milton keynes council

Director of Public Health Report 2020 / 2021

Understanding the Impacts of Covid

Director of Public Health
Introduction from Vicky Head

The Covid-19 pandemic has had a far reaching and significant impact on us all, but it has not affected us equally. Where we live, how we live and the jobs we do continue to shape our chance of catching Covid-19 and our ability to isolate to stop the onward spread to others if we do become infected. For those who become ill, our age, gender, ethnicity and underlying level of health all influence our chance of becoming seriously unwell or dying. These health inequalities, which have always been there, have been brought into sharper focus by Covid-19.

The impact of Covid-19 on our wider health and wellbeing has been profound too. Loneliness and isolation have been acute for many during lockdown. Education has been disrupted. Families have been unable to visit loved ones in care homes or in hospital. Planned medical care has been delayed for many. Many of the longer term impacts of Covid-19 are yet to be felt, and the pandemic will likely continue to shape and influence how we live and work for years to come.

Yet, despite the challenges and loss, we have also seen tremendous compassion, community spirit and resilience. People have gone out of their way to support each other, there have been acts of enormous generosity, and individuals have sacrificed personal freedoms to protect each other. Public services, the NHS and businesses have moved fast to adapt to the new context, bringing changes that – in many cases –

have made residents' lives easier. Society has mobilised to deliver vaccinations at unprecedented scale and speed, providing us with a route out of restrictions.

As we start to come out of lockdown, it is important that we work together to maintain and build on connections with and between communities, which will be vital for future health and wellbeing. Engaging with under-served communities and linking people and services back together will be a key area of focus in the coming year.

My Annual Report this year focuses on the direct and indirect impacts of Covid-19 and takes the opportunity to reflect on the experiences of our communities over the last year. To help tell the story, we have included case studies from Public Health and other community organisations.

The report aims to:

- describe the impact of Covid-19 on population health and communities and identify key areas of inequalities;
- recognise and celebrate community action during the pandemic, and the scope to grow and sustain new ways of working;
- set the foundations of a 'building back fairer' approach to underpin future work.
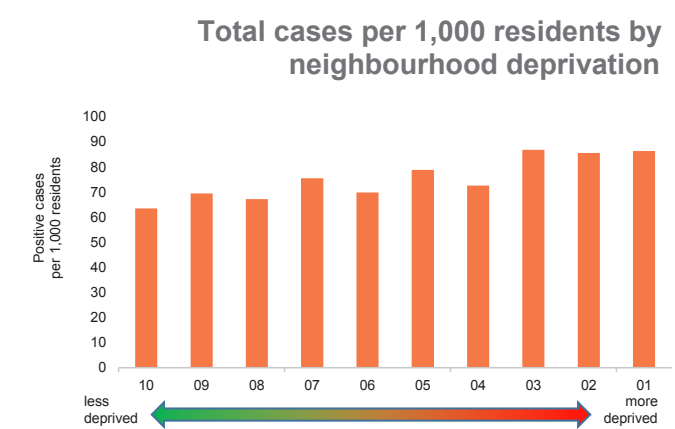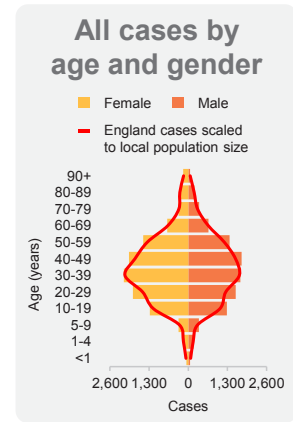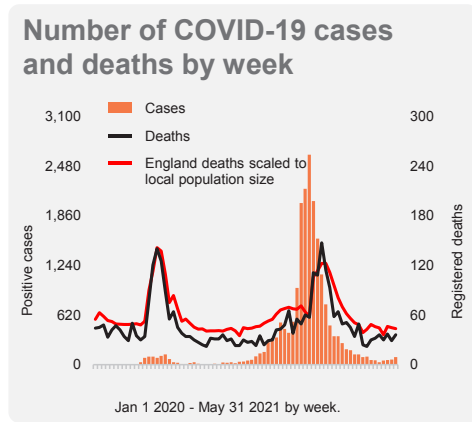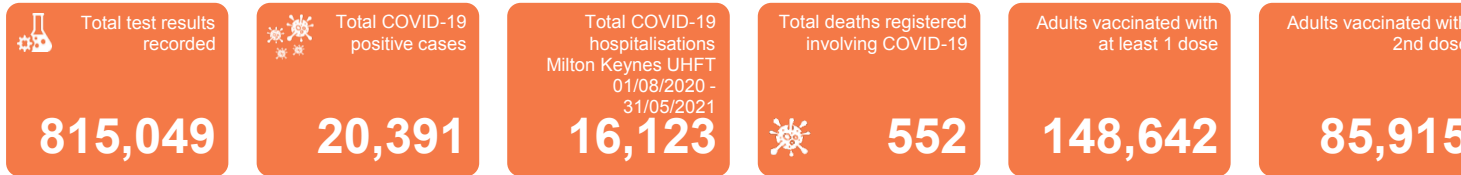
Milton Keynes
Covid-19 Snapshot

Key Covid-19 statistics for Milton Keynes between January 2020 to May 2021
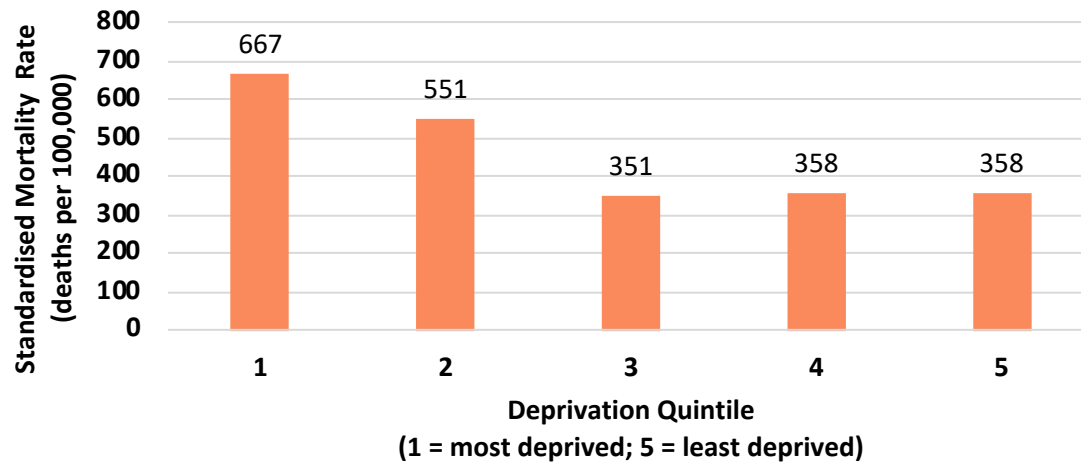
Local COVID-19 Summary

January 1 2020 - May 31 2021

ONS Population 269,457

Total test results recorded	Total COVID-19 positive cases	Total COVID-19 hospitalisations Milton Keynes UHFT 01/08/2020 - 31/05/2021	Total deaths registered involving COVID-19	Adults vaccinated with at least 1 dose	Adults vaccinated with 2nd dose
815,049	**20,391**	**16,123**	**552**	**148,642**	**85,915**

Number of COVID-19 cases and deaths by week

Cases
Deaths
England deaths scaled to local population size

Positive cases: 3,100 2,480 1,860 1,240 620 0

Registered deaths: 300 240 180 120 60 0

Jan 1 2020 - May 31 2021 by week.

All cases by age and gender

Female   Male
England cases scaled to local population size

Age (years): 90+ 80-89 70-79 60-69 50-59 40-49 30-39 20-29 10-19 5-9 1-4 <1

Cases: 2,600 1,300 0 1,300 2,600

Total cases per 1,000 residents by neighbourhood deprivation

Positive cases per 1,000 residents: 100 90 80 70 60 50 40 30 20 10 0

10 09 08 07 06 05 04 03 02 01

less deprived → more deprived

Milton Keynes was particularly badly affected in the second (winter) wave of Covid-19. The 'alpha variant', first detected in Kent, and which was very transmissible, became the dominant strain in MK at an earlier stage than in most of England. A large proportion of the adult population is now immunised. Vaccination has significantly weakened the link between cases, hospital admissions and deaths. It has also helped break the chains of transmission. Covid-19 has not affected all groups and all areas equally. The bar chart shows that the rate of infections in the most deprived areas was nearly one third higher than in the least deprived areas.

Covid-19 Mortality Rate in Milton Keynes by deprivation quintile

Standardised Mortality Rate (deaths per 100,000)

Deprivation Quintile	Rate
1	667
2	551
3	351
4	358
5	358

Deprivation Quintile
(1 = most deprived; 5 = least deprived)

This bar chart shows how the mortality rate for Covid-19 in MK has been nearly twice as high amongst people living in the most deprived areas compared to people living in more affluent areas.

To the end of May 2021, there were 552 deaths attributed to Covid-19 in MK. If the mortality rate in MK in the deprived areas had been reduced to the rates observed in the most affluent areas around 70 deaths, or one in eight deaths, from Covid-19 would have been prevented.
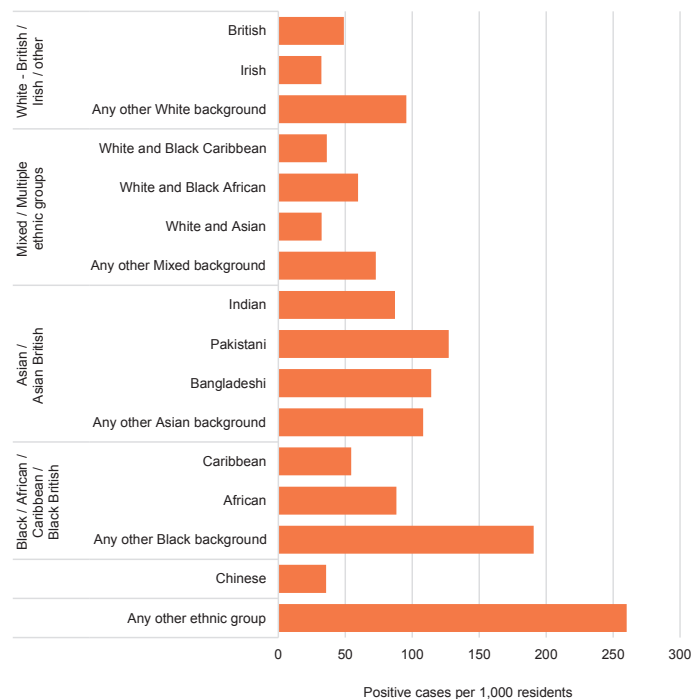
There are a complex set of economic and social factors that underlie these differences. For example, people from more deprived communities and some ethnic minority communities were more likely to be doing 'front line' tasks where they were more likely to be exposed to the virus. Financial constraints may have meant isolation was harder for some of these groups, and they may have experienced barriers to accessing timely care when it was needed.
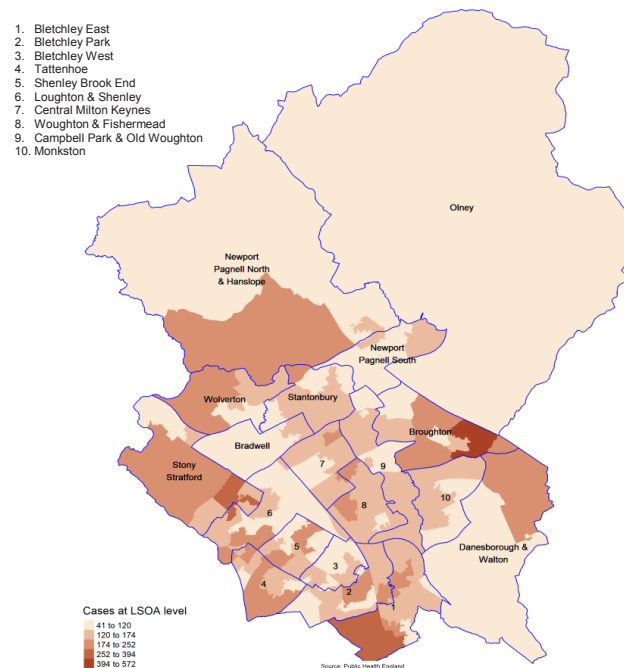
Obesity is a very important contributor to excess deaths from Covid-19. Nationally, around a third of Covid-19 deaths have been attributed to obesity - and were potentially preventable. In MK this is equivalent to around 180 deaths. This shows how Covid-19 interacts with non-communicable disease. Improving people's underlying health can reduce their risk and vulnerability to many different diseases.

In MK people who live in the most deprived areas are around twice as likely to have obesity as people living in the most affluent areas. This is likely to have contributed to the differences in mortality observed in MK. Obesity and also smoking continue to be important preventable risk factors contributing to the large differences in health between people living in more deprived parts of MK and those living in less deprived parts of MK. Tackling obesity and smoking in these areas will be important for helping to reduce health inequalities in MK.

Total cases per 1,000 residents by ethnic categories

Horizontal bar chart showing Positive cases per 1,000 residents by ethnic category:

White – British / Irish / other
- British
- Irish
- Any other White background

Mixed / Multiple ethnic groups
- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background

Asian / Asian British
- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Black / African / Caribbean / Black British
- Caribbean
- African
- Any other Black background
- Chinese
- Any other ethnic group

X-axis: Positive cases per 1,000 residents (0, 50, 100, 150, 200, 250, 300)

Total cases by lower super output area (LSOA)

1. Bletchley East
2. Bletchley Park
3. Bletchley West
4. Tattenhoe
5. Shenley Brook End
6. Loughton & Shenley
7. Central Milton Keynes
8. Woughton & Fishermead
9. Campbell Park & Old Woughton
10. Monkston

Cases at LSOA level
- 41 to 120
- 120 to 174
- 174 to 252
- 252 to 394
- 394 to 572

Source: Public Health England

© Crown copyright and database rights 2021 Ordnance Survey 100049028. You are not permitted to copy, sub license, distribute or sell any of this data to third parties in any from. Produced by Population Health, Evidence and Intelligence Team

There have also been stark differences between different ethnic groups. For example, people who described themselves as Asian, African or Other White background had nearly twice the likelihood of being diagnosed with Covid-19 as people who described themselves as White British. As with the differences observed by deprivation, a complex set of social and economic factors are likely to underlie the differences observed between ethnic groups.

A range of initiatives were put in place to support different ethnic minority communities in MK. These included:
• Messaging and video communications (e.g. with Bletchley Town Council)
• Working with key employers who have a large ethnic minority workforce
• An active faith leaders group
• Working closely with local Imams for the mosques in Bletchley and Wolverton
• Giving out masks and information in Fishermead and other parts of MK with large ethnic minority communities

1. The Wider Health Impacts of Covid-19

Topics:

- Hospital Care
- Children and Young People
- Obesity, Food and Physical Activity
- Primary and Community Services
- Drugs and Alcohol

The Direct Health Impacts of Covid-19

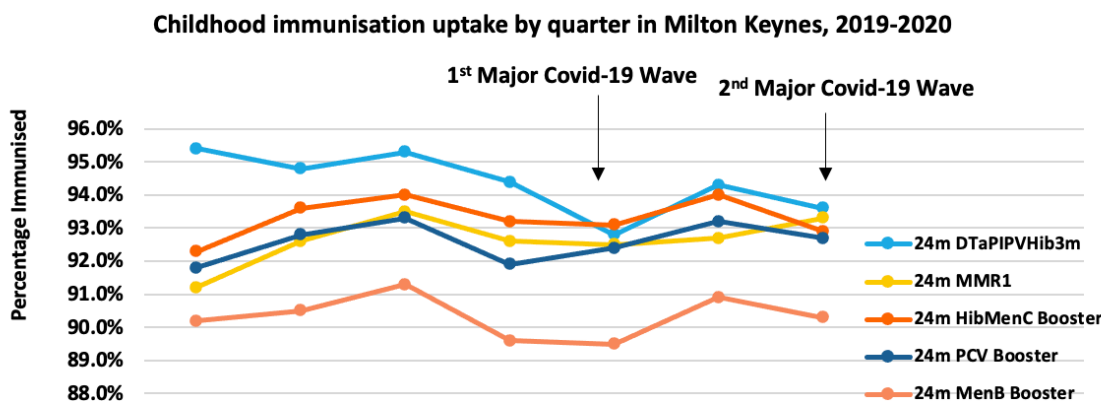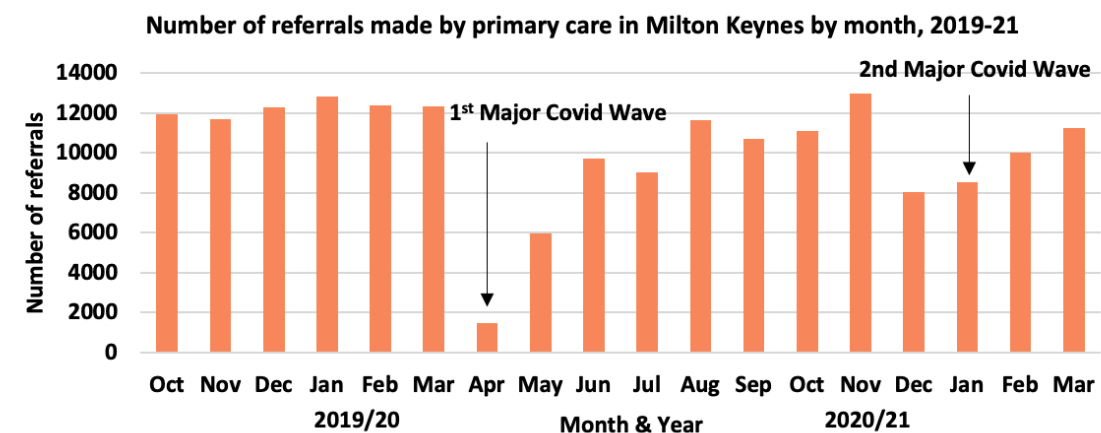**Number of people attending A&E at Milton Keynes University Hospital by month (2019-2021)**
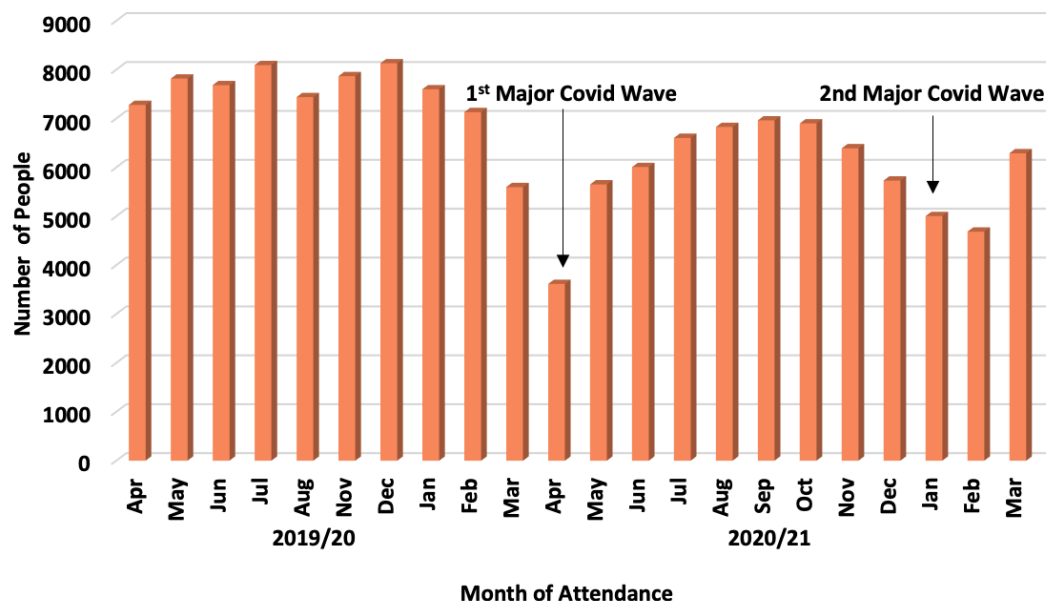
Hospital Care

The impact of the pandemic on acute care cannot be underestimated. Work is ongoing to understand the true impact of this. As the NHS redesigned service delivery at a pace and scale that could not have been imagined many appointments and treatments were cancelled or postponed.

Over the last two years there have been significant falls in use of Accident & Emergency, coinciding with periods of lockdown, as well as falls in admissions for heart attacks and strokes. The British Heart Foundation reported the number of people being seen in hospital with a suspected heart attack halved in March and April 2020.

Whilst NHS guidance stated 'essential and urgent' cancer treatment must continue there has been considerable disruption to diagnosis, screening and surgery. It is also likely that some patients may have waited longer to contact health services, meaning that patients are presenting at a more advanced stage of illness, when prognosis may be worse.

The Direct Health Impacts of Covid-19

Number of referrals made by primary care in Milton Keynes by month, 2019-21

Childhood immunisation uptake by quarter in Milton Keynes, 2019-2020

Primary and Community Care

Those in need of less urgent care and those living with chronic conditions have seen GP services dramatically change, for example much greater use of telephone triage before visiting a GP practice.

In order to free up capacity, some routine procedures including health checks for the over 75s and routine medication reviews were deferred. For example in 2018-19 and 2019-20 there were 6019 and 6261 NHS Health Checks delivered, but this fell to 1318 for the pandemic year, 2020-21.

However some preventive services have managed to maintain very high levels of performance. By redeployment of healthcare staff who could not visit schools, it was possible to support a proactive approach to childhood immunisation. Uptake rates for childhood immunisations have been largely unaffected, in contrast to other parts of the country that have seen a dip.

GP practices have been able to mobilise online and virtual services. Whilst some of these changes may lead to better patient experience, there is concern that some patients may not have come forward to seek help for significant conditions. As restrictions have eased GPs have reported a 25% increase in demand.

There is particular concern that early detection of cancers will have reduced, either due to a reluctance to come forward or because of the inability to refer to hospital for tests in a timely fashion.

At times in the past two years, during the peaks of the epidemic locally, GP referrals have been significantly lower than expected, as shown in the bar chart to the right. There may be unmet need, which may result in a surge in demand in the near future.

Children and Young People

1 in 6 young people may now have a mental health problem

The Youth Information Service in Milton Keynes saw referrals more than double in the first quarter of 2020 compared to 2019

The case load for young people with Eating Disorders has increased by 91% in January 2021 compared to January 2020

Risk factors associated with abuse and neglect have worsened over the last year e.g income and employment insecurity, mental health

On 20th March 2020, schools in England closed, except for vulnerable pupils and children of key workers. National exams were also cancelled for 2020 and 2021. Remote learning became the norm during the periods of national lockdowns. In addition, children and young people lost their usual routines, including walking to schools, clubs, PE and school meals and some were spending more time doing sedentary activities, including an increase in screen time, consuming more calories and eating more unhealthy food.

These changes have caused unprecedented disruption and the Covid-19 pandemic has also exposed pre-existing inequalities for children and young people, including:
- Increased maternal anxiety during pregnancy
- Challenges associated with isolation, including reduced access to face-to-face services and support, and reduced insight into home environments
- Food and fuel poverty
- A decrease in pupils returning to schools due to anxiety and vulnerabilities
- A higher number of families choosing to home educate children
- Increased volume and complexity of safeguarding referrals
- Additional pressure on the children and young people workforce
- People from ethnic minorities are less likely to seek perinatal mental health support and more likely to be affected
- People from ethnic minorities are more likely to suffer severe effects of Covid-19 (admissions to intensive care) and less likely to seek early medical help

During the Covid-19 pandemic we have seen both increasing numbers and increasing acuity of children and young people suffering crisis. This has included an unprecedented surge in the number of children and young people presenting with eating disorders. Contributing factors include isolation from peers during school closures, exam cancellations, loss of motivating extra-curricular activities, an increased use of social media with young people concentrating on unrealistic ideas of body image, being required to self isolate, worries about families' economic problems, illness or death of loved ones, and fears about contracting the virus.

Following the first lockdown there was a surge in mental health referrals when children and young people went back to school. It is expected this surge will continue, adding further pressure on services across the system. MKC has commissioned a major new survey of children's physical and mental health, the OxWell Survey.

Drugs and Alcohol

Misuse of drugs and alcohol can have a number of negative impacts across society, with a strong association between socio-economic position, social exclusion and drug and/or alcohol related harm

Living in more deprived areas, with lower resources, poorer incomes and reduced social capital mean greater risk of harm. Alcohol and drug related deaths are highest in neighbourhoods of greatest deprivation

Those drinking at levels which are likely to cause health harms are unlikely to access services for a number of reasons, including not recognising that their drinking behaviour is causing them ill-health.

Evidence indicates that alcohol consumption increased during the pandemic. Provisional figures show deaths caused by alcohol in England and Wales hit a new high of 7,423 deaths in 2020, an increase of 19.6% on the previous year. This is the biggest total recorded since records began in 2001, with rates of male alcohol-specific deaths being twice those seen for women.

Harmful patterns of drinking have changed in the last year. Some of the heaviest drinking clients have reduced consumption, because they would normally drink with peers, or in groups, and this was, initially, harder to do during lockdown. However, there have been increased levels of reported drinking for those whose drinking was previously less risky, but who drink in isolation or at home.

The move to virtual service delivery during the pandemic has been positive for some people, for example, those who no longer need to make long and relatively expensive journeys to see their keyworkers. Digital exclusion remains an important consideration and those with less 'access' to electronic devices and Wi-Fi could be disadvantaged and potentially unable to access services. In addition, some aspects of delivery are safer and most effective when undertaken face-to-face for example, initial assessments or medication reviews need to be given consideration.

Early in the pandemic, those taking substitute opioids saw a shift away from daily supervised consumption to a regime that allowed them to collect their prescribed substitute opiates from pharmacies, for consumption at home. Clients reported feeling more trusted and valued being 'released' from the time consuming routine of daily pick-ups.

Traditional supervised consumption regimes can be inflexible and risk-averse. They can represent a blanket lack of trust in clients or the taking away of ownership of their treatment which can impact negatively on recovery. Drug and Alcohol services have seen increased engagement during lockdown which has provided a window into treatment options for new clients, developing knowledge and relationships to support recovery in the long term.

Weight Management Case Study

Chris had struggled in her day to day life due to her weight for quite some time.

She found it difficult to sleep, walk up the stairs, and worst of all, Chris had lost her self confidence.

Chris had tried Weight Watchers three times in the past, but whilst she did lose some weight it unfortunately, did not work out in the long term.

After a health scare, Chris knew that she had to make changes that would last and so decided to try a weight management programme. *"I have found MoreLife to be interesting, as it's shown me why I want to eat foods high in fat and sugar. No food is bad food and I can still enjoy what I eat."*

Whilst on the programme, Chris learned which weight loss method works best for her and made changes to her lifestyle that enabled her to improve her health and wellbeing.

Chris has been successful in losing weight and building up her confidence. *"I feel better physically, I am enjoying wearing my old clothes that haven't fit me for years. I just smile more and feel fitter and healthier."* Chris has shown us that anything is possible if you put your mind to it.

Chris has achieved her goals and is continuing to live a happier, healthier life.

"I'm glad I signed up. I will continue to use the Facebook pages and the excellent handbook."

'I feel better physically and I enjoy wearing clothes that haven't fitted me for years '

'I just smile more and feel fitter and healthier'

'No food is bad food and I can still enjoy what I eat'

2. The pandemic and Mental Health

Topics:

• The impact of the pandemic on mental health

• Carers

• Domestic Abuse

Impact of the pandemic on mental health

The impact of the pandemic on mental health has been significant and wide ranging

Demand for mental health services is expected to rise and Mind BLMK has seen the need for their work increase by 20%

Those reporting depressive symptoms almost doubled between 2020 and 2021 and yet diagnoses of depression fell by almost a quarter

Evidence is building on the wide-ranging impact of the Covid-19 pandemic on the mental health and well-being of individuals and communities.

Significant increases have been reported in relation to anxiety and depression. For example, pre-pandemic (July 2019-Mar 2020) the prevalence of depressive symptoms was 10% in the UK. In early 2021, this had risen to 21%, more than doubling. This means 1 in 5 adults was experiencing some form of depression in early 2021. Increased demand for mental health services is already being experienced in MK.

Substantial rises in unemployment, falls in GDP and heightened concerns that we will enter a prolonged period of deep economic recession all contribute to this. Again this may not be experienced equally. For those unable to afford an unexpected expense of £850, 35% experienced depressive symptoms in early 2021, compared with 13% of those who could afford the expense. This shows how those who are less income-secure can be more likely to experience depressive symptoms.

There are, however, positive developments that have come out of the lockdown measures, with many new developments, including volunteering opportunities, community resources and innovative programmes to engage with and support local people.

There has been strengthening of local services, during the pandemic, such as increased psychological support for NHS and Social Care staff as well as other voluntary and community enterprise services. The changes that have occurred to how services are delivered to the public during the Covid-19 response has also resulted in new ways of working, such as remote webinars and digital consultations. This has resulted in the release of time to care and increased capacity within some aspects of service delivery, such as talking therapies. The role of the voluntary sector will continue to be vital in supporting vulnerable people in the community and non-statutory services must be supported during periods of high demand.

Unpaid Carers

Those providing care who also have dependent children (sandwich carers) are more likely to suffer mental ill-health

In Milton Keynes, it is estimated there are over 5,592 people aged over 65 providing unpaid care

(Source: POPPI)

The care provided by unpaid carers in Milton Keynes is worth an estimated £532m per year

Unpaid carers have been hit particularly hard by the pandemic and lockdown. Many have reported feeling isolated and lonely and unable to access support services, putting their physical and mental health at risk. The lockdowns exacerbated this and whilst care organisations linked carers and the person they care for to practical and emotional support, not all were informed of the support available. In addition, some community based support services and day care provision temporarily closed and family and unpaid carers were frequently left to bridge this gap.

Carers have reported concerns about the impact of caring on their relationships with friends and family as a result of their responsibilities. Some carers were able to stay in touch with services or other carers by connecting remotely, some received regular phone calls and practical help, and some carers have now become paid employees via direct payments. Peer and mutual support have been vital for carers to feel less isolated but not all are aware of the support available to them or had the technology or skills to be able to access it.

Carers can find it difficult to access medical check-ups or treatment due to competing demands. The change in consultation style during the pandemic resulted in fewer patients, and therefore carers, attending practices for consultations. This may have reduced the opportunity for healthcare practitioners to identify and discuss potential concerns or problems with carers who were struggling. However, delivering Covid-19 vaccinations to eligible patients in their own homes enabled healthcare staff to identify previously hidden carers and provide them with relevant information. It is important that GPs continue to find ways to reach out to carers registered with their Practice, to ensure they feel supported and safe in the future.

Co-production with carers and the organisations that represent them is needed to address the immediate pressures and barriers faced. Carers need access to affordable and suitable care services which meet the needs of the person requiring care. Commissioners need to understand the scale of need and learn from what has helped carers and those they care for so this can inform plans.

Social services and the NHS rely on unpaid carers' willingness and ability to provide care and without it they would collapse; the care provided by unpaid carers is worth an estimated £132bn per year. For Milton Keynes this equates to £532m per year.

Domestic Abuse

Domestic abuse is a complex issue with close links and interrelationships with mental health and substance abuse. The impacts of domestic abuse are far reaching for individuals, their families and communities and for children and young people these impacts are profound and long lasting.

Domestic abuse happens in communities across the UK but remains an under-reported crime. It is estimated that annually approximately 12,000 adults in Milton Keynes experience domestic abuse. However, the number of people contacting local police and support services remains low.

Whilst Covid-19 did not cause domestic abuse, it created an environment for the abuse to escalate and during lockdown many support avenues were not easily accessible.

This is reflected by a local domestic abuse organisation, MK Act, whose data shows a fall in referral numbers between March 2020 – May 2020. Whilst MK Act did see a decline in the number of referrals over the lockdown period, there was still an increase of 35% between April 2020 – June 2020, compared to the same quarter in 2019.

A report by Violence Against Women and Girls found that many women's organisations saw a spike in the use of web-based support and information services. This trend was reflected in Milton Keynes and MK Act saw a 68% increase in people accessing their website for support during lockdown. They state that due to victims being trapped at home with their perpetrators they would have had reduced access to speaking on the telephone or seeking support in person.

In November 2020, a new strategy was launched to tackle domestic abuse in Milton Keynes, through a partnership including Milton Keynes Council, Thames Valley Police, the NHS and MK Act.

The strategy can be accessed here: https://www.mktogether.co.uk/wp-content/uploads/2020/11/Domestic-Abuse-Strategy-2020-25-Version-1.0.pdf

The UK National Domestic Abuse Helpline reported a 25% increase in calls since lockdown measures began

Grand Union Housing Group launched a Domestic Abuse and Safeguarding Team at the end of October 2020. The Housing Association has three local domestic abuse refuges, with a fourth opening in Bedfordshire in 2021. The refuges provide survivors with the skills to return to the community, empowering individuals and making them feel safe at home. A unique telecare support service, Life24, for those fleeing from domestic violence is also provided.

From the 6 months that the team have been in place, some headlines are:
- All types of abuse have been seen, and the two most commonly reported are emotional and financial abuse.
- Of the customers that are supported, 70% have children and all are women.
- There has been engagement with one perpetrator who was signposted to access support. The aim is to expand work with perpetrators to prevent the abuse cycle from continuing.
- The Refuges have seen an increase of enquiries throughout the pandemic, with an average of 7 calls a week. Incidents of abuse got worse during this time and levels of risk heightened for the survivor. Nationally, phone calls to the police to report domestic abuse increased.

Safe Space:

Grand Union is the first housing provider in the UK to launch an online Safe Space to help tackle domestic abuse. The online initiative, which went live in March 2021, aims to help those experiencing domestic abuse – a problem which has only increased due to the lockdowns over the past year.

Through an untraceable online Safe Space via the Grand Union website, customers and the wider public can access information on helplines and specialist support services. Online Safe Space aims to increase the opportunities for victims of domestic abuse to safely access support while carrying out daily online tasks. In this latest scheme, Grand Union is partnering with Hestia for the ground-breaking Safe Space support service.

Once Covid-19 restrictions are eased, they will explore the possibility of offering a space within our office as a physical safe space where victims of abuse can access support information and a telephone to make a call. More information on Safe Spaces can be found at https://uksaysnomore.org/safespaces/

3. Partnerships and Connecting Communities

Strong and committed partnership working is at the heart of improving health and wellbeing.

Well-connected, inclusive communities have never been so important. The pandemic has had a disproportionate impact, and where and how we live has influenced this impact significantly.

Covid-19 has also changed how we connect with each other and with local services. Building on the positives and good practice can help us bring people and services back together and in turn support how we tackle health inequalities in our communities.

The Milton Keynes Healthwatch community survey has identified the following priorities for the year ahead:

• Learning lessons from the Covid-19 pandemic

• Focusing on supporting our aging and vulnerable populations to live well

• Ensuring mental health support is accessible to seldom heard communities

• Addressing health inequalities experienced by people from minority ethnic groups, including healthy living and access to health and care services

• Capturing the voice of residents and patients

• Building upon the groundswell of community action and recruiting more local volunteers

Covid-19 Health Champions

The Covid-19 Health Champion network was established in September 2020

Over 611 Health Champions have been recruited

'I just wanted to say, thank you very much for such a good newsletter which is good to have as a ground-truth for what is happening in the local area.'

The Community Covid-19 Champion Scheme started in Milton Keynes in September 2020 as a way of sharing information, guidance and knowledge about Covid-19 via weekly newsletters. The newsletter shares useful details about the help available from both the Council and volunteer organisations. It also provides information to help support the mental health of adults, young people and children. Increasingly, the newsletters focus on encouraging vaccination and vaccine myth-busting. Several BAME Champions have become Vaccine Champions and help at outreach events.

Recruitment of the champions included a YouTube video and an optional training booklet with an assessment which results in a Covid-19 Champion certificate. We currently have 611 champions. Of these 330 have completed their training. The Covid-19 Champions represent a wide demographic and 10% are from ethnic minority communities, 60% are women and the majority are aged between 40 – 69yrs. The 'reach' is currently 154,700 people which is 57% of the MK population, this figure is based on the information, given by the champions, as to how many people they share the information with.

There are several organisations and businesses in the scheme, including schools, churches, housing associations and shops as well as Parish and Town Councils and faith organisations.

Feedback is positive:

'I received a number of thank you emails in reply. All praising the clear explanation of the position MK was experiencing. Our members are in the older age bracket and many live alone so the information is very welcome. Keep up the excellent work you are all doing at the council.'

'I just wanted to say, thank you very much for such a good newsletter which is good to have as a ground-truth for what is happening in the local area.'

'The weekly updates we receive are very useful. The clearest explanation I've seen. Having information just for our local area is very important.'

The newsletter alerts residents to volunteering opportunities. For example, 15 have volunteered to train as mentors in the MK College New Futures project and volunteers were also recruited for the Food Bank and PPE stocktaking.

Partnership Working

Buckinghamshire Fire and Rescue have supported track and trace work in the local community

Milton Keynes Council worked in partnership with MK Dons and My MK Business Improvement District to deliver food and emergency supplies to vulnerable residents

Through partnership working with the NHS and town and parish councils sites have been set up for mobile testing units

Vulnerable People's Partnership

The Vulnerable People's Partnership (VPP) was established in response to the Covid-19 pandemic. Funding was made available via the council and NHS to support public health communications to high risk and vulnerable communities in Milton Keynes.

The local voluntary sector infrastructure, Community Action MK is leading on co-ordination of this work as they have well-established relationships across a number of local groups and communities and the VPP has been established to support the endeavour.

The group is attended by key voluntary, community and social enterprise organisations, as well as statutory organisations/services; longer term the intention is to support the health inequalities agenda beyond Covid-19.

Community Wellbeing Hub

Various voluntary, community and social enterprise organisations do great work in supporting people to stay well in their communities. The benefits of supporting shared community spaces are becoming clearer, especially as a place for communities to reconnect as we move out of the pandemic.

During the autumn of 2020 three unrelated local groups, which all had an interest in identifying a community space where wellbeing activities could take place, were brought together with the support of MK CCG – Christ the Vine Church, Men in Sheds & Planting Up.

Since then, a temporary space has been identified in partnership with a parish council to set up a hub which will provide spaces for activities and a café space for people to meet. Longer term, the intention is to set up as a charitable organisation and identify a permanent space.

The impacts of lockdown on mental health have been widely documented and initiatives such as social prescribing have played a vital role in supporting people throughout the pandemic.

Social prescribing can help mitigate mental health issues through the use of behaviour coaching techniques. Community Wellbeing Champions (Social Prescribers) help people manage and prevent poor physical and mental illness by building self-efficacy and health literacy. They help people to connect to community groups and statutory services. Evidence shows that one in five GP appointments are for non-clinical reasons and the prescribing of non-medical, community or social activities is becoming increasingly common.

Milton Keynes has an established Social Prescribing service run by Age UK with strong multi-agency and partnership engagement. The flexibility of the social prescribing service has been key in the response to the pandemic. Although referral numbers initially declined, link workers were able to focus on making welfare calls to previous clients. This additional welfare support continues to be provided and referral numbers have begun to increase both from existing and new referrers.

While the environment is very different the service is still able to reach people and continue signposting, connecting, and supporting. Over the last year the service has worked with a wide range of stakeholders to encourage referrals, combat digital exclusion and provide support around benefits.

As part of the Covid-19 mental health and wellbeing recovery action plan, NHS England and NHS Improvement is refreshing Social Prescribing Link Worker training to include Covid-19 recovery priorities, including new content on welfare and employment support, trauma related recovery, financial wellbeing, and bereavement.

While it has been more challenging to obtain outcomes data, particularly during periods of lockdown, softer outcomes and comments from clients has shown consistently positive feedback, particularly from clients where the Link Worker is the only contact.

Case Study: Social Prescribing

Jean has a learning disability, had lost her job, became concerned about money and was becoming more and more isolated. She felt she needed to move into more appropriate accommodation and needed help to access this but was not sure she would qualify for supported living.

Jean was very stressed about working again and wanted to gain confidence and learn new skills but wasn't sure how to access this and was reluctant after a bad experience in her last job. With signposting to relevant parties and completion of applications to appropriate housing organisations Jean is now in a good position to move on with her life.

The Link Worker provided support to resolve a benefit issue and arranged a social worker to support with funding for more suitable accommodation. With support, Jean has visited the properties and is now waiting for a flat to become vacant, which is expected later this year.

The Link Worker also supported Jean to access the Talkback Building Better Opportunities employment training course and is feeling confident to return to her weekly social club when it resumes. The Link Worker also signposted Jean to NHS responders who now provide a weekly telephone call and are also supporting with shopping while Jean is shielding. She feels more connected and has reached out to family members again.

There were a total of 413 referrals to the Community Referral (Social Prescribing) Service from 1 April 2020 and 31 March 2021. More females (57%) than males access the service. Service users are aged between 19 to 96 years with an average age of 58.

Case Study: Catalyst Housing Wellbeing Service

Catalyst Wellbeing Team – Reconnecting Communities

The Counties team at Catalyst Housing work across Milton Keynes, Bedford and Central Bedfordshire. In April 2020, Catalyst gathered a group of 20 colleagues to form a wellbeing team to start making calls to customers to see how they were doing and if they needed any support. Since April 2020, they have called customers offering a range of support, including signposting to local external services like befriending and mutual aid groups, as well as food banks and food distribution networks.

Catalyst has been able to offer access to emergency fuel and food grants, as well as providing digital devices and intensive training to digitally excluded households. Customers have also been helped with employment and financial support through specialist teams. The long-term impact of Covid-19 is still being felt by many and Catalyst will continue to offer wellbeing, financial and employment support to all customers.

So far over 3,000 customers have been contacted by the Counties' wellbeing team and over 1,400 of these have been offered advice or support. Over 150 customers have been provided with employment support. 67 people have received regular befriending calls and 193 households received a range of other wellbeing support.

Wellbeing Grant

Catalyst Communities, through the counties team, provide community grants to support grassroots organisations that exist within their communities. Almost £100,000 was invested through grants between April – December 2020 via Catalyst Housing Charitable Trust (CHCT) grants and the Customer Support Fund. 12 organisations were supported across the region and these included organisations providing food support, advice services and change, and caring services.

Activity Packs

The youth team at Catalyst has developed and distributed 100s of activity packs since lockdown began. Customers could sign up on line to receive packs delivered. Other packs with lots of information, guidance and lots of fun ideas could be downloaded from the Catalyst website.

Types of packs distributed:

- Sports equipment
- Arts equipment
- Summer holiday packs
- Home school equipment

Catalyst partnered with Skillsmax to offer free, independent mental health support to customers throughout the Covid-19 lockdown.

This partnership is designed specifically to support customers' mental health and help those who may be feeling worried, anxious or isolated due to lockdown or in general. Through Skillsmax, Catalyst customers in any location can access free, confidential advice over the phone seven days a week, and speak with their highly trained and experienced support team.

Skillsmax is a not-for-profit social enterprise, and to help boost funds at this initial stage of our partnership, Catalyst has awarded Skillsmax a £2,000 grant from its 'Coronavirus Voluntary Sector Support Fund'.

4. Looking ahead

Looking Ahead

The pandemic has seen MK communities and residents face many challenges. Partnership working and innovation have helped to sustain people's health. Many services have shifted to digital and virtual delivery models and this has presented opportunities as well as challenges.

Looking as this report, the importance of tackling health inequalities comes to the fore. The **Build Back Fairer** report, by Professor Sir Michael Marmot, explores these issues. It looks at why the health of some groups has been more affected by the pandemic than others. It sets out principles for tackling health inequalities:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill-health prevention

Looking at the themes from this report and taking into account the 'Build Back Fairer' principles, the following areas will be important for improving and maintaining people's health in Milton Keynes:

1. Being explicit in future strategies and plans how we will reduce health inequalities for minority ethnic communities and others disproportionately impacted and under-represented

2. Taking a partnership approach to tackling health challenges, with opportunities for employers to consider their role as anchor institutions and for greater join up of the health, housing and urban planning agendas

3. Supporting the recovery of emotional and mental wellbeing in children and young people

4. Delivering a whole system approach to tackling obesity and encouraging physical activity

5. Understanding and addressing digital exclusion to local services and support