



BEDFORD
BOROUGH COUNCIL

Director of Public Health Report 2020 / 2021

Understanding the Impacts of Covid

Bedford Borough July 2021

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.

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 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 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 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 on population health and communities and identify key areas of inequalities;
- to recognise and celebrate community action during the pandemic, and the scope to grow and sustain new ways of working;
- make recommendations for how we can work together to ensure we 'build back fairer'.



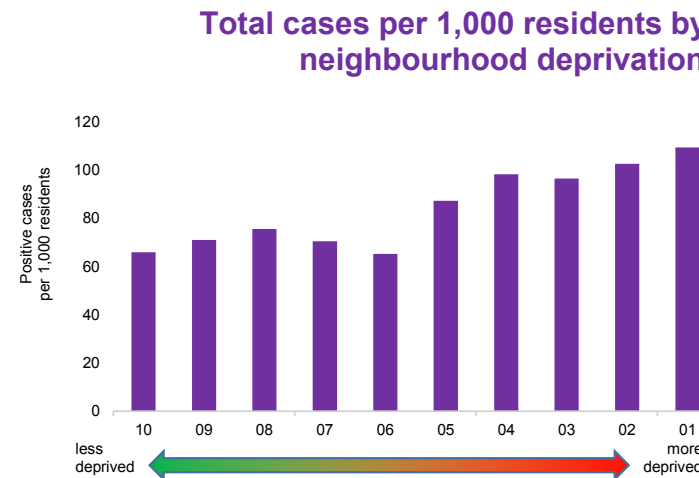
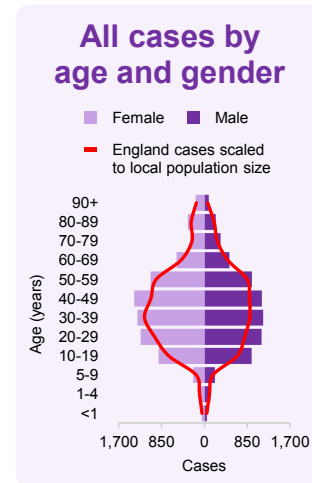
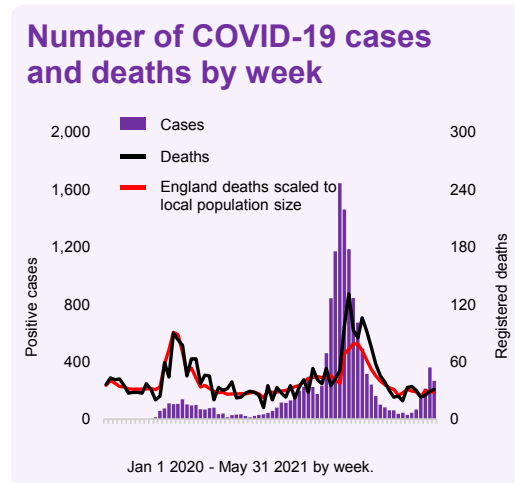
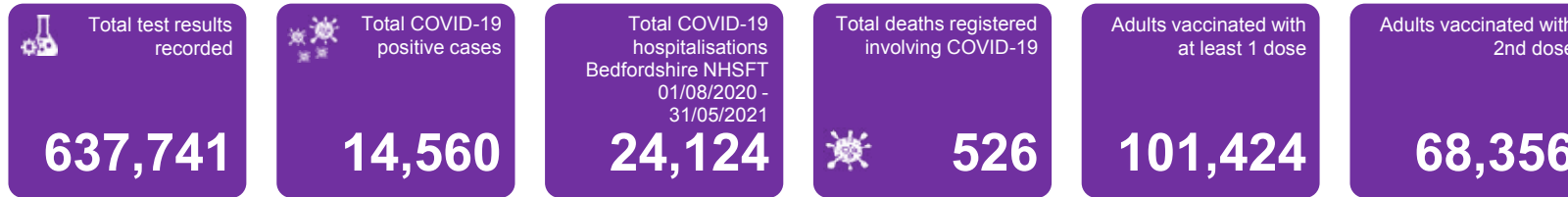
Bedford Borough COVID-19 Snapshot

Key COVID-19 statistics for Bedford Borough

Local COVID-19 Summary

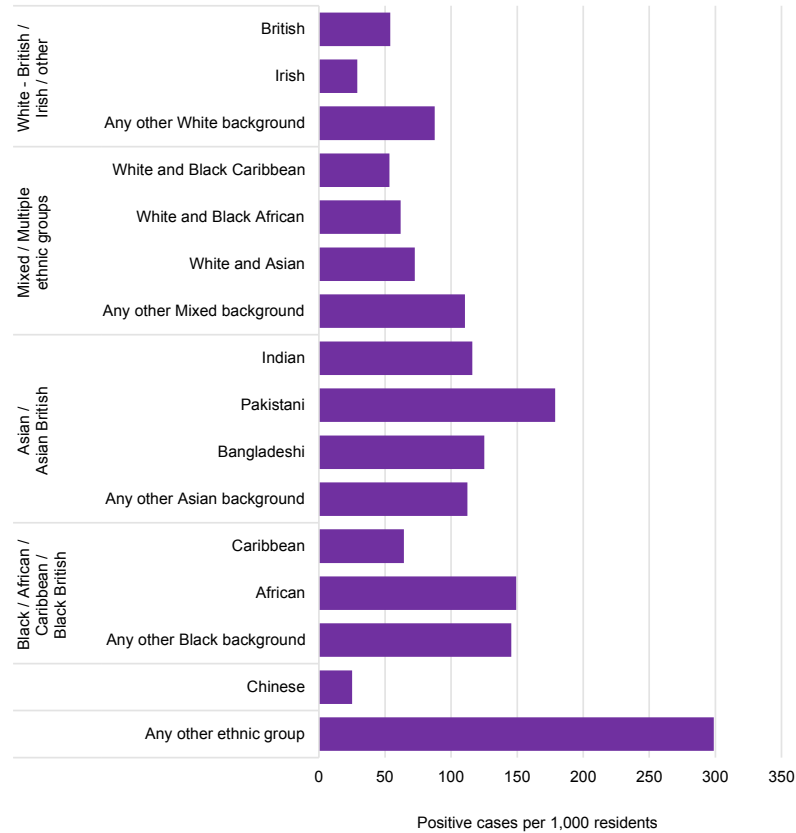
January 1 2020 - May 31 2021

ONS Population 173,292

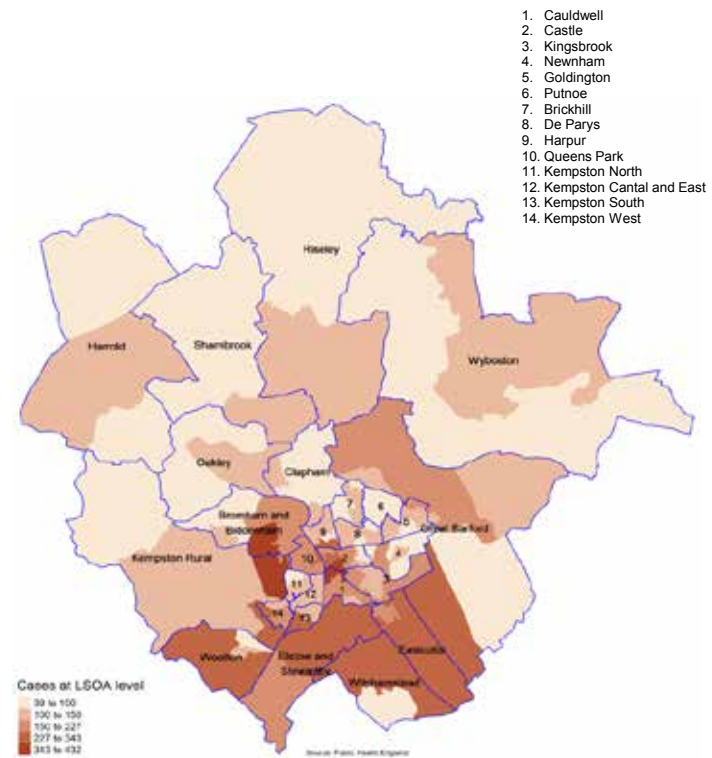


At times during the pandemic Bedford Borough has experienced persistently high rates of COVID-19 infections compared to most of England, with the highest case rates typically observed in areas with greater deprivation, overcrowding and multi-generational housing. The bar chart shows that the rate of infections in the most deprived areas was around 60% higher than the least deprived areas. The difference is driven by a number of factors including the ability to work from home, the level of overcrowding in households, and the affordability of self-isolation for positive cases and contacts. The local vaccination programme has been a big success, successfully reducing transmission and hospitalisations in vaccinated groups. By June 2021 more than 70% of adults in Bedford Borough had one dose and more than 50% had both doses.

Total cases per 1,000 residents by ethnic categories



Total cases by lower super output area (LSOA)



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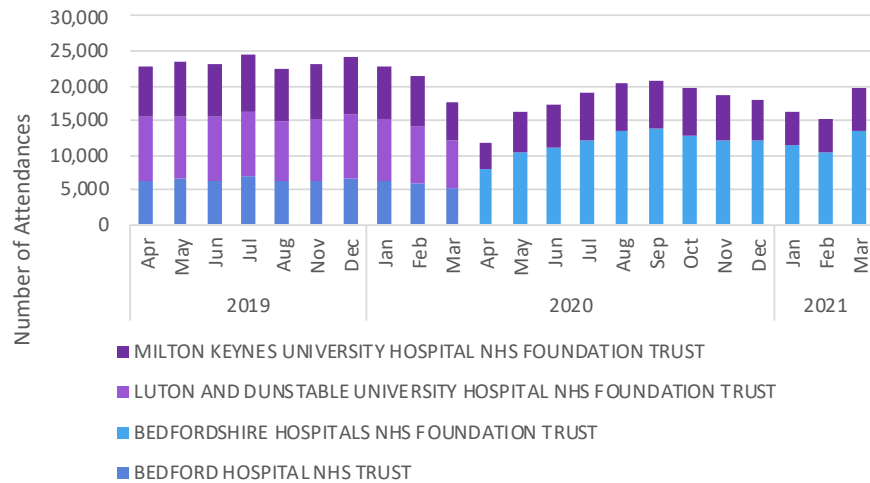
COVID-19 has not affected all groups and all areas equally. Compared to White British residents the rate of infection in South Asian and Black African communities has been two to three times higher. This difference is driven by the types of jobs people do, the type of household they live in and their ability to self-isolate effectively. Some of the groups who have been at highest risk have been those working on the frontline in our hospitals, care homes, schools, supermarkets and public transport. The map of Bedford Borough shows a ten-fold difference in the number of cases experienced in different lower super output areas (average population 1,500). The highest rates overall have been experienced in Elstow & Stewartby, Queens Park and Cauldwell.



1. Direct Health Impacts of Covid-19

The Direct Health Impacts of COVID-19

A&E Attendances by Hospital Trust



Hospital Care

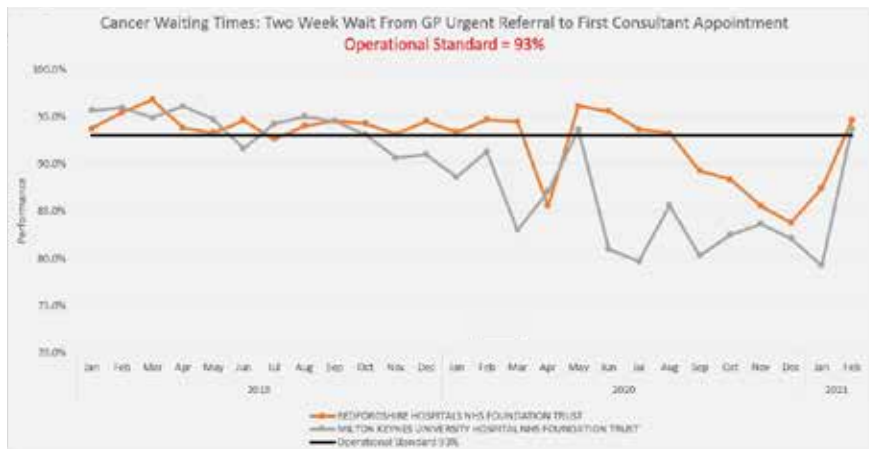
The impact of the pandemic on acute care cannot be underestimated and we are still working to understand the true extent of this. As the NHS rapidly redesigned service delivery to care for the surge of patients with COVID-19 many appointments and treatments were cancelled or postponed. Over the last year we have seen significant falls in use of Accident and Emergency and hospital admissions for urgent conditions including strokes and heart attacks. As early as April 2020 the British Heart Foundation reported the number of people being seen in hospital with a suspected heart attack had halved since the beginning of March 2020.

Whilst NHS guidance clearly stated ‘essential and urgent’ cancer treatment must continue, we know that there has been considerable disruption to screening, diagnosis and surgery. Patients may be waiting longer to contact health services meaning that patients presenting at A&E are more acutely unwell.

Primary and Community Care

Those in need of less urgent care and those living with long term conditions have seen GP services change dramatically, with a shift to online and telephone triage for appointments. In order to free up capacity, some routine processes have been suspended or deferred including NHS Health Checks and some medication reviews. Understanding the impact of the changes will be a critical part of the recovery process. GP practices have mobilised online and virtual services, however we do not know how effectively patient contact has been managed and how many patients have not come forward to seek help for what may be serious conditions.

Whilst people have been urged not to avoid seeking help for non COVID-19 conditions, it is likely that early detection of cancers will have fallen either due to a reluctance to come forward or because of the inability to refer to hospital for tests. This reluctance to access care is likely to result in a significant cohort of patients with unmet needs who will not be included in recorded backlog figures. Despite public and GP communications, GP referrals were significantly lower than expected in early 2021, at approximately 80% of 2020 volumes. More recently, as restrictions have eased, GPs are reporting a 25% increase in demand. Estimates vary but according to the ONS an estimated 1.5% of the population were experiencing Long COVID (symptoms 4 weeks after infection) at the start of June. Two-thirds of those reported that their symptoms affected their day-to-day activities. Long COVID will add to the pressure in primary care and the NHS has set up specialist Long COVID services for the most affected.





2. Health Inequalities

Topics

- *Children and Young People*
- *Drugs and Alcohol*
- *Rough Sleepers*
- *Obesity, Food and Physical Activity*



The cumulative effects of the school closures will be more acute inequalities in educational attainment and this could lead to worse outcomes throughout life which in turn could lead to poorer health

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

Children and Young People

On the 20th of 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. Some have spent 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

During the coronavirus 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 numbers 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.



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

Drugs and Alcohol

Evidence indicates that alcohol consumption increased during the pandemic and provisional ONS 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.

Over the last year we have seen different patterns of drinking for those receiving treatment. 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.

Early in the pandemic those taking substitute opioids saw a shift away from 'supervised consumption' and the anecdotal feedback has been overwhelmingly positive. Clients have reported feeling more trusted and part of their treatment, releasing them from the time consuming routine of daily pick-ups, which can have great benefits for increasing individuals' social capital in recovery.

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.



Common mental health problems are over twice as high among people who are homeless compared to the general population

Psychosis is up to 15 times as high among people who are homeless compared to the general population

A total of 340 people who were homeless or rough sleeping were provided with accommodation over the last year

Rough Sleepers

Being homeless is associated with extremely poor health outcomes relative to the general population, and homeless people are more likely to have poor physical and mental health. The pandemic and lockdowns have meant heightened risks and vulnerability for those who are homeless and in particular those who were rough sleeping.

With the introduction of lockdown in late March 2020, local housing authorities were asked by the Government to ensure that all homeless people including rough sleepers were provided with accommodation. The Council secured 64 individual en-suite rooms at a local hotel for all rough sleepers. In addition, 6 units of accommodation at the local Night shelter were also maintained.

Many rough sleepers have complex needs, including mental health difficulties and drug or alcohol dependencies which can also contribute to challenging anti-social behaviour. Consequently, the Rough Sleeper Support services usually provided by the Council and SMART were transferred to the Hotel together along with those provided by the Kings Arm Project and Path to Recovery (P2R) drug and alcohol services. In addition, as part of the local response to the pandemic a Rough Sleeping and Homelessness joint working cell was established, bringing together a wide range of partners. Alongside this, a local GP practice with well-established links to rough sleeper services was able to continue delivery of vital health checks and support which enabled swift mobilisation of COVID vaccine on-site at the hotel.

The Hotel proved to be a particularly suitable venue for accommodating those at risk of rough sleeping because it provides good quality accommodation at a central location. It was also able to provide rooms for support services, a presence security and drug and alcohol triage clinics. Catering was also offered and this was essential as the usual charitable food providers could not operate. The combination of good quality accommodation and a broad partnership approach to delivering comprehensive support provided a unique opportunity to engage with homeless people who would otherwise have been hard to reach and may not have engaged with support. Since the Hotel arrangements were put in place, a total of 340 people have been provided with accommodation and 41 are still residents. Of the 299 people that have left the Hotel, 181 have moved onto to more secure forms of accommodation, demonstrating the overall success of this initiative.

Bedford Borough Council has received funding to redevelop a vacant office building into 20 units of supported housing for people who would otherwise be rough sleeping. The new scheme, Roger's Court, in Cauldwell Street, is scheduled for completion by the beginning of August 2021. The Government has announced the ongoing Rough Sleeper Initiatives funding for 2021/22 which enables the council to maintain the established rough sleeper services working alongside the on-going provision at the emergency hotel.



Obesity is a complex public health concern. A BMI of between 35 -40 can increase the chance of dying from COVID-19 by 40% and a BMI greater than 40 increases risk by 90%

Prior to the pandemic 64% of adults in Bedford Borough were estimated to be overweight or living with obesity.

Whilst some people have used additional spare time to walk and cycle more, generally the pandemic has made us less active as organised sport and leisure services have been heavily disrupted.

Obesity, Food and Physical Activity

COVID-19 has put our health, in particular our diets, in the spotlight.

During periods of lockdown maintaining a healthy diet may have been difficult for some. Purchasing data shows an increase in sales of confectionary, home baking ingredients and alcohol and this, combined with takeaways being one of the nation's only freedoms during lockdown, is expected to negatively impact on obesity rates.

As well as the poor health outcomes, the economic impact of the pandemic has given rise to further food poverty and outright hunger. Those living in the more deprived parts of the Bedford Borough are most likely to suffer with both food poverty and be living with obesity, leading to further and more acute health inequalities.

In 2020, the referrals to Bedford Foodbank rose by 22% when compared to 2019. In some wards such as Putnoe, referrals have more than doubled. From March to December 2020, the foodbank fed 109 more families, 100 more single parents and 183 single adults compared to the same time period in 2019.

Physical activity

Prior to the pandemic, activity levels in England were increasing. Lockdown periods led to unprecedented decreases in activity and as a result, overall the proportion of adults who were active was unchanged compared to last year. 63% of adults reach the Chief Medical Officers recommendations of 150 minutes of physical activity a week which decreases with age, is less in certain ethnic groups and those from deprived populations.

The proportion of children and young people in England reporting they were active over the summer term last year fell by 2.3%, with just over 100,000 fewer children meeting the recommended level of activity compared to the same period 12 months earlier. Despite the lifting of some of the restrictions imposed by the pandemic, sporting activities saw a large decrease in the numbers taking part. However, significant increases in walking, cycling and fitness have limited the negative impact on overall activity levels.



Weight Management Case Study

Julie has always used food as a way of celebrating or commiserating as far back as her teenage years. Social occasions and holidays were a worry and finding clothes that she felt comfortable and happy to wear around others was always a struggle.

At a recent asthma check, she shared her concerns about food with her nurse and as a result was referred to the weight management service. She was really pleased to be able to join the service and get the help and support she needed to make positive changes to her health.

So far Julie has lost over a stone through counting calories and this was through lockdown and over Christmas too. Julie has said unlike previous diets, she hasn't felt miserable or struggled either. She has been able to embrace the programme and has made great strides in changing her life for the better.

Julie now goes for a daily walk and is beginning to see changes in her health and her mental health and she is able to wear clothes that before the programme no longer fitted.

'I haven't felt comfortable in a social setting for a long time'

'If I want to pat myself on the back for losing weight I now treat myself with a relaxing face mask or catch up with a friend'

Immediately my mental health has improved, I don't have backache anymore and I can now fit into my coat and clothes'



3. Lockdown and Mental Health

Topics

- *Overview of Lockdown and Mental Health*
- *Carers*
- *Domestic Abuse*
- *Social Prescribing*

Lockdown and 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 coronavirus pandemic on the mental health and well-being of individuals and communities.

Significant increases have been reported in relation to anxiety and depression due to a range of factors including isolation, loss of income, unexpected bereavement, the break-up of relationships and 'Long COVID' in previously healthy individuals.

Substantial rises in unemployment, falls in gross domestic product and heightened concerns that we will enter a prolonged period of deep economic recession all contribute to this. Due to the impact identified there is concern at a national level that rates of suicide and suicidal behaviour may rise, although local data has yet to confirm this position. In addition, the distribution of infections and deaths during the COVID-19 pandemic, the lockdown and associated measures, and the longer-term socioeconomic impact are likely to intensify the inequalities that contribute towards the increased prevalence and unequal distribution of mental ill-health.

COVID-19 is expected to lead to a significant increase in demand for mental health services, with evidence of services already seeing increased referral rates. For public health this will involve steering and supporting work around mental health inequalities, the community transformation programme, Crisis Care, Prevention Concordat, and suicide prevention programme.

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

There has been bolstering of local services, particularly during the COVID-19 period, 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 Bedford Borough, it is estimated there are over 4,400 people aged over 65 providing unpaid care

The care provided by unpaid carers in Bedford Borough is worth an estimated £342m 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 Bedford Borough this equates to £342m 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.

The Bedfordshire Domestic Abuse Partnership (BDAP) coordinates responses to domestic abuse by bringing together the key agencies to protect victims of domestic abuse, prevent domestic abuse from happening, and raise awareness in the community.

During the pandemic BDAP meet weekly to ensure there were updates on services, referral rates, trends, initiatives, and ensure partnership collaboration. All local support services continued to run during the pandemic and the majority of programmes and 1-1s were carried out via virtual contacts. More recently the support services have started to deliver some face to face work with clients.

Over the last year, we have learnt that is that isn't always necessary to meet with a client face to face and indeed, some have found it easier to engage with virtual services. For others, it has been more difficult as they have not been able to safely access smart phones or computers because of the perpetrator being in the home. In the future, support services will use a variety of approaches to reach people in need of help.

Early in the pandemic, national reports of an increase in calls to Helplines were not seen locally and we did not see much of an increase across Bedfordshire Police, Local Authorities, and the voluntary sector. This has changed over recent months and the voluntary sector are now receiving a high number of referrals for support. As lockdown came to an end, organisations were preparing to address an increase in demand and looking to offer more support groups. It is difficult to predict whether there will be a surge in cases over coming months, however BDAP continue to monitor this and will respond accordingly.

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. In the 6 months that the team have been in place:

- 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. Phone calls nationally increased to the police to report domestic abuse with a rise in the number of calls coming from men.

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 Spaces aim 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 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>

Case Study: Social Prescribing



Tom, who is in his mid-40's was referred to the Community Referral (Social Prescribing) Service by his GP. Tom lives with a parent, he is overweight, experiences sleep apnoea and has few social connections. He also has a chronic back condition which restricts his mobility and requires him to walk with a stick for short distances and to use a mobility scooter for longer distances.

At his first appointment with the Community Wellbeing Champion, Tom said that he wanted to make changes to his lifestyle to improve his general health and wellbeing, and that he also wanted to expand his social circle. Through the regular health coaching sessions, Tom set his own long-term goals, which were to lose weight by becoming more physically active and to find permanent work, as this would give him a reason to get up each day and ultimately improve his emotional wellbeing.

Tom was referred to the Bedfordshire Wellbeing Service where he was offered monthly calls to discuss how he was feeling and to help build his confidence. Regular coaching sessions with the Community Wellbeing Champion continued, Tom started to lose weight and decided to join the gym and as his motivation levels had improved, he was able to continue exercising at home when the gyms closed during lockdowns.

In discussion with his Community Wellbeing Champion, Tom enrolled on a skills and confidence course with Bedford College. As a result of the lockdown, the sessions were delivered virtually and Tom continued to attend the course. Following an additional referral to the Jobs Hub, Tom realised that he had a passion for painting which he is now pursuing.

As a result of his referral to the Community Referral (Social Prescribing) Service, Tom achieved his goals, independently enrolled on an additional college course and feels confident that he will be able to get a job. He feels also feels more positive following his weight loss and reports that his sleep apnoea has improved.

The impacts of lockdown on mental health have been widely documented and initiatives such as social prescribing have helped to provide support to people during this time. 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.

Bedford Borough has an established Community Referral (Social Prescribing) service which relies on strong partnership engagement and a well resourced voluntary sector. The flexibility of the social prescribing service has been key in the response to the pandemic. Although referral numbers initially declined as fewer patients visited their GP and support services were unable to operate, referral numbers began to recover towards the end of 2020.

There has been a significant increase in referrals in early 2021, particularly for mental health support. Through these referrals, people frequently report low mood as a consequence of not having face-to-face social contact, access to family and friend support networks and community activities, and as a result of having to shield or being furloughed. Going forward, a hybrid model of face to face contact, walk and coach sessions, virtual meetings, telephone and other media platforms will be used to provide support. It has become clear that health coaching can be as effective via the telephone, and alternative models of delivery have made the service more accessible by removing barriers relating to child care, work and transport.

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.

There were a total of 742 referrals to the Community Referral (Social Prescribing) Service from April 1 2020 and 31 March 2021, with only 224 people (30%) leaving the programme early or not starting. More females (61%) than males access the service, and service users are predominantly white British and aged between 25 to 64 years

A group of diverse people, including a woman with glasses, a woman with braids, and an older woman, are smiling and talking outdoors. The background is slightly blurred, showing other people in a social setting.

4. 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 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. Through the Bedford Borough Healthwatch surveys we know that community's priorities for the year ahead are:

- *Learning the lessons from the COVID-19 pandemic*
- *Focusing on supporting our aging population 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 Health Champions

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

Over 160 Health Champions have been recruited

‘I am very pleased to have been an information-point for this initiative. I think it was timely and provided needed clarity to others during what is still a period of great uncertainty’

During lockdown we became heavily reliant on digital communications, and often mainstream communication approaches did not reach everyone. Information found online could also be misleading and people did not always know where to turn for help and support.

Building on existing community and voluntary links, over 160 COVID-19 Health Champions were recruited. Champions include local Residents, Councillors, Faith Leaders, Charitable Organisations, Community and Sporting Groups and local Businesses. They meet as a virtual group to help share the latest advice and guidance on COVID-19 through weekly email communications and virtual drop-in sessions hosted by the Mayor.

The Health Champions help to ensure local people have access to consistent, accurate and up to date information on COVID-19, helping them to make informed choices to minimise the spread of the virus. The network has been a critical part of our local communications, for example sharing messages through informal networks to help address vaccine hesitancy and ensure that residents know how to access the help and support they need.

Since September 2020 the Mayor has hosted fortnightly virtual Champion drop-in sessions and more than 60 email communications have been shared for wider dissemination. Based on a recent survey of the Champions, 47% are regularly sharing information to more than 100 people.

The network has demonstrated the appetite for community collaboration and shown how we can empower local people to make positive choices for their health and wellbeing. The COVID-19 Health Champions have become trusted voices in the community and we will be exploring how we sustain this forum post COVID.

Feedback from a COVID-19 Health Champion:

“I am very pleased to have been an information-point for this initiative. I think it was timely and provided needed clarity to others (including myself) during what is still a period of great uncertainty. I experienced the network as necessarily evolving as the picture changed, sometimes almost daily. I enjoyed working with each of you as Council Officers. I also greatly appreciated the reach of my fellow Champions as well as their willingness, knowledge and expertise in varied disciplines. I think this Champions Network has allowed us to all find ways in which to work more imaginatively, together. Potentially, it is a model that can be used to support other future areas of work.”

Faith Leaders Group

The faith leaders group was set up by Public Health, in August 2020 in response to the COVID-19 pandemic

The faith leaders group is made up of approximately 90 faith leaders from across all religions and denominations

“Thank you for all that you have done during this time. The council has just been wonderful in keeping us informed and safe”

As COVID restrictions were eased in July 2020, Bedford Borough still had relatively high numbers of COVID cases. The aim of the Faith Leaders group was to connect with individuals in faith or other leadership positions who are trusted voices within their local communities and could share COVID messaging in a way that could reach individuals.

The faith leaders group is made up of approximately 90 faith leaders from across all religions and denominations. Once a month a virtual information sharing meeting is held with the Mayor, Councillors and public health specialists and then these messages are shared more widely in the community. In addition to specific COVID-19 advice, health and wellbeing messages aimed at helping people through the difficulties of lockdown are also shared.

This group has worked on a wide range of issues including the best ways to allow safe worship to continue. Having these relationships, and finding ways in which services can continue in a COVID safe manner has meant that more places of worship have adhered to the COVID regulations, which may not have happened so consistently without this approach.

One of the major successes of the faith leaders has been building a trusted relationship between community leaders, the public health team, the Mayor and Councillors. It also gave members of the public an opportunity to voice any concerns and feel they were being listened to. Through working with faith groups we have been able to have conversations with under-represented groups have been disproportionately impacted throughout the pandemic, and may have a higher likelihood of being vaccine hesitant.

Feedback from Faith Leaders has included the following:

“I have been regularly attending your Faith Leaders meeting for COVID19 and have found them most helpful in being able to answer questions and concerns to our parishioners, as well as sending information out to our congregation”

Work is underway to explore the future of the faith leaders group. Having built these relationships, this is a real opportunity to ensure that we continue to play a positive role in the community by engaging effectively through trusted voices.

Case Study: Catalyst Housing Wellbeing Service



Catalyst Wellbeing Team – Reconnecting Communities

The Counties team at Catalyst Housing work across the Home Counties including Bedford, Central Bedfordshire and Milton Keynes

In April 2020, Catalyst redeployed 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. The Catalyst Wellbeing Team have called customers offering a range of support, including signposting to local external services including befriending and mutual aid groups, as well as food banks and food distribution networks.

Catalyst 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 through 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 caring and befriending organisations.

Activity Packs

The youth team at Catalyst have 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 through 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.

An aerial photograph of a city, likely Leeds, showing a mix of modern and traditional architecture. A river flows through the center, with a bridge crossing it. The city is densely packed with buildings, including a large church with a tall spire on the left and a modern, multi-story building with a curved facade on the right. A large green park area is visible in the middle ground. The text '5. Delivering Our Future Priorities' is overlaid in a white box with purple text.

5. Delivering Our Future Priorities

Delivering Our Future Priorities

The pandemic has seen our communities and residents face challenges and issues with no easy answers. Through the last year we have worked in partnership to innovate and sustain health and wellbeing services. Many services have shifted to digital and virtual delivery models and this has presented opportunities as well as issues.

As we learn from the last year and look to the future, tackling the impact of the pandemic on health inequalities is an immediate and pressing priority. A resource to help us plan for our future is the Marmot, Build Back Fairer report, led by Professor Sir Michael Marmot. The report explores issues around inequalities in death rates, it considers how some groups have been more affected by the pandemic, and the effect of measures to contain the virus on inequalities and on our mental health and physical wellbeing.

As we emerge from the pandemic, the Build Back Fairer principles will be important in our approaches to tackling social, economic and environmental inequalities that are damaging our health and wellbeing.

The recommendations and principles that Marmot highlights are:

- 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

Future Priorities for Bedford

As we start to look forward to the future and how we address the impacts of the pandemic on our health, the local economy and to address inequalities, we will be working with our partners and stakeholders to deliver Bedford Borough's priorities.

Further engagement and detailed planning will follow on from this report as recovery work-streams are established. Taking into account the Marmot 'Build Back Fairer' principles and the local issues for Bedford Borough, we have identified the following priority areas for the coming year:

1. Supporting the recovery of emotional and mental wellbeing in children and young people
2. Delivering a whole system approach to tackling obesity, including implementation of the food strategy
3. Taking a partnership approach to mitigate the impacts of COVID-19, ensuring growth delivers opportunities for all by working with our Anchor Institutions to provide local employment opportunities and joining up the health and housing agenda
4. Understanding and addressing digital exclusion to local services and support
5. Being explicit in future strategies and plans how we will reduce health inequalities for minority ethnic communities and other disproportionately impacted and under-represented groups

Over the coming months we will publish further research and information as our insight and understanding grows around the impact of Covid and issues such as Long Covid and Vaccine Hesitance.

These resources and data will help inform how we deploy shared resources to achieve the greatest positive impact for our communities. Only by working together we will re-connect with our communities, ensure that seldom heard voices are listened to and reduce entrenched inequalities.

Finding out more

If you would like to discuss anything in this report or would like to find out more about working in partnership with public health you can get in touch with us via e mail:



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