

# Championing what matters to you

Healthwatch Milton Keynes  
Annual Report 2021-22





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# Message from our Chair

**We are still feeling the impact of the COVID pandemic but despite challenges, the Healthwatch Milton Keynes team successfully relaunched our Enter and view programme and face-to-face community events.**

I became Chair of Healthwatch Milton Keynes in November and have been proud to see the passionate and proactive staff at Healthwatch Milton Keynes navigate fluctuating COVID restrictions to make sure that our organisation was visibly back out in our communities listening to your experiences of health and care services.



Carol Older  
Chair

With a focus on health inequalities which are ever present in Milton Keynes and made worse by the pandemic, our advice and information and listening activities covered an ambitious number of locations and topics. The insight we gathered by talking directly to people resulted in important recommendations for health and care commissioners and service providers to address, both to support communities during the recovery from the pandemic, and to reduce the gap of long term health inequalities in our city.

Our digital communications continued to prove increasingly impactful, and we've seen leaps in awareness of Healthwatch with a 28% increase in awareness of local Healthwatch across our East of England region. I wish to thank our residents for supporting the powerful voice of Healthwatch Milton Keynes by engaging with and sharing the information we post on social media. It means that when someone feels they have no where else to turn, Healthwatch Milton Keynes is easy to find.

One area where you've helped is the crisis in accessing NHS dental care. We heard from record numbers of residents struggling to find support last year, and we've been able to work with Healthwatch England to put pressure on the Government to increase funding for NHS appointments.

In the background, big changes to the way health and social care are paid for and delivered have been taking place. Clinical Commissioning Groups will be no more from July, with an Integrated Care Board taking on the role of NHS and social care budgets. For Healthwatch Milton Keynes, this means working ever closer together with the other Healthwatch in our integrated care system (ICS) to make sure all residents have an equal voice in Bedfordshire, Luton and Milton Keynes. It also means we are given the resources and funding to both represent our communities effectively and monitor how well health and care professionals involve you in designing the health and care services that you need.

# About us

## Your health and social care champion

Healthwatch Milton Keynes is your local health and social care champion. From Bletchley to Newport Pagnell and everywhere in between, we make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.



### Our mission

To be an independent organisation, providing an effective local voice for people in Milton Keynes, influencing and shaping health and social care services to meet their needs.



### Our values

We start with people first and work for children, young people and adults, covering all health and social care services and we work for everyone, not just those that can shout the loudest.

**Influential** – We set the agenda and make change happen. We're responsive and take what we learn and translate it into action. We're innovative and creative because we know that we can't fix things by sticking to the status quo and we work with the Healthwatch network to make positive impact locally and nationally.

**Independent** – We are independent and act on behalf of the people of Milton Keynes, listening to people and speaking loudly on their behalf. We challenge those in power to design and deliver better health and social care services

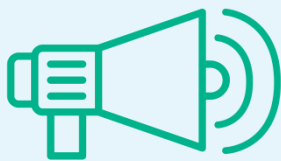
**Credible** – We value knowledge and seek out data and intelligence to challenge assumptions with facts. We celebrate and share good practice in health and social care and hold ourselves to the same highest standards.

**Collaborative** – We keep the debate positive and we get things done working in partnership with residents, health and social care professionals and the voluntary sector. We learn from people's experiences, specialists and experts and collaborate in seeking and sharing insight.

# Our year in review

Find out how we have engaged and supported people.

## Reaching out



**1,136 people**

shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

We provided advice and information to

**142,481 people**

through our phone, email, text service, website and digital channels

## Making a difference to care



We published

**7 reports**

about the improvements people would like to see to health and social care services.

Our most popular report was

**“I am different not less” Experiences of CAMHS and mental health support for children with SEND in Milton Keynes**

## Health and care that works for you



We're lucky to have

**20**

outstanding volunteers, who gave up **35 days** to make care better for our community.

We're funded by our local authority. In 2021-22 our core funding was:

**£158,644**

which is the same as the previous year.

We also currently employ

**5 staff**

who help us carry out this work.



## How we've made a difference throughout the year

These are the biggest projects we worked on from April 2021 to March 2022.

Spring



We relaunched our Enter and View Programme, visiting 8 care homes. Residents told us how hard care staff had worked to keep them healthy, and how they had managed to keep people in contact with family and friends during COVID.



We supported YiS Young People's Mental Health to produce the YiS feedback forum report which set out young residents' recommendations to improve mental health and wellbeing support in Milton Keynes.

Summer



We introduced local dental councils to new health leaders setting out the improvements in dental care our residents want to see when local health leaders take on responsibility for funding NHS Dentistry in the near future.



We supported Healthwatch England and CQC in their #BecauseWeAllCare campaign which saw 54,000 people come forward across the country to tell us about issues they faced with health and care services.

Autumn



We relaunched face-to-face 'Listening Events' across the city, starting with residents in retirement living. We heard about difficulties accessing appointments and 3<sup>rd</sup> dose COVID vaccinations.



We welcomed our volunteers back into our face-to-face work. They spent two weeks at the Urgent Care Centre and MK Hospital's Paediatric A&E department. It was great to have the team back together talking to residents in person.

Winter



We visited Community ladders, Community Halls and held Health and Wellbeing events in Fishermead and the Xscape Centre. At the Trinity Centre in Fishermead so many community groups and health and social care providers were there to offer information and advice to residents.



We launched a series of listening events to capture women's experiences of health inequalities. We're using your feedback to influence how the National Women's Health Strategy is implemented at a local level.

# Listening to your experiences

Services can't make improvements without hearing your views. That's why over the last year we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture, and feed back to services to help them improve





# “I am different, not less.”

## Securing improvements to services for young people with SEND

We joined forces with the Parents and Carers Alliance MK (PACA MK) to investigate the experiences of families using Child and Adolescent Mental Health Services (CAMHS), and mental health support services, for children and young people with Special Educational Needs and Disabilities (SEND) and autism.

### What we found



Waiting times are too long.



Staff retention problems need to be addressed and enhanced training for staff is needed.



Significant gaps in services for young people with Autism Spectrum Conditions (ASC). The stringent admission criteria for NHS and Local Authority services leaves families struggling.



A lack of respite care, short breaks, support, or treatment available for people with ASC.

### One parent's story:

“I managed to get my child, who is 8 and currently going through the process of being assessed for potential autism, referred to CAMHS. My application was rejected twice. My child says concerning things (no one likes them, they're a let down, no one understands them, it would be better if they weren't here), and displays difficult behaviour at home. They've refused school for an extended time...My GP says there's nothing he can now do although he wishes he could. ...I want my child to get help so their behaviour doesn't deteriorate to the point that it blights their life. It worries me greatly that my child would either have to be self-harming or suicidal to trigger CAMHS involvement when there is a need right now. I don't want my beautiful, much loved, and bright child to reach that point when it could be avoided by getting help now.”

– Parent carer

## What difference did this make?

**In response to our report, Bedford, Luton and Milton Keynes CCG and Central Northwest London NHS Foundation Trust (CNWL) pledged a range of improvements. They have committed to:**



Immediately change the language of the local support offer, to provide services for children and young people with Autistic Spectrum Conditions. The language of condition rather than disorder is positively welcomed.



Milton Keynes Council is working on several projects to improve provision of short breaks, after school provision and holiday schemes for children with ASC and/or ADHD.



Establish more efficient pathways with partners including Milton Keynes Council to improve post-diagnostic support.



Streamline the referral process and CNWL will manage all referrals for neuro diversity diagnoses (ASC and ADHD) in-house.



Explore options for reducing CAHMS waiting times and work with partners to improve support whilst waiting.



Reduce referral waiting times by trialling new screening tools.



**Want to read the full report?**

[www.healthwatchmiltonkeynes.co.uk/news-and-reports](http://www.healthwatchmiltonkeynes.co.uk/news-and-reports)

## Falling through the gaps

**People often come to us when they are experiencing difficulties in accessing complex care pathways and need some help to navigate them.**

We heard from the mum of a young man with autism. Jake's\* autism means he has extreme hypersensitivity to pain and was struggling to get vaccinated against COVID. His mum asked the GP and community paediatrician for help, and was told there wasn't a local service that could help. Understandably, Jake's mum felt her son had the right to be protected against diseases just like everyone else.

We spoke directly to the NHS children's services commissioner who quickly put us in touch with the school's immunisation team. They arranged a visit where Jake could get his COVID vaccination, any other vaccinations he needed and a full physical health check, including a dental check, under sedation. The support was there for Jake after all, but it had taken our help to unpick the problem and connect to the right team. Sadly, this happens all too often for people who need more complex care and support.



"I don't expect service providers to know very much about autism and my son's need because this is such variable and multi-faceted condition. But all too often we come up against, 'he doesn't meet the criteria', or 'we don't offer this as a service', or we get bounced around from pillar to post.

So it's been totally refreshing to speak to someone who 'gets it' and is happy to work with us to give my son the kind of healthcare experience that most people take for granted. Thank you to the Immunisations Manager and Healthwatch for putting us in contact when all else failed."

- *Jake's mother.*

\* Jake's name has been changed to maintain confidentiality.



### What difference did this make?

We were able to use our knowledge of health services in Milton Keynes to facilitate Jake getting the personalised care he needed to protect himself against COVID - and have a full health check at the same time - in a way that met his needs.

We took Jake's story to the Bedfordshire, Luton and Milton Keynes Integrated Care System Governing Body Board to highlight both what did and didn't work well for Jake and his Mum. We emphasised to health leaders the need for health and care services to be tailored to individual needs. We also demonstrated the need for professionals to be knowledgeable about the support that is out there for their patients.

## Three ways we have made a difference for the community

**Across all areas of our work, we gather information about health inequalities by speaking to people whose experiences aren't often heard.**



### Menopause

**We helped women speak up about their experiences and understanding of menopause.**

We heard that communication between women and professionals around menopause can be poor. The complexities of both the condition and unique personal experiences of menopause were not reflected in conversations or treatment plans. We were told that when it comes to supporting women to manage their natural health transition, information is difficult to find, especially for those who go through surgical menopause. Our recommendations for enhanced menopause services in Milton Keynes were accepted by health leaders who will work to address them.



### Anchor Hanover retirement home

**We heard from residents at the independent retirement complex about their struggle for support during COVID and beyond.**

Many residents, although independent, are unable to travel. Unlike the direct GP support to care homes, residents at Anchor Hanover are still expected to attend GP practices and many had been struggling to get advice, particularly when accessing COVID vaccinations and support during lockdowns. We worked with the site manager and COVID vaccination teams to help residents access their 3<sup>rd</sup> primary dose of the COVID vaccination.



### Brooklands and GP access

**Change takes time. We often work behind the scenes with health and care services to consistently raise issues and push for changes.**

At the request of health leaders, we're working with Brooklands Health Centre to improve patient experience. We're collaborating with the Practice Manager and Patient Participation Group (PPG) to create a forum to set out service improvements and design solutions together, so that patients and staff can benefit.

# Advice and information

If you feel lost and don't know where to turn, Healthwatch Milton Keynes is here for you. In times of worry or stress, we can provide confidential support and free information to help you understand your options. Whether it's finding an NHS dentist, how to make a complaint or choosing a good care home for a loved one – you can count on us.

This year, the top four issues that you've contacted us about are:

- Accessing an NHS dentist
- GP access and care
- Mental health for young people and adults
- COVID vaccines





## Advice and information

**These are just two areas where hearing from residents of Milton Keynes has enabled us to make an impact, not just locally, but across the country.**

### The crisis in NHS dentistry

This year, we've had record numbers of people contact us asking how to get an NHS dental appointment.

The lack of NHS dental appointments is partly due to the way NHS dental care is funded nationally. The crisis has been exacerbated by COVID restrictions: dental practices had to close for a number of months resulting in a backlog of care, and there has been an increasing demand for services since they've reopened.

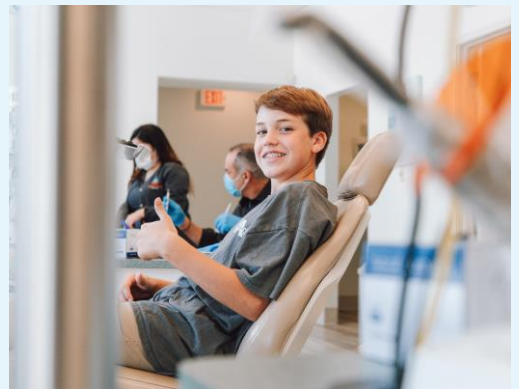


Image: Nate Johnson, Unsplash

### What did we do to help?



We signposted people in MK to the 111 service where they would be triaged for urgent appointments.



We created a dentistry information hub on our website with advice about how to get help. It's the most visited page on our website.

### Working behind the scenes

We met regularly with the East of England Dental Commissioning team to highlight the urgency of the problems our residents were facing.

We also collaborated with the Clinical Lead for East of England Dentistry and the Local Dental Council to ensure that patients who required more complex treatments were able to access them within the NHS.

We provided reports to Healthwatch England on the experiences and challenges faced by our residents. This has supported them to challenge the availability issues of NHS dental care at a national level. They continue to campaign for better access to NHS dentistry across England.

We wrote to our local MPs to ask that they highlight the issue at a parliamentary level. We received responses from the Director of Primary Care and Public Health, and the Parliamentary Undersecretary of State for Primary Care and Patient safety. Some additional national funding has been allocated to NHS dental care. However, there is still more support needed to alleviate the pressure on dental practitioners and provide equitable access for everyone.

## Correcting COVID vaccination records



During the pandemic, many of us got used to 'checking-in' our locations in public spaces, such as the library or when out for dinner. Many of us needed to interact with the NHS App to demonstrate our COVID vaccination status when we booked in to have our boosters, travel by plane and even to visit relatives in care. But where do you turn when your records are wrong?

We had a flurry of calls and emails from residents who realised they had missing or incorrectly entered vaccination records. This was preventing them from being able to book for second and booster doses of the COVID vaccination, or get hold of their NHS vaccination passes, and they were struggling to resolve the issue on their own.

We contacted our local COVID vaccination operations team who introduced us to both the regional and national vaccine operations centres. Both teams recognised that this was becoming a far-reaching issue. It was also undermining trust in the NHS vaccination programme.

We worked with the system performance leads in each of the centres and provided evidence of incorrect or missing records. Thanks to our evidence, they were able to identify the issues causing the inaccuracies and resolve them.

In an impressive demonstration of collaborative working, action by the regional and national teams led to improvements at the National Vaccine Data Resolution Service, and calls to us about this issue dropped significantly.



**Looking for more information on COVID vaccinations?**

[www.healthwatchmiltonkeynes.co.uk/advice-and-information](http://www.healthwatchmiltonkeynes.co.uk/advice-and-information)

[www.blmkccg.nhs.uk/covid-19/](http://www.blmkccg.nhs.uk/covid-19/)

# Our activities and impact

At Healthwatch Milton Keynes, every year we undertake Enter and View visits, and listening events to help us get to the heart of your health and care experiences. We want to know: what matters to you? What changes could make a difference to your health and wellbeing?

This year, we focused on:

- The health inequalities you're experiencing
- How families were ending up in emergency care departments
- Care improvements for people with Autism
- What you have to say about young people's mental health
- Experiences of living in care homes
- How accessible are our health and care services?



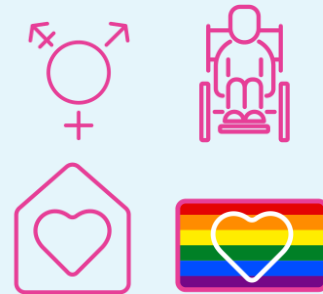
Image: Danny Nee, Unsplash

# The health inequalities you're experiencing

**When people talk about access to a health or care service being a 'postcode lottery', they are really describing inequality.**

## What is health inequality?

Health inequalities are the unfair, avoidable, and systemic differences in personal health, the health services available, and health outcomes (how people keep their level of health or how their health is improved by treatment), between different groups of people. These inequalities are often so deeply embedded within society that they can be hard to see as anything but 'normal' or 'natural'.



## Health inequality in action

- During 2016–18, the rate of women dying in the UK during pregnancy, or up to one year after, was more than four times higher for Black women, and almost double for Asian women, when compared to White women.
- The risk of developing diabetes is up to six times higher in South Asian groups than in White groups.
- Deaths from COVID among people from ethnic minority backgrounds were two to four times greater than those of the White population.
- People with learning disabilities have 15–20 years' shorter life expectancy and 38% die from avoidable causes.



"I was laughed at and outed to strangers about my transgender status at the hospital."

**Survey respondent**



## In Milton Keynes

- Men and women living in the least deprived parts of MK enjoy over 11 years more in good health than those living in the most deprived areas.
- A baby boy born in MK in 2019 can expect to live for 79.1 years and a baby girl for 83.1 years.
- Babies born in the most affluent parts of MK will live around 7.5 years longer than those born in the most deprived areas. This gap has widened over the last five years for women.

## What did we do?

Between July 2021 – March 2022, we spoke to over 600 people at listening events across Milton Keynes. Our aim was to explore peoples' experiences, their understanding of what health inequalities are, and listen to ideas about how to reduce these inequalities.

- Men and women from Black, Asian and Eastern European backgrounds, and residents with sensory impairments report that they have to have several appointments with a GP to receive the right diagnosis, treatment and care because of language and communication barriers.
- Trans people, residents with existing mental health conditions and/or autism from both Black and White backgrounds reported feeling judged, or having health and wellbeing concerns dismissed as issues related to their mental health or their autism.
- Trans people and women with gynaecological conditions from both Black and White backgrounds reported that they weren't treated as the 'expert' of their own body when seeking diagnosis and support. They frequently felt they had not been heard or listened to by health professionals.
- People with special educational needs, ADHD, autism, carers and people with existing mental health conditions reported challenges when trying to get the right assessments and support. This affected people from Black and White backgrounds, and respondents reported feeling like their age and financial circumstances were factors.
- People on low incomes, and women from Black and White ethnic backgrounds reported that poverty played a big part in their unequal access to health services, healthy food and dental care,
- Trans people and women from a diverse range of backgrounds reported finding it difficult to get the right information and advice from healthcare professionals.

## Our recommendations

We set out three key recommendations to health leaders:

- Ensure that every patient or service user, across all services, is offered the support they need to be able to understand the information being given to them through compliance with the Accessible Information Standard.
- Include Diversity and Inclusion training for all staff across all services, with access to regular refresher courses.
- Health leaders should address the issue of diagnostic overshadowing, ensuring approaches are embedded to improve person-centred holistic care across the Bedfordshire, Luton and Milton Keynes health and care system.



Read our full health inequalities report at:  
[www.healthwatchmiltonkeynes.co.uk/news-and-reports](http://www.healthwatchmiltonkeynes.co.uk/news-and-reports)



## Urgent and emergency services: how do families end up there?

**Pressures on our emergency services have never been greater, and as Milton Keynes recovers from COVID, we've seen record numbers of patients seeking help from their GP.**

The Children, Young People & Maternity Services at Bedfordshire, Luton and Milton Keynes Clinical Commissioning Group asked us to speak to people attending our local Urgent Care and Paediatric A&E. The aim was to better understand why so many parents were arriving directly at acute or urgent care settings for help, rather than going via their GP practice.



Image: Jelleke Vanoot, Unsplash



**More than 50%**  
of people we heard from  
had attempted to seek  
medical advice before  
attending the urgent  
care service.

### We spoke to 400 people across the two settings and found that:

- **Access to advice from a nurse in schools may be missing:** In A&E most parents had been contacted by their child's school and advised to attend A&E.
- **Many patients don't use emergency services as a first stop:** Over half of the patients at the Urgent Care Service had attempted to seek medical advice before deciding to attend.
- **Triage at GPs might help to reduce attendance at emergency services:** Almost all respondents had tried to make a GP appointment first. Most had been told by their GP practice to go to urgent care without any triage conversation about their concerns first.
- **Public awareness of how pharmacists can help could improve:** No one we spoke to had sought advice from a pharmacist.
- **Level of demand is having a knock-on effect:** All pre-bookable appointments with the paediatric team at the Urgent Care service were fully booked by early morning by GP practices referring patients into the service.

“

## What difference did we make?

Thanks to your feedback, we were able to provide insight that will improve pathways to care for children and their parents. Here's how Bedfordshire, Luton and Milton Keynes Clinical Commissioning Group (BLMK CCG) are taking things forward:



Your experiences were presented to clinicians across acute, community and GP settings. They now have a better understanding of the gaps in provision that result in visits to Urgent Care and Paediatric A&E.



BLMK CCG will now use our findings to enhance and strengthen their Winter communications and campaigns, to raise awareness of accessing NHS 111 online and pharmacies.



"The audit was very well received by our clinicians, it gave a really good snapshot of family experiences and the choices they are making around accessing services for their children."

**Sally Donnelly,**  
**Commissioner for Pathways of Care for the Ill Child**



If you've recently visited your GP, or local hospital, or used any health and care services in Milton Keynes we want to hear from you. Whether you've had a good or bad experience, we use your feedback to improve services for everyone and we have the power to make NHS leaders and other care providers listen to what you have to say. We're completely independent, impartial and anything you say is confidential. Our service is free, simple to use and can make a real difference to people in Milton Keynes and beyond.

**There are many ways you can get involved with Healthwatch Milton Keynes:**

[www.healthwatchmiltonkeynes.co.uk/have-your-say-and-share-your-health-experience](http://www.healthwatchmiltonkeynes.co.uk/have-your-say-and-share-your-health-experience)

## Care improvements for people with Autism

### “Its 2021 and still there’s no help for adults with autism.”

**In response to residents’ and service users’ feedback, we established a ‘Task and Finish’ group of the Healthwatch Milton Keynes Mental Health Partnership Board to review the support available to people with Autism Spectrum Conditions (ASC).**

The group was made up of health and social care professionals, service providers, family members and carers of people with lived experience of ASC. Members met four times and exchanged information, ideas, and intelligence to explore the gaps, opportunities, good practice and need for further research across Milton Keynes. The group used sections of the National Autism Strategy (2021) as a framework.

### What did we find?



We found that health professionals and the wider community needed a greater understanding of ASC as a neurological condition. However, some positive steps had been made in Milton Keynes: the mental health service have moved to a needs-led, rather than diagnosis-led service.



The need for appropriate and timely support for adults with an ASC diagnosis. Whilst there is a new service providing short-term support for people with a recent diagnosis, those diagnosed prior to the opening of the new service can’t access the support.



Referral pathways into support services were considered to be improving for children and adults would also benefit from a more simple pathway to support.



The group raised concerns about knowledge within some GP practices and patchy signposting to services and support available within health services and voluntary organisations.



#### Want to learn more?

[www.gov.uk/government/publications/national-strategy-for-autistic-children-youngpeople-and-adults-2021-to-2026/the-national-strategy-for-autistic-children-young-people-andadults-2021-to-2026](https://www.gov.uk/government/publications/national-strategy-for-autistic-children-youngpeople-and-adults-2021-to-2026/the-national-strategy-for-autistic-children-young-people-andadults-2021-to-2026)

## Our recommendations

The Task and Finish group set out recommendations to the Bedford, Luton and Milton Keynes Integrated Care System including:

- Expand opportunities for joint learning with the voices of people with Autism Spectrum Conditions at the centre.
- Design and embed celebrations of the many achievements and contributions which neurodivergent people make to Milton Keynes, and disseminate local examples of good practice.
- Improve communications on research, good practice, and support services across all Milton Keynes public sector organisations which directly connect with people with Autism.
- Seek funding to coordinate and expand training opportunities across all public sectors, including Probation and Prison, and promote training to the private sector starting with retail, hospitality, transport and IT (services/ manufacturers/ software developers).
- Use the recommendations of neurodivergent people and experienced service providers to seek trainers who 'know' our community.

**We will continue to monitor the improvements made to services for people with Autism Spectrum Conditions.**



Image: Sharon McCutcheon, Unsplash



Image: Alireza Atari, Unsplash



**Want to read the full report?**

[www.healthwatchmiltonkeynes.co.uk/news-and-reports](http://www.healthwatchmiltonkeynes.co.uk/news-and-reports)

## What you have to say about young people's mental health

### "A safe place to go." YiS Young People's Feedback Forum

In July 2021, we teamed up with YiS, who provide counselling, training and education for children and young people in Milton Keynes.

YiS wanted to make sure their services were meeting the needs of young people.

Approximately 150 young people provided their insights on services and on mental health more generally – especially during the pandemic – through two surveys and six focus groups.

We analysed the feedback and reported back on what young people were experiencing. COVID, education and work were the key concerns affecting participants' mental health. This was closely followed by relationships, family and friends.



92% of respondents said they had been concerned about their mental health at some point during the last six months.

The biggest priority for young people is to have a safe place to go. Young people said that it needed to be easily accessed within their community, unstructured – in that the young people have control over when they can come and what they can do, somewhere that they could truthfully express themselves without judgement. They said they would like it to be a comfortable space, not a sterile 'school hall' type environment – somewhere they could relax and take part in activities if they wanted, or where they could just 'be'.

### What difference did we make?

- YiS have promoted their services more widely, including increased social media content.
- YiS now work with other voluntary groups and parish councils to promote and share service information.
- YiS now hold outreach events and have stands at existing young people's/ health and wellbeing events, promoting awareness and understanding of YiS services.
- Wellbeing activities are now decided through social media polls to ensure young people take the lead. Options have included: arts and outdoor activity programmes, group wellbeing sessions, online drop ins and mindfulness.



## Experiences of living in care homes

**Residents and staff in care homes were exceptionally vulnerable to COVID. Care homes were subject to some of the toughest rules, which affected how residents connected with the world, their friends and families.**

Restrictions on visiting care homes during the pandemic also affected organisations involved in monitoring the care and experiences of residents and their families. The Healthwatch network and the Care Quality Commission (CQC) were no exception.

When restrictions began lifting, we were one of the first local Healthwatch organisations to collaborate with a Local Authority to develop a safe and effective joint working approach to visiting care homes.

Our authorised representatives visited 10 care homes with the Council's compliance team and heard from 45 residents about their experience of living in their care home during the pandemic.

All the residents we spoke to said they were fed up with being indoors and they missed seeing their family and friends. However, many told us how safe they felt within their home, praised how well restrictions were explained to them by staff, and praised the work of care staff who had ensured they kept physically and mentally active.



"I'm only keeping going because of [the carers].  
I would have given up if it weren't for them."

*Resident at Neath Hill care home*



### Key recommendations

Our authorised representatives have holistic conversations with residents who often share stories about their lives and their memories. Linking these conversations to the **MKC Dementia Friendly City** initiative, we made one consistent recommendation to all homes: that they consider developing a biography service as part of Reminiscence Therapy. This type of therapy is integral to supporting people with Dementia.

We received positive responses from care home managers. Many have shared ideas of how they will develop this within their activity programmes. Managers told us that they were looking forward to inviting their communities back into the homes and thought that this would be an ideal opportunity to recruit volunteers to help with this project.

## Highlights from care homes in our community

These are the common themes we found whilst conducting Enter and view visits.



People we spoke to were generally very appreciative of the efforts their care staff made to keep them safe and engaged.



We quickly alerted care home managers to small issues we found on the day of our visits and were able to have these resolved satisfactorily.



Staff helped residents keep in touch with families through technology such as video calls. Some homes were lucky enough to be able to organise virtual quiz nights competing with other care homes.



Some care homes had organised for families, or even local children's groups, to come and visit with residents through Garden facing windows. Most care homes had built very comfortable visiting pods.



Residents who were placed in care homes after a hospital stay during restrictions, found it harder to make friends once the isolation period was over.



There was a considerable difference in the way care homes interpreted and applied the, often unclear, guidance from the Government.



Care home staff told us they felt very unsupported by the wider health system: Video or phone GP consultations meant care staff had to perform medical checks for which they felt untrained.



Residents told us they had been well supported with information to help them decide whether to have the COVID vaccination.

# Our volunteers

We're supported by a team of amazing volunteers. Thanks to their efforts in the community, we're able to understand what is working and what needs improving in NHS and social care.

This year our volunteers have:

- Helped to carry out visits to emergency and urgent care services.
- Carried out digital research on local and national health and care issues.
- Helped us to deliver our listening events in the community



## Unsung hero: Jean Mattinsley, volunteer

**For 9 years, Jean Mattinsley has generously given up her time to volunteer with us. We felt it was time for her to enjoy the spotlight!**



“My nursing career began in 1954 at the age of 16, when I became a nursing cadet at the Canadian Red Cross Memorial Hospital in Bucks. After 18 months and with valuable lessons learned, I began my general nurse training at University College Hospital (UCH), London.

Three years later I became State Registered and began my midwifery training. This involved a mix of

nursing home-based and ‘on the district’ maternity care for local women. Yes, I was on a bicycle as per ‘Call the Midwife’!

I returned to UCH as a charge nurse and was later promoted to the post of Sister, but as was the custom then, I had to leave the hospital when I got married.

I worked at St. Albans City Hospital as a tutor in the School of Nursing for a while, and after the birth of our children, I trained with the Family Planning Association as a clinic nurse. I did this work for 30 years in Luton, the USA and Milton Keynes. I also became a Specialist Menopause Nurse, practising until the closure of all the clinics.”



“This City has been my home for 47 years – I love living here.”



### What do you enjoy most about volunteering with us?

My nursing career and knowledge of women’s health issues, including the menopause, mean I can make a genuine contribution towards improving local care. In the right forum, I try to draw on my experience both as a professional but also as a citizen.

### What are the health issues you’re most passionate about?

Unsurprisingly, women’s health is of particular interest to me, and everyone having access to excellent – and if possible ‘free’ – healthcare.

### What are some of the biggest changes that you’ve seen over the years?

Linking health and social care more closely has been a significant shift, and the formation of Clinical Commissioning Groups that control expenditure and services. Unfortunately, many Milton Keynes residents no longer know the structure of local health care. We are trying to change that.

### Where have you been able to make a real impact?

Being part of the team responsible for setting up our local NHS 111 service was memorable. More generally, speaking up on behalf of patients and carers in various forums. Sometimes they are in danger of being side-lined when major decisions about services are being considered.



# Connecting with our community

We may be a small organisation but the way we communicate makes a big difference. This year, we've partnered with patients, carers, charities, hospital teams, the Mayor – and even an award-winning restaurant – to deliver change for our city.





## Increasing our reach

**If residents don't know who we are, they can't tell us their experiences of health and care services, and we can't provide information signposting.**

That's why we've made it our priority to deliver reliable, consistent and relevant communications across Facebook, Twitter and Instagram, and our website.

We've grown and nurtured our community relationships across all our communications channels, and increased brand awareness so local people know how we can help.

In the last 12 months, thanks to a sustained focus on communications we've achieved:



**60% increase in visits to our website**



**Our combined social media reach has increased by 234% from 103,000 to 343,778.**



**92% increase in the number of people coming to us for advice and information about health services in Milton Keynes.**

## Accessible information from the NHS

**If you need information given to you in an accessible format, such as large print or in an alternative language, health and care services are obliged to provide this. This is called the Accessible Information Standard, and it's mandatory for all organisations that provide NHS or adult social care.**

However, research confirms that many patients are not getting the communication help they need. We joined the national Healthwatch 'Your Care, Your Way' campaign to empower local people to know their rights when it comes to asking for alternative formats.

We shared a Healthwatch England survey with local residents, healthcare professionals and our members. People responded through our website and on social media to share with us a variety of experiences where they had been disadvantaged and not informed about their own care, because their communications needs were not met.

Using feedback from people in Milton Keynes and across England, Healthwatch England made several recommendations for NHS England and other stakeholders to ensure health and care services fully meet people's communication needs and improve access.



**Want to know more about the Your Care Your Way campaign?**  
[www.healthwatchmiltonkeynes.co.uk/adviceandinformation](http://www.healthwatchmiltonkeynes.co.uk/adviceandinformation)

## Signposting, sharing and connecting

From April 2021 to March 2022, our targeted communications helped to achieve impact for local residents affected by certain health issues.

Spring



As the number of enquiries we received about finding an NHS dentist continued to rise, we put together a 'Dentistry information hub' on our website to make it easier for residents to know their options and where to go for help.



We collaborated with our Integrated Care System to give young people in Milton Keynes the opportunity to air their views on the COVID vaccine. Their feedback was used to enhance the local vaccine roll out.

Summer



Around 1 in 3 children develops bronchiolitis during their first year of life. With Autumn drawing closer, we supported Milton Keynes University Hospital to raise awareness of the symptoms and how to practise infection prevention to keep families safe.



We helped to bring radiotherapy closer to home by teaming up with NHS England and Improvement to gather views on a planned new radiotherapy treatment clinic for our community. Cancer patients currently have to travel out of the city for treatment.

Autumn



We distributed our health inequalities survey to over 37,000 households from our city's most deprived neighbourhoods. We gathered people's experiences of accessing health and care services and shared their feedback with our ICS.



Our CCG was planning big changes to IVF accessibility and gluten-free prescriptions. We shared the consultation widely with our members and residents to ensure maximum feedback from those affected by the changes.

Winter



We supported the national Healthwatch England campaign #yourcareyourway to empower patients to know their rights when it comes to additional communications needs, including interpreters and accessible formats.



At a series of wellbeing and 'women's monthly' community events, we empowered local minority ethnic women to know their rights and where to go for support on a range of health issues including menopause, breast screening, diabetes, HIV, and contraception.

# Finance and future priorities

**To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.**

Income		Expenditure	
Funding received from local authority	£158,644	Staff costs	£139,224
Additional funding	£18,835	Operational costs	£38,631
		Support and administration	£4,343
<b>Total income</b>	<b>£176,679</b>	<b>Total expenditure</b>	<b>£183,499</b>

## The year ahead: our priorities

Every year, we bring together the views and experiences shared with us through our phone line, email and listening events and match it against what the health and care leaders are focusing on in the year ahead. We will approach the priorities with different strands of activities, such as:

- Monitoring of service provider performance, CQC ratings and other regulator insight
- Running listening events and surveys and desktop research
- Awareness raising, advice and information and digital communications

### 2022-23 priorities

Monitoring residents' and families' experience of care in care homes

GP services – access, communication and the journey of self-care

Access to NHS dentistry

Inequalities in health and care

Cancer screening, care and treatment

Mental health services for adults and young people

Special Education Needs and Disabilities

# Message from the CEO

**Pandemic restrictions really affected how we could hear from residents. So, this year our mission was to get back out there in a big way, focusing on reaching those communities most affected by health inequalities and the impact of COVID.**

We've listened to women, LGBT+ communities and people from diverse ethnic backgrounds who face challenges to be understood and access equitable, personalised care. For people with autism, or a mental health condition, their concerns that professionals can't see through that particular diagnosis is concerning.

We're already building on last year's activities, working with the Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care System, other local Healthwatch in BLMK and the voluntary sector to gather more of your experiences. We also want to ensure that the new Integrated Care System develops concrete action to reduce the disproportionate health burdens many residents carry, simply because of who they are, where they live or their income.



Maxine Taffetani  
Chief Executive Officer

COVID has entered a new phase of unpredictable infection rates and multiple variants. Long COVID is also a real problem and immunosuppression is a reality for many. Recovery for the NHS and social care services will take time. Our organisation continues to face challenges in highlighting experiences of care to an exhausted and over-stretched NHS and social care professionals. That's why we are focused on working in strategic partnership with the Integrated Care System to develop best practice models of involving people and communities in designing services.



"An important critical friend, Healthwatch Milton Keynes has shared valuable insights into the experiences of people accessing a range of services. They're also an important member of our new Health and Care Partnership Board. We'll continue to work with Healthwatch MK to broaden our ambition and break down barriers to good health. Our system is richer for their involvement, and I look forward to cementing our relationship as the new Integrated Care Board establishes itself."

**- Rima Makarem, Chair of the Bedfordshire, Luton and Milton Keynes Integrated Care Board.**



# Statutory statements

## About us

Healthwatch Milton Keynes: 113 Milton Keynes Business Centre, Foxhunter Drive, Linford Wood, Milton Keynes. MK14 6GD.

We use the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.





## The way we work

### **Involvement of volunteers and lay people in our governance and decision-making.**

Our Healthwatch Board consists of 10 members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. Our board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Through 2021/22 the board and its committees met 11 times and made decisions on matters such as investing funds in additional staff for face-to-face activities and escalating public feedback on the provision of NHS Dental Care to Milton Keynes' MPs. We ensure wider public involvement in deciding our work priorities. We draw from experiences shared directly with us, and intelligence from the voluntary sector and digital community forums. We pull that evidence and insight together with what health and care leaders are focusing on. We then ask our members to propose our annual priorities, which are approved by the Board of Trustees.

### **Methods and systems used across the year's work to obtain people's views and experience.**

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of health and care services. During 2021/22 we have been available by phone, by email, provided a webform on our website, a WhatsApp text service, freepost service, attended meetings of community groups and forums and provided our own face-to-face, virtual and digital activities.

We are committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard by health and care decision makers. This year we have done this by, for example, concentrating our face-to-face activities in areas of high diversity and economic deprivation and delivering them in collaboration with community leaders.

We ensure that this Annual Report is made available to as many members of the public and partner organisations as possible. We publish it on our website, provide printed copies to our members and ask professionals and partners in the voluntary sector to make the report widely available.

### **Responses to recommendations and requests**

All providers responded to requests for information or recommendations. This year we made use of our Enter and view powers. All the providers we visited gave us full responses to our recommendations and other actions resulting from this area of activity. Where providers fell short of expectations we are working with the CQC and Milton Keynes Council to monitor improvement.

We did not escalate any issues or recommendations to the Healthwatch England Committee so there are no resulting special reviews or investigations.

## Health and Wellbeing Board

Healthwatch Milton Keynes is represented on the Milton Keynes Health and Wellbeing Board by Maxine Taffetani, Chief Executive Officer. During 2021/22 our representative has effectively carried out this role by supporting public involvement in the 2021-22 Pharmaceutical Needs Assessment and supporting the development of the Health and Wellbeing Board to take on the delegated functions and responsibilities of the Integrated Care System Milton Keynes Health and Care Partnership Board.

## 2021-2022 outcomes

Project / activity area	The impact of our work
<p><b>Raising awareness of seldom heard groups and health inequalities</b></p>	<p>We have an evidence base of experiences from more diverse communities.</p> <p>Our report on health inequalities in Milton Keynes informed more robust public engagement activities across Bedfordshire, Luton and Milton Keynes in 2021-22</p> <p>Our report into experiences of menopause is supporting ongoing work to improve awareness of menopause in health and care services, and workplaces.</p>
<p><b>Autism</b></p>	<p>Health leaders have been informed by our insights and are taking action to ensure that patients are not excluded from treatment because they are neurodiverse.</p>
<p><b>Parents' and carers' voices</b></p>	<p>Commissioners and service providers have committed to improving the way they include Parents and Carers in services they need.</p>
<p><b>Care homes</b></p>	<p>The work we've undertaken with Linford Grange care home has led to a safe, caring home for younger adults in Milton Keynes who need residential care.</p>
<p><b>Dentistry</b></p>	<p>Providing local experiences of poor NHS dental access supported Healthwatch England's call to action for additional government funding to increase appointment capacity.</p>



**healthwatch**  
Milton Keynes


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