

19th EUROPEAN WEEK of REGIONS and CITIES

11 - 14 OCT
2021

Together for Recovery

How the Northern Periphery
responded to COVID-19: a success
story of cohesive working

14 October
11:30 – 13:00 CET



#EURRegionsWeek



Northern Periphery and
Arctic Programme
2014–2020



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<https://core.interreg-npa.eu/>



- **Welcome by Facilitator – Christopher Parker**
- **NPA Covid-19 Response Group Video**
- **Brief Introduction to the NPA Covid-19 response and the work of the CoRe project**
Lee Heaney – NHS Highland, Scotland
- **What we have learned about the Clinical and Economic impacts of the Covid-19 pandemic in the peripheral areas of Europe –**
Professor Liam Glynn – University of Limerick, Ireland
- **How did technology play a part in the Covid-19 crisis and what were the effects on health and wellbeing.**
Professor Joan Condell – Ulster University, Northern Ireland
- **Project Results Video**
- **How rural communities responded to Covid-19 and what we learnt from the crisis in Care Homes and Universities**
Alan White – Highland Health Ventures Ltd, Scotland
- **Question and Answer Session**
- **Summary and Close**

Zoom instructions

Please mute your microphone during the presentations

Please rename your participant's name, so we can identify you and your organisation

This workshop will be recorded, and will be available to view.

How to ask questions

- We will monitor your questions throughout the workshop.
- During presentations: please use the **Chat** section to write your questions
- During Q&A: Please raise your **virtual hand**. The host will give you the floor with camera and sound.



Interactive poll via Slido

***question: What country
are you from?***

answers:



NPA Covid-19 Response Group Video

<https://youtu.be/-Z1pFyNlYoM>

How the Northern Periphery responded to COVID-19: a success story of cohesive working

Lee Heaney
Innovation and Projects Manager
NHS Highland
Scotland

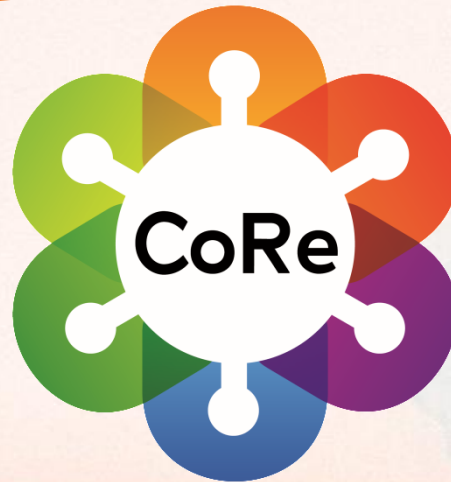


19th EUROPEAN WEEK of
REGIONS and CITIES



Together for Recovery

*An introduction to the work
of the NPA Covid-19
Response (CoRe) project*



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What started as a conversation between 2 individuals at the start of the pandemic on what was happening in their regions and what could be done...

19th EUROPEAN WEEK of REGIONS and CITIES

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Together for Recovery

Resulted in an
international
cohesive approach
involving
13 countries
and more than 250
people



March 2020

The “NPA COVID-19 Response Group” is an informal group of experts who have participated in or led a Northern Periphery and Arctic [NPA] e-health project.

The group was established by Dr. David Heaney, lead partner of several NPP and NPA healthcare projects, and quickly gathered a large group of engaged health experts based in the NPA programme area.

All members believed that working together was a valuable approach and much needed in times of crisis such as the circumstances faced with the Covid-19 pandemic.

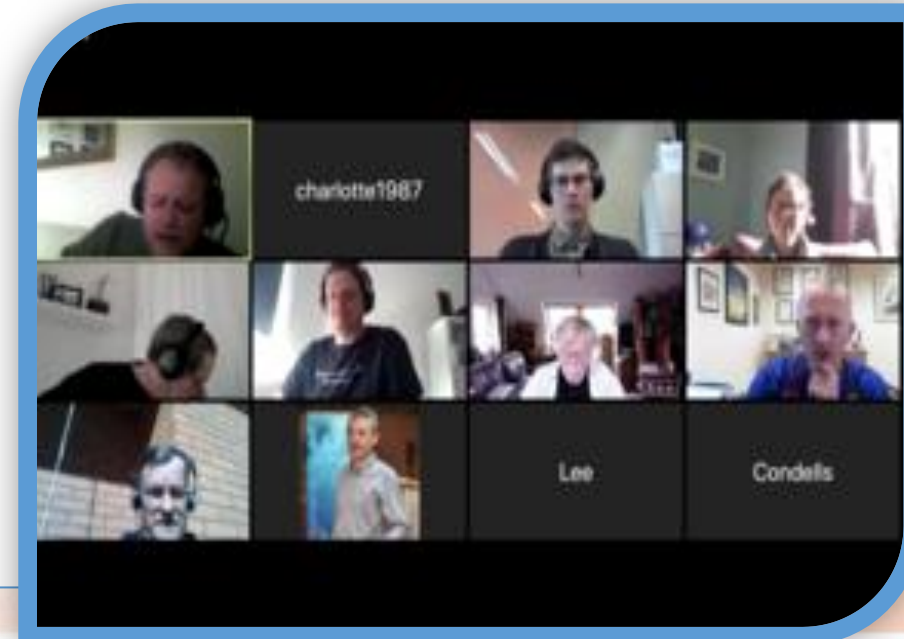
The group covers the following areas of expertise:

clinical, including rural GPs, and public health specialists
health service management, with input from managers and
health service procurement staff
experts in digital technology, mental health, and social science

The group shared knowledge of the situation in each of their countries, and what measures had been implemented nationally and locally to tackle the pandemic.

They discussed ways in which cooperation can effectively help address the multiple challenges posed by this crisis

Covid-19 Response
group formed



March 2020

May 2020

Covid-19 Response
group formed

NPA Covid-19 funding
call announced

In response to the pandemic and to capitalise on the work of the Response Group, the Northern Periphery and Arctic Programme issued a unique call.

1 Umbrella project (CoRe)
and
6 Thematic projects
were funded

New partnerships were established from within the Covid-19 Response Group and outwith.

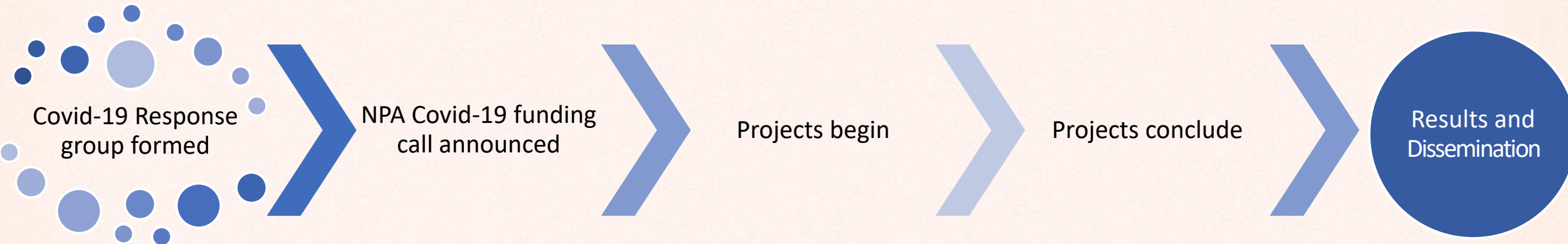
March 2020

May 2020

September 2020

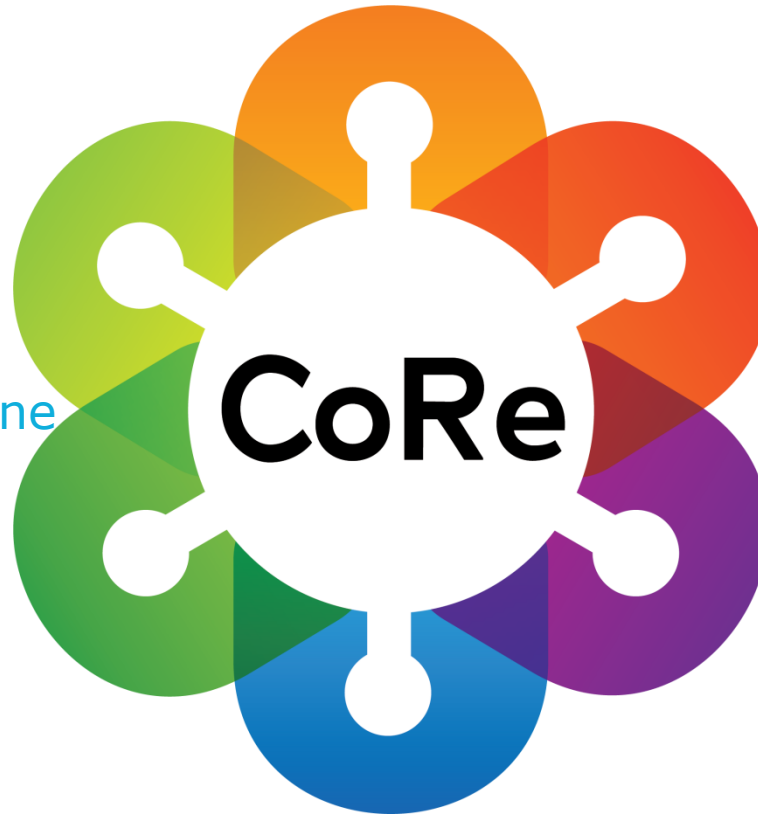
April 2021

October 2021



Partners:

- NHS Highland
- University of Eastern Finland
- University of New England, Maine



Objectives:

- Liaise and communicate with the NPA Covid-19 response group
- To oversee the work of the Thematic projects
- To facilitate the continuation of communication, sharing of knowledge and to foster new relationships and partnerships between the organisations involved.
- Report progress to the Joint Secretariat
- Collect and collate all the new knowledge produced and disseminate results

NPA Covid-19 Response Group

A – Clinical aspects
(COVIDWATCH-EU-NPA)

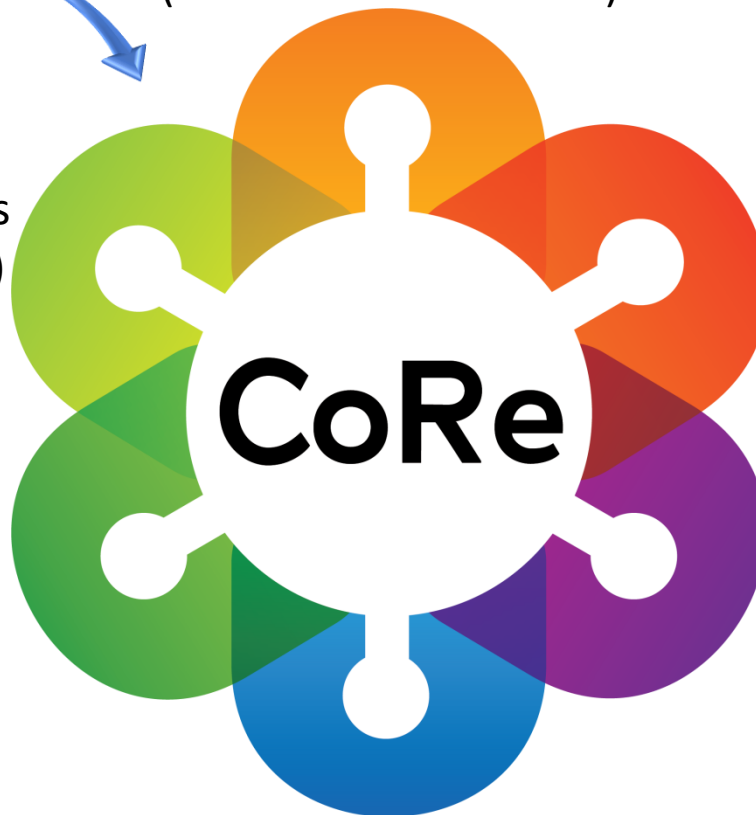
Theme F – Emerging themes
(AET)

B – Health and wellbeing
(Re-MIND)

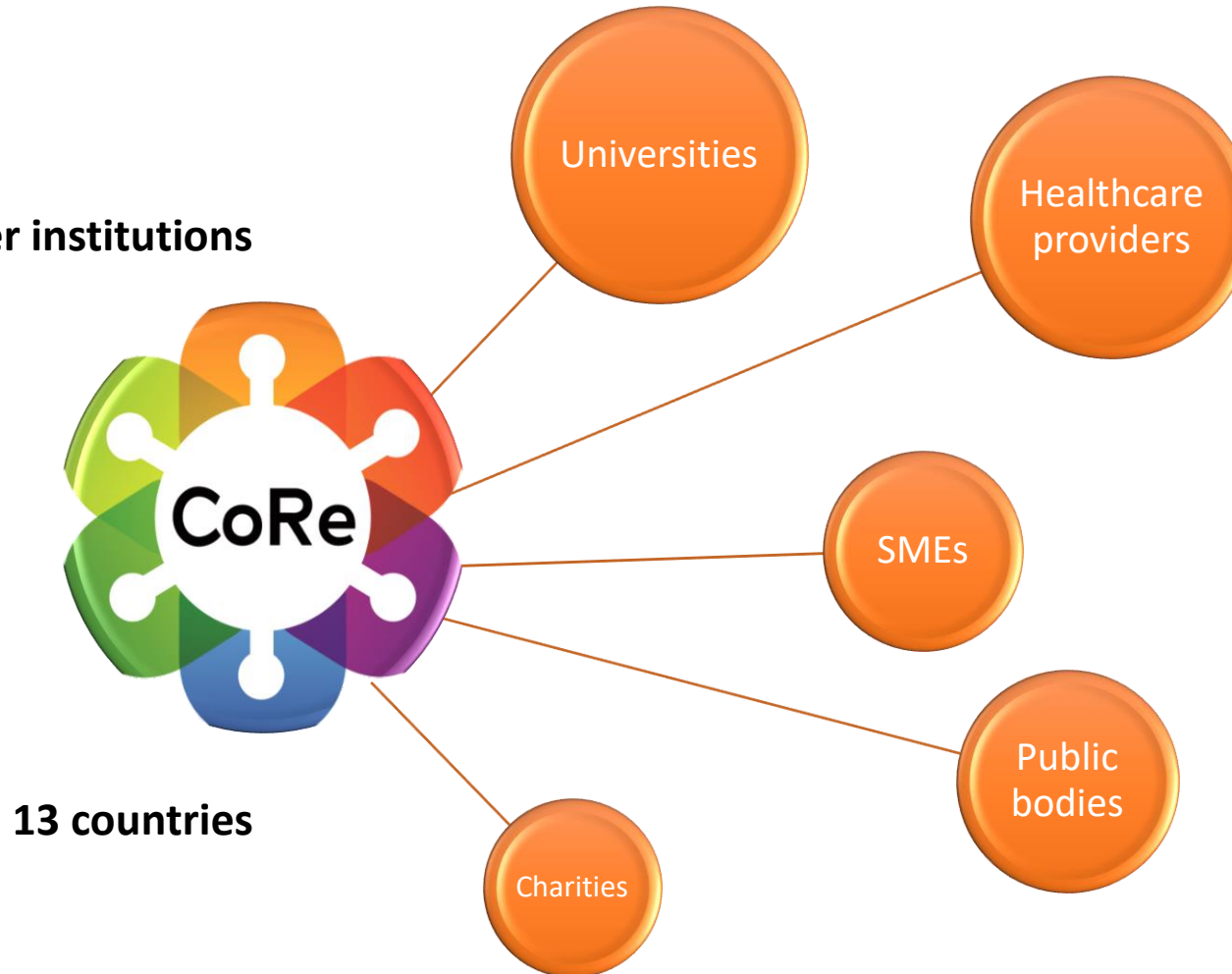
E – Economic impact

Theme C – Technology solutions
(TechSolns)

Theme D – Citizen engagement /
Community response (CRR)



49 partner institutions



- New partnership
- Reports on findings and results from each Thematic projects
- A packaged output of results
- Dissemination



- Cohesive working was key to the success of the NPA Covid-19 Response
 - Bringing together people for a common goal
 - Supporting each other
 - Having access to a wealth of expertise
- Together we were larger than the sum of our parts

Thank you

Please visit the CoRe website for
more information on the projects,
final reports and copies of today's
presentations

<https://core.interreg-npa.eu/>

COVID-19: A global pandemic

What we have learned about the Clinical and Economic impacts of the Covid-19 pandemic in the peripheral areas of Europe

Prof Liam Glynn,
Professor of General Practice, University of Limerick, Ireland
Director, ULEARN-GP Network, General Practitioner
Chair, North Clare Primary care team





***North Clare Primary Care Centre
and
School of Medicine, University of Limerick***



pubmed.ncbi.nlm.nih.gov/32923355/

> Health Policy Technol. 2020 Dec;9(4):419-429. doi: 10.1016/j.hlpt.2020.08.021. Epub 2020 Sep 9.

The COVID-19 pandemic in Ireland: An overview of the health service and economic policy response

Brendan Kennelly ¹, Mike O'Callaghan ², Diarmuid Coughlan ³, John Cullinan ¹, Edel Doherty ¹, Liam Glynn ², Eoin Moloney ³, Michelle Queally ¹

Affiliations + expand

PMID: 32923355 · PMCID: PMC7480279 · DOI: 10.1016/j.hlpt.2020.08.021

[Free PMC article](#)

Abstract

Objectives: To outline the situation in Ireland with regard to the COVID-19 pandemic.

Methods: Analyse the evolution of the COVID-19 pandemic in Ireland. Review the key public health and health system responses.

Results: Over 1700 people have died with COVID-19 by July 19th while almost 3000 people had been admitted to hospital with COVID-19. A high proportion of the deaths occurred in nursing homes and other residential centres who did not receive sufficient attention during the early phase of the pandemic.

Conclusions: Ireland's response to the COVID-19 crisis has been comprehensive and timely. Transparency, a commitment to a relatively open data policy, the use of traditional and social media to inform the population, and the frequency of updates from the Department of Health and the Health Services Executive are all commendable and have led to a high level of compliance among the general public with the various non-medical measures introduced by the government.

Keywords: COVID-19; Economic impact; Health system; Hospitals; Ireland; Public health.

© 2020 Fellowship of Postgraduate Medicine. Published by Elsevier Ltd.

COVID-19 Test, Case, Death Data for EU Northern Periphery and Arctic Regions

COUNTRY (ordered by Deaths per 100,000)	Number of Tests	Number of Tests per 1,000 persons	Positivity Rate (number of cases / number of tests)	Number of COVID-19 Cases	Number of COVID-19 Deaths	Cases per 100,000 citizens	Deaths per 100,000 citizens	Case Fatality Proportion (deaths per 100 positive cases)
[population]	(as of 28th Feb 2021)							
Greenland [57k]	-	-	-	30	0	52.6	0.0	0.0%
Faroe Islands [52k]	223,878	4,295	0.3%	658	1	1262.4	1.9	0.2%
Iceland [339k]	490,337	1,446	1.2%	6,049	29	1784.2	8.6	0.5%
Norway [5.5m]	4,290,920	778	1.7%	70,953	622	1286.3	11.3	0.9%
Finland [5.5m]	3,355,883	608	1.7%	58,359	742	1057.6	13.4	1.3%
Ireland [4.9m]	3,548,898	724	6.2%	219,592	4,319	4477.8	88.1	2.0%
Northern Ireland [1.8m]	1,650,954	906	6.8%	112,493	2,055	6174.1	112.8	1.8%
Sweden [10.2m]	6,293,112	615	10.8%	680,130	12,826	6648.4	125.4	1.9%
Scotland [5.4m]	4,562,237	836	4.4%	202,084	7,131	3705.2	130.7	3.5%



Lead Partner Clinical Project: **#COVIDWATCHEU_NPA**

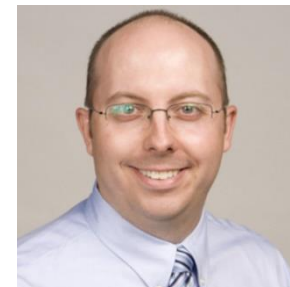
School of Medicine, University of Limerick, Ireland

•Partners:

- Dr Annette Fos, University of Tromsø, The Arctic University of Norway Norwegian Institute of Public Health
- Dr Sigurður Einar Sigurðsson, Akureyri Hospital, Iceland
- Dr David Savage, Lakehead University, Northern Ontario School of Medicine, Canada

•Associated partners:

- University of Eastern Finland, Finland
- Ulster University, Northern Ireland, UK
- NHS Highland, Scotland, UK
- University of New England, Maine, USA



COVIDWATCH-EU-NPA

- Aims:
- **COVIDWATCH-EU-NPA REPORT:** To provide regularly updated comparative data with clinical interpretation between those NPA and non-NPA regions on a country by country basis
- **COVIDWATCH-EU-NPA RESPONSE:** To retrospectively map the public health responses and interventions used by different NPA regions and countries in the first wave of the COVID-19 and explore how these measures have influenced the individual pandemic curves of these countries

#COVIDWATCHEU-NPA REPORT

<https://covidwatcheu-npa.shinyapps.io/covid/>



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COVIDWATCHEU-NPA

Home || Countries || Cases+Deaths || Fatality % || Testing || % Positivity

- Website and Social
- Reach of 600,000+
- Automatically updated
- Public Health Response
- Forum of Clinicians

Select Dates:
2020-01 to 2021-

Pick countries:

- ☐ Northern Ireland
- ☐ Scotland
- ☐ Faroe Islands
- ☐ Greenland
- ☐ Finland
- ☐ Iceland
- ☒ Ireland
- ☒ Norway
- ☒ Sweden

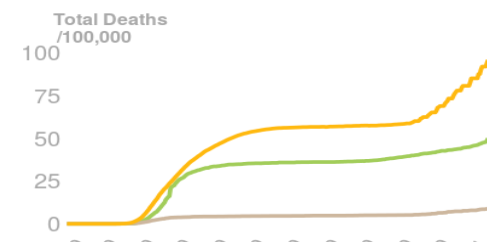
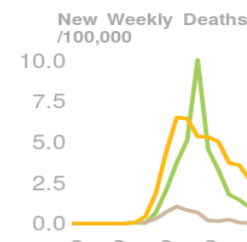
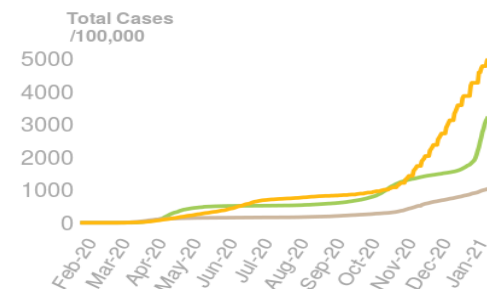
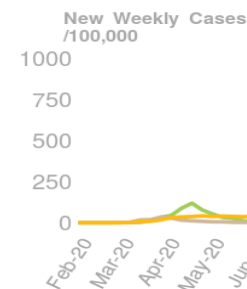
See data by:

- ☐ Day
- ☒ Week
- ☐ Month

Legend

- Sweden
- Norway
- Ireland

New Cases + Deaths : Total Cases + Deaths



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#COVIDWATCHEU-NPA RESPONSE

COVID-19 burden in Rural vs non-Rural Regions

COUNTRY [population] (ordered by Deaths per 100,000)	NPA population	NPA regions Cases	rate/ 100,000	NPA regions Deaths	rate/ 100,000	non-NPA population	non-NPA regions Cases	rate/ 100,000	non-NPA regions Deaths	rate/ 100,000
Norway [5.5m]	2,285,621	17,811	(779.3)	not available		3,081,966	53142	(1724.3)	not available	
Finland [5.5m]	1,535,445	8,201	(534.1)	not available		4,008,356	50158	(1251.3)	not available	
Ireland [4.9m]	1,649,627	65,896	(3994.6)	1,061	(64.3)	3,112,238	148970	(4786.6)	2,821	(90.6)
Northern Ireland [1.8m]	1,550,100	87,965	(5674.8)	1,677	(108.2)	343,500	21156	(6159.0)	379	(110.3)
Sweden [10.2m]	898,010	50,849	(5662.4)	887	(98.8)	9,429,662	629281	(6673.4)	12,090	(128.2)
Scotland [5.4m]	542,470	9,228	(1701.1)	409	(75.4)	4,920,830	192856	(3919.2)	9,164	(186.2)
Totals	8,461,273	239,950	2,835.9	4,034	47.7	24,896,552	1,095,563	4,400.5	24,454	98.2

Economic Impacts Research: Broad Conclusion

While the impacts of Covid-19 on island and rural regions have been significant,

*on balance islands and rural areas have performed **relatively** well during Covid, on both economic AND health outcomes*



Covid-19 Economic Impacts Project

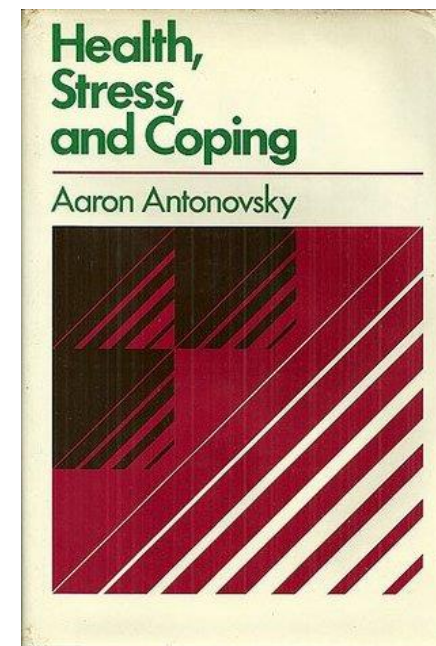
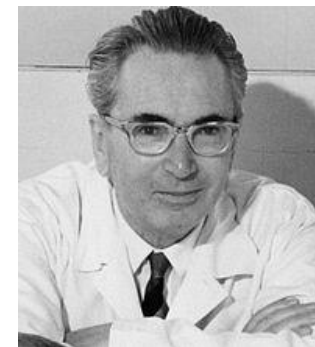
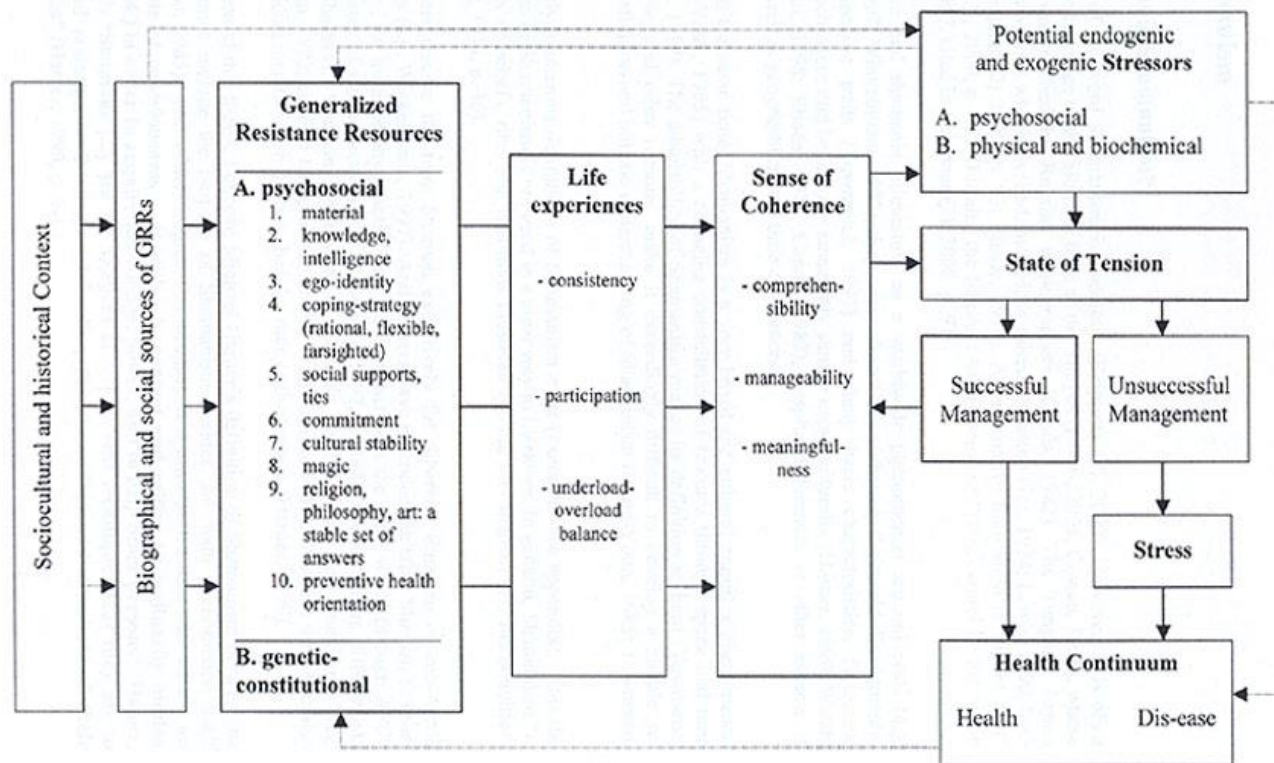
- 12 partners from Canada to Finland, led by CoDeL in the Outer Hebrides of Scotland
- 10 diverse reports from different regions, different sectors and disciplines (economics, enterprise, tourism, regional development, health care, culture, human rights) involving extensive desk research, 80 interviews and almost 30 casestudies
- Citizen summary, Main Report and all reports available at www.codel.scot (Northern Periphery and Arctic tab)



“Redefining Peripherality”

- EU regional programmes characterise peripheral regions as backward, needing to catch up with the centre.
- But, Covid has shown peripheral areas to enjoy significant geographic advantages and have abundant assets and strengths and real resilience in the face of the pandemic
- Cohesive & collaborative, diverse, flexible & innovative in implementing alternative economic paradigms, tapping into local/domestic markets
- Are experiencing demographic turnaround and now seen as great places to live and work.

Antonovsky, 1979



Resilience.... “the capacity of an individual or community to adapt and self-manage in the face of physical, mental and social challenges”

Deficit based approach

- Focuses on problems, needs and deficiencies in a community
- Services designed to fill the gaps and fix the problems

BUT....

- Communities can feel disempowered
- People become passive recipients of services rather than active agents in their own lives

Assets Based Approach

- Makes visible and values the skills, knowledge, connections and potential in a community
- Promotes capacity, connectedness and social capital
- Concerned with identifying protective factors
- Focus on resources promoting self-esteem and coping abilities of individuals and communities.



RURAL REVOLUTION

No Doctor No Village campaign
steps up to the challenge





Wonca
World family doctors. Caring for people.

WONCA World Rural Health
Conference 2022



Limerick, Ireland 17th - 20th June

My final wish...I look forward to a situation where we can
“Collaborate and Cooperate” face-to-face around a whiteboard!

Interactive poll 2

Question:

With increased flexibility in working arrangements triggered by the global pandemic, many people have been able to work from home more and commute less. In your country has this enabled more people to live and work further from urban centres?

Answers:

Yes



100%

No

0%

Project Results Video

<https://youtu.be/nQdFTRIpyCU>

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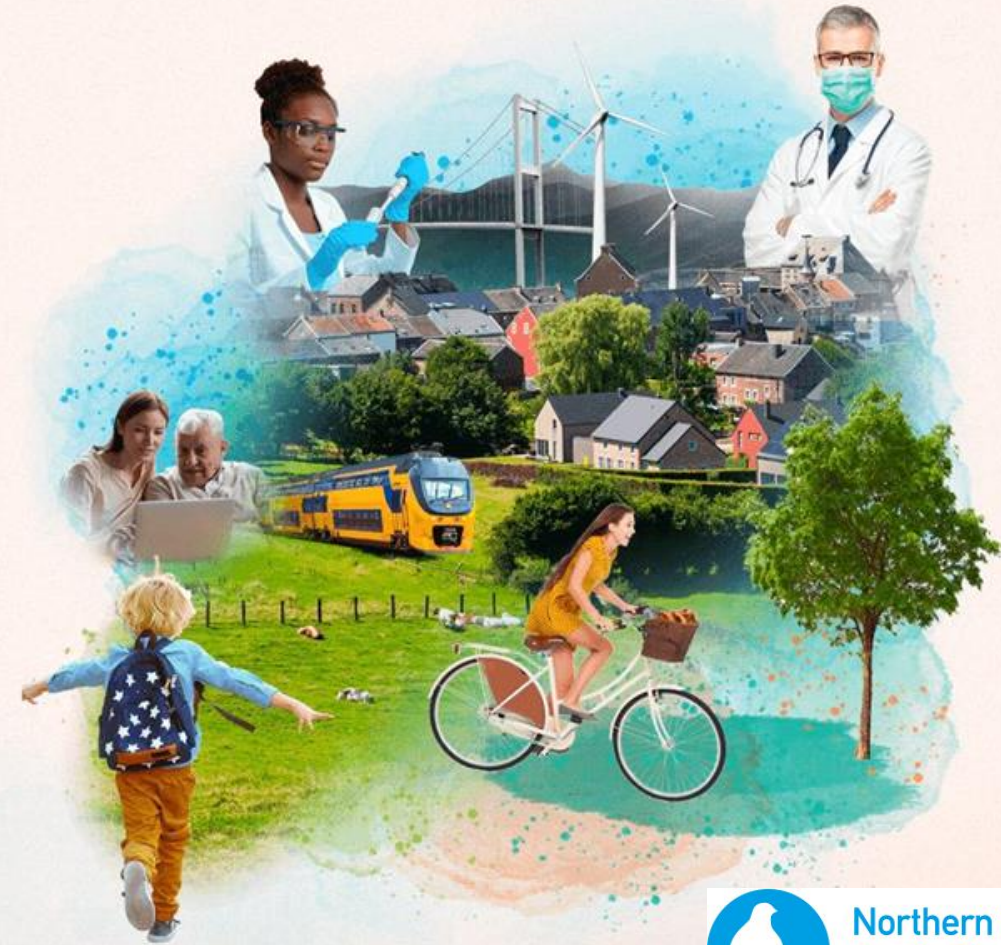
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Together for Recovery



How did technology play a part in the Covid-19 crisis and what were the effects on health and wellbeing

**NPA COVID-19 RESPONSE UMBRELLA PROJECT
THEME C – TECHNOLOGY SOLUTIONS**



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Selection criteria to identify companies providing COVID-19 technology innovation:

- Scoping review of technology solutions in response to COVID-19 in the NPA region using web search
- Targeted Twitter scraping using COVID-19 innovation based key words
- Searching articles published by reputable news sources
- Attending innovation webinars
- Utilizing existing networks within academia and industry



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- For data collection, we utilized a standardized questionnaire which we designed and performed brief interviews with company executives using teleconferencing software
- Surveyed 35 companies over 9 regions in the NPA area as well as 1 in the Americas (Ireland, Northern Ireland, Scotland, Iceland, Greenland, Faroe Islands, Sweden, Finland, Norway, USA)
- These case studies we believe provide a fair representation of the key innovations which occurred in response to COVID-19



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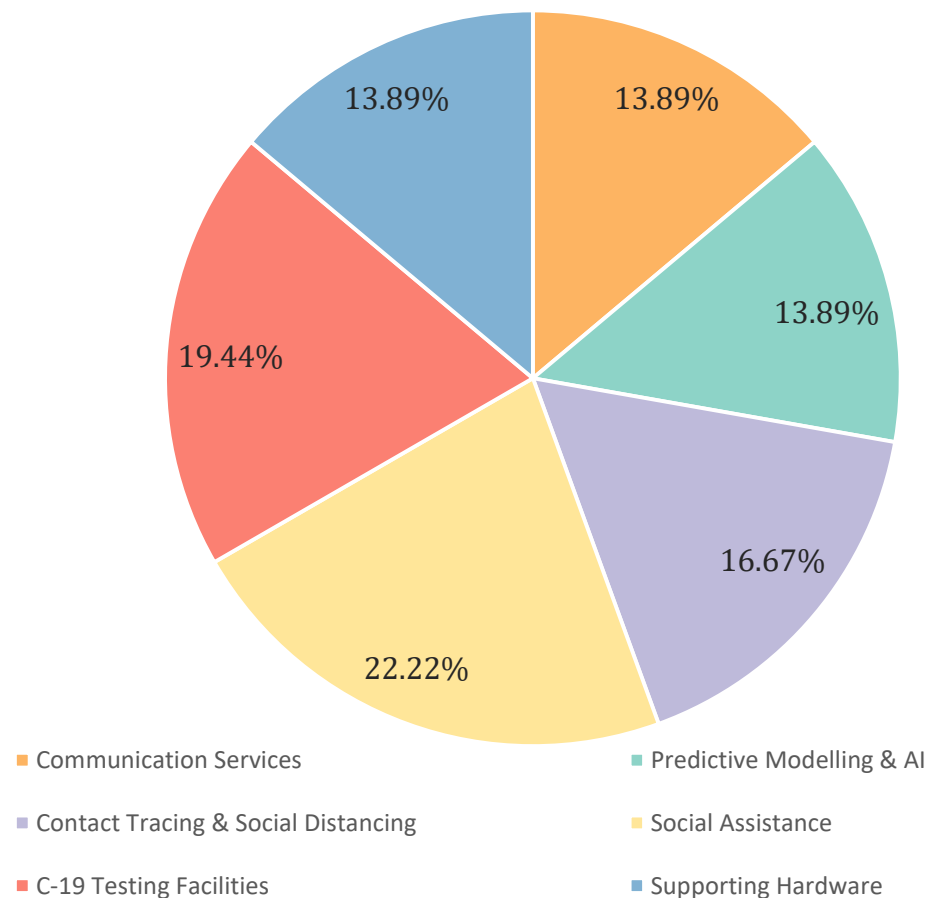


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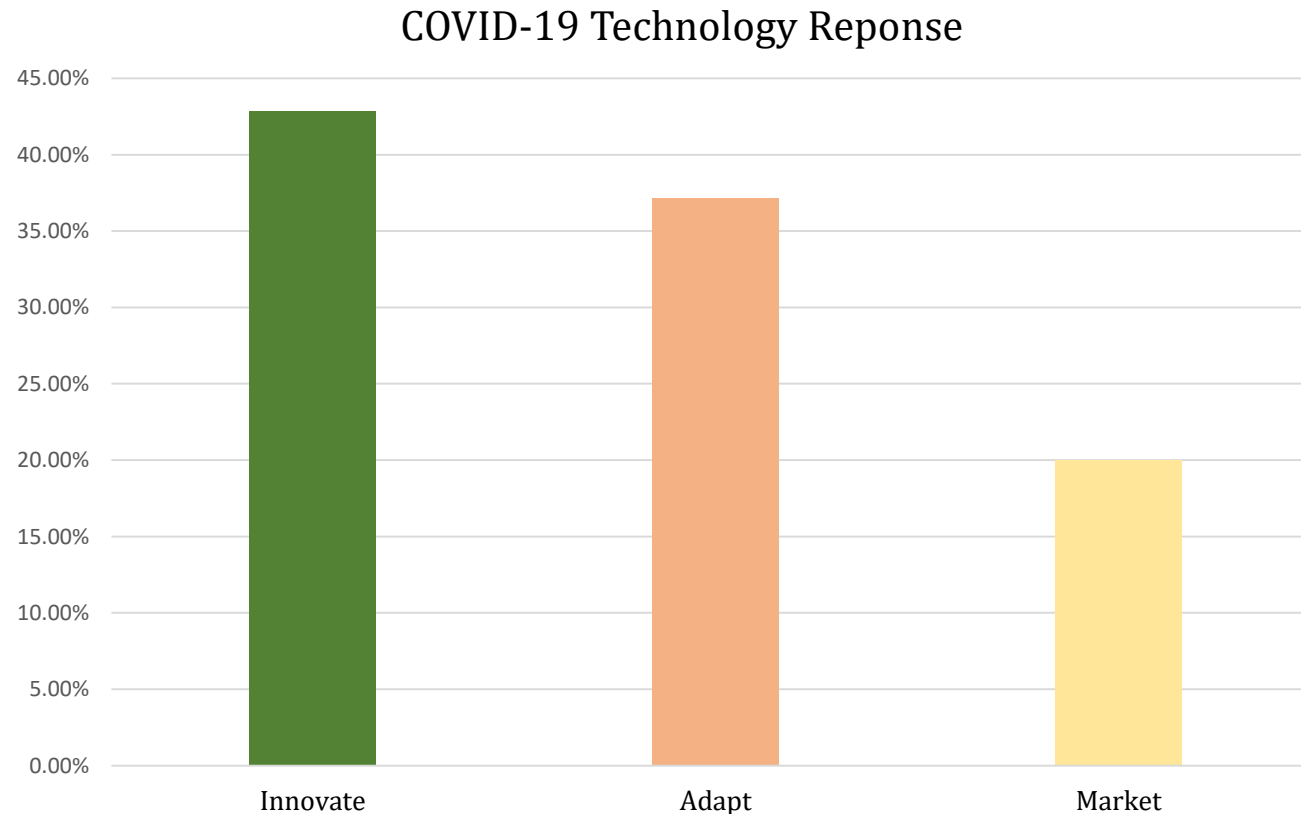


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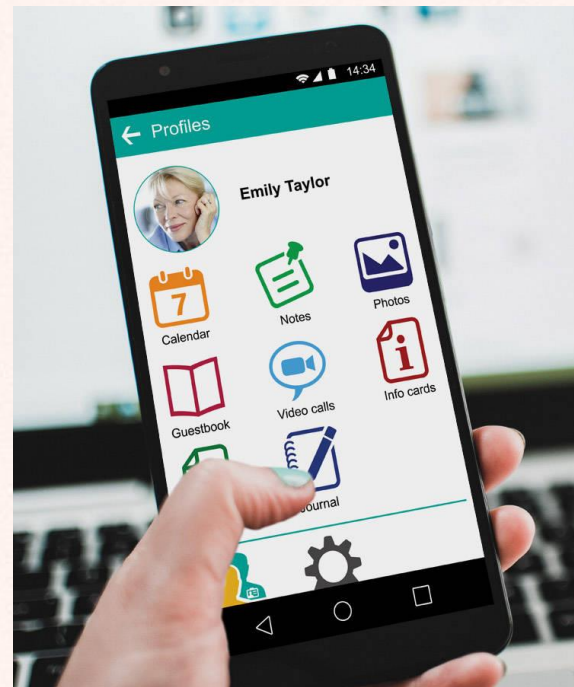
Technology played a role in the COVID-19 crisis in 6 key ways:



Some companies innovated new products, while others adapted or marketed existing products:



Effects on Health and Wellbeing: Communication Services



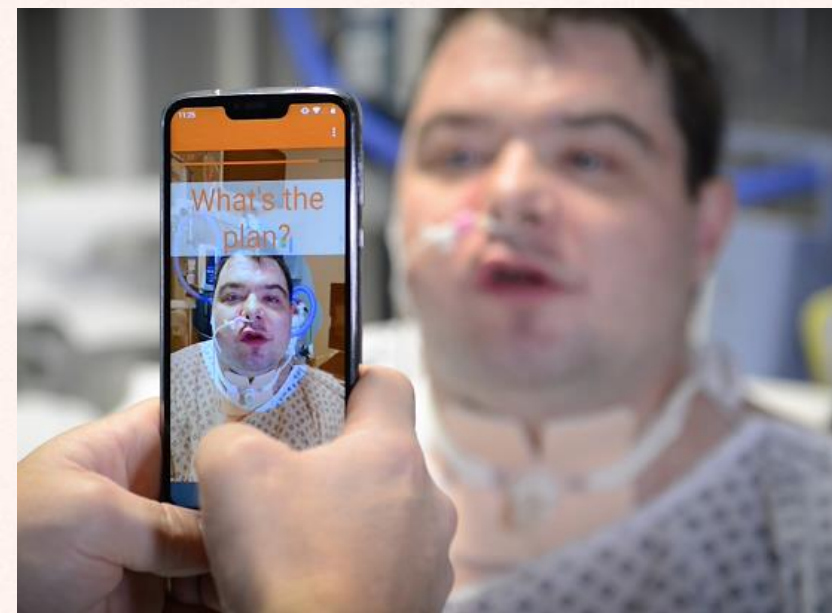
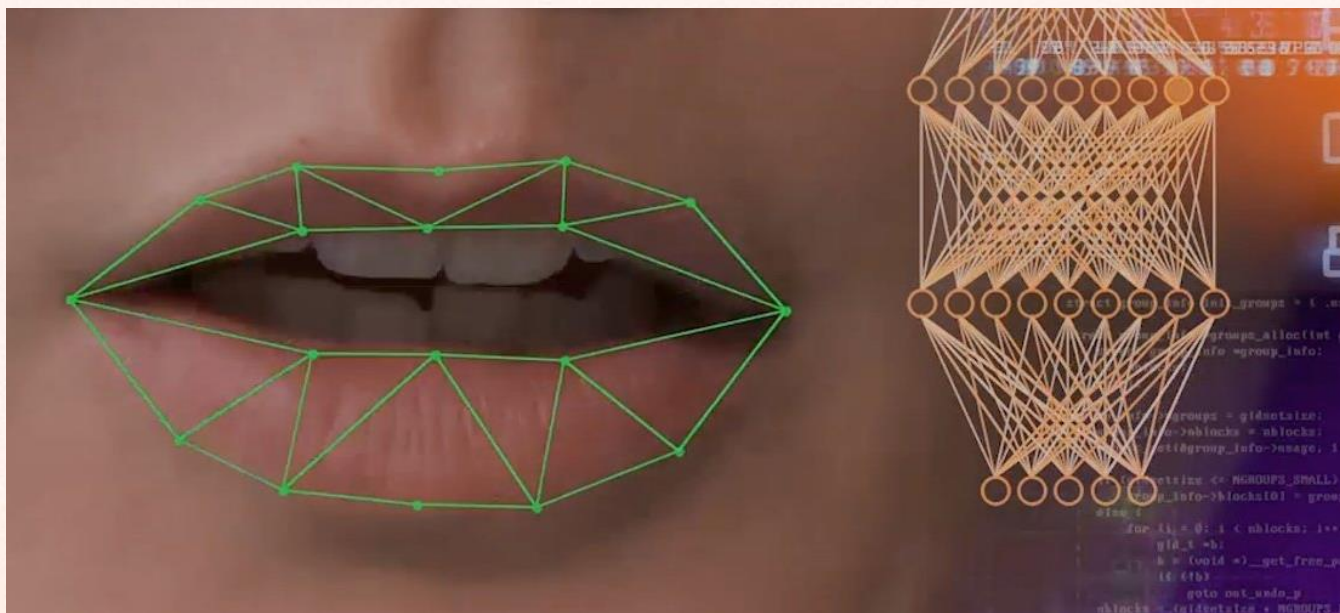
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Effects on Health and Wellbeing: Predictive modeling and AI



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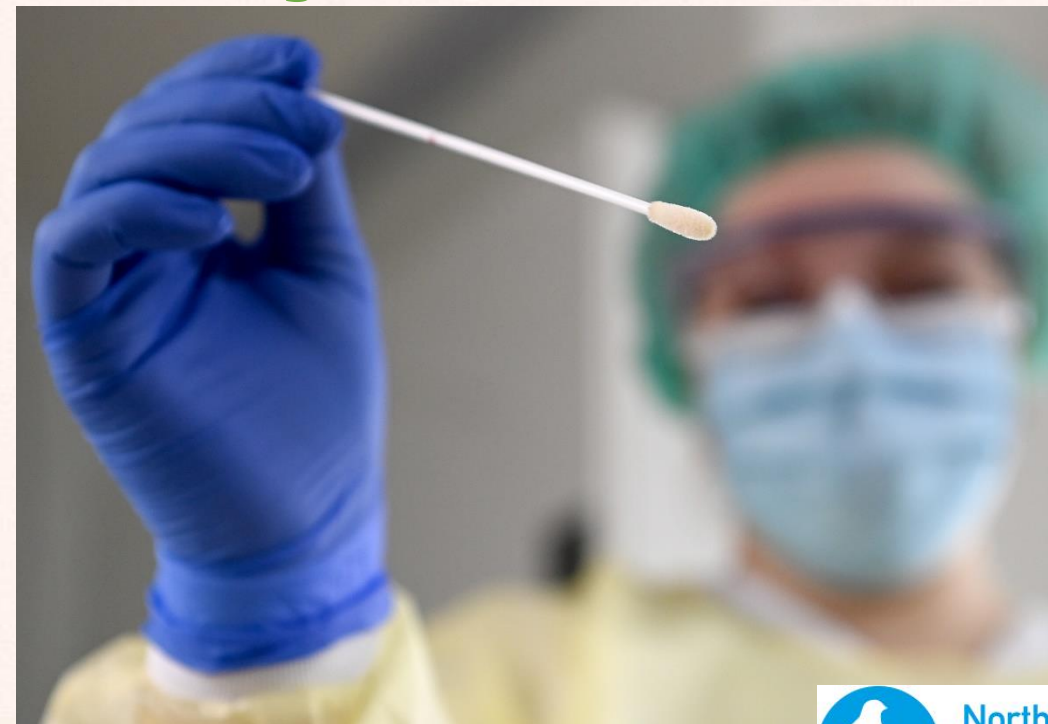
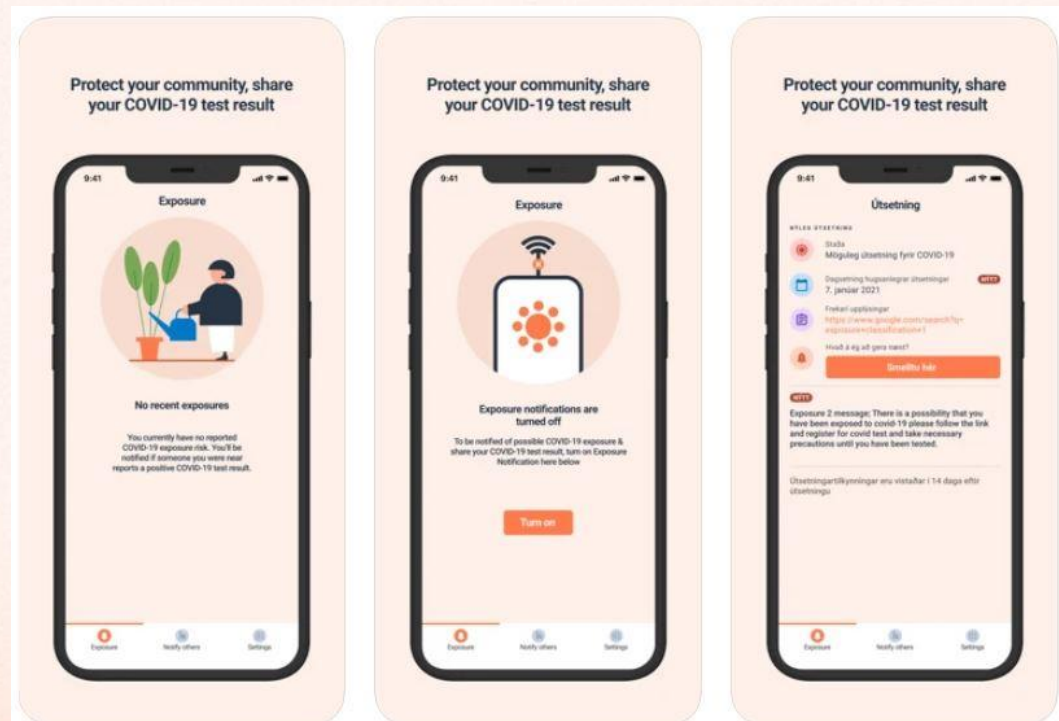


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Effects on Health and Wellbeing: Supporting Hardware



Effects on Health and Wellbeing: C-19 Testing Facilities

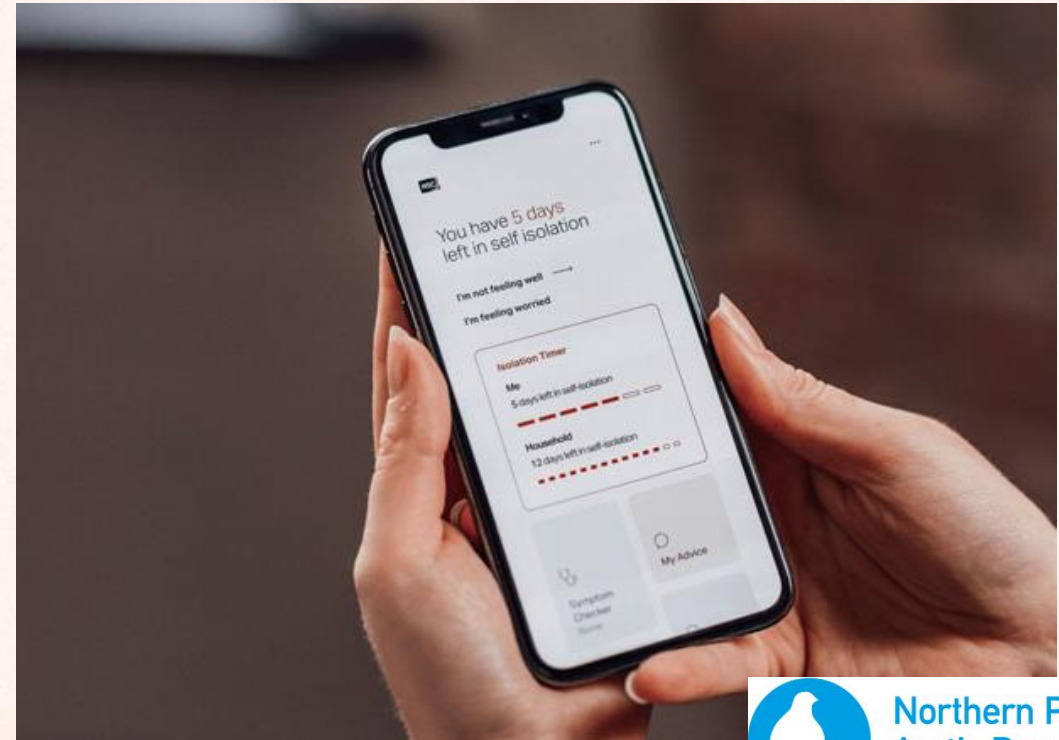
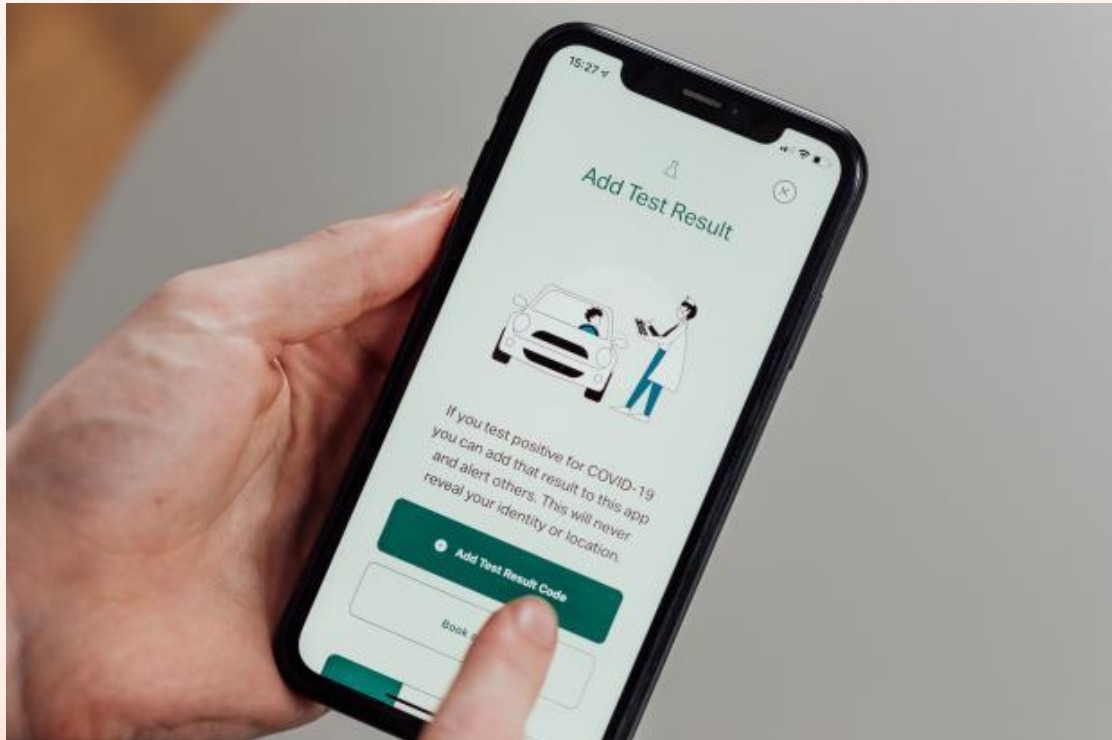


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Effects on Health and Wellbeing: Contact Tracing and Social Distancing

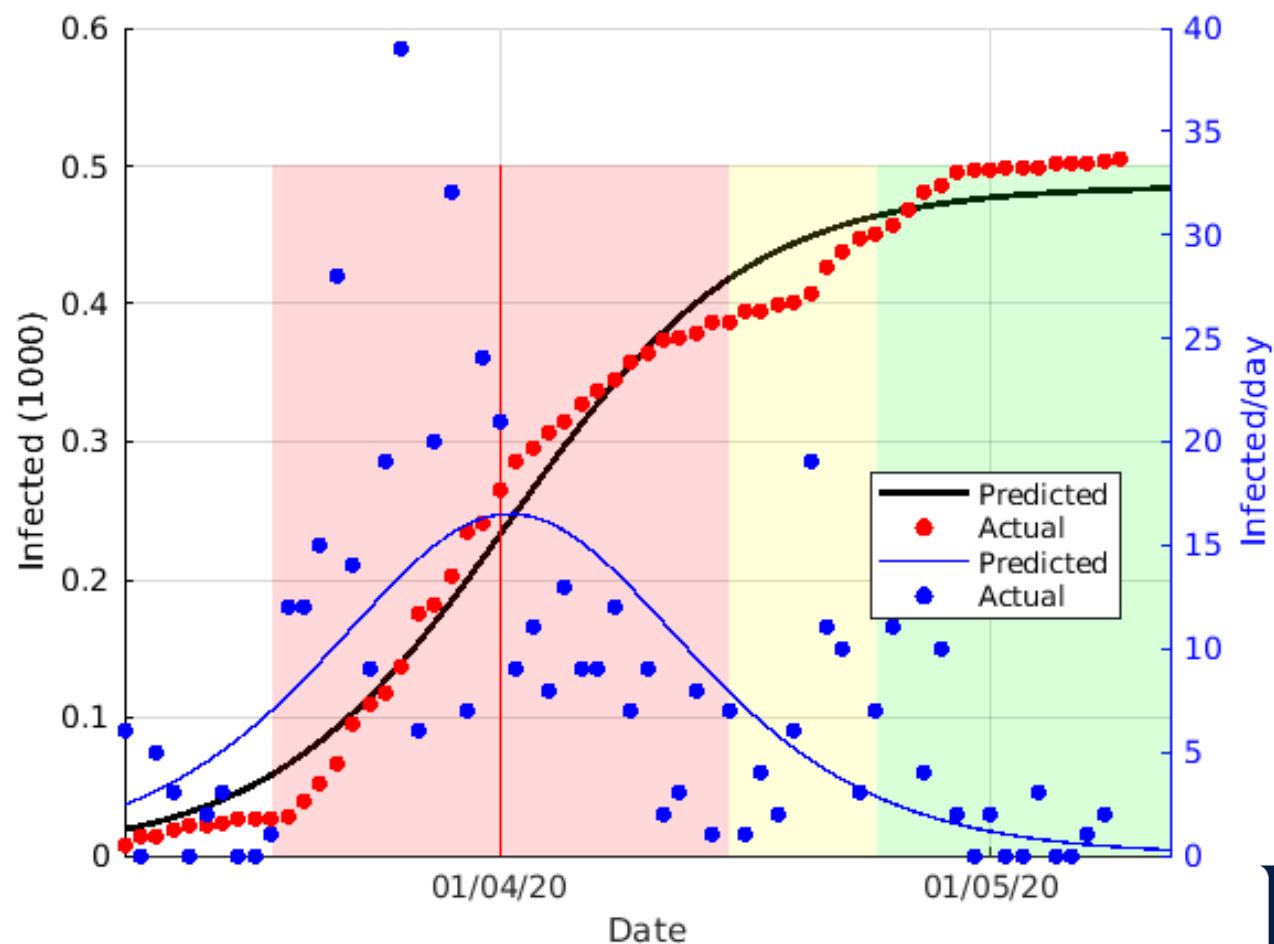


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Effects on Health and Wellbeing: Mathematical modelling



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Lessons Learned

- Many of the companies featured within the report found success by leveraging their pre-existing knowledge.
- Companies should use their due diligence before changing their current business direction or focus. They should not forgo their primary trade to focus on crisis innovation.
- With technology innovation seen in many NPA areas, countries could more efficiently combat a crisis if they worked together.



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Target groups

Sectoral agency
Higher education / research
Education
General public
Engaged with outstanding
stakeholders/target groups

Publish report

Published report online – see CORE NPA
website
Will publish our findings at conference(s)
and journal



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NPA COVID-19 Response Project – Emerging Themes & Communities' Response and Resilience to COVID-19

Presented by Alan White, Highland Health Ventures Ltd, Scotland

NPA COVID-19 Response Group – Emerging Themes

Project Partners

- NHS Highland (Highland Health Board)/ Highland Health Ventures Ltd – Lead Partners
- University of Ulster
- Tampere University & University of Jyväskylä
- Norrlands universitetssjukhus

Project Aim: To examine the experiences of care home staff and residents, university staff and students during the COVID-19 pandemic and how these relate to society as a whole through an analysis of the five other key project areas (clinical aspects, mental wellbeing, technological solutions, citizens' engagement and economic impact).

Timeframe: From November 2020 – March 2021

Emerging themes in mid September 2020 included:

- The socio-economic impact as people struggle to balance loss of income with reduced working hours and childcare in the event of school closures;
- The use of technology to ensure social distancing in care homes, on campuses, the hospitality sector and transport;
- The introduction of e-Health interventions to mitigate anxiety and stress;
- How different countries have differed in their community and socio-clinical responses.

November 2020

Finland

- After summer 2020 the secondary and higher education adopted distance education.
- Substitute personnel has created a risk of spreading infections when circulating between different care units

N Ireland

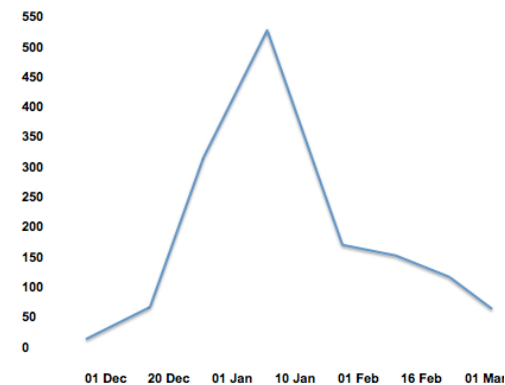
176 per 100,000 population and preventative measures including:

- Ulster University/Queen's University, Belfast - move to online delivery
- STOPCOVID NI
- Queens University, Belfast - rent break fro students
- On-campus asymptomatic testing
- Walk-in testing units

November 2020

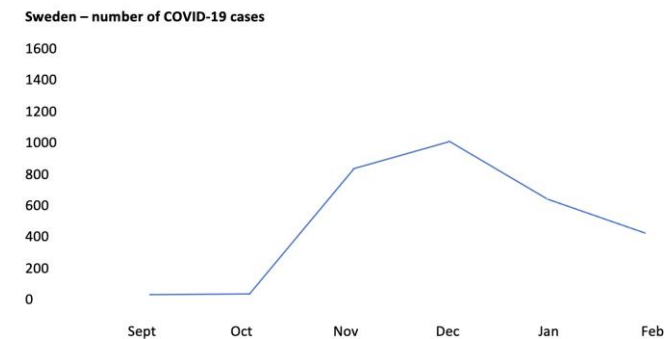
Scotland

The overall picture was of fairly low numbers
With a spike during December and January



Sweden

The overall picture over the whole
project was of containment until March '21



December 2020

Finland

- Problems have been reported also with insufficient safety measures for example lack of PPE in care homes
- Government recommends that upper secondary schools switch to distance learning,

N Ireland

- Third wave – December 2020 to February 2021 - Peaked just after the Christmas period
- Stricter controls on the Republic of Ireland border and at airports - fines introduced

December 2020

Scotland

Students returning home to the Highlands...

- Generally not returned to campus unless had to for study or work
- Reasons for testing when going home: Seeing older family, peace of mind, strict parents, because it was available, perception of higher risk of exposure (e.g. social life or hospital work)
- Reasons for not testing: Perception of low risk of exposure, didn't know about it, didn't have to test

Sweden

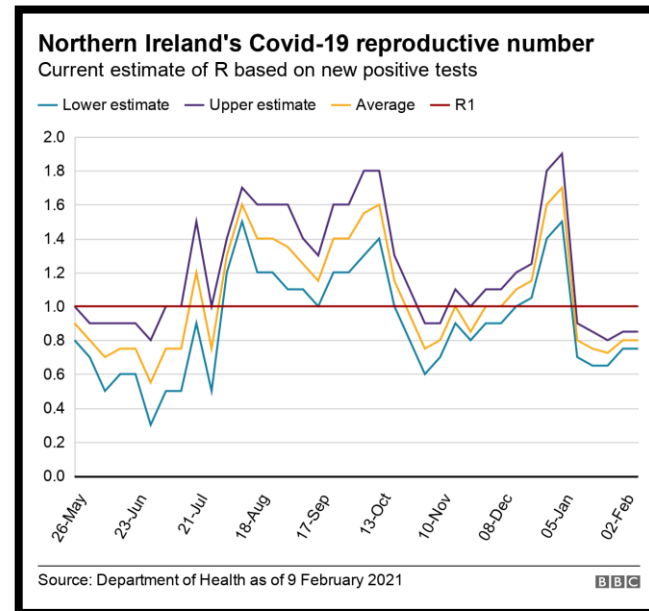
- Shifting and stricter restrictions in Sweden and especially Västerbotten
- Scepticism towards vaccination and different types of vaccine among home care and care home staff
- Digital support for staff and persons living in care homes

January 2021

Finland

- Number of cases rising
- Most new cases in Helsinki and coastal and border areas

N Ireland



January 2021

Scotland

- Recognition (and media coverage) that there are likely to be long term mental health challenges;
- The paradox of protecting care home residents whilst enabling families to be close to their loved ones

Sweden

- Distance education for students
- No more than eight people at a meeting
- Emerging theme - how to develop clinical practice without real life consultations?

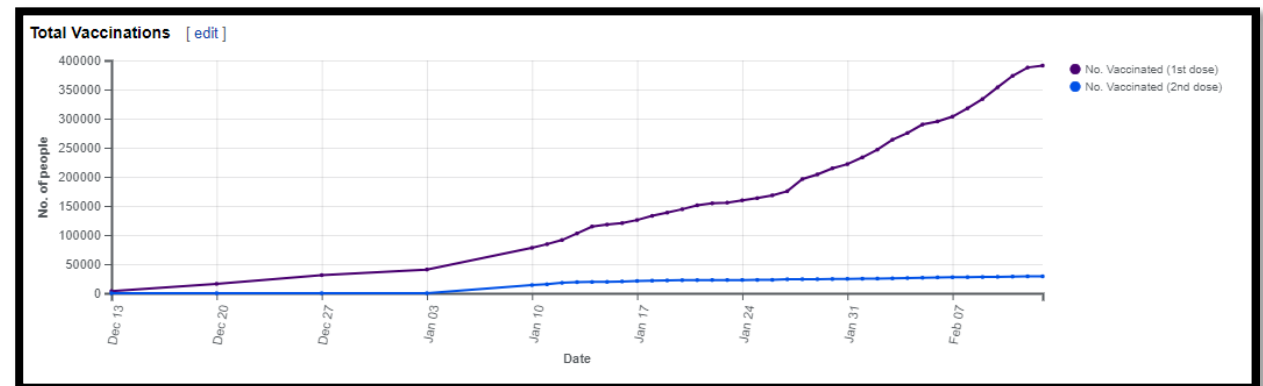
February 2021

Finland

- New cases mainly among children and young adults
- Few people hospitalised
- Total number of deaths – 723 since the pandemic began

N Ireland

- Vaccines - Phased prioritised rollout



February 2021

Scotland

- Limited contact with relatives in care homes is not quality contact – It can be distressing, it is serious and distant
- No testing
- No indication yet of what vaccination means for relatives, quality of life their relationship with them

Sweden

- Västerbotten had 14, 742 cases of COVID-19 with 142 deaths
- Vaccination that the situation has been brought under control
- Surges of COVI-19 in schools, at all levels Several elderly care facilities have had outbreaks.

March 2021

Finland

- Regional outbreaks contained quickly
- 4.2% of population vaccinated

N Ireland

- 25% of population vaccinated
- and
- First case reported on the Isle of Man the 19th March 2021
 - Borders closed to non-residents on 27th March
 - 14-day self-isolation period required on arrival

March 2021

Scotland

- 2M people, 44% of the population have received their first vaccination
- Partying students continue to contract COVID-19
- 300,000 people receive second vaccination and cases continue to fall

Sweden

- Restrictions remain until it is possible to go back to schools after the situation allows for a safe return
- No apps in Sweden for tracing and warning, what's the implication? Can there be conclusions drawn here from other countries that have been using this?
- Vaccination scepticism, the difference between different socio-economic settings?
- Vaccination cards - what will the implication be of this during the summer?

Findings

Four different nations have responded to the management of Covid 19 in the care home sector, similarly (banning visitors, shutting care homes, trying to manage cleaning and PPE) ways, not always successfully, especially earlier on in the pandemic. As time has gone on, it is clear that the management and policies developed, both at Government level, but also at lower level administrations has become more focussed and more effective.

There has been some degree of lockdown in each country. However, this ranged from practically no closure (in Sweden) to quite drastic approaches in the UK devolved administrations. In the two Nordic nations, the use of online remote teaching was quite successful, whilst the impact of digital poverty/isolation in the Celtic nations was more acutely felt.

Findings

With the exception of island communities (e.g. our Associate Partners in Greenland, Iceland and the Faroe Islands) with strict border control, our shared experiences indicate that there have been no models in partner countries that have worked any better overall. Rather, there are there are examples of models that have not worked well e.g. herd immunity in Sweden and a number of instances where symptomatic care home workers have been instructed to continue turning up to work. There are also numerous anecdotal accounts of care home workers not reporting symptoms for fear of losing income from what are generally poorly paid jobs.

Findings

Towards the end of the project, all partners reported increased levels of vaccination and testing for care home residents, workers and visitors. In Highland Scotland this coincided with a marked decrease in the number of COVID-19 cases.

Conclusion

The success of vaccination programmes has overtaken many of our findings.

Now 7 months into this new normal and with rising numbers of cases in Northern Ireland and Scotland what have we really learned?

One emerging theme that still stands out is that many of us learned to de-stigmatise mental health and that COVID 19 has given us permission to speak about our mental health.

NPA COVID-19 Response Group – Communities' response and resilience to Covid-19,

Partners

- Regional Council of Kainuu, Finland
- University of Oulu, Finland
- Rural Area Partnership in Derry Ltd (RAPID), N Ireland
- Leitrim County Council, Ireland
- NHS Western Isles, Scotland
- British Red Cross (Shetland), Scotland
- Baltic Sea Cluster Development Centre Faroe Islands

Northern Peripheral and Arctic (NPA) communities cover a range of (relatively) small urban centres, semi-urban communities, rural and remote communities.

As a result of this structure, there can be especially poignant health-care challenges - technological and organisational.

The partners have used tailored community questionnaires to explore insights and best practices utilised in the NPA area during the COVID-19 pandemic.



Impacts of COVID-19 on the structure of the peripheral economies:

- Significant overall slow-down of aggregate demand, affecting various sectors.
- Localised micro economies have re-oriented fast to better serving local customers,
- The worst impact was on tourism. At the same time, activity patterns might be re-orienting, e.g. from international to domestic tourism flows.
- Can domestic demand replace international demand in terms of economic growth and sustainability.
- The expected further slow-down in trade and global demand may hit peripheral areas economies maybe more given their higher reliance on tradable activities, such as mining and tourism.
- Corresponding impacts also on labour market patterns. For example, a high share of workers cannot do their tasks from home e.g. in agriculture, food processing etc.

Impacts on individual lives:

- Depression, loneliness and exacerbation of internal family problems have been the most striking of impacts.
- On the other hand, “We need to recall how to be individually more resilient, how to be more autonomous”.

Virtual life:

- Tele-schooling (distance learning) requires access to technological tools and ICT infrastructure, social parameters, e.g. family space "vs" learning space availability within families are also very important
- Interregional learning platforms, allowing access to curricula and specialisations not available locally were profiled as opportunities, we believe they are. These could be part of a next project.

Importance of the quality of government and governance/ the importance of local communities as well functioning structures:

- It is important to issue emergency measures and ensure their localisation and the readiness of local communities to support people in difficult times.

Strategic reactions of regions are important:

COVID-19 has tested regional economic resilience in-depth, especially when the 2nd and 3rd waves broke. Regions have responded in different ways to that, for example, Ireland (Northern & Western Regional Assembly) and Kainuu are stressing investments for

- Innovation, digital transformation
- "Green" change relevant technologies
- Re-population of value chains
- interregional and transnational platform-based collaborations.

Other regions (e.g. Denmark) focused more on sustainable tourism.

Synergies identification & exploration potential:

- Innovation response should be strategic not reactive
- Re-definition of tourism strategy for northern communities, two options were profiled: sustainable tourism, serving local communities and / or thematic tourism as a priority with leisure tourism as an 'add on' impacts

In conclusion:

This project has highlighted how COVID-19, despite its health care challenges and in particular mental health, has brought us closer together and set down new foundations for more resilient and economically viable peripheral communities.

Interactive poll 3

Question:

Using three keywords describe how
your community benefited from
lockdown life

Answers:

Community togetherness
Improving cooking skills
Better community spirit
Slowing down
Enjoy close by nature
better neighbour relation
less traffic
Friendlier
More local food
home_working
Better IT connected
Time to rethink lifestyle
Got to know neighbours