 response groups. The Somerset Coronavirus appeal, led by the Somerset Community Foundation, raised over £1 million and provided more than 180 grants to local organisations.

Mental health

I have already described how the fear of COVID-19, and perhaps even more the impact of lockdown, put pressure on many people's wellbeing and mental health. In response, MIND Somerset extended its Helpline to be 24 hours per day, seven days per week, receiving over 5000 calls in three months. Local authority and NHS Somerset Facebook and Twitter posts received 13,800 hits related to mental health communications, and reflecting the rising death rates, additional bereavement services were stood up in May. New resources and training in mental health awareness and suicide prevention were rolled out, and, promoting positive mental health, BBC Somerset Sounds has held a Wellbeing Wednesday slot every week.

Whilst many children have had to be educated away from school for a term and half, most educational settings in Somerset remained at least partially open providing care to vulnerable children and children of key workers. Recognizing the pressure that this could place on teachers, 80 schools received Lifebeat's online training to support staff wellbeing.

Physical activity and social distancing

The need to maintain physical distancing has affected many aspects of our lives, but has led to a few opportunities to encourage physical activity in new ways. This has included a £120,000 scheme for new pedestrianisation, cycle routes and one-way walkways in town centres including Taunton and Yeovil.

With gyms and other sports facilities closed for an extended period, many providers of services have looked at new ways to help people using the internet; this has included online support and advice for physical activity provided by Somerset Activity and Sports Partnership (SASP).



Figure 13: Pedestrianisation and social distancing in Taunton as shops reopened

Recommendations

This report is a tale of two halves; reducing transmission of the virus and addressing the implications on society of these measures. Until there is a vaccine or cure, active response to the pandemic will be required. Without mitigation, many of these changes detailed in this report will continue to negatively affect health and wellbeing outcomes. There is a real risk the pandemic will widen inequalities in health in Somerset for years to come.

Without effective prevention and control of COVID-19, outbreaks will continue to occur. The resulting disruption to people's lives, particularly if local lockdowns become necessary are significant. Closing businesses, schools, reducing access to services and further restricting social gatherings are likely to have the same detrimental impact as we have witnessed in this first part of the pandemic. Communities who are already disadvantaged, including those living in poverty, working in poor conditions, and affected by structural problems including discrimination, are most likely to be affected by future outbreaks of COVID-19.

This report has identified how certain factors have provided protection against the direct and indirect impact of COVID-19. Reducing the prevalence of risk factors including obesity and diabetes improves the outcomes from COVID-19 infections, reducing demand on health and care organisations. The pandemic has provided many with the incentive to lead a healthier lifestyle and structural changes including support for active travel make this easier. The ability of individuals and organisations to adopt digital and new ways of working, socialising and delivering essential services. Communities, and statutory and voluntary organisations in Somerset have demonstrated remarkable resilience during this first wave of the pandemic. The pace and nature of the changes seen since March this year has been extraordinary. This is likely to continue and active surveillance to identify emerging issues will be required for both COVID-19 infections and the indirect impacts.

Significant global events such as a pandemic will bring about significant and enduring social change. The learning and recommendations that can be drawn out are vast and society-wide. This report focusses just on those very strategic ones that relate directly to health and wellbeing, there will be many, many more as the pandemic continues. We need to ensure we maximise the positive social changes for Somerset and minimise the negative ones.

Recommendation 1: System wide delivery and community support for the Local Outbreak Management Plan, delivery driven by strong public health leadership

As we progress into the second wave of the pandemic there is a far greater focus on the local leadership and management of the response through the Local Outbreak Management Plan. A pandemic response is all consuming and touches on every part of life. Minimising the impact of a second wave will require strong local leadership. It will require all aspects of public services working in symphony together in a timely way and all Somerset residents and businesses playing their part in helping to control the spread of infection and keeping Somerset people as safe and well as they can be. There will be no room or time for complacency.

Recommendation 2: System wide commitment to prevention and management of long-term conditions, particularly obesity and diabetes

The pandemic has clearly shown the impact of the lifestyles we lead with many long-term conditions that have remained ever present and growing in our communities. This is a pandemic that has overlaid on top of an underlying chronic pandemic of long-term conditions, particularly that of obesity and diabetes. A number of things have driven this underlying pandemic including, a lack of focus on improving population health and wellbeing, a National Health Service that focusses on treatment and not on preventing ill health in the first place and a chronic underinvestment and diminishing of the UK's Public Health System.

Somerset Integrated Care System aspires to be a true **'population health-based system of care'**. We aim to transform the local system from a treatment-based focus of care to a prevention-based focus. This shift in focus will require:

- The system to increase investment in improving population health overall, particularly focussing on children and young people and tackling inequalities and long-term conditions.
- Identification of risk to poorer health earlier and intervene at an earlier stage, preferably before medical treatment is required.
- A refocussing of treatment pathways so **'all pathways start with prevention not diagnosis'**. Pathways will need a far greater emphasis on promoting independence rather than dependence, and enabling people to better manage their own health and wellbeing using local support and services.

Transforming the system will take a radical and sustained change in ethos, services, working practices and how resources are allocated. This commitment will need to be steadfastly maintained throughout a period of at least 10 years in order for the transformation to be achieved throughout the system. The commitment to this transformation will need to withstand changes in senior leadership and national policy and will require a system-wide commitment to increasingly allocate financial resources to prevent ill health.

Importantly, the Somerset Health and Care System is an integral part of the wider Somerset Health and Wellbeing System, both of which, just prior to the COVID pandemic, adopted a ten-year Improving Lives Strategy. This whole system working enables us to co-ordinate our efforts to a far greater extent and focus on tackling the wider social and environmental issues that drive health inequalities and poorer health and wellbeing outcomes.

Recommendation 3: System wide commitment to the promotion of mental health and the prevention of mental illness

During wave one, people have had to face mental stress, bereavement and even the prospect of their own death. Some have found these very hard times and demand for mental health support and services has increased. On a more positive note, the pandemic has raised awareness of the importance of good wellbeing and in turn, made discussions about emotional health and wellbeing more open and accepted. We should aim for this openness to continue, recognising there is no health without mental health.

Being deprived of social contact, and often opportunities for physical exercise, has meant that many of us have reassessed our own values. Being active and being with other people are key components to our mental health and wellbeing, and we should remember this as we try to build a 'new normal'.

During the lockdown many people turned to cycling and walking and took the opportunity to get out about in their local area, making the most of quiet roads and having more time for leisure. Going for a walk and enjoying nature were also effective ways people promoted their wellbeing. Active modes of travel such as cycling have continued for some as society has opened up again, providing a good alternative with less risk of infection. The first wave of COVID has demonstrated the need for us to have far greater focus on active modes of transport to help manage our mental and physical health. The new Cycling and Walking Plan for England which sets out a vision for a 'travel revolution' in England, coupled with the climate change agenda, provides Somerset with an ideal opportunity to relook at the reliance on the car and promotion of healthier forms of transport.

With increasing demand on mental health services, promoting the maintenance of mental health as well, is of even more importance going forward, so people get the support they need, when they need it. A Somerset-wide wellbeing response and recovery plan will need to be developed to mitigate the strong threat of health inequalities becoming further entrenched, and focus on those disproportionately affected: including people from our BAME communities; people affected by trauma and abuse, and those living in our areas of greatest deprivation.

A strengthened approach to the promotion of mental health will be needed going forward, this will need to include:

- An increased focus and investment on population mental health
- Increased support is specifically needed for vulnerable groups in the population with a particular focus in the medium term on where COVID-19 is placing additional pressure on mental health

Recommendation 4: Digital infrastructure and transformation – across Somerset

New ways of working – using the internet and travelling less – have been widely adopted by employers and businesses across Somerset. An environmentally sustainable future will involve making many of these changes permanent. This is on top of the advantages to be gained in speed of operation, ability to share and manage information and communicate between and within organizations that come with digital working. We have also seen how video calls – for business or social contact between family and friends – have helped soften the impact of physical isolation that we have all had to endure, to varying degrees, during the first wave of COVID-19.

It has, of course, highlighted the fact that for some people, groups and places in Somerset this sort of connectivity has not been available. In some cases, this is a question of digital infrastructure, and in other cases individuals are less capable of participating through age or poverty. The pandemic has reinforced the importance of seeing digital transformation and the best level of connectivity we can achieve; The digital transformation needs being just as much about inclusion and welfare as it is about economic productivity.

Recommendation 5: Addressing inequalities in our society

An example of addressing inequalities is the work undertaken through the community resilience cell in response to the outbreak. Instead of imposing structures on our communities with resources we don't really have, we have worked with the spontaneous response in communities and our commissioned services to provide a structured response to those most in need. This has developed beyond emergency provision of food and medicines to those shielding, to a strategic focus on creating sustainable food provision for those in need. This approach should continue and be focused on how we can make the most of the assets that communities have, how we can support and develop them and where we (as the public sector) need to plug the gaps.

The COVID-19 pandemic has highlighted the complex vulnerability experienced in the homelessness cohort and the importance of removing barriers, working across agencies to create a systematic, preventative response to help protect and improve health outcomes for those directly in need and in doing so, reduce health inequalities longer term for our communities.

Coronavirus showed that whilst homelessness is complex, it is not inevitable.

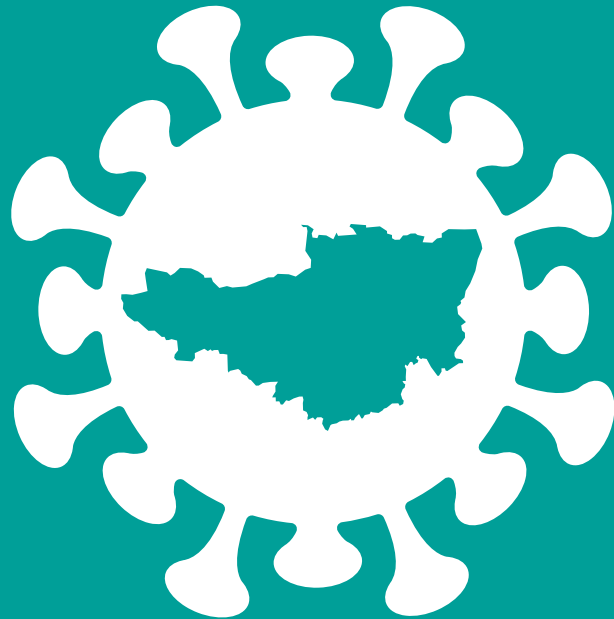
Continued multi-disciplinary working can tackle it, even as numbers start to creep up again as the impacts of COVID on families become apparent. I recommend an ongoing commitment to lead the Homelessness Reduction Board in its ambition to eliminate rough sleeping and homelessness by looking at the issue systematically to deliver strategic coordination to the development and delivery of services.

Recommendation 6: Active and real time monitoring of direct and indirect impact

Finally, but importantly, the COVID-19 pandemic will undoubtedly change the needs of the population, both in terms of their health and wellbeing, but also the social and environmental factors that largely determine it. The pandemic has touched every part of life as we know it, our economy, employment and work life, education, our relationships with each other, our mental and physical health and wellbeing, our health and care services, our transport and travel choices, our wildlife and greenspaces, our virtual world . All parts of the way we live our lives will need to be re-evaluated and the impact of the changes we have experienced will need to be carefully monitored over the next few decades. We will need to understand the impacts this virus has had, both directly and indirectly and ensure the changes that we put in place coming out of this pandemic, are benefiting health and wellbeing to the maximum.

In Somerset, nationally and internationally we need to use this traumatic time to achieve better balance across our society, in our lives, in the relationships we have with each other and with the planet we inhabit.

ⁱ <https://www.bmj.com/content/369/bmj.m1557>



SOMERSET
CORONAVIRUS
We're all in it together

CORONA CONVERSATIONS REPORT



Interviews in full

May - August 2020

Annual Director of Public Health Report - 2020

Corona Conversations

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Respondent 1 – Male, 71. Health 'at risk' – shielding

- 1) Can you remember your first thoughts when you heard about the lockdown? What sort of things were you considering at that time?

My immediate concern was not being able to visit my daughter and new grandchild in Bristol. However, the lockdown seemed like a good idea, if difficult for the whole country. Potential damage to the economy also concerned me.

- 2) Did you feel you needed to 'prepare' and if you did, what did you do at that time?

I rang friends and family to see how they were and to talk about the situation.

- 3) When the lockdown started, what was its impact?

As a retired individual, the physical impact was minimal as I was still able to exercise at home by doing Pilates via an instructor who put her class online. Ongoing concerns about grandchildren and not being able to visit them.

- 4) As the lockdown continues, how is it affecting you now?

Not much really – I think it's the right decision for the country. It's of concern of course, that so many people are suffering – with job losses and the acute contraction of the whole economy of the country.

- 5) Are there things you are doing differently?

I'm not visiting family and friends – but I'm using technology like Zoom and Skype to keep in touch with friends. I'm also putting to use some newly acquired skills, to repair our furniture and keep busy.

- 6) Have there been any positives for you in your own situation?

Fantastic weather has made things far more enjoyable, for me – it's been great to have a nice garden, very helpful not to have to stay indoors all the time.

- 7) What have been the biggest challenges?

Having to stay away from family and not being able to interact socially.

- 8) Are there any aspects of living in Somerset that you felt affected your situation?

Living in a supportive community has been an obvious bonus. Things like communicative support – talking on the 'phone, over the gate but I miss the social, physical communication with our community. Access to food has been good because my wife shops for me, quality meals are made and delivered by someone who works as a caterer, in the village for a reasonable cost.

- 9) Do you have any further comments you would like to make?

I feel it will be more damaging long term to the economy than it seems at the moment. The lack of aircraft in the sky must have helped the environment. The air is purer, the ozone layer will be mending itself and I feel it would be a great benefit to humanity to have a blanket ban on air travel and possibly a global lockdown, every five years or so, to encourage our quality of environment to right itself from the beating it gets at all other times.

Respondent 2 – Male, 30's. Working from home

- 1) Can you remember your first thoughts when you heard about the lockdown? What sort of things were you considering at that time?

When I first heard about the lockdown it was through back channels 2 days beforehand; I was thinking about where I needed to be cause I travel a lot, certain things to buy to make sure I had in the house, last how do I convince my fiancée to stay in London so she didn't get stuck in Somerset where she wanted to go for the weekend.

- 2) Did you feel you needed to 'prepare' and if you did, what did you do at that time?

Nothing further to add from above

- 3) When the lockdown started, what was its impact?

Very little, was already in lockdown mode, certain non-essential things like go out to restaurants, buy a home. On the other side positively impacted – a lot quieter outside, less traffic, park more enjoyable, therefore both positives and negatives to predicament.

- 4) As the lockdown continues, how is it affecting you now?

I'm living my best life. No negative emotional aspects. Enjoying the time for more mindfulness, appreciating working from home, love spending time with my fiancée. No changes in my diet/exercise.

- 5) Are there things you are doing differently?

I'm not going out to restaurants, not in running groups/gym, not going on vacations, not getting married.

- 6) Have there been any positives for you in your own situation?

Nothing further to add from above.

- 7) What have been the biggest challenges?

Scope for creeping of my work day bleeding into off-time hours

- 8) Are there any aspects of living in Somerset that you felt have affected your situation?

n/a

- 9) Do you have any further comments you would like to make?

n/a

Respondent 3 – Female, 66. Mother with dementia living in private, retired accommodation.

- 1) Can you remember how you heard about the lockdown and your first thoughts when you heard about it? What sort of things did you consider at that time?

I probably heard it from the TV news; disbelief and not realising everything it would entail – especially living in a very small rural village, it felt like it was happening everywhere else. Then I started worrying about Mum...and also about a friend in the village

- 2) Did you feel you needed to 'prepare'?

No – but I was really shocked about the panic buying going on. This was maybe part of the disbelief...

- 3) How did the lockdown affect you when it first started?

Minimally really, because being retired, I'm not reliant on a job for my income and feel very privileged. We've got a garden, so we can get outside - and go for a walk without coming across many people but the main way it affected me was with Mum. I used to collect her every Sunday for Sunday lunch, take her out. I worried about the fact she wasn't able to go to the Sally Army things she goes to – church, lunches, activities – so I worried about her mental health and how the lack of interaction might exacerbate her condition. I worried about the rules that were being imposed and whether I could still go and see her. But I rationalised this by the fact I'm her main carer and do her shopping etc – but it was hard.....

I did have uncertainty about a holiday we've booked, about losing money and wondering how long this situation is going to go on for.

- 4) As the lockdown continues, how is it affecting your day-to-day life?

*Lack of social interaction has been difficult – because we see people in the village for drinks and village hall activities. As it went on, my mood was affected – whereby I missed the interaction..... and then I didn't **want** it anymore – which was a bit odd.*

The weather has played a big part; we've been fortunate that it's been such lovely weather and we've got outside. On the days it's been rainy it feels quite oppressive, not to be able to go out and go somewhere.

However, I worry what would happen if something happened to my teeth and I needed treatment, because the dental surgeries are closed. I worry about what happens to people who need cancer treatment – this must be impacting massively.

- 5) Are there things you are doing differently?

Shopping less frequently. Taken advantage of XXXX dinners occasionally – which we would never done but it's a bit of a replacement for going out for a meal. Jigsaws! Hooked and obsessed with jigsaws. Not going to my pilates, which I really miss. I'm taking meals to Mum rather than her coming around here for the day. And Zoom meetings for the parish council and bereavement work – I miss going out to see clients.*

- 6) Have there been positives for you in your own situation?

No, I can't say positives but yes, it does reinforce how privileged we are and our circumstances. If I was a mum in a top floor flat, things would be different and I really feel for people who can't get out – it must be absolute hell.

I'm pleased me and my husband have been able to rub along well – otherwise it might have been a bit difficult!

- 7) What have been the biggest challenges for you?

Having Mum understand what's going and why. She worries about me going shopping and why I'm not back soon, when I have to queue; and she doesn't get social distancing. She goes around to her neighbours, which strictly speaking, she shouldn't be doing.

One day something happened with Mum and I wanted her to come around here but she wouldn't come initially because she knew now that she wasn't supposed to go to places – and it was tough trying to persuade her – and also because of the fact I shouldn't be doing it anyway. But she did come in the end, with the help of a neighbour. She felt 'back to normal' at the end of the day. I don't know what had happened – I was aware of the rules about social isolation but I didn't know what else to do, so it was a sort of internal dilemma.

- 8) Are there any aspects of living in Somerset that you felt affected your situation?

We seem to have a lower instance [of COVID-19] here in the South West and I

do wonder about why that is. Is it because of lower BAME numbers, is it the rural setting? But I feel if I needed most services, they're there.

I have friends whose car broke down and they have been borrowing my car because there is a lack of transport and their garage was only doing work for key workers - plus the car part needed to come from Germany.

9) Are there any further comments you would like to make?

No further comments

*A local initiative by an individual to cook fresh meals for people in the village and surrounds.

Respondent 4 - Female late 50's. Living alone, self-employed and small business owner

- 1) Can you remember how you heard about the lockdown and your first thoughts when you heard about it? What sort of things did you consider at that time?

I think I heard there was going to be a lockdown and then I watched it on the TV but I didn't understand the full implications at the time. I didn't realise or understand the real differences – and didn't go into the detail. I didn't know whether to see my chap or not, so I had to look on the computer what had been said in more detail – in relation to my own personal situation.

I think Mum and Dad had been isolating a bit before and I was doing their shopping – so things like that didn't change but the fact it was a total lockdown was a bit of a shock at the time, because I didn't expect it to be so serious. We'd had SARS and MERS and all those different kinds of 'flu so you sort of thought it was another one of those...

- 2) Did you feel you needed to 'prepare'?

No, because we didn't have to do that before. But my Mum had stocked up quite a long time before. There were some good things I remembered from Swine 'flu so you have good hygiene habits – and I've had them it since, in my business anyway – I tried not to stockpile stuff but I didn't expect it to be as it was.

- 3) How did the lockdown affect you when it first started?

Immediately, it was a complete loss of income. If I don't work I don't get anything, so that was quite a worry. I am quite good, because I started being really positive and became a bit more resourceful; I do Live Chat on my Facebook page and reply to every person who makes a comment because it is just good for people to connect. I felt like "What can I do to make things better?" I was supported by some of my clients – which made me more determined to make a success of it. I put my classes online and made a Facebook members' group and made a YouTube channel, so I felt like I was giving a bit more value for money. I knew how many people I needed just to be able to pay my bills and made it as cheap as I could, so people started buying into it; and I've got different clients now too – coming in from other areas.

*I'm lucky that I've got a neighbour who I've become quite close to, so we can talk on the doorstep - and I do lots of Zooming. I think I worked **too** hard and missed a lot of my friends but I started a virtual gin night to provide an opportunity for everyone to connect, so I do that with my friends now, as well.*

- 4) As the lockdown continues, how is it affecting your day-to-day life and your work?

*I think some classes will be gone and I will lose some income; I had some instructors working for me so clients will have gone with them and I need to make that up another way. I have a kind of a routine now; I work from home and for a school in the afternoon - but it's classes for me, so I'm getting home earlier (metaphorically!) - which I love. I try to keep a workspace and a private space at home - so I've settled into a routine which is comfortable for me. I think, as it goes on, you need 'workarounds' - when I take my parents their shopping, I sit at the end of their drive and have a coffee - they've been in isolation longer than me. Older people have been in a **lot** longer.*

- 5) Are there things you are doing differently?

In my business life I'm not working all the hours. I'm working hard but it's a more balanced way of working. Definitely less stressful. I'm learning stuff - and I'm not stuck in traffic jams. In my personal life, I'm making time to connect with people I should have connected to. It's made me reflect a bit, if I'm honest, on my relationships with other people - and what I want and what I don't want.

- 6) Have there been positives for you in your own situation?

Yes - I've learnt that I'm very resourceful and I can do things I didn't think I could do. Like use technology - I've been catapulted into it and I have more confidence using it and working out how to do it. I cook more from scratch so that's been healthy and I've been making more of what I have. First of all, I think you overeat a bit, but then you get a grip on it. The positive is that I've got more time to get outside and exercise from where I am - walking every day, which has been good. The teaching-classes I'm making more fluid and people seem to value it.

- 7) What have been the biggest challenges for you?

*The money was the first thing - that was a shocker. Just thinking about how I can replace my money and keep going through the lockdown was **hard**. I don't seem to have enough hours in the day because I'm getting ready to move house - and I couldn't physically do some of it and no longer had*

*anyone to help me. I didn't want to be in the situation of paying rent **and** a mortgage. Shopping is difficult – it takes a long time if you go to different shops, so I've had to limit my Mum's requests. It can be a bit fraught – and you have to plan more and it makes me more nervous – thinking about masks and bags.*

- 8) Are there any aspects of living in Somerset that you felt affected your situation?

I think we're very lucky – we haven't had it as bad as everyone else. It was a good thing the police stopped people coming this way on the M5– and we have more space and don't have the difficulties with housing as other people do. The people in my street did as we were told – that wasn't across the board but we didn't seem to have the issues places like London have had. On the whole, I think they organised it quite well here, locally. The shops were immediately responsive with sanitisers – I think we were lucky.

The difficulty with Somerset is that there are a lot of people self-employed and small businesses – so I think things will be different in a few months' time. For me, some of my clients are vulnerable and they won't be able to come back in for some time, because they have to isolate for longer – and that will affect my income.

- 9) Are there any further comments you would like to make?

No further comments.

Respondent 5 – Female, early 30's. Health visitor in Somerset

- 1) Can you remember how you heard about the lockdown and your first thoughts when you heard about it? What sort of things did you consider at that time?

Freedom and exercise. How could I manage my mental health if I couldn't get to the gym. Food shortages- as a vegan will I be able to get enough. Thinking about grandparents and if they were going to be OK and logistics about caring for them. How am I going to do my job? (health visitor). Feelings of loss of control. More emotional than logical.

- 2) Did you feel you needed to 'prepare'? What did you do at the time?

I thought about what food I might need to order, vitamins – do I need to order more?

- 3) How did the lockdown affect you when it first started?

Exercise – couldn't get to gym, didn't do as much. Social life – couldn't see anyone and don't live with anyone, leisure activities etc. Diet didn't alter too much in the end.

- 4) As the lockdown continues, how is it affecting your day-to-day life?

Mental health deteriorated, grief cycle, loss of control, anxious and on edge – probably because I can't exercise as much, loss of strategies to control anxiety. Different when lose ability to choose what you're doing – now I don't want this, I want to go and see people. Feelings of rebelliousness regarding being told what to do. Diet – hasn't really changed, nobody in Somerset likes vegan food. Positive – saved money not commuting, gym membership and leisure activities (coffee and eating out). Not being able to surf.

- 5) Are there things you are doing differently?

Working from home, started cycling (before I had accident on bike). Exercising differently. Shopping differently – online shopping for clothes etc and toiletries, early morning food shop - NHS protected time. Dating differently – online.

- 6) Have there been positives for you in your own situation?

Time saved from not commuting. More time for reflection – quiet time where I can't be super busy. More time drawing, doing lots of business stuff.

- 7) What have been the biggest challenges for you?

The loss of freedom. Managing my mental health – feeling complete loss of control.

- 8) Are there any aspects of living in Somerset that you felt affected your situation?

Really positive being in Somerset – access to outside, walks, woodlands and countryside. Self-referred to talking therapies, 'unhelpful thoughts' programme, tackles perfectionist tendencies.

- 9) What would have made your experiences easier?

Gym being open.

Respondent 6 – Female, 50's. Nurse in a hospital in Somerset.

Isolating for 14 days when husband had COVID symptoms (tight chest, catching breath, raised temp) and respondent also had mild symptoms (chest tightness, sore throat, dry cough, productive, classic c-xray findings, breathlessness).

- 1) Can you remember how you heard about the lockdown and your first thoughts when you heard about it? What sort of things did you consider at that time?

I was thinking about my husband who is self-employed husband – finances were the most important thing that worried us. Husband is a plumber therefore didn't know how much work he would have. Been lucky as he had 2 major jobs and has had emergencies, therefore it's been OK. I panicked and thought we have to pull the belt in - did mortgage holiday. But because not going out/socialising/driving lessons for children, bus tickets, hair dressing, not using car, actually made savings. In the beginning, the second thing I worried about was my 17/18yr old children, how they were going to cope with being stuck at home, their education. Initially thought would only be for a short time and might be a good thing.

- 2) Did you feel you needed to 'prepare'? What did you do at the time?

No. Woke up Sunday morning, thinking about Italy/France, if they've locked down, what about transport of food etc coming from other countries, worried we would have a shortage of food. Said to husband I'm going to go to Tesco and get frozen stuff, when turned up everyone had same idea – choc a bloc. Pop up shop in Musgrove (was set up especially), sells frozen food as well, organic bag of flour was £1.60 but bought anyway. Companies outside also been set up and used.

- 3) How did the lockdown affect you when it first started?

Problem was isolating before lockdown, daughter due to start new job, but husband had symptoms that morning (?normal or new cough – dry and felt different to normal cough) therefore decided to self-isolate and not to go to people's houses. Told daughter couldn't go for her first shift. Daughter has had a rough year (mental health, not able to go to college) then got this job and felt that was the break she needed therefore worried about how this was going to impact her. For months before lockdown she spent a lot of time in bedroom, now at home could see her doing this, encouraged her to come out (gardening, walking). Good insight to see what's going on at home. My son

thought this is great 'some down time, being at home'. As time gone on – met friends on social media, going for bike rides, walking, daughter much better. Daughter much happier, son bored but able to meet one other person now under the new rules which has been really good.

- 4) As the lockdown continues, how is it affecting your day-to-day life?

Parents – Dad suffers with COPD, prostate cancer cleared last October, stayed at home, mum does shopping, gone up there 4 times to Bridgewater and sat on the patio, Mum's brother died 82 (heart attack) didn't tell anyone, found 2 days later in a pickle, was in hospital at Musgrove, but not fit enough to go home, refused home help, social services went it to help, Mum went in to see him although respondent advised her not to and said think about going home to dad with COPD. Fell again at home – went to WSM. Mum bumped into a nurse who said I would be isolating if I didn't have to go to work, I would stay in. After hearing this Mum decided not to go and see brother (who was confused). Got him a TV so he could watch the news to understand (doesn't read and write) why they couldn't visit. Lived alone his whole life, knew it would be difficult being looked after by others, difficult for Mum also. Went into a home – Mum spoke to him on the phone and thought he was mumbling/concerned not taking tablets, nurse confirmed this (heart only working at 40%) so called ambulance, wouldn't be taken to ITU, signed DNAR, decided to stay at home, got morphine pump. Stressful for Mum. Mums sister came over to sort out bungalow ready for auction – good therapy for them (previous family arguments, first time spoken to each other for 15years), talking about experiences whilst cleaning etc. Neighbours came by and said how lovely David (Mum's brother) was.

- 5) Are there things you are doing differently?

Really hard as both working full time, but feels normal. Only thing – not meeting friends or seeing parents as often, watching lots of TV, got puzzles but not had time to do, doing lots of DIY, still running, cleared out the shed, repaired the bikes – riding for first time in 2 years, been to village shop and met new people. Second time had symptoms (sore throat) got worried about having to isolate again and the impact this would have on work; husband had to cancel a job, but luckily when swab negative could do it. Asked friends for 1000-piece puzzles.

- 6) Have there been positives for you in your own situation?

See above

7) What have been the biggest challenges for you?

I know others struggling but I'm loving it, been off work with stress previously for six weeks, now life simpler, more time. Realise work was quite overwhelming, feel much less overwhelmed now.

8) Are there any aspects of living in Somerset that you felt affected your situation?

No, we are semi-rural, have transport, daughter has car, son using bike – going further now. Boxes, reliant on gym, fitness has scaled down a bit. Son doing more running, lifting weights although not as heavy as gym. Shopping wise, if need anything get it online. Realise don't need to go to town and get things, especially youngsters who get it all online, and try clothes on at home. Thinks restaurants, pubs only in towns in the future, clothes and furniture will be outlets. Respondent not one for buying lots of clothes and getting nails done. Miss having haircut though. Got hair grips, daughter cut her own, she has cut husband, daughter cut sons - adapted.

9) What was the most challenging aspect of COVID 19?

Don't think had major challenge, main one in the beginning with isolation was frustrating not knowing if we had it or not therefore whether it was worth staying at home and losing out on work.

10) What would have made your experiences with COVID 19 easier?

Testing. Booked on morning after waking with sore throat online, got appointment next day in Exeter. Phoned boss who arranged for swab that day in Bridgewater at 4pm, got result 8pm next day result. Patient results taking 2-3 hours now.

11) Are there any further comments you would like to make?

No covered all.

Respondent 7 – Female, 50's. Works in a primary school with partner 'at risk'

- 1) Can you remember how you heard about the lockdown and your first thoughts when you heard about it? What sort of things did you consider at that time?

Through work I heard about it and at first thought it was "good" – probably a little bit too late but good that it was starting, so relief in some way. My personal observation was, in Europe, countries were in lockdown; our schools were working - with the children being nervous - and the teachers being nervous, so it was good to know what is happening, rather than be on a cliff edge - when, how, why – so much buzzing in our heads!

- 2) Did you feel you needed to 'prepare'?

Personally, I was all right; professionally, trying to make sure the children are not nervous more than they were already. Keeping children safe and as happy as possible.

- 3) How did the lockdown affect you when it first started?

Frustration – personally – because you're obviously stuck in one place, and with a partner being vulnerable, worrying 'what if'. And professionally, same worries as already mentioned.

- 4) As the lockdown continues, how is it affecting your day-to-day life?

Mine doesn't continue anymore because now I am back to work. But previously, sometimes it was really nice because you get to spend more time together at home doing things; other days it was depressing in some ways because you knew you were powerless and couldn't do anything.

- 5) Are there things you have been doing differently?

Working hours were different and could be offset. I could do some training and reading professionally, which I never had time to do previously.

- 6) Have there been positives for you in your own situation?

More family time with my partner, gardening – and with the children through technology, obviously not meeting but keeping regularly in touch and

keeping mentally and physically safe and stable.

- 7) What have been the biggest challenges for you?

Feeling I'm failing the children I am working with. At the beginning especially, getting my head straight – not to think about COVID day and night - and constantly listen to the news and check the Web.

- 8) Are there any aspects of living in Somerset that you felt affected your situation?

Somerset had one of the lowest infection rates, which was helping in many ways and the beauty of nature – it's always soothing and stabilising, grab the dog and go for a five mile, eight mile walk and you come home and you're fine.

- 9) Are there any further comments you would like to make?

Having spoken to many of my colleagues, some loved it and some absolutely hated it – none of them had it both ways – nothing in-between. At our first team meeting [back], some colleagues, the younger ones, literally burst into tears – they were finding it so challenging. Home schooling was also a challenge for some colleagues, outside their education environment, especially if the children were in secondary school. Expectations are different – you know it needs to be done one way - but at home it's different.

It could have been easier for me because my family isn't local so we are used to not visiting each other very often, so it was tolerable.

Respondent 8 – Female, 50's. Works as a nurse in a Somerset Hospital

- 1) Can you remember how you heard about the lockdown and your first thoughts when you heard about it?

Surprise – because up until then it was happening in China and it wasn't going to happen to us and it all came about so quickly, it was like disbelief – slightly surreal perhaps. When it was established and obviously at hospital it was a big concern and things were moving quite fast. The Department of Health told all hospitals to cancel routine surgery and make beds available and it was pretty soon after that, it went from one visitor to no visitors full stop; and I've not seen that in about 38 years of nursing. Which was quite a shock, actually.

- 2) Did you feel you needed to 'prepare'?

I think I was concerned about my father who is on his own – and at this time we were told you couldn't go and see anyone vulnerable. Also, for my husband, with both me and also my daughter were coming and going from the hospital – I was concerned about that as well. Not being able to see my father – could have implications – knowing he was on his own (and we see him a lot) and all of a sudden thinking "I can't do any of this" – and nor could my husband – so were we going to leave him without the majority of his visitors.

- 3) How did the lockdown affect you when it first started?

This might sound a bit corny but actually I felt quite grateful that I had a job – so my lockdown wasn't nearly as tedious as some people's. I wasn't stuck indoors and for me that was a big part of it and probably made things easier - had I not had any work. Some people really didn't see anybody.

- 4) As the lockdown continues, how is it affecting your day-to-day life?

It's becoming tedious and I think at work, I remember when our senior nurse said the first floor was full and the second floor was full – it was going to come up to our ward – and I think then, we did think "It's the unknown" – none of us had looked after COVID patients at that point – that this is 'real' and it's really happening.

- 5) Are there things you have been doing differently?

Walking endlessly – partly because of the amazing weather but also, if you're

outside and with heat (which the virus apparently doesn't like) you're doing yourself some good health-wise. We didn't really feel guilty about going out for a bit more than an hour – we didn't see anybody. That helped psychologically and emotionally and with coping mechanisms probably – you feel that once you were out of the hospital environment, you could do as much as you possibly could to keep yourself healthy with exercise.

6) Have there been positives for you in your own situation?

Yes – there have been. The best description I heard was that the world had been 'reset' - and because you couldn't do anything else, you could appreciate everything outside – birds, bees, blue skies, no traffic. There was nothing to hurry for – you could do more cooking perhaps, be in your garden more and reassess what's important – suddenly you had time – which none of us seemed to have very often. I was thinking, if this was going to go on and on and on at work – it's going to get a bit tedious. It's been an interesting way to come toward the end of my career with a different type of nursing – it's like going to war. And also, there this great camaraderie and support at work – because you're all working together with something unknown- it's not cut and dried. You have to go with the scientific evidence you're got at the time – so collectively, you feel you're working very much together.

7) What have been the biggest challenges for you?

At work, showing your natural compassion and your face – with your patients – because you're masked up, you've got goggles – the door is shut – you have to gown up, which takes time – and you try and do everything for your patient then and there. Whereas normally, you would be in and out. Particularly when you have to give them bad news – you've got gloves on – which is like a barrier between you and your patient. Of course, you can communicate but eyes can't always do that – it's your facial expressions as well and I've found that more of a challenge. And they've got no relatives to visit them – which I think is going to have a knock-on effect in the future. I can't think of anything worse. I think exemptions should have been made really. The emotional affect on relatives must have been horrendous.

8) Are there any aspects of living in Somerset that you felt affected your situation?

Yes, positively. In some ways it was hard to believe the lockdown was here when you compare with London – we could get outside, if you were fortunate to have a garden you could be in; you could walk – I think we're extremely lucky to live here in the south west. And a supportive village makes a huge difference. People you could wave to, have a chat with on the other side of

the road – some people couldn't do that at all.

- 9) Are there any further comments you would like to make?

It's the uncertainty isn't it? How is this going to be managed long-term? How long is this going to go on for? Nursing is different at the moment; we've been dispersed right over the hospital, which is not usual. But I think generally, people have been very supportive at work – they've tried to keep us informed (as much as they can) and if there was ever a time to work for the NHS, it's probably now. People have been really appreciative – which has been amazing really.

Respondent 9 – Female, 60. Works as a development technologist. Contracted COVID-19

- 1) Can you remember how you heard about the lockdown and your first thoughts when you heard about it? What sort of things did you consider at that time?

On the BBC TV news; I considered the economy and the affect it would have on it. I felt it was really over the top health-wise – because people die from the 'flu every year and it goes unreported – and this was more serious, but I didn't personally know anyone who had it - and after about a week I did know someone who had it but hadn't been poorly - so it seemed a bit extreme to go into lockdown when someone would just be a bit poorly for ten days.

- 2) Did you feel you needed to 'prepare'?

Yes. I started being very careful about cleaning in the house - and my husband could be classed as vulnerable because of his age - so I was worried about bringing infection home from work, so I cleaned every day – doorhandles, light switches, that sort of thing.

- 3) How did the lockdown affect you when it first started?

The children were home from school, but I was still going to work, but it didn't affect me directly until the end of April when I was furloughed - but between the end of March and early April I got COVID myself.

I went to work on the Tuesday and felt fine but felt out of breath on the stairs and three hours later I started coughing for about two hours (but I didn't feel ill) and I stayed at work. I came home and everyone was saying I should stay at home and went to work the next day and felt fine! I thought it was weird but at lunchtime on Thursday I had a sore throat, had a temperature and my head hurt, so I went home. The next three days I felt quite ill – like I had mild 'flu – with a temperature all the time but I didn't feel terribly ill. I was really tired and slept a lot. Then on the Monday I started not to be able to speak in proper sentences and my chest felt really tight and I had a very bad night's sleep - because I couldn't breathe properly.

The next day this continued and got a bit worse and that night I had to sit up in bed a lot because I couldn't breathe – it was like being at high altitude – the following day I was all right as long as I didn't talk. But I kept having to have conversations on the 'phone and afterward I was really, really breathless. That evening it got worse and worse and the prospect of not being able to breathe was alarming – so I was persuaded to ring 911 (the COVID line) and they sent

some paramedics out. They came and checked my oxygen levels and listened to my lungs – which weren't too bad - and advised me to see how it goes and said it certainly sounds like COVID but we'd rather you coped at home than go into hospital. But if I felt worse, call them again. So, I had another bad night but I did feel reassured - and the next day it was my daughter's birthday and I sat quietly for most of the day and tried not to talk too much. In the afternoon I suddenly felt a lot better – but remained tight across the chest for another three weeks and still coughed a lot.

I spent most of my days out in the garden because I didn't want to infect my husband. My children – one was fine, the other got a very sore throat after about nine days after I was first ill. This lasted for two days and she felt fine – no shortness of breath, nothing. My husband was fine – although the day after I got ill, he slept for three hours – but didn't get ill, nothing else happened. We kept very separate; different bathroom, bedrooms and I bleached everything I touched each day.

- 4) As the lockdown continues, how is it affecting your day-to-day life?

The children are still home from school (secondary) – one has not taken their GCSEs, which is quite a big deal for her. I might go back to work at the end of June or stay on my furlough until the end of July. But I've been looking for jobs - but it's really difficult because there aren't any. There are minimum wage jobs but no development jobs.

- 5) Are there things you are doing differently?

I'm not going out for days – don't meet friends, don't go for coffee. Just being at home really - and not seeing family that live away and I don't see the grandsons. It's a bit bleak really...

- 6) Have there been positives for you in your own situation?

Loads. It's really nice to have so much time off. I've got a lot of stuff done at home – gardening, de-cluttering, re-decorating and just spending a lot of time with the kids - that's really nice.

- 7) What have been the biggest challenges for you?

Trying to find a job.

- 8) Are there any aspects of living in Somerset that you felt affected your situation?

I felt lucky the whole time, all the time, to be somewhere so lovely – which would be someone's destination spot. I can go walking, cycling; I don't feel contained or restrained in any way.

9) Are there any further comments you would like to make?

I think it's a time of underlying stress but day to day, being able to contact friends – Zoom calls – it's really nice keeping up with friends; it was at the beginning but now it seems like people are getting a bit bored and have done their catching up and just need to get on with real life.

Respondent 10 – Male, 60's. Self-employed organic farmer

General:

- 1) Can you remember how you heard about the lockdown and your first thoughts when you heard about it? What sort of things did you consider at that time?

On the BBC, Radio 4 – we'd just come back from holiday and wanted to know what was going on. I thought, how difficult it's going to be for people who live in small houses and flats. I just felt so sorry for them. I almost felt guilty that we have so much space - and our lifestyle with the farm hasn't really changed. Going down the pub with your mates is a definite 'out' now. I felt very sorry for people in high rise flats, locked in like battery chickens – I don't know how they've done it for so long.

- 2) Did you feel you needed to 'prepare'?

We changed our farming policy a little, coming on the back of Brexit and all the uncertainty about food supplies, and then the lockdown so we decided to grow a lot more vegetables. We put in eight acres of potatoes, which is something I haven't done for thirteen years. I've never grown them continuously because they generally are a very, very low price and a lot of work - but they grow very well here.

We went into what we call our 'machinery museum' for various tractor implements. They are very ancient and very small - but they do the job. We needed these because of the wet, wet winter and ground being waterlogged. We had no winter cereals in the ground at all – nothing went in the ground in the autumn (and looking at conventional farmers crops I was glad they didn't) – so we went all out for spring crops. We didn't know what the market was going to be – what with Brexit looming and the COVID pandemic – so we did a very cheap barley sowing. We would normally use a contractor and plough all the land; however, we designed our own cultivator to move the soil, minimum tillage, and lifted it with a tilling machine and only went 25ml into the surface to form a seedbed. We had all the residue of the crop before – the sun killed all the weeds, and to apply the seed I used fertiliser spreader that hadn't been used in over 15 years! We got the best establishment of barley that we've had in years. I don't know if it was luck but it worked better than I expected.

- 3) How did the lockdown affect you when it first started?

It's made wish we had more time! When lockdown came we had two overseas families here: one family were volunteering for us. The father gathered all spare parts that had become dispersed across the farm, and organised them on shelves, so we've saved a lot of money because we couldn't get the parts easily. We had to make a lot of parts as well –because so many people were off work, the supply chain broke down. If you can't get it, you have to make it! I surprised myself with my ingenuity, but I've worked more hours than I would normally work. I've really enjoyed it because making things is recycling and helping the planet – so it's not all bad. And because of our sowing system, we've used half of our fossil fuels (diesel) – which I'm very pleased about.

- 4) As the lockdown continues, how is it affecting your day-to-day life?

No socialising and not really going anywhere but I feel privileged to be locked down in such a beautiful area. There seems to be more wildlife and birdsong – or do we just have more time to observe it?

- 5) Are there things you are doing differently?

Yes, when I go for farm supplies; I take the trailer behind the Land Rover – it's awkward to browse around – it's in and then out. The same with building supplies – it can be frustrating, but these are things we've got to buy - but it takes twice as long to do what you want to do. You can't help the guys – it's all regulated – but it has to be. So we go every three weeks or a month rather than every couple of weeks and you have to really think about what you need. I think this may sharpen our minds and make us think about what we need if we're only going once – and that, in turn, should keep people off the road.

- 6) Have there been positives for you in your own situation?

It depends on how you look at it. Our farm diversified into hospitality, as farming does not earn enough money to pay the bills. But hospitality is dead so we have no income at all. But then I think there are positives because people seem to be friendlier and are helpful – they have more time to stop and talk. The other day, six people stopped me and had time to chat. I find the community seems to have improved.

- 7) What have been the biggest challenges for you?

Getting everything done. We wouldn't achieve anything without the help we had with the people who stayed on – they couldn't leave because their travel kept getting cancelled - but it was great because they went away with lots of skills and ideas about veg growing and the things they learnt here. It's been quite an educational time – I've been able to hand on knowledge so we've

had a social time all locked down together in the "bubble" – we've been very fortunate.

I think strain between relationships is quite difficult in lockdown. I only worry about things I can change but not things I can't change. I just get on with things. But then I think long term – I know sometimes things don't go right in farming but you've got to take it on the chin and accept it as a learning curve, I've just got to try again and do better. It's Mother Nature that's stopped us now, isn't it? We're over-populated – people are living in too dense a population. Quite ironic that it's done more for climate change than all the governments in the world could do. We have had the cleanest air in London since the 1950s.

- 8) Are there any aspects of living in Somerset that you felt affected your situation?

I think we're fortunate that we're quite sparsely populated – that's probably a plus when there's a virus going around. I didn't feel safe going on the Underground in London when we came back from holiday, knowing how bad it had been in Italy before the lockdown – people weren't keeping their distance.

- 9) Are there any further comments you would like to make?

I'd like to think that people have learnt a little bit about what are the true values of life – enjoying their gardens and growing their own vegetables. Do we have to have entertainment thrown down our throats all the time? Get out and get fresh air – surely that's better than going to the gym. If it takes something like that to show people it can be really rewarding mentally and physically – I hope it stays – I hope it sticks with them when it's all gone.

Respondent 11: Experiences of people homeless in Somerset, June 2020

"Sleeping on the streets was scary and I felt very vulnerable. I think it got worse during lockdown because public places that were usually busy until late were now deserted and I felt targeted more by people who wanted to commit crime. I was attacked and robbed by drug dealers during this time.

Coming into the hotel was like a dream. I had a safe and secure place to stay with support from staff on hand. Accommodation is the most important thing and I felt safe at last. I never want to go back to living on the streets. I don't want to live with that constant fear.

I am hopeful of moving forward with my life, improving my health and eventually going back to work. I want to have a normal life.

The most important thing for me is having somewhere safe and secure to live then I can focus on moving forwards."

Case studies

AB has really enjoyed being in the hotel and feels his mental health has been really good since being in (this setting) and he has been engaging well with support (he enjoys the conversation too). He has thoroughly enjoyed the food offered (breakfast packs and meals). We had a ten minute conversation about how good he had found the meals – particularly a tomato, mozzarella and pasta dish that he said was 'exceptionally tasty, and full of cheese and was really, really good' (short version). He is dreading the thought of ending up back on the streets and has really appreciated the offer of accommodation in (this setting). His only minor issue was the lack of a chair, but I suggested he put the loo seat down and sit there – which he thought was an excellent plan. He was sleeping on the street (outside Poundland) before lockdown.

DC has also had a really good experience in the hotel and has been grateful for the opportunity to 'sleep in a bed, in a room of his own' and has also appreciated the support to get him on universal credit, HAP, Homefinder and help he has had looking for accommodation. He felt it has given him the break he has needed to get his support needs in place and look towards a better future for himself. He has engaged well with the support offered and is very keen and enthusiastic to prove this opportunity has not gone to waste. He is terribly grateful for everything he has been offered as he was sleeping in a car and had been sofa surfing for a long time.

Respondent 12. Keeley Rudd CEO of the Community Council for Somerset (CCS)

- 1) Can you remember how you heard about the lockdown and your first thoughts when you heard about it? What sort of things did you consider at that time (as an individual and as CEO) – did you feel prepared?

We heard that it was coming I think, a few days before it was actually announced – because we have such a close working partnership with the council and PH [Public Health] – so we were aware it would be coming. It was probably...at least a couple of days before [the announcement], our Senior Management Team decided we would all immediately start working from home anyway. So we were aware that it was coming and we were already set up because the majority of staff, which are agents, already were home-based and were set up to be able to do that. They all have NHS issued laptops anyway so that wasn't going to be a problem for us. We were already operating a VOIP - Voice Over Internet Provider - so we could use telephones from anywhere via the Internet and obviously all the agents had mobiles as well so we knew we were going to be in a good place to get set up for home working straight away. Most of the rest of the staff, even if they weren't agents, they were all ready, able to work from home as well, although most of them...well me, I was usually office-based but I could work from home because we could remote into our server. I think from that point of view, we were set up.

From a personal perspective, you have this kind of almost delayed reaction, you think "Wow, what is this going to mean for me and my family? And actually, my eldest son was living and working in London so when lockdown was announced, my husband went to get him to bring him back because I didn't want him in London so that was an easy trip down to bring him home. My daughter was already home – she'd been working at home and my youngest son had just come back from uni – so we've all been here and that's got its own challenges as well...

- 2) How did the lockdown affect you and CCS when it first started?

Rapidly demand went through the roof; it's always been quite high anyway but obviously, workwise, agents have been very much focused on being out there in the community, being very visible. Now we had to move to dealing with people over the phone and it quickly became apparent that with the shielding list and with the vulnerable clients we knew of and other vulnerable clients that County was sending our way, we would have to adapt what we were doing.

So then we put the whole workforce on phone-lines on a rota system. We have a wholly -owned trading subsidiary called Smart Communities, that's our consultancy arm so we do some of our community buildings price work through that, feasibility studies, all sorts of consultancy work goes through but all those staff as well were...except for two, we did furlough two staff... everybody was required to be on the phones on a rota basis. We stood everybody up for that and moved immediately to working over the weekend. Not that everybody had to, we asked for volunteers, because we knew it would be tough for people with their own family situations – some were shielding, some had families who were shielding and there were children to take into account. We had a fantastic response, the staff have been absolutely incredible, so amazing. But people were worried; .at first there's that novelty, you can work from home, you might be able to nip out and put some washing on or get yourself some extra biscuits (that happened far too often!) but the relentlessness of it has been hard for people, really hard.

- 3) As the lockdown continues, how is it affecting the organisation and your day-today life?

I think that people are tired now, 13-14 weeks down the line, they've been juggling a lot of things. Still the energy is there and the will to help people and the fact people want to get back out to see people if possible - and we're still weighing up those options. People are starting to take a little bit of time off, I've actually got next week off and I really can't wait because I think when you get really, really tired, you're not as productive as you could be – and that's being very honest, I think, as well. Just being on-call the whole time you feel that at the beginning, although the demand is high and the workload is huge, you can pick and chose about working hours. I'm an early bird so you start really, really early but then you find you're continuing late into the evenings as well. You might have dinner and then come back in and check your emails at 10pm at night so I think that balance and that discipline needs to come back into it, if this is going to continue for any length of time, especially if there's a local lockdown for example.

- 4) Are there things you are doing differently, both as an individual and as an organisation?

CCS - we changed our telephony system during all of this. Our telephony provider said some people couldn't use the VOIP option because the internet connection was really bad, living out in rural areas (it's probably the same for me, here) so we had to think again. Our telephone provider had something, which is basically a call centre technology, so we trialled it with Kristy in West Somerset and her team. We had a 40 day free trial and it worked really, really

well so we decided to take the plunge and go for that. That was quite a big change for the whole team to get used to! But we work that over the Internet, we can use it using 3 or 4G and there's even another option for people who are really not very well connected at all. They can use their landlines but their number is screened so it's not visible to whoever they're calling or when people are calling in. It's enabled us to work in a really responsive and fleet-of-foot kind of way. With the help of the County Council we've organised things like borrowed chairs for people, because if you're sitting at a desk all day long, looking at a screen, you need something supportive – she said, sitting on a dining room chair! – so it's been things like that.

We've thanked our staff as well. We held our first all-agents' training last week, since lockdown began. We used to have them every other month where we'd get together but we did it on 'Teams' and we sent everybody a £5 voucher to get a cake and a coffee or something, if they wanted. Normally they would share refreshments and bring a Bring and Share lunch. So we sent them a voucher at the beginning of lockdown, because of the disruption and just something they could spend anywhere. Some people donated it, some people didn't; some people wanted it for treats for their family. It's the kind of little things like that, that we've tried to show our appreciation. I've done weekly updates, emailed out to make sure everybody is aware of everything that we're doing. I think those kind of things have changed, in terms of the communication, with everyone working remotely and not able to get together physically, it seems really important. The Board has done other things as well, written to staff – encouraged and thanked. We've just responded, I think, to whatever challenge has come up. We've said "We'll do that, we'll have a go." and that's just what CCS's culture is like anyway really. But it's been amplified, I think.

- 5) Have there been positives for you in your own situation and for your organisation?

Yes, I think communication is better, just the way people have stepped up has been amazing. The awareness of CCS out in the communities has just tripled really. I'm not sure if you've seen our figures but I think at last count, which is at least three weeks ago now, we delivered over 53,000 community support activities and supported over 40,000 people. The numbers are massive but of those 40,000 I think it's about 78% did not know about our service before – so the awareness of CCS has really gone through the roof.

The other positives are: we've had less of a presence with community buildings and village halls over the last couple of years because we didn't have a dedicated person working in Somerset. We'd had someone remotely helping us with very technical questions around Trust Deeds and things like

that - but we've now got somebody working locally. It has rekindled that and now with community buildings becoming important in easing lockdown, so extra space for schools, primary schools in rural areas for example, pre-schools re-starting, we've been able to give really specific guidance on how to open up safely. Again, that's rekindled interest, so that's really good because that's a core element of work for CCS since we've been doing since 1926, when we started.

I think it's shown, that since we've always been able to respond to community needs as whole organisation, we can respond in terms of our own infrastructure as well; we've been able to make those decisions, respond quickly. The Board has been right behind us as well because obviously some of it has needed additional investment, some of which has come in anyway through a couple of grants and things – I think that's been really helpful.

When you're the Leader...it's that stupid phrase "Tough at the top", you've got to make the decisions, the buck stops with you but actually I've had a lot of good support from my Senior Management Team and the Board so I think it gives you confidence that the way you're steering the ship is the right way – when you get that feedback about the job you're doing. That's very good. It's been very challenging – working from home.

For me, yes, there have been positives; I've been exercising more, which is good. That's a really, really hard question...it's been great having my family here as well but again, as I say, that bring challenges too... and the food bill's gone through the roof.....

6) What have been the biggest challenges?

When you're doing virtual meetings, even when you can see people, you don't get the nuance of body language when you're face to face with people and you need that really. You need that human interaction as well, don't you? I think personally, for me, challenges are my husband's Mum and my Mum are both ill, one's in a care home; she broke her hip when she was in the care home and my Mum is very isolated. I have seen her but not enough. It's that not being able to offer support to the people you love. And not being able to even see my husband's Mum because they had some cases there, so we haven't been allowed to go. She can't use technology (she's 93) – so that's been a real challenge...and as I said earlier, I think it's that availability, it feels relentless as well. When you're driving to work, you've got half an hour, forty minutes or whatever, you've got some thinking space. I can shut the door in my office and people will know I'm getting my head down to something but here, it's sort of one call after another.....

- 7) Are there any aspects of being in Somerset that you felt affected you and your organisation?

Yes. This is sort of a bugbear of ours anyway - that we are under-invested in by health. We have a fantastic working partnership with [Somerset] County Council and Pip [Cannons], as our Strategic Commissioning Manager, is a great advocate for us and her team, we work really well with them for agents' services. Although we are funded by health in some areas, relative to the other social prescribing schemes (and I don't want to do them down at all because they've done a fantastic job as well) but I think the numbers speak for themselves, that our numbers are particularly high. As a county-wide organisation - and they're much more focused in certain areas - we've dealt with huge numbers. The complexity of those cases is creeping back in now, so mental health, domestic abuse and all those kind of things.....I think that we feel a little bit under-valued by health. We've shown in our stats, that the majority of the demand has come from Primary Care - so that is a little bit galling! We're hoping to address that and we've had conversations about that as well. It's not that we want to be top of the tree, we just want to be playing on a level playing field, as far as health is concerned, so that's one thing...

The relationship between county and the districts is difficult and obviously there's the whole unitary thing going on as well at the moment. When you're on a meeting with both county colleagues and district colleagues - I attend the brokerage cell every week - when you're talking to the people concerned, you can hear the concern they have about the people they're caring for and looking after as district colleagues - and that's great - but in reality, there are too many layers and it ends up coming back to us, most of the time. Because we're the 'doers' and not the 'talkers' about it, we deal with it; and we feel a bit frustrated (in county terms, they're the doers as well) but in the district terms, it's less so. It's that grey, muddy area in between, where nobody's quite sure what each other's responsibilities are in all of the pandemic circumstances.

And yes, housing should be firmly with the Districts, but we've been working with cases, working with them, but it's been really, really hard! So, we have to go through things like their Helpline to get contact with housing officers rather than having a direct line into them, which is bonkers in an organisation like that. I think there are a lot of challenges there, whatever happens with the unitary situation that need to be sorted out. We don't need bureaucracy to get in the way of helping somebody. "Let's not talk about it, let's just get on with it."

I think, unfortunately, Civil Contingencies have been.....I don't know where they've been, quite frankly. We, again, just got on with doing stuff in

communities to think about what they needed to do. I, personally, have not been contacted by anybody in Civil Contingencies to have discussions about how we can help communities. As a grass roots organisation who are out there, with very good connections to parish councils, village halls, community buildings – there hasn't been a single conversation – so that's a real, big gap for me.

But overall, the collaboration between the Third Sector and statutory authorities has improved hugely. Our relationship with Spark is good, we work with them and they're doing fantastic work as well, out there, obviously with volunteers. We've been meeting weekly, as partners, and that's been a kind of therapy, in some ways (Matthew [Hibbert -PH] and Chris [Phillips - PH] have been on those calls as well and Pip [Cannons] sometimes. Those have been helpful as well and there's some good stuff coming out of that so it's like "How can we take forward the support the wider VCSE sector needs?"

There will be casualties. There will be some little organisations that won't survive and actually some bigger organisations. Organisations of all sizes just simply stood down their services, they just weren't able to cope or help, at all. I think that needs to be looked at, because if we, as a more generalist organisation, are relying on those specialisms to support people and they're not there – where do we go? It can't all be reliant on statutory funding, there has to be an element of the Lottery, for example, stepping up as well. They've closed applications to just wider bids...they've really just concentrated on COVID; they've had a COVID Response Fund and we've been lucky to get a bit of money from that but it's for six months! The recovery phase is going to be years. Those are all the sorts of conversations that need to be brought in – and they are starting – so that's a positive as well.

8) Are there any further comments you would like to make?

I think it is a very honest and open overview of my personal and the organisation's situation and I hope it helps to paint a picture of what it is like "at the sharp end".

Respondent 13. Jane Knowles CEO of Somerset Activity and Sports Partnership (SASP)

- 1) Can you remember how you heard about the lockdown and your first thoughts when you heard about it? What sort of things did you consider at that time (as an individual and as CEO), did you feel prepared?

I remember lying on my rug in front of my hearth listening to Boris on the television telling us we were going into lockdown – so that's how I heard about it, probably like most of the general population, though obviously, we'd had an inkling.

I think all of us started with a bit of a Dunkirk spirit about it, if I'm honest... "this is a thing we're going to have to get through, we all need to support each other", very community-minded. My first piece (I'm married to my work) was about my staff, 36 individuals who work (that's not 36 full time equivalents but 36 individuals) and my first thoughts was their safety and their ability to do that.

We'd literally just finished our Business Continuity Plan. It had been signed off by our Board, maybe in the January time, so we were actually quite ready for this. By the Tuesday, everybody was set up and working at home happily. Laptops had been distributed where that was an issue and everybody set up for remote working using 'Teams', everybody able to access our Intranet – and we haven't had too many issues around that. So I think we all feel, organisationally, we all did really quite well, in that first piece. In my head, if I'm really honest, I thought "we'll have lockdown for four or five weeks maybe and then we will start to be moving forward in a different way" and it was really only after we'd been firefighting in the first week and it was through the second week that I went, "Well, I really need to start thinking long-term because this is going to have a proper impact on us" - and actually normal life is not going to be the same.

- 2) How did the lockdown affect you when it first started?

Me, personally, I don't like working from home. I like working with people around me. We're a very connected organisation, we're very people-focused. My biggest concerns were actually around how our offer would change and whether our staff could actually manage to do that quickly – which I have to say, I've been pretty impressed – people have found all sorts of new skills and learnt them incredibly quickly.

3) As the lockdown continues, how is it affecting your day-today life?

I think...everybody will move around in waves about how they feel because we're all in very, very different personal circumstances with regards to whether you're furloughed or non-furloughed. We've been doing a Well-being survey every three weeks. We have quite a significant well-being survey for all our staff regardless of whether they're furloughed or non-furloughed and we've been monitoring our staff. Without my staff I've got no organisation – so they are at the heart of what we do. I think that's been a tricky thing...where we've had lulls where the people who have been working have been incredibly tired and have hit a bit of a plateau. While those people who were furloughed, the vast majority of them, are desperate to get back to work; for all sorts of reasons, about job security, they're worried about their client base. We've watched on the well-being survey an interesting little...rollercoaster of how people are feeling. But also watching people day to day, really needing some support, where some days just have not worked for people, at all. And before, when you're in the office, you have colleagues who can help remind you that's you're valuable, that you're important and actually, if you're having a bit of an off-day, you can go and do something that requires less deep thought. But when you're working at home and everything is just down screen and very full on and there's no interruption, I think that's been really hard for many of our staff, including me at times, with just call after call after call – and after four calls, you're completely brain dead.

The new way of working has been quite empowering because I haven't had to travel around the county and I've managed to connect to way more people. So, there have been real positives to it and we will continue to do a lot of video calls now because I think it makes sense.

But I have missed the personal inter-action with people, understanding where they come from a little better, which is harder on a video call. Humans were meant for contact, we are herd and group animals and not having that, being locked down with a very small number of people is hard.

Some of our vulnerable groups we work with, some of its been a little bit heart-breaking. We do some work with vulnerable adults who have substance misuse issues or complex mental health, often related to substance misuse or vice versa and we also do a lot of work with vulnerable children who have pretty chaotic home lives and their lockdown has not been as easy place for them. And while our mentors have worked with them as best they can, as restriction's eased, that has been so much easier for us but just some of those kids are almost not able to function! One of the children just doesn't get up in the day at all and spends his night awake – so he gets no human interaction at all and will only text.

Some of it has been a bit heart-breaking to do that, it's been hard – some of the staff have been very emotional.

4) Are there things you are doing differently both as an individual and as an organisation?

Yes, we've moved very quickly to doing quite a lot of online stuff. In some respects...it's my job to always be positive!...I'm usually quite positive, but it's given us an immediacy about doing online stuff and honestly, people have moved so fast to get virtual offers, some of them very 'live' virtual offers. We've done bike maintenance for our kids, we've done family stuff and we've done some off-line offers as well. The 'walk'nchalk' in the parks just to do some different stuff for kids so they can pick up a piece of chalk, draw a hopscotch trail – so their daily walk doesn't feel quite the same – and they can take the chalk home. The engagement has been just lovely over our social media so we've done things differently in that sense. It's been far less targeted, and quite universal because we've had to use social media to do that. But where we've really, really struggled, is with those populations where they just don't have very much access to digital. That digital poverty piece, whether that's older people – we had to post things to and we've posted an awful lot to older people with long term health conditions. Or some of our kids, who just don't have access to paid data to go and do that stuff – they can do a phone call on their phones but they don't have any data that they can access some of the virtual offers that we've got.

5) Have there been positives for you in your own situation and for your organisation?

I'm going to say there have been quite a lot of positives. I'm going to count them on my fingers as I go! Gratitudes for me during the day, if I ever have a bad one.

One of them, I think, is unearthing all sorts of skills our staff had and improving those; around use of social media, videoing – we've had staff who've been re-purposed to do more communications stuff for various reasons and that's worked really well. Everything seems to be moving fast, so we have made connections that I think would have taken us much longer if we hadn't had lockdown and suddenly moved ...all the Cells that are meeting weekly and often fortnightly now. It's much easier to jump on a call than jump in your car and head across the county. People are much more inclusive about, as I said at the beginning, that whole sense of community, about the system working together. There've been far less barriers around that and I only articulate from a personal reaction to that - is that maybe we all want to help so that subtle competition between organisations, just doesn't seem to

be there right now. It's just 'want to get on and do' so what are you bringing to the table and how do we best use that?

I think the positives have been around speed of decision-making too. Things seem to have far less been caught in bureaucracy than they would have been before. It's also improved relationships between commissioners and the voluntary sector because, before, there's sort of a subtle competition or whatever and actually now, every body's just going – "We really need to have much more collaborative, system-wide conversation around how we use different resources." rather than "Yes, I want the credit for that. I want the money for that". I think that's been a real positive; building relationships, building trust and confidence in each other.

6) What have been the biggest challenges?

Staffing for me, obviously. As an individual organisation, all the extras that come with staff well-being, all the HR issues, with the ever-changing Government guidance, which I get, needed to happen. While I have 36 staff, actually behind me sit a support network of all our sports' clubs, our leisure centres, our individual PTs [personal trainers] and other organisations that might deliver physical activity. Supporting them, through this as well as our team, is a real challenge in terms of capacity and ensuring in terms that we give people what they need, in a timely manner. While still fire-fighting, doing the present while keeping an eye on the future, given we all think it will have significant effects on us in future years, as there is far less capacity in the system. I think my challenge is around "What does the future look like? And how will we deliver that, given there will be less money in the system?"

And then we've got the challenge for our participants, who used to come along to things, a lot of things – and obviously they couldn't. We're really worried about them de-conditioning, many of them elderly. A lot of them that are GP referral-type customers and so were shielding and were de-conditioned very fast. We had challenges, because many of them were not digitally sound or...some of them had digital stuff...but very few of them, to be honest...so in that sort of 70 plus sort age range, not very confident with using it, if they had it - and most of them didn't have it. We tried to get offers out to them, which was tricky. We've done quite a lot but we're still really worried that we've got an epidemic of poor-conditioned people, coming in to have operations or their long-term health conditions have got significantly worse, over this time.

We have quite a lot of insight from Sports England about activity levels during the lockdown and while they were pretty high during the lockdown, we could see that those people with long-term health conditions were actually showing

significant decreases because they were shielding.

- 7) Are there any aspects of being in Somerset that you felt affected you and your organisation? (prompt: transport, distance, community, access to food and resources, capacity)

Being a rural county was rather nice; the fact that COVID wasn't actually wildly prevalent in Somerset during lockdown was amazing. I think therefore there was a lot more confidence (I think that confidence is ebbing a little now...) but I think, given we were only allowed out once a day, having good places to go, good green spaces and lots of rural outlets was amazing. I think that was very positive for Somerset.

I think that our really rubbish broadband was not helpful, so there's a downside to Somerset. And one of our key areas for people with long term health conditions is West Somerset, which was really, really tricky.

But I think it was a positive. I think I'd have preferred to be here than be in London! There were some infrastructure issues that really highlighted some gaps in the way in which we deliver services – that universal service, that actually isn't particularly universal. I think that's tricky and has highlighted it – it's like when you do the JSNA [Joint Strategic Needs Assessment], you can see the inequalities that are there. I'm worried that, through this time, some of those inequalities have grown and not lessened, because access to all the things will depend a little bit on affluence. If you haven't got a car, when we were allowed to go places, well, they still weren't. We've seen levels of physical activity for children and adults drop...they were at an all time high when we started lockdown, but we're seeing them drop again now – and quite significantly in some places.

Children in those lower socio-economic are one of them – and disabled adults and adults with long-term health conditions. Also having a significant effect on women; the research doesn't tell us why it's having a significant effect on women but our...insight, I think you could call it, ...is that women are often having to do quite a lot of 'things' – particularly those women who are perhaps in lower paid jobs. A lot of carers – and there are a lot of carers in Somerset given our demographic - who are still caring, trying to home school, trying to shop – everything takes longer. I think therefore, women have taken quite a lion's share of some of the extra time that COVID 19 has caused us to need for shopping and whatever and dealing with the children. That's been particularly hard hitting in terms of theirs – so while we think they've got more time, many women have not had more time.

- 8) Are there any further comments you would like to make?

I think I've probably already said it, but I would like it recorded. Our authority, as a county council, have done particularly well in terms of managing this and working with partners and some of the messaging and some of the things they put in place. There's been a really positive and quick response through a lot of that, from where I see, and as a county we're more collaborative and trusting than we were before this.

It will be very interesting as we go forward and maybe there will be a lot less money to invest in service – what that then looks like in the future. I think that's a challenge, not for the county council but for all of us to try and work together to try and deal with that because I think it's just going to be 'the thing that's there' and will be a huge stumbling block, as we go.

The other thing is all of the voluntary sector depends hugely on volunteers and we've seen a huge surge in volunteers - but now we're starting to see those groups stand down a little bit as restrictions are lifted. I'll be really interested to see where that leaves a lot of our volunteers who do a lot of the health walk leaders, do lots of sort of ambassador type work for us....because I think coming out of this, there will be concern for a very long time for very many of those volunteers and I think there will be volunteer fatigue.

Respondent 14. Katherine Nolan CEO of Spark Somerset

- 1) Can you remember how you heard about the lockdown and your first thoughts when you heard about it? What sort of things did you consider at that time (as an individual and as CEO). Did you feel prepared?

As an individual, strangely, I didn't feel that worried about it. I guess I was more concerned from the perspective of work. I heard about it on the news or possibly through social media. I think I was at work actually when I first heard about it. It had been a few days coming. I think certainly there was a sense that it was going to happen - it was already happening elsewhere – so it was only a matter of time. We were waiting for it.....so it didn't come as a huge shock. I think we knew it was going to happen and at work we had already been talking about it.

*It kind of feels like it's being done **to** you, though, doesn't it? We've never experienced anything like this before and I think you just take things as they happen. I would say that's what we've done as an organisation very much. We've had to just be - as individuals and as an organisation - massively responsive and try not to worry too much and try not to think too far ahead. We've got to think and plan now, but when it first hit it was very much about trying to break things down and respond. Try to do what we can today and then do what we can do tomorrow and do what we can do the next day. I think it was very much like that. It was the immediate, practical steps we took as an organisation.*

- 2) How did the lockdown affect you and your organisation when it first started?

We have a really committed and passionate team ... and oddly, there was a strange sense of excitement, because that's what we're actually here to do - we respond. It gave us a really, really clear sense of purpose and we just got on and did it. As an example, our Corona Helpers' website - we set it up within a week and got 1,300 volunteers registered. The work we do generally is about responding to need all the time. So groups come to us and need help, many in our communities need help. This is absolutely what we do in our day job anyway but on a much bigger scale. I think there was a sense of "That's what we're here to do!" It brought us all together.

I would say, for the first month or so, although it was very, very tough in terms of the practicalities, we did know what we were doing and we did have that very clear sense of purpose.

- 3) As the lockdown continues, how is it affecting your day-to-day life?

I would say things are very tough now, absolutely. The first four to six weeks were actually very positive for us as an organisation because we are a team who are dispersed around the county. The situation brought us together, albeit virtually, so we're talking together more, we're having daily briefings - we're talking to each other and really feeling like a team. That was really, really positive. As things went on, it got more and more difficult because what we do as an organisation relies on human connections. It relies on talking to people, connecting to people, supporting people. And that has got increasingly more difficult, I think, as time has gone on.

All of our team, to a person, are pretty sociable in what we do, because we're 'people people' and so it's becoming a challenge to be isolated. Continuing this for the long term has been very difficult for a lot of our team. They've found it very hard. And as an emergency response - that sense of purpose, we knew what we were doing and we got on and did it. But looking ahead and

thinking about how we can aid the recovery is much more challenging for us as an organisation - to think about how we can do it remotely and with the capacity we've got at the moment. I think that's how a lot of organisations are feeling. I think it's how many of us as individuals are feeling as well.

[As an individual] Lockdown for me hasn't affected me that much. I'm very lucky, we live on an old farm, we've got land, we've got space. Children home-schooling was really, really difficult but I would say for me, individually, it was ok.

What I did find very difficult during lockdown was finding a bit of time to take a breather, to do all that creative stuff that lots of people have been doing - reading books and baking. I haven't done that at all. If I can be frank, I am knackered. I have worked harder than I ever have. I'm paid to work a 30 hour week and I've been working 60. I've had very few work/home-life boundaries, at all. For a period of time, that was OK, but now it's getting really tough. I've got three children downstairs. I'm not alone - I know a lot of people are finding that as well. This level of intensity, we're all stepping up, we all want to do it, we're really passionate but- you can only do it for so long. A lot of my team are like that. We've had people who are generally such team players and so positive - you can see the cracks over the last few weeks.

- 4) Are there things you are doing differently both as an individual and as an organisation?

Yes. There are lots of things that we're doing differently as an organisation. As I say, we're all spread out around the county. One of the challenges we've always had is how do we maintain that team-working? How do we communicate with each other more effectively? In some ways, the situation has been a catalyst for some of the things we've been talking about for a while. We've grown a lot - when I joined the organisation a few years ago there were three of us - I think there's going to be 25 soon - so the challenge is managing a team like that and making sure everyone is involved and feeling valued and linked in with what's going on - which is difficult anyway. So, I think the online stuff has really helped me think differently about how we can work together.

One of the other things we were talking a lot about as a team was how we should be modelling and influencing behaviour around climate change. I spent a lot of my work time before this in the car. I would sometimes spend three hours a day in the car, going to different places, because there's an expectation that you go and meet people. Lots of the groups we work with and support, expect us to go and see them and we can't right now. I think in terms of money we're spending as a charity, it could be better spent elsewhere and there's also the impact we're having on the environment. It's

made us think quite differently about how we can do what we do. We've run a lot of webinars and online forums. We've had 20 or 30 organisations take part in each of those – and I think that's great! It doesn't necessarily supersede the face to face work – I think we've still got to do that but it can make us more flexible and more cost effective as an organisation.

As an infrastructure charity we should be influencing it [climate change] and enabling other charities to do things differently. Really interestingly – and perhaps an odd time to do it - we're about to move into a new office, at Bowdens Farm. We're moving in on the 31st July and one of the key reasons why I've chosen that office is because they are hugely environmentally friendly; they've got solar power there, they recycle everything and that was one of the things that made me decide I wanted us to go there. The last few months, it's just bought this higher up the agenda for us, I think.

- 5) Have there been positives for you in your own situation and for your organisation?

The other thing as well, for us as an organisation - although I don't wish to sound like I was complaining when I say I've been working harder than ever! - is the recognition of infrastructure and how important it is. Other CVS' (Council for Voluntary Service) like we are (we're part of a network around the country) – many have been dropping like flies over the last few years. I think we bucked the trend quite significantly in the fact that we've grown. We were already growing and I think things were looking positive for us. I very much hope that what's happened over the last few months really demonstrates the need for what we do. It's not exciting, it's not the kind of work that people think "Oh gosh, you must fund that." It's quite a difficult thing for people to understand because a lot of funders would rather give their money to the sharp end – to the organisations who are actually doing the delivery. I'm really clear that I don't want us to be a delivery organisation – I think it compromises our role as an honest broker and an infrastructure organisation. It's not that fundable. But this situation has raised the need for what we do.

The 100+ COVID groups that have been set up – this can cause quite a lot of anxiety for a lot of the statutory agencies. Having all these groups just spring up, helping in our communities is absolutely wonderful but obviously it brings its risks, because all the usual rules don't apply. People are just doing stuff, there's less safe-guarding and it can feel quite frightening when we've been in this culture of safeguarding and health and safety. So whilst we've not wanted to quash any of that enthusiasm, our role has been very much about supporting those groups – trying to influence, cautiously and constructively, to make sure they think about what they're doing and about the way they're doing things, as safely as they can.

I think in many ways, this situation has really highlighted what Spark does - by the fact we've been so busy and by the fact we've been given additional funding by the county council and yet there's still too much work to do. Particularly in the recovery phase.

I'm part of a group of Chief Execs called the Somerset Group of Charities and one of the things we're taking forward from that group is that many issues already existed within the voluntary sector such as lack of capacity; how can we encourage young people to consider the voluntary sector as a really meaningful career choice; how can we ensure that we've got succession planning in place when managers and leaders move on, that we've got people to come in and take their place. All those issues - which were present before all of this - have been brought it into sharp relief [during the pandemic]. As a sector, we are starting to have those conversations among ourselves about how we can build the resilience and skills of the sector more broadly. It's not about just one or two organisations but how can we, as a sector, become much stronger so that we can respond to this kind of situation in the future.

6) What have been the biggest challenges?

The biggest challenges are around the digital stuff. As an organisation, we've got quite a young team... I think generally they're not frightened of digital. But obviously, a lot of the organisations that we're trying to support really struggle, they lack the skills. Lots of the groups we support really don't have the confidence, the skills, the knowledge, the 'tech' to adapt what they do in this changing world. I think it has been a case of those who can, have, and those who don't are really not sure what they're going to do next. I think that is a huge issue for the sector.

I think another challenge is to ensure we still focus on the existing sector. A lot of the attention has, quite rightly, focussed on the informal sector like the COVID 19 groups, the people doing stuff in communities, the volunteers. Now, as we go into the recovery phase, I think the focus needs to be on the existing organisations. I think we need to pull that back - to try and encourage the volunteers to support the existing sector going forward. Those individuals who are going to be impacted by mental health, by debt, by homelessness, by unemployment; all those huge issues out there are going to have a really negative impact on the health and wellbeing of people in Somerset. The existing formal sector - I think we need to pull our attention back to them. Not just the neighbourly stuff going on in communities but making sure the formal organisations have got the skills, capacity and funding and the number of staff and resources that they need to be able to respond going forward.

7) Are there any aspects of being in Somerset that you felt affected you and your organisation?

There's always the rural issue, isn't there? I think that's the enduring issue and the challenges it brings. But I would also say...that's why part of the response to COVID has been so amazing, as it reflects how we are in Somerset. I think there's a real sense of community, generally. I've worked in London before and I can't imagine this happening there, to the same extent. Having been in touch with other CVS colleagues in other parts of the country, the kind of work that they've had to do themselves has been quite different to us. Our role has very much been around infrastructure. A lot of the response to demand in communities in Somerset – it's just happened. It's happened as a result of those really strong communities that we've got. I think if we'd been in an urban area it may not have happened to the same extent.

8) Are there any further comments you would like to make?

I guess it's just to understand more broadly what the aim of the research is – so I know what else might be relevant. Most of what I've been talking about has obviously been very specific questions about us as an organisation and how it's impacted us. From my perspective – most of what I talk about in our work is not about us as an organisation, it's about the sector more generally. How I can get some of that across? Most of the time when I am in meetings, when I am talking to people, I'm speaking on behalf of the sector, rather than just about us and it's whether you want that insight from me at this point.....

