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1 Introduction

The Joint Strategic Needs Assessment (JSNA) describes what we know about the health and wellbeing of people living in Milton Keynes.

The aim of the JSNA is to describe the current and future needs of the population, in order to inform future priorities.

The JSNA describes the range of factors that impact on health and wellbeing, including physical and mental health and the wider determinants of health, such as housing, employment, education, lifestyles, crime and disorder. It highlights key areas and issues regarding health and wellbeing in Milton Keynes, factors impacting on health inequalities and it outlines priorities for the future. It analyses a wide range of quantitative and qualitative data, and incorporates the views of both professionals and the community.

Co producing a JSNA has been a statutory requirement for all NHS primary care trusts (and thereafter all NHS Clinical Commissioning Groups) and local authorities since 2008 and it underpins the Joint Health and Wellbeing Strategy. This strategy provides a clear direction for commissioners to buy services that lead to a reduction in health inequalities and improve the overall health of the population.

A JSNA should be a dynamic document under continual review, updated as new information and challenges emerge. The current JSNA has been developed by a working group with membership from Milton Keynes Council, NHS Milton Keynes Clinical Commissioning Group, Healthwatch and Community Action:MK and has been informed by both statutory and voluntary groups. A programme of ongoing engagement with service users and their representatives will maintain the currency of the individual chapters.

Key resources used for the JSNA are (click to open):

- **Social Atlas for Milton Keynes**
- **LG Inform**, a site provided by the Local Government Association which presents summary reports and data about upper and lower tier local authorities (including ward level information). It includes **Health and Wellbeing Reports** for Milton Keynes. It also presents **Ward (2013) Comparisons of Health and Wellbeing** for Milton Keynes Borough
- Numerous health and social “profiles” from Public Health England, including **PHE Local Health**
- The Safer MK Strategic Assessment (which should be referred to as a part of the JSNA)
- Many documents are available on the **MKi Observatory website** which holds the pan-Milton Keynes data sources used to develop the JSNA

Full chapters with references and supporting reports on all the topics included in the JSNA are available online at **Milton Keynes Council Website**

Note that the local population is often benchmarked against the England average, since this is most often available. Since Milton Keynes enjoys comparatively low levels of deprivation, however, it is reasonable to expect most outcomes to be above the national average.
2. Population and Place

Milton Keynes is a mainly urban location with relatively low levels of deprivation and is considered to be a desirable place to live and work. Nationally, Milton Keynes ranks 181st out of 326 local authorities in England for deprivation. However, this average rating masks pockets of significant deprivation that fall into the 10% most deprived areas nationally. This particularly affects large parts of the previous Woughton Ward and parts of Eaton Manor Ward and Fullers Slade Estate.

2.1 A growing population

In 2014, Milton Keynes Borough was home to 259,250 people. It was the 14th fastest growing local authority between 2004 and 2014 with a growth of 18.1%. The population is expected to continue to increase by another 50,150 (19.3%) by 2026.

The population is growing due to increasing life expectancy, a rising birth rate, and net inward national and international migration. Since 2004, Milton Keynes Borough has experienced major inward migration from the European Union Accession countries, particularly Poland and Lithuania. Numbers entering the borough peaked in 2005/06 and in subsequent years have fluctuated.

The number of people registered with the 27 Milton Keynes General Practices was 283,844 in January 2016. Over the next 10 years (2015/16 to 2025/26), the number of births is projected to increase by 100 p.a. to around 4000.

2.2 A changing age profile

The number of people in each group is growing at a different rate, but overall, the age of the population of Milton Keynes is increasing more than the England average. Most significantly, the population over 85 years of age is forecast to increase by 95% from 3,635 in 2010 to 7,060 in 2026. In 2012 there were 29,500 people aged 65 and over in the borough, and this number is expected to increase by 82.8% to 53,900 by 2026. The corresponding increase nationally is 33.3%.

However, the Milton Keynes population age profile is younger than that for England as a whole and is set to remain so. In 2014, 24% of the Milton Keynes population was aged under 16, compared with 20% in England.

2.3 People and diversity

The Equality Act 2010 stipulates that due regard is given to characteristics such as ethnicity or race, religion, sexual orientation, disability, age and gender by the Public Sector in discharging all its functions. Full knowledge and understanding of those population characteristics is essential to provide appropriate services.

- Over 26% of people living in the borough are from a Black and Minority Ethnic (BAME) background (Census 2011), but almost 37% of the school population belongs to an ethnic group other than White British (School Census January 2014). Over 100 different languages are spoken and 1.5% of the population do not speak English well or at all.

- For people with a disability, this means continuing to look past the purely medical issues and understanding the social barriers they might face. Also, it means understanding the diversity of disabilities between those with sensory, mental, learning, physical and neuro-spectrum impairments.

- Having due regard to certain characteristics requires services to have a positive approach to those differences and understand how services can be tailored, for example to meet religious needs, recognise same-sex partners or carers, or support people in different stages of life.

Cohesive communities are more likely to identify with and be satisfied with their local area as a place to live, be more self-reliant and are less likely to be users of public services, including health services. There is high satisfaction with Milton Keynes as a place to live. A high
proportion of people also feel that in their local areas, people from different backgrounds live happily alongside each other. Social networks are good for health and reduce death rates.

**Key messages:**
Despite lower levels of deprivation, life expectancy is lower in MK than the national average.
This is primarily due to more deaths from respiratory disease and cancer.

### 2.4 Inequalities

Life expectancy at birth is a good overall indicator of health and wellbeing. In Milton Keynes the average life expectancy at birth (2012-14) has increased steadily over the past decade and is currently 79.1 years for men (78.4 in 2009-11) and 82.6 years for women (82.6 in 2009-11). This is 0.3 years below the national average of England for males and 0.5 years (statistically significantly for the last 3 years) below for females.

The main diseases that are causing the differences in life expectancy between Milton Keynes and England are, in order of importance for both males and females, respiratory diseases including pneumonia and chronic obstructive pulmonary disease (COPD); and cancer.

Geographically there is a range of life expectancy within Milton Keynes, with a statistically significant gap between the most deprived 10% and the least deprived 10% of the population. This gap has been slowly narrowing for men, but not women.

Life expectancy in 2012-14 is now 6.5 years lower for men (8.0 years in 2009-11) and 6.3 years lower for women (6.4 years in 2009-11) in the most deprived areas of Milton Keynes compared to the least deprived areas. This compares to 7.4 years for men and 5.6 years for women for the East of England average.

Wards with the lowest life expectancy (2008-12) for both men and women are Woughton and Eaton Manor, followed by Wolverton for men and Walton Park for women.

The main diseases that are causing the difference in life expectancy within Milton Keynes are, for males, coronary heart disease, lung cancer and COPD. For females the main causes are all main cancers (breast, lung, bowel) and COPD.

**What this means:**

Demographic change means that service providers must analyse and understand the effects of these changes on their services and adapt accordingly.

Efforts to reduce premature death should focus on reducing smoking.
3. Life in Milton Keynes

Milton Keynes compared to England:
Greater economic activity overall but lower educational achievement in adulthood, with higher proportions of some disadvantaged groups suffering overcrowding and family homelessness, and repeated incidents of domestic violence.

Wider determinants
There are a number of factors that have an impact on an individual’s health and wellbeing, including income, employment, education and the place in which they live. Understanding the local situation and the relative impact of individual level factors and societal factors is crucial to identifying what needs to happen to have the greatest positive impact on health and wellbeing across Milton Keynes.

This is particularly important for those areas and populations that are considered more deprived.

Prevention and early intervention
It is widely accepted that the upstream activities of prevention and early intervention are preferable for the individual and less costly to society than the downstream consequence of having to manage a disease, stop unhealthy behaviours, etc. However, when finances are tight it is easier to cut preventative measures. The impact of cutting preventative measures is less immediate and therefore the effect of cuts less apparent. Across the country, high level changes to create closer organisational alignment such as the development of Health and Wellbeing Boards and the Better Care Fund are facilitating a shift to prevention and early intervention but progress to date has been slow. The majority of services for the population of Milton Keynes are co-terminous e.g. most of the population is served by Milton Keynes Council and Milton Keynes Clinical Commissioning Group. This is a real asset that we should exploit to the advantage of the local population.

3.1 Housing

People’s homes are an important factor in their health and well-being. Poor housing quality is linked to higher risk of accidents, as well as a greater likelihood of illness related to cold and issues such as damp, mould and poor hygiene. General “mould and cold” within damp homes (often as a result of fuel poverty) in particular has been shown to increase the rates and severity of respiratory infections, asthma, allergic rhinitis and atopic dermatitis. Older people are particularly vulnerable to the effects of inadequate heating or cooling of their homes.

In Milton Keynes, poor quality housing, overcrowding and fuel poverty are generally concentrated in parts of the more deprived wards and are most prevalent amongst owned and private rented accommodation.

Key messages:
Most people in Milton Keynes enjoy a high quality of life but the proportion of residents living in adverse circumstances is higher than expected.

Milton Keynes has one of the lowest levels of fuel poverty in England and Wales but 6.3% (6408) of households in Milton Keynes are living in fuel poverty, spending more than 10% of their income on fuel to heat their home satisfactorily.

Fuel poverty tends to be more of an issue in rural areas and those areas with high levels of private rented accommodation. In Milton Keynes fuel poverty is most prevalent in Wolverton, Stony Stratford, Woughton and Fishermead.

Overcrowding in Milton Keynes is increasing at a faster rate than for the rest of the South East. This is a particular issue for families with an increase of 7.5% compared to 5.8% in the South East.

The number and rate of family homelessness in Milton Keynes has increased over the past 3 years and is significantly higher than the national average. Families occasionally have to be housed on a temporary basis, and where this housing occurs outside of Milton
Keynes this can cause immense disruption to education, employment and family life.

By the end of 2014/2015 the Council had accepted a full duty to 682 homeless households, compared to 84 in 2009/10. This involved children in around 70% of the households. At the end of 2014/15 there were 115 households in temporary accommodation, compared to 143 in 2010/11.

The Council is increasing its supply of accommodation particularly for homeless households, and has a new strategy, RegenerationMK, to reduce inequalities within the Borough.

3.2 Employment
There is correlation between unemployment and poorer physical and mental health and wellbeing.

Milton Keynes has a higher economic activity rate at 76% compared to the England average of 70%. Economic activity includes both people in employment and those who are unemployed, but actively looking for work.

Milton Keynes Borough currently has unemployment rates that are similar to the England average. The unemployment claimant count rate (narrow measure) in Milton Keynes peaked during the recession to its highest level of 4.7% in August 2009, but fell to 1.6% in September 2015 compared to 1% in the South East Region and 1.7% UK wide. Rates of employment vary by ward with the highest rates in Woughton, Eaton Manor, Campbell Park, Wolverton and Denbigh.

Milton Keynes residents earn on average £21 per week more than the England average of £521. However, residents earn an average of £8 less than people who live outside of, but work in Milton Keynes. This suggests that there are better paid jobs available in Milton Keynes but residents outside of Milton Keynes are considered more suitable candidates.

Health of employees is a major factor in an organisation’s competitiveness. There is strong evidence that work-based health promotion programmes, led from the top and with staff involvement, have a positive impact on stress levels, sickness rates and overall employee health and wellbeing.

In 2014, 67% of Milton Keynes residents (aged 16-64) were employed (both within and outside of Milton Keynes). In Milton Keynes there were 159,330 jobs available to employees across 13,000 workplaces.

It is estimated that full time employees alone in Milton Keynes take approximately 614,800 days off sick annually and the cost impact of sickness to Milton Keynes’ businesses from full time employees alone is more than £13 million annually.

3.3 Education and skills attainment
In 2015, 80% of people in Milton Keynes achieved Level 2 qualifications, the same as the England average. Compared to the England average of 54%, 52% of Milton Keynes pupils achieved 5+ GCSEs A*-C, including English and Maths in 2015. Milton Keynes is only one of four South East local authorities with GCSE attainment figures above the national average for pupils eligible for free school meals. For 16+ students the percentage of pupils achieving at least 3 A level results at A*-E is below the national average at 69% compared to 77% in England in 2015.
3.4 Arts, Heritage and Libraries

Arts, Heritage and Libraries offer a variety of well-being benefits for individuals and groups. In a landscape where the focus is shifting towards prevention and community involvement in dealing with health and wellbeing, the arts, heritage and libraries offer opportunities to tackle a number of issues that affect population health and wellbeing such as mental wellbeing, social isolation and unemployment. Evidence shows that arts and creative activities can have significant therapeutic effects and improve essential skill sets, impacting positively on health and wellbeing.

3.5 Transport

The need for a car to access work and services (including shops, healthcare and leisure) varies according to the availability of alternative transport. In Milton Keynes, there is a higher than average car ownership with only 19% of households not having access to a car, compared with 26% nationally. However, in some parts of the borough, such as Coffee Hall (66%), Beanhill (60%) and Netherfield (56%) levels of car ownership are much lower. Ensuring adequate alternate transport is critical to economic and social inclusion, as well as quality of life.

Older people are more likely to live in rural areas and since car ownership is often lower among older people but their requirements for services, particularly health services may increase, service provision needs to take account of potential access issues.

79% of Milton Keynes residents work within the borough and around 40% of journeys to work are less than 5 kilometres, within easy cycling and walking distance. Bicycle ownership is also high yet, cycle usage is low. Promotion of active travel and related infrastructure has the potential to impact positively on health and wellbeing.

Air pollution can cause a range of adverse health effects and is estimated to reduce life expectancy in the UK by an average of 7-8 months per person. The major source of air pollutants in Milton Keynes is from road traffic emissions. Air quality in Milton Keynes is generally good with only Olney having a defined Air Quality Management Area. The impact of increasing the number of dwellings on the air quality should be minimised by encouraging cleaner, more sustainable and active methods of transport.
3.6 Crime

The level of crime or fear of crime is a major influence on quality of life, and ranked as the most important concern reported by Milton Keynes Borough residents in the Place Survey. In Milton Keynes a total of 19,730 crimes were reported in 2014/15. Most types of crime are decreasing compared with previous years, with the notable exception of Sexual Offences which have risen both locally and nationally. This is thought to be due to increased reporting rather than occurrence.

Anti-social behaviour (ASB) can have a significant impact on wellbeing through its impact on quality of life, fear of crime, and people’s satisfaction with their neighbourhood and wider community. The neighbourhoods with the highest levels of ASB are those with a strong night time economy such as Central Milton Keynes, Bletchley and Newport Pagnell.

In 2015-16, reports of Domestic Abuse fell slightly compared with the previous year (from 6918 to 6792). Cases of repeat domestic abuse, have increased to 57.7% of all cases.

Domestic abuse in the family home impacts upon the whole family. Although not all of the children living in a home where domestic abuse is happening may have witnessed the incident, it has a significant impact on children and young people.

3.7 Environment

Recognised as potentially the biggest threat to health in the 21st Century, recent climate change projections for Milton Keynes suggest that summer and winter temperatures will increase, and extremes of heat-waves and drought will become more common. The impact of these severe weather hazards is likely to be felt greatest amongst the socially vulnerable communities in Milton Keynes i.e. older people, people living in areas of higher deprivation, the sick and the young.

Furthermore, climate change is already contributing and is therefore important in improving health and wellbeing. Although Milton Keynes has a relatively considerable amount of green space, not everyone lives close to a natural open space.

What this means:
Continue to shift resources to prevention and early intervention.
Continue to focus on reducing inequalities and residents at risk of poor outcomes.

3.8 Implications for the future

The main recommendations arising from this chapter are:

• To promote active travel such as walking and cycling
• To promote the benefits of workplace wellbeing programmes to local businesses
• To improve the quality of housing, focussing on areas of greatest need
• To reduce homelessness by focussing on prevention and early identification of those at risk
• To consider the role of arts, heritage and libraries in improving health and wellbeing
• To focus on prevention of violent behaviour with a particular focus on domestic abuse and sexual abuse
4 Starting and Developing Well

4.1 Starting Well

Milton Keynes compared to England:
Outcomes are good for most of the measures available for the 72,000+ children aged 0-19 in Milton Keynes, but there is considerable variation within the borough.

Breast feeding rates are higher, smoking in pregnancy is lower, uptake of immunisations and early education is higher, and the proportion of children with a good level of development at age 5 is higher. Educational attainment is better at the end of infant level but GCSE and A level performance is poorer. Pupil absence is lower, however, and relatively fewer young people are not in employment, education, or training.
The rate of hospital admission for diabetes, asthma or epilepsy is higher but the rate of admission caused by alcohol is lower.

Every child deserves the best possible start in life and support to fulfil their potential
A child’s experience in the early years has a major impact on their future life chances and is crucial to reducing health inequalities across the life course. Starting well is about meeting needs from pregnancy to birth and through the first few years of life.

Infant mortality rates have been average but increased in 2013
In 2012-2014, the infant death rate in Milton Keynes was 5.4 deaths/1,000 births, which is statistically significantly higher than the national average of 4.0 per 1000 births. This is being investigated but is likely to be explained at least in part by differences in coding practice.

Ensuring high quality maternity care with early antenatal assessment, increasing breastfeeding rates, reducing maternal smoking, child poverty and teenage pregnancy rates, and improving immunisation uptake are important actions required to address infant mortality.

Healthy mothers are more likely to have healthy babies and a mother who receives high quality maternity care through pregnancy is well placed to provide the best possible start for her baby. The percentage of women accessing antenatal care early has increased, with 90% receiving early assessment in 2014/15. However, there is significant variation in access across the borough.

In 2014/15, 73.1% of new mothers in Milton Keynes initiated breastfeeding, close to the national average of 74.3%. 52.6% were still breastfeeding at 6-8 weeks, which is better than the national average of 43.8% but efforts to increase it further continue.

Smoking in pregnancy (2013/14) is low (11.1% of pregnant women) compared to the national average (12.05%), but its negative impact on mother and baby can be further reduced by early access to good antenatal care.

Poverty and life chances form an intergenerational cycle and a lack of income and material resources in the early years adversely affects early development, which impacts on cognitive, emotional and behavioural capacities, and the ability of children and young people to achieve through their education.

In 2015, 19% of children under 16 were living in poverty in Milton Keynes. This is just below the England average of 19.2%. Approximately 18% of the overall Milton Keynes population and 18% of children and young people aged 0–15 years live in areas that are amongst the 30% most deprived in England.
percentage of pupils eligible for Free School Meals is another indicator of poverty. In 2015, 11.2% of children in Milton Keynes claimed Free School Meals. Since not all eligible children claim Free School Meals, the percentage of eligible children will be higher.

Annual under-18 conception rates in Milton Keynes have been generally declining since 1998. Rates are around the England average. Conception rates in the under 16s declined in the period 2009 to 2012 but remained stable between 2012 and 2014. In the latest year, it is significantly below the England rate. Children and young people who are already disadvantaged have an increased risk of teenage pregnancy.

Levels of childhood immunisation and vaccination coverage in Milton Keynes are generally higher than the national average. In 2014/15, 90.8% of children had received two doses of MMR vaccination by age 5 years, which was the first time the 90% target was achieved. The national average was 88.6%.

**Early Years development is improving and now better than the England average**

Children's early years' development has a huge influence on a child reaching his/her potential.

In the Early Years (0-5 years) Foundation Stage, 67% of children (provisional 2015 results) achieved a good level of development, compared to the national average of 66% and 49% for Milton Keynes in 2013. The achievements among children with free school meal status was still lagging 18 percentage points behind the Milton Keynes average, but was the same as the national average (2013-15). Almost 5,000 three and four year olds are taking advantage of funded nursery places. Under the newly introduced statutory duty to offer funded places to disadvantaged two year olds, over 1,000 targeted places were offered. The referral rate for disadvantaged two year olds funded places has doubled since last summer.

There is a widespread need for some level of parenting support for most parents. However, the level of support required is greater in our areas of highest deprivation as well as amongst families looking after a disabled child, or for those families where there is parental disability, or other specific challenges.

### 4.2 Developing well: 5 to 19 years

Developing well is about understanding the needs of the population between the ages of 5 and 19. This includes understanding the anticipated needs for children and young people in schools and colleges, and the developing health of this age group.

**Pupil numbers are increasing**

An increase in pupil numbers has been forecast for each year between 2015-18, as a result of rising birth rates and inward migration driven by housing growth. As at January 2015, mainstream schools catered for a population of 44,397 pupils aged 4+ to 18+. This is expected to rise by approximately 30% over the next decade.

**Educational attainment gap and employment for young people needs to be an area of continued focus**

Outcomes for pupils have been consistently improving in both primary and secondary schools. However, some groups of young people have much lower school achievements than the Milton Keynes school population as a whole, which remain a priority for improvement:

- Boys at Key Stage (KS) 4
- Pupils eligible for free school meals across all key stages
- Pupils with special educational needs
- Children in care or leaving care
- Black Caribbean pupils at KS2, Black African, Black Caribbean and Pakistani pupils at KS4

GCSE results are also worse for children from some wards with high deprivation.

**Key messages:**

Most children in Milton Keynes experience good levels of health and wellbeing but this varies considerably across the borough. Early identification and intervention in children at risk such as those in families with domestic abuse and/or problems of drugs and alcohol, can prevent further harm and improve their long term outcomes.
At the end of Key Stage 1 (end of infant phase) reading, writing and maths assessments are 85%, 74% and 84% respectively for pupils achieving level 2B+, which is greater than both our 2014 figures and the 2015 national figures of 82%, 72% and 82%.

At the end of Key Stage 2 (end of junior phase) 80% of pupils in Milton Keynes have achieved the level 4B+ benchmark for combined results in reading, writing and maths. This compares with 79% last year and against the 2015 national figure of 80%.

The key measure at the end of Key Stage 4 in secondary schools is the percentage of young people who achieve 5+ A*-C GCSEs, including English and Mathematics. In 2015, 52% of pupils achieved this level, compared to 54% nationally. For 16+ students, the percentage of pupils achieving at least 3 A level results at A*-E are below the national averages at 69% compared to 77% in England in 2015.

Over 80% of settings and schools inspected by Ofsted in 2013/14 are evaluated as “good or better” and by October 2014 no school in Milton Keynes was rated as “inadequate”. The local School Improvement Framework, Being the Best (June 2013) continued to focus on schools in intervention, brokering support through Teaching School Alliances and other school to school support.

Deprivation is well known to have an impact on pupil’s attainment at school. In Milton Keynes, only 27.1% of children eligible for Free School Meals achieved 5 GCSEs at grade A*-C (including English and Maths), compared with 33.3% of children eligible for Free School Meals nationally and 54.7% of non-eligible children locally (2014/15). The absolute GCSE attainment gap between pupils eligible for free school meals and non-eligible pupils was 27.6 percentage points, similar to the national gap of 27.9 percentage points.

Pupil absence in Milton Keynes has decreased from 5.4% (2011/12) to 4.43% (2013/14), becoming lower than the rate for England.

In January 2014, 4.8% (423) of young people in Milton Keynes Borough were described as not in employment, education or training (NEET), compared to 5.1% in the South East and 5.3% across the country as a whole.

Unemployment is highest in the most deprived wards (Woughton, Eaton Manor, and Campbell Park).

Focused work is required to support children and young people to make healthy lifestyle choices as this will impact upon their health throughout life

We know that lifestyle behaviours in early life will often be carried through to adult life. These behaviours include diet, exercise, alcohol and substance misuse and sexual health.

8.9% of 4-5 year old children and 19.4% of Year 6 pupils are defined as obese compared to a national average of 9.1 and 19.1% respectively (2014/5). Although obesity levels for children have been increasing over the past decades, the rates have been stable for the past four years in Milton Keynes and are similar to the England average rates. Levels are disproportionally higher in the lower socio-demographic, socially disadvantaged groups and in some ethnic groups.

Physical activity has both immediate and long term benefits for physical and psychological wellbeing. National physical activity statistics (2012) indicate, using self-reported data, that only 32% of all children in England between the age of 2 and 15 are meeting the recommendations for physical activity. In Milton Keynes, more than 5% of 5-16 year olds do not
participate in physical activity, the lowest rate among Milton Keynes’ seven statistical neighbours. Increasingly, higher percentages of local children travel by car to school.

Lower income groups in Milton Keynes are significantly less active (16%) than those on a higher income (28%) and there is a clear correlation between sport and physical activity levels across the gradient of deprivation within Milton Keynes.

Alcohol and substance misuse is a growing concern for children and young people because of the profound effect it can have on their physical and emotional health, education and family life. This includes children living with parents where alcohol and substance misuse is an issue. More of Milton Keynes pupils think that solvents are always unsafe.

The number of young people under 18 admitted to hospital as a result of a condition wholly related to alcohol (such as alcohol overdose) has reduced over the last five years and is significantly lower than the England average (2011/12-2013/14).

Rates of emergency admissions for lower respiratory tract infection and unplanned hospitalisation for asthma, diabetes and epilepsy among children were significantly higher than the English average in 2014/15.

The oral health of local children continues to improve. The level of tooth decay in five year old children was the same as the England average (2012) whilst hospital admissions for dental caries in the under 5s were significantly lower than the national average (2012/13 – 2013/14).

Research has indicated that there are growing links between offending behaviour and alcohol and drug taking by young people. Drug and alcohol problem themselves do not occur in isolation, but are often related to other social problems. Evidence suggests that young offenders have higher rates of drug and alcohol use and misuse, in comparison with the general public.

The number of first time entrants to the criminal justice system and the number of young people (aged 10-17) receiving custodial sentences in Milton Keynes shows a reducing trend and has been around the national average for the past four years.

A significant proportion of children and young people known to the Milton Keynes Youth Offending Service have unmet health needs. It is crucial that the progress that has been made, both locally and nationally, in addressing the health needs of young offenders is maintained, and in relation to general health needs particularly, extended.

The level of positive results among all those testing for Chlamydia is consistent with the England average (2014). This confirms an effective approach to screening locally. Untreated Chlamydia infection can lead to long term health problems, including infertility.

Good mental health and wellbeing is critical

The mental health and emotional wellbeing of children and young people is just as important as their physical health. Good mental health allows children and young people to develop the resilience to cope with whatever life throws at them and grow into well-rounded, healthy adults. Investing in services and support for young people not only reduces misery and loneliness, but saves millions in future costs to the criminal justice system, the National Health Service, education and social care.

There are an estimated 3,753 children aged 5-16 with a mental health problem in Milton Keynes (2014). The predicted number and percentage that will have emotional disorders is 1,437 (3.5%), conduct disorders 2,261 (5.4%) and hyperkinetic disorder (severe Attention Deficit Hyperactivity Disorder) 638 (1.5%).

Children and young people with learning disabilities, some of whom will be in care, have high rates of mental health problems and behavioural difficulties. Hospital admissions for mental health conditions in children (0-17) are not significantly different from the England average.
It is imperative that we improve mental health and wellbeing for all children, due to the long lasting negative impact of mental health illness. Of those with a lifetime mental illness 50% will experience their first symptoms before the age of 14 years and 75% by their mid-twenties. This requires action in three key areas, ensuring a good start in life, strengthening emotional resilience and wellbeing, and detecting and treating illness early.

The early prevention components of the current Tier 1 and 2 mental health services provision in Milton Keynes are areas that should be further strengthened.

Increased support at early stages is important. It can prevent mental health illness from developing or reduce the severity of existing mental health illness by intervening early. This will both improve mental wellbeing of the population, through acting early, and also reduce costs associated with the need to treat more severe mental health illness. In Milton Keynes, parental drug and alcohol misuse, along with domestic abuse and parental mental ill-health, make up ‘the toxic trio’ of issues most likely to place children and young people at risk of abuse and/or neglect.

Children born to mothers who experience antenatal stress, anxiety or depression are more likely to experience emotional difficulties themselves. The early identification of poor maternal mental health and provision of interventions is also critical.

Vulnerable Children and Young People are at increased risk of poorer outcomes

Children who are looked after are amongst the most vulnerable groups in society and are at an increased risk of poor health and education outcomes, both of which need to be improved in Milton Keynes. This includes timely access to appropriate health services, including specialist and mental health services, consistent access to appropriate health information and promotion, and ensuring appropriate arrangements are in place for the transition from child to adult health services.

The number of children in Milton Keynes’ care (CiC) increased from 305 in March 2014 to 339 in March 2015. Overall numbers of CiC have been fairly stable over the last four years and remained below the national rates, despite an increasing local child population. They are projected to increase by 30% between 2012 and 2026.

The Children and Families Act (2014) introduced reforms to the systems for adoption, Looked After Children, family justice and special educational needs.

The special educational needs and disabilities (SEND) reforms involve a new approach which seeks to join up support across education, health and care, from birth to 25. Help will be offered at the earliest possible point, with children and young people with SEND and their parents or carers fully involved in decisions about their support and what they want to achieve. This will help lead to better outcomes and more efficient ways of working.

Children and young people with disabilities and their families face distinct and challenging issues that require a range of dedicated and specialist responses from public services. Children, young people and families’ needs are unique to them; they can be complex and change over time. The challenge for services is to understand these needs and develop a flexible and responsive system around them to provide support. The Special Educational Needs and Disability Code of Practice provides guidance to Local Authorities, Health Organisations, maintained schools, early education settings and others on carrying out their statutory duties to identify, assess and make provision for children’s special educational needs.

All providers delivering care for children with disabilities in Milton Keynes are reporting an increase in demand. Milton Keynes has a very low number of children subject to formal child protection plans compared to other Local Authorities.
In 2011 there were 625 carers under the age of 16 and this number is estimated to increase to 700 by 2016. Young carers and sibling carers look after someone in the family who has a disability, an illness, or is affected by mental health or substance misuse. For sibling carers this means a brother or sister and they may be supporting the adult primary carer in the care needs of their sibling. Inappropriate levels of caring impact on a child’s own emotional and physical health as well as their educational achievement and life chances.

Child sexual exploitation is a major child protection issue for communities across the UK. Any child or young person may be at risk of sexual exploitation, regardless of their family background or other circumstances. This includes boys and young men as well as girls and young women. However, some groups are particularly vulnerable. These include: children and young people who have a history of running away or of going missing from home, those in and leaving residential and foster care, those with special needs, migrant children and young people, unaccompanied asylum seeking children and young people, children and young people who have disengaged from education, those who are abusing drugs and alcohol and those involved in gangs. Poor mental health is associated with sexual abuse and exploitation in childhood.

**What this means:**
Continue to focus on reducing inequalities and children most at risk of poor outcomes.
Identify vulnerable children at an early stage.
Increase emphasis on educational achievement at secondary level.
Build resilience in young people so that they are best equipped to manage adversity and seek support appropriately.
4.3 Implications for the future

- Ensure early intervention and prevention to tackle the underlying risk factors for infant mortality. Outcomes for maternal obesity, smoking in pregnancy and breastfeeding can all be improved through targeted interventions and services. Ensure appropriate antenatal care is offered for the increasing number of pregnant women from BME groups.

- Ensure that a Maternal Obesity programme is offered to all pregnant women who have a BMI of 30+.

- Implement the broad range of interventions from the Milton Keynes Obesity strategy.

- Ensure that the transition from children’s services to adult social service is person-centred and managed efficiently and effectively.

- Reduce the educational attainment gaps between vulnerable and disadvantaged groups/pupils eligible for Free School Meals and non-eligible pupils with a focus on early years foundation stage, key stages 4 (GCSE) and 5 (A levels).

- Respond to the placement needs of current and future children in care and care leavers, in line with the Milton Keynes Council Placement Sufficiency Plan 2014-17.

- Develop and maintain effective services and interventions that prevent the most vulnerable children and young people in our community from experiencing additional difficulties, prevent them from suffering significant harm, and change their long term outcomes.

- Take account of the new legislative requirements to support the Special Educational Needs and Disabilities (SEND) reforms, the Milton Keynes Council review of commissioned Early Help services, and consider the needs of the increasing number of children with complex social and behavioural difficulties that do not meet the threshold for CAMHS intervention.

- Fully implement the Disabled Children’s Charter, including the development and implementation of a multi-agency data set to inform the commissioning and planning of services.

- Increase effective multi-agency, integrated working and delivery between health, local authorities and schools to deliver improved outcomes for children and young people (for example mental health services).

- Ensure the early identification of poor maternal mental health, helping children become more resilient, and increasing early identification of children who are at risk of poor mental health.

- Ensure that children and young people have access to appropriate services.

- Ensure that domestic abuse in families with children and young people is identified as early as possible, and improve support to the whole family to reduce repeat incidents.

- Tackle child sexual abuse by ensuring all agencies working with children and young people are aware of risk factors, signs of abuse and exploitation, and what to do if they suspect that it is taking place.

- Ensure that children are supported to make healthy lifestyle choices and reduce risky behaviours such as smoking, drug and alcohol abuse and early or unsafe sexual activity. This should include the provision of high quality Personal Health and Social Education (PHSE) teaching in schools, a comprehensive 5-19 Healthy Child Programme, delivery of early intervention programmes such as ‘HENRY’ (Health, Exercise, and Nutrition for the Really Young) and the provision of appropriate drug and alcohol services for children and young people.

- Provide high quality and consistent training programmes for professionals working with young people on reducing risky behaviours, developing social and emotional behaviour and promotion of appropriate local services.
Reducing avoidable premature deaths is key to living well

Milton Keynes compared to England:
Outcomes are generally similar to the national average. There is a lower rate of premature death from stroke but a higher rate of premature death from lung disease. Fewer residents feel supported to manage their conditions. Residents are more likely to be overweight or obese, be admitted to hospital for some alcohol related admissions, and, if HIV positive, to be diagnosed late.

The lifestyle choices people make have a direct impact on their health e.g. smoking, physical inactivity, poor diet, consumption of excessive alcohol or drugs. People with all four of these unhealthy behaviours die on average 14 years earlier than those with none of the behaviours. Forty percent of premature deaths are attributed to these behaviours. These choices are strongly influenced by their families and communities. Our challenge is to communicate risks in a way which engages with both individuals and their whole community.

The Longer Lives analysis (Oct 2015) showed that Milton Keynes had a slightly higher rate of overall premature mortality (deaths under 75 years of age) compared with England. Although the rate has fallen year-on-year, there were still 342 people in every 100,000 population dying prematurely in the period 2012-14 (England average 337/100,000). When compared to local authorities with similar levels of deprivation (and Milton Keynes is relatively affluent) Milton Keynes has higher premature mortality overall for the major killers of cancer especially lung cancer, heart disease and lung disease.

Contributors to premature death

Premature deaths from lung disease, including lung cancer, are a concern. In Milton Keynes in 2012-2014 there were 1,100 (42%) premature deaths (688 males and 412 females). The primary causes of premature death in men were cancers (34.3% of premature deaths), circulatory disease (29.2%) and liver disease (8.8%). In women, the top causes of premature death were similar to men, all cancers (51.6%), circulatory disease (16%) and respiratory diseases (10.9%).

The main focus of this Living Well part of the JSNA is on how to reduce these avoidable, premature deaths.

5.1 Minimising the risk of developing long term conditions

Increasingly people are living with a long term condition that can be managed but often cannot be cured. The two key factors influencing the number of people with long term conditions are lifestyle (smoking, poor diet, low physical activity, alcohol) and ageing. Giving up smoking, reducing alcohol intake, increasing physical activity and trying to eat more healthily are 4 practical activities which would significantly reduce an individual’s risk of disability and premature death.

While the proportion engaging in three or four of these unhealthy behaviours has declined in recent years,
reductions have been mainly in higher socio-economic groups and those with higher education levels. Helping people to make healthy lifestyle choices will minimise the development of long term conditions such as hypertension, diabetes, chronic obstructive pulmonary disease (COPD), dementia, heart disease, stroke, multiple sclerosis, epilepsy, and Parkinson’s disease. A third of visits to GPs and a fifth of all hospital admissions are related to neurological conditions. However it is projected that the current prevalence of long term conditions will substantially increase further, even with improvement in lifestyles.

An estimated 19.1% of adults in Milton Keynes are current smokers, which is just above the national average of 18%.

Rates continue to be higher in the most deprived areas and are higher still in some vulnerable groups, such as people with poor mental health and offenders. Smoking accounts for over half of the difference in risk of premature death between the least and most well off. Helping people to stop smoking is one of the most cost effective ways to improve healthy life expectancy, reduce avoidable hospital admissions and reduce health inequalities. A successful local stop smoking service with a high quit rate should remain a key intervention to improve the health of the Milton Keynes population.

More than one in three people will be diagnosed with cancer in their lifetime. Much cancer is preventable and the main risk factors are tobacco use, being overweight, unhealthy diets and drinking excessive alcohol.

Obesity in middle-age shortens life expectancy on average by 2 to 4 years, or by 8 to 10 years in those who become morbidly obese. This is as a result of the significant health risks associated with obesity such as diabetes, high blood pressure, cardiovascular disease and some cancers.

Increasingly fewer people are physically active in their everyday lives or engage in physical activity for leisure, although there is good evidence that physical activity improves both physical and mental health. The Foresight Report (2007) predicts that without taking effective action, almost nine in ten adults and two in three children will be overweight or obese in 2050. In Milton Keynes, adult physical activity of moderate intensity has slightly increased over the last five years. However participation in adult sport has decreased.
In Milton Keynes over a quarter of adults (26.1%) are obese. According to a national population survey, the adults of Milton Keynes have one of the highest excess weight rates (69.1%) of the country.

Drinking alcohol above the recommended limits directly impacts on health; people are at increased risk of liver disease, cancer, stroke and heart disease and a wide range of other social and health issues.

More than 25% of the population aged 16 and over in Milton Keynes is estimated to drink above the recommended guidelines, and there are 3,298 dependent drinkers in Milton Keynes who would benefit from alcohol treatment. Nearly one in five adults in drug treatment also cites additional problematic alcohol use.

The alcohol related admission rate is increasing but still below national average other than for cardiovascular alcoholic-related admissions and so is the death rate from preventable (alcohol, obesity, hepatitis) liver disease. Drug dependency is a complex health disorder with social causes and consequences. It is estimated that around 949 people in Milton Keynes use opiates or crack cocaine, around half of whom are aged 25-34.

Smoking rates are generally lower in minority ethnic groups (although rates are higher for some groups such as Bangladeshi and Pakistani males). Most minority ethnic groups have lower rates of alcohol drinking than people from white backgrounds. Many adults from minority ethnic groups have healthier eating patterns than the white population, but unhealthy diets and low levels of physical activity can be more common among those of South Asian origin.

5.2 Identifying long term conditions early and managing them effectively in Primary Care

People with long term conditions are consuming about 70% of the health and social care budget, including community hospital and acute care services, 50% of all GP appointments and 70% of inpatient bed days. Early identification and good management will reduce the progression of these conditions and loss of independence.

Around 18% of the Milton Keynes population are living with one or more long term conditions, over 11,482 have diabetes, 6,522 have coronary heart disease and almost 4,000 have chronic obstructive pulmonary disease and 7,671 have neurological conditions such as Parkinson's disease, Epilepsy and Multiple Sclerosis.

Long term conditions are more common in more disadvantaged communities and happen earlier in life. Their lives are therefore not only shorter, but they also experience many more years in ill health.

Having two or more long term conditions is linked to higher death rates, more hospital admissions, reduced quality of life and higher levels of depression.

Certain ethnic groups are at increased risk of some long term conditions. People from South Asian backgrounds for example are at higher risk of heart disease, strokes and diabetes.

Many long term conditions are preventable–lifestyle changes could prevent half of all cancers and more than half of new cases of cardiovascular disease.

NHS Health Checks is an example of programmes that reduce the risk of longer term consequences. High quality primary care programmes can deliver good blood pressure and cholesterol control for patients diagnosed with coronary heart disease and stroke. Good blood sugar control in patients diagnosed with diabetes is another priority for Milton Keynes. Overall, in 2014/5 the proportion of people who felt supported to manage their condition was in the bottom 25% of CCGs.

NHS Health Checks provide an assessment of an individual’s future risk of vascular disease and referral on
to preventative services or treatment for those at high risk. This check is offered five-yearly to every person aged between 40–74 years who has not already been identified as at high risk, providing for example, an ideal opportunity to find those who have undiagnosed hypertension and diabetes.

Furthermore, NHS Health Checks provide advice on staying healthy. In the period 2013/4 to 2014/5, approximately 40.9% of the eligible population in Milton Keynes were been invited for a Health Check and 22.9% of those took up the offer which is significantly poorer and better than the national rates of 48.9% and 18.6% respectively, a picture repeated in the most recent published quarter (Q3 of 2015/6).

It is estimated that of those with hypertension, only about half have been diagnosed. This leaves a proportion of people potentially unaware and untreated and therefore at increased risk of cardiovascular disease. There is also a gap between diagnosed and expected prevalence for atrial fibrillation, another risk factor for stroke. Similarly, about a third of cases of diabetes are estimated to be undiagnosed. Lower than expected prevalence may indicate a healthy population or that there is unrecognised disease in Milton Keynes.

Awareness and early diagnosis of cancer should be improved, especially through primary care. ‘Be Clear on Cancer’ campaigns started in 2011 to raise awareness and early diagnosis of cancer locally, regionally and nationally of the symptoms of cancer.

If current trends continue, by 2030, the number of people in Milton Keynes aged 18-64 who have a moderate physical disability is predicted to be 14,112, an increase of 14.5% from 2014. The number of people aged 18-64 with a serious disability will be 4,220, an increase of 17.8%. The number of people aged 65 and over who are unable to manage at least one self-care activity on their own is expected to rise to 19,578 in 2030, from 10,331 in 2014 – an increase of 47%. The number of people aged 65+ with a limiting long-term illness whose day to day activities are limited a lot will rise from 7,527 in 2014 to 14,210 in 2030 – an increase of 88%. This is not inevitable, at least some of this progression can be averted or delayed through efforts in primary and secondary prevention.

5.3 Good mental health and wellbeing needs to be a priority

Good mental health and resilience are fundamental to our physical health, relationships, education, training, work and to achieving our potential.

There is a strong association between mental illness and deprivation and also between mental ill health and reduced life expectancy. Males with mental illness die on average 16 years earlier and women with mental illness die 12 years earlier than those without mental illness. Cardiovascular disease and cancer account for 75% of this reduction in life expectancy. Around one in four people aged 18-64 suffer from a mental illness at any one time, of which the most common is mixed anxiety and depression (9% population), followed by general anxiety (4.4%) and depression (2.3%).
Mental health conditions account for almost one quarter of ill health in the UK, more than either cancer or heart disease, and their prevalence is rising. Mental illness accounts for about 11% of total NHS spend almost double the expenditure on cancer services. Mental ill-health is the largest single cause of disability and is the most common reason for claiming health-related benefits.

Adults with mental health problems are one of the most socially excluded groups in society. People with a long term condition or disability are least likely to be included in mainstream society.

Around 27,000 adults in Milton Keynes are estimated to have a common mental health disorder (anxiety, depression, obsessional compulsive disorder) and 12,000 to have two or more psychiatric disorders.

Between 2012 and 2021, there is a predicted increase of 10% in the number of people in Milton Keynes who will have a mental health problem. This suggests that in 2030, 37000 people will have a common mental health problem.

Suicide rates in Milton Keynes are statistically similar to the England and South East average. Those at greatest risk continue to be middle aged males.

Improving outcomes for people with poor mental health must remain a commissioning priority. This includes improving the physical health of those with mental health illness by ensuring good access to healthy lifestyle support, supporting employers to participate in Workplace Health initiatives and by signposting to relevant resources. Increased understanding will reduce the stigma of mental ill health. By promoting good mental health and intervening early across the life course we can help prevent mental illness from developing, and reduce its effects when it does.

5.4 Protection from Infectious Diseases

Forty percent of people consult their doctor every year because of an infection like the common cold, flu, food poisoning, sexually transmitted infection (STIs) and even more serious infections like tuberculosis (TB) and HIV.

In 2014/15 the uptake levels for those under 65 at risk of flu (who are eligible as have a long term health condition) in Milton Keynes was 49% compared to 50.3% nationally. Flu vaccination uptake for people aged 65 and over had an uptake of 72.8%, close to the national average of 72.7%. Seasonal increases in flu cases occur annually and the possibility of an influenza pandemic at any time during the year remains a threat. An ageing population makes people more vulnerable to the effects of influenza.

The TB incidence rate in Milton Keynes has decreased from 14.8 per 100,000 population to 12.9. Between 2012 and 2014, a total of 99 cases were reported in Milton Keynes. Previous data showed that the majority of cases were among Black African, Indian and Bangladeshi ethnic groups.

Milton Keynes continues to be an area of high HIV prevalence as defined by the Health Protection Agency. There has been a year-on-year increase in the numbers of residents in Milton Keynes diagnosed with HIV. By the end of 2014, 2.97 per 1,000 15-59 year olds resident in Milton Keynes had received a diagnosis of HIV (468 cases). A HIV test is now offered to everyone registering for the first time at a general practice. Except for HIV, for which proportion of cases diagnosed late is significantly higher than the national average, the levels of sexual transmitted infections in Milton Keynes are low.

Excellent progress has been made in the reduction of infections, such as MRSA (methicillin-resistant Staphylococcus aureus) and C. difficile (Clostridium difficile) in recent years, but there remains much work to do to strengthen infection control in care homes, increasingly important in an ageing population.
5.5 People with Particular Needs are not getting enough support

People with Learning Disabilities and Autistic Spectrum Conditions

Learning Disability (LD) includes the presence of a significantly reduced ability to understand new or complex information, and to learn new skills (impaired intelligence); with a reduced ability to cope independently (impaired social or adaptive functioning); and childhood onset of such difficulties which are lifelong.

Whilst this generally accepted definition can be used to describe this population group, there is considerable diversity in terms of ability and support needs among this group of people. Some may be able to live relatively independently with only minimal amounts of support, whereas others may require high levels specialist support 24 hours a day in order to survive.

The estimated number of Milton Keynes residents, aged 18 and over with an LD is 4,607 people and expected to increase to 4,957 in 2020. Mild LD is the most common (84%), the least common is profound and moderate learning disability (3%) and 13% have moderate LD. Based on national data it is predicted that 883 (0.47%) Milton Keynes residents aged 18 and over with LD should receive services. The actual number known during 2014 was 763 (0.37%), which is significantly lower than the average for England. The majority of people have mild LD and are not known to health or social services.

People with LD can and do lead fulfilled lives and at least half of the adults with LD remain living in their family home all their lives. However, they are often discriminated, disadvantaged, and have fewer life fulfilling and economic opportunities. People with learning disabilities have more difficulty than others in recognising ordinary health problems and getting treatment for them. They are at significantly higher risk of early, preventable death than other groups with an average life expectancy of 55 years. They are particularly affected by four conditions: obesity, diabetes, cardiovascular disease and epilepsy.

Nationally, the reported prevalence of psychiatric illnesses among adults with learning disabilities varies widely between 10% and 39%. In Milton Keynes the age group 18-29 years old use local authority services the most and 88% of these are of white origin.

Autism is a lifelong developmental disability that affects how a person communicates with, and relates to, other people. It also affects how they make sense of the world around them. An estimated 1% of the national adult population is on the autistic spectrum, which equates to 1,905 adults in Milton Keynes. The prevalence is higher in men (1.8%) than women (0.2%).

Adults with Autism Spectrum Conditions are reported to have reduced access to employment, adequate housing, health and leisure services.

Prisoners and People in Custody

Her Majesty’s Prison Woodhill, situated in Milton Keynes, provides the services to the local Crown and Magistrates courts and is housing around 800 Category A prisoners. Oakhill is a secure training centre housing young people aged 12-17 years from across the country who are remanded in to a secure setting or meet the criteria for a custodial sentence.

In general, prisoners tend to have poorer physical, mental and social health than the general population. Mental illness, drug dependency and infectious diseases are common health problems but in older prisoners, long term conditions are at least as high as in the general population.

Some of the issues faced by young people appearing in court are already present at first or early contact with criminal justice agencies. This suggests that early help to focus on problems such as parental supervision, support to cope with bereavement and loss and services to tackle violence in and around the home would help to reduce the risk factors that lead to both the onset and persistence of offending.

Armed Forces

The Armed Forces Covenant signed by Milton Keynes recognises that the whole nation has a moral obligation to members of the armed forces and their
families, and establishes how they should expect to be treated.

It is unknown exactly how many ex-service personnel there are and where they are living in Milton Keynes and what their health and wellbeing needs are.

According to Census 2011 there were 200 residents in Milton Keynes employed in Armed Forces and 885 individuals who receive an Armed Forces Pension Scheme, but this will underestimate the true number.

5.6 Implications for the future

Ensure a focus on prevention and early identification of ill health, in order to manage increasing demand. Commission services with a focus on reducing health inequalities and allocating resources in relation to identified need across the whole population.

- Reduce smoking prevalence by promoting uptake of stop smoking services. This will tackle the leading causes of early death and the leading cause of health inequalities.
- Invest further in:
  - Prevention of obesity by promoting physical activity and a healthy diet to reduce existing health inequalities and prevent future ill health, especially in children e.g. through facilitating opportunities for active travel.
  - Better obesity treatment at tiers1-3 as outlined in Healthy Weight Strategy 2014-19.
- Increase opportunities to prompt healthier lifestyles e.g. through Every Contact Counts, Health Checks programme, and utilising social marketing techniques.
  - Increase the capacity of the ‘identification and brief advice’ alcohol services across primary and secondary healthcare. Run alcohol awareness campaigns, ensure license regulations are adhered to, and prevent the irresponsible selling of alcohol.
  - Deliver good quality universal drugs and alcohol education through the Personal Social and Health Education curriculum, and ensure that children affected by parental alcohol and drug misuse are identified early with high quality support available to meet their needs.
  - Implement the recommendations of the Milton Keynes HIV Needs Assessment: increasing early identification and treatment, particularly through continued and improved routine HIV testing for hospital admissions and new GP registrants.
  - Intervene to reduce the predicted high rise in the level of long term conditions in our population, investing in prevention by supporting healthy lifestyles across all age groups and improving health outcomes in people in the early stage of disease by promoting self-care.
  - Ensure our population receives the maximum benefit from a higher uptake of immunisation and screening programmes, including universal childhood vaccinations, targeted vaccinations such as Hepatitis B, pneumococcal and influenza (including frontline health and social care workers) and screening programmes such as bowel cancer, Hepatitis B/C and HIV.
  - Joint commissioning and planning and increased collaboration between teams and organisations who are working with vulnerable residents who have complex needs, to maximise resources for local residents – e.g. Supporting Families Programme.
  - Commission person-centred integrated health and social care through frontline teams and services working together, empowering people to develop a level of expertise which enables them to self-care.

What this means:
Reduce rates of smoking.
Promote better diets and physical activity.
Reduce risky drinking.
Tailor messages and services to specific groups as necessary.
• Review and redesign care pathways according to best evidence.
• Ensure case management services are better utilised and targeted.
• Develop a joint NHS and Social Care commissioning strategy for wider use of telehealth/telecare and invest in it.
• Recognise the interdependence of physical and mental health: address the mental health of people with long term conditions and improve the physical health of people with mental illness e.g. offer smoking cessation, alcohol drinking advice, health checks and weight management advice.
• Develop a commissioning strategy for neurological services to provide a framework and action plan.

What are the priorities for mental health?
• Improve access to and quality of mental health promotion and services.
• Work within schools and other settings to build self-esteem and resilience in young people.
• Improve access to a range of psychological therapies in primary care as part of a stepped care model.
• Invest in the promotion of physical health of people with serious mental health illness through promoting physical activity, advice on alcohol consumption, nutrition, stop smoking services and cancer screening promotion.

What are the priorities for Infectious Diseases?
• Increase the flu immunisation uptake further in all eligible groups in particular those aged 65 and over, pregnant women and those with risk factors like long term conditions.
• To ensure that infection control in healthcare settings continues to drive down the numbers of health care associated infections.
• To ensure that people in high risk groups for Hepatitis B and C have access to appropriate testing and treatment services.
• To ensure that robust systems are in place for the early diagnosis and treatment of HIV.
• Improving uptake of universal childhood immunisation programme, Pneumococcal vaccination coverage.

What are the priorities for learning disabilities?
• Design services that enable people to be independent members of the community, making their own decisions, with access to the same opportunities as the rest of the local population e.g. Assistive technology, access to direct payment.
• Extend LD annual health checks to all GP practices and follow up work to ensure health check information is acted upon.
• Identify people with LD in general through hospital statistics and reduce emergency admissions.
• Improve access to cancer screening.
• Work to address difficulties experienced by people with learning disabilities in the Criminal Justice System.
• To increase the number of 18-64 year olds receiving direct payments.
• Develop the Transforming Care Partnership with partner authorities to improve services locally for people with a Learning Disability and/or Autism and mental health conditions and/or behaviour that can challenge services.
What are the priorities for people with autism?

- The Milton Keynes Adult Autism Implementation Plan has five priorities for action. These are:
  - Improve diagnosis and assessment
  - Training, information and awareness
  - Life transitions (Education, Employment, Adults Services and Health)
  - Understanding local needs
  - Explore and identify resources and support for those not eligible for social care services.

What are the priorities for prisoners and people in custody?

- Identify vulnerable children at an early stage to enable effective early intervention alongside the criminal justice and children and family services.
- Improve the health of our prison population through both ensuring access to general health services and focusing on the specific needs of prisoners:
  - Increasing the detection and treatment of blood borne viruses (Hepatitis B/C and HIV)
  - Increase the rate of uptake of sexual health screening
  - Increase detection rates and support for those with learning difficulties and disabilities
  - Ensure the mental wellbeing of all prisoners by providing robust mental health service that includes mental health promotion and suicide and self-harm reduction
  - Provide a high quality substance misuse service that has high abstinence as an outcome.

What are the priorities for the Armed Forces?

- Ensure that NHS and social care staff are aware of their obligations under the Armed Forces Covenant and provide up-to-date advice and information and disseminated regarding regional and national support
- Establish what services can be provided locally and how local services can be adapted so they are delivered as per the national and local covenants.
In 2014 there were estimated to be 32,285 people aged 65 and over living in the borough, and this number is expected to increase by 50% to around 51,000 by 2026. The population over 85 years of age is forecast to increase from less than 3,890 to more than 7,000 by 2026. The older age groups are increasing faster than the national average but as a whole, the Milton Keynes population is set to remain younger than the national average.

**Meet the demand for health and social care among older people**

The demand for health and social care among older people will increase steadily as a result of population growth, ageing and longer life expectancy. Current trends predict increasing numbers of people will have multiple complex conditions and this is becoming the norm for older people. In particular, more frail people will need a high level of support from health and social care services, including higher levels of person centred care and case management. The age group aged 85 and over have the highest health and social care needs.

The number of people aged 65 and over with a limiting long-term illness is set to rise substantially over the next 20 years and will be an estimated 27,000 by 2030. Increases of 100% or more are also predicted for stroke, diabetes and chronic obstructive lung disease.

**Milton Keynes compared to England:**

Despite faster growing numbers of people at older ages, predictions for the next 20 years show the population is expected to remain significantly younger than the England average.

Premature mortality from lung disease and admissions for smoking-related disease are higher.

Carers' health related quality of life is lower.

**Meeting housing and accommodation needs**

There is expected to be an increase in the numbers of people across all age bands with a serious disability, hearing or visual impairment but in particular among the older population. At the same time, age at retirement is rising.

Disability is an umbrella term covering impairments, activity limitations and participation restrictions. A disability may be physical, cognitive, mental, sensory, emotional or developmental, or a combination of any of these.

The Milton Keynes Strategic Housing Market Assessment Update 2013 found a higher proportion of households in Milton Keynes claiming a disability-related allowance than the average for the South East region, similar to the England average. The main health problems experienced were walking and mobility problems, diabetes and difficulties due to old age or frailty.

The impact of disability on the individual can be wide ranging and complex. Disabled people are significantly more likely to experience unfair treatment at work, difficulties in accessing goods and services, social exclusion and isolation, mental ill health and some level of prejudice. Often disabled people are dependent on others and their patient confidentiality maybe compromised, for example through blindness or deafness.
There will be a growing need for good housing, underpinned with timely and good quality support services to enhance older people's health and wellbeing, and provide better outcomes for vulnerable people. Where older people cannot remain in their family home there is a need for accommodation that supports their personal care and medical needs.

Different degrees of care support and other needs mean the housing offer has to include a range of suitable accommodation for older people with sufficient choice.

While initiatives like Lifetime homes and ExtraCare accommodation offer choice to some, there has to be continued focus to more appropriate community based services, to promote the principle of reablement and enablement.

**Reducing the reliance on hospital services**

Hospitals have experienced a 37% rise in emergency admissions over the last ten years. Milton Keynes had a significantly higher than average overall emergency admission rate for the period 2008-13 and in particular for chronic diseases. Smoking-attributable admissions have been significantly higher than the national average in the period 2009/10 to 2014/5. People over the age of 65 account for 65% of all hospital admissions and an increasing number are frail or have a diagnosis of dementia. Many older people admitted to hospital have multiple and complex needs. Hospital buildings, services and staff are not well equipped for such needs. People therefore find they are moved through a number of different wards, which has been shown to add to the overall length of stay in hospital. The gaps in provision are exacerbated during the out of hours period where not all services are available. Information sharing and joint management arrangements are not tools used systematically by providers to support people in their journey, providing commissioners with an opportunity to improve partnership working and communication.

**Joined up services**

The lack of integration, communication and collaboration between the services provided for older people presents significant implications for both older people and for health and social care as resources become scarcer. Older people often struggle to know which services they need, whether they meet acceptance criteria or how to access them. Under the Care Act 2014 the Local Authority has the duty to promote integrated working.

More integrated working between health and social care, as well as the expansion of reablement services in the community, are needed to help maximise independence, particularly when access to a range of services is required, either to recover from a health episode or respond to a change in circumstances. Recent national guidance under the Better Care Fund provides another opportunity to achieve better joined working across health and social care. The proportion of people with a delayed discharge from hospital, the proportion discharged from hospital for rehabilitation, and the proportion of these who have avoided hospital admission in subsequent months is closely monitored.

**Maintaining independence is critical to ageing well**

Physical activity is important for maintaining older people’s independence, as they should be encouraged to remain as active as possible and minimise time spent being sedentary.

Most people want to remain in their own homes as they grow older, but very often this depends on support from family members or specialist services. Swift response to care needs can enable people to remain at home with some short term support and avoid an unnecessary and unwelcome stay in hospital. Timely and good quality care closer to home can prevent unnecessary hospital admission, as well as support people when they are discharged from hospital.

Older people often find it difficult to access services.
Shifting the balance of care from institutional to personal solutions, and having joined up services which offer more effective support for people in their own homes, including widening the use of telecare, extracare and specialist equipment to promote independence is central to this.

Social isolation and lack of support networks are damaging to the health and wellbeing of older people. Communities play an important part in helping to reduce social isolation and providing support networks for older people. Initiatives that capture and utilise social capital, like the Village Care Scheme, are aimed at improving these local networks and helping communities find local solutions to common issues.

**Most older people do not develop mental health problems, but those who do can be helped**

Mental health problems, particularly depression and anxiety, are present in around 30% and have a worse outcome in the 60% of older people who suffer from longstanding illnesses.

Depression is the most common mental health need for older people and the prevalence rises with age, to as high as 40% for people aged 85 years. Women are more often diagnosed with depression than men. At any one time, around 10-15% of the over 65s population will have depression and 25% will show symptoms of depression. The prevalence of depression among older people in acute hospitals is 29% and among those living in care homes it is 40%. More severe depression is less common, affecting 3-5% of older people.

Two-thirds of older people with depression never even discuss it with their GPs, and of the third that do discuss it, only half are diagnosed and treated. This means of those with depression only 15% are diagnosed and receiving any kind of treatment. Even when they are diagnosed, older people are less likely to be offered treatment than those aged 16 to 64.

The total number of older people with depression in Milton Keynes is estimated to be around 6,800.

**Two significant mental health related issues for older people are:**

Alcohol - Up to 25% of older adults seen by health professionals have an alcohol problem. About 1 in 3 older people with alcohol problems only start drinking excessively in later life. Up to 30% of older people who abuse alcohol become depressed.

Dementia - Milton Keynes population is predicted to have a significant rise in the number of older people over coming years, and it is estimated that the total number of people in Milton Keynes with dementia will continue to increase and will be 3,250 by 2021. Dementia increases sharply with age to one in six over the age of 80. It is important to recognise that many more people than this will be affected by dementia, in particular, family carers.

Only about 60% of the estimated prevalence for dementia has a formal dementia diagnosis in Milton Keynes and can therefore benefit from access to support services that can improve the quality of life for people with dementia and their carers, and increase their independence as the condition progresses.

Whilst the root cause of dementia remains unknown healthier lifestyles can contribute to prevention of dementia in later life. This includes not smoking, a balanced diet, regular physical activity and limited alcohol consumption. In addition reducing social isolation and maintaining good emotional health can help lower the risk of developing dementia in older people and delay the progression of symptoms.

The management of behavioural and psychological symptoms of dementia presents a major challenge in this population.
The critical role of all Carers needs to be supported

The Carers Trust defines a carer as a person of any age, who provides unpaid care or support to family or friends, who could not manage without this help.

Carers often experience high rates of depression and stress and can become isolated. Carers in Milton Keynes reported health related quality of life was in the bottom 25% of CCGS in 2014/5. Working age adults who provide a lot of care tend to have lower incomes, poorer health and are less likely to be in paid employment. Children and young people need to be protected from inappropriate caring roles and older people who care may have their own health problems. Approximately two thirds of older carers report having long term health problems or a disability. If a carer is unable to maintain their caring role, then this may lead to the hospitalisation or admission into residential care of their cared for person.

In Milton Keynes, the percentage of people identifying themselves as carers in the 2011 Census was 8.8%, almost 21,800 people. This was estimated to increase by nearly 9.5% to 23,870 in 2016. Almost 4,800 of those carers provided unpaid care for 50 or more hours per week.

It is estimated that 64% of carers in Milton Keynes are providing between one and 20 hours a week, 14% between 20 and 50 hours a week and 22% more than 50 hours a week of unpaid care.

Advice and information services are available to all carers. Carers’ assessments are currently available for people who provide, or intend to provide, care for a friend or relative. Following assessment, a number of specialist services may be available to support carers in their caring role.

Support for carers is changing. Since 1 April 2015, new legislation has given all carers the right to a carer’s assessment on request or on the appearance of need. Since April, local authorities have a duty to meet carers’ eligible needs. This will be determined through a local assessment procedure which is governed by national eligibility criteria. This new legislation explicitly requires local authorities to promote the wellbeing of carers within the assessment process and the status of young carers is recognised in law for the first time.

Key messages:
The importance of healthy behaviours in averting disease, delaying disease onset, and managing with a long term condition continues in older age. 30% of older people are likely to suffer from anxiety and/or depression.

Falls prevention remains important for frail older people

Falls and the fear of falling can seriously impact on health and quality of life. It is estimated that a third of people aged over 65 fall every year. It is a leading cause of mortality in people aged over 75. The average health and social care costs of a hip fracture is around £20k.

Admission rates to hospital for falls in Milton Keynes have been rising in line with national trends. The admission rates came down to around the national average in 2012/13, as did the number of hip fractures. Serious injuries due to falls were lower in 2014/5 compared to 2013/4. Those aged over 80 and females account for a relatively large proportion of falls-related admissions. Identifying those at risk and managing their conditions, and supporting older people to maintain strength and balance are recognised as effective interventions.
Reducing excess winter deaths

Every year the death rate rises by almost a fifth in England during the winter. Many of these deaths are preventable. Around 40% of excess winter deaths nationally are from heart disease and stroke, while around a third are caused by respiratory disease.

There was a lower rate of excess winter deaths in Milton Keynes than nationally in 2010-2013 (three year average), with an average of almost 80 deaths annually. However, this increased in 2011-2014. Almost 45% occurred among those aged 85 and over. This is in spite of Milton Keynes being the 6th best local authority in terms of fuel poverty in England and Wales. (6.3% in MK compared to 10.4% in England (2013).

Fuel poverty has increased in recent years, mainly due to increasing fuel costs. Targeting practical help and resources at those most at risk, e.g. through Warm Homes Healthy People should continue. Activity to increase support and further target funding is needed to improve the warmth of older people’s homes.

The uptake of seasonal flu vaccination for people aged 65 remains below the England average and shows a wide variation between GP practices. Increasing the uptake of seasonal flu vaccination to 75%, the level recommended by the World Health Organisation, will help reduce excess winter deaths.

Supporting people at the end of their life is crucial, alongside support for families

Although more than half of people nationally would prefer to die at home, only 20.6% of deaths in Milton Keynes occurred at home in 2014, compared to the England average of 23%. Those from deprived areas are still more likely to die in hospital. Also, compared to the England average more people die in the hospital (50.1% vs 47.4%) and in a hospice (8.1% vs 5.7%), but fewer die in care homes (19.1% vs 21.7%).

It is very often difficult to predict when patients are about to die, but end of life care is intended to enable residents to have a ‘good death’ and for carers and families to feel comforted from their experiences. It is important to support local people to choose where they wish to die.

What this means:
Continue to invest in preventing hospital admissions.
Continue efforts to integrate pathways across health and social care and the voluntary sector.
Increase support to informal carers.
Improve support to people at their end of life so that they can die with dignity in a place of their choosing.
Respond to the changes in housing need.

Milton Keynes residents generally enjoy average health and wellbeing with a life expectancy around 6 months below the national average. There is still an unnecessary burden of preventable illness e.g. diabetes that is increasing and not all groups enjoy the same outcomes and health as the majority of Milton Keynes residents.

A comprehensive approach to prevention is needed to ensure that illness rates do not continue to rise as our population ages. This requires commitment in addition to acknowledgement from local services, especially since unhealthy behaviours are widespread. In addition, the impact of austerity measures may impact on mental health and people’s ability to live healthy lives.
6.1 Implications for the future

The key areas for the ageing population are listed below:

**What are our priorities for physical disabilities?**

Design services that enable people to be independent members of the community with access to the same opportunities as the rest of the local population.

- Increase the numbers of people with a physical disability and sensory impairment using individual budgets to purchase their care.
- Examine in greater detail the experience of people with a disability, especially those who experience disability within areas of deprivation or in certain BME groups.
- Review the current sensory services pathways by working with all current providers of sensory services and ensure a clear pathway for Milton Keynes residents with sensory needs.
- Prevent disability and halt the worsening of disability where possible through preventive activities such as screening and promoting healthy behaviours e.g. raise awareness of the importance of regular eye and hearing tests, particularly amongst at risk groups; incorporating sensory health messages into health campaigns concerning obesity, smoking cessation and the management of diabetes.

**Addressing the growing mental health problems being faced by older people, particularly in relation to dementia**

- Ensure access to high quality dementia care for diagnosis, treatment and support services
- Ensure older people are accessing counselling and talking therapy services for common mental health issues.

**What are our priorities for social care**

- Commission integrated health and social care front line teams and services to support older people to remain independent
- Promote intermediate care services, focusing on prevention of avoidable admission to hospital or long term care and supporting hospital discharge
- Implement the priorities in the Older People’s Strategy 2014-2017

**What are our priorities for carers?**

The Milton Keynes Carers Strategy 2014-17 identified six key priority areas:

- Identify more carers
- Provide information at the right time
- Support carers to maintain or improve their wellbeing
- Personalised support and a life outside caring
- Communication and respect
- Development of innovative services for the future in compliance with changes under the Care Act 2014 and the Children and Families Act 2014.

**Continue improving the implementation of the falls prevention strategy**

**The priorities for End of Life Care**

- To improve the availability of relevant information to people and to encourage a more open culture towards talking about dying and death.
- Ensure timely identification of the end of life phase and quality End of Life Care, by providing access to appropriate training and education to all health and social care professionals.
- Promote the use of Advance Care Planning to enable people to state their End of Life Care wishes about where and how they wish to die.
- Develop transparent processes for access to rapid response 24/7 End of Life Care in the community, limiting unnecessary hospital admissions and deaths.
The JSNA highlights the overarching principles to be followed in commissioning futures services:

- Demonstrate good value for money
- Services are designed to be delivered in a way which aims to achieve similar health outcomes across all areas of Milton Keynes
- Clear plans for the needs of our changing population demography
- Plan to progressively increase investment in prevention
- Tailor services i.e. ‘person centred care’ to empower self-care
- Recognise the interdependence of mental and physical health
- Build on what is already working well: ‘the asset approach’
Milton Keynes residents generally enjoy average health and wellbeing with a life expectancy around 6 months below the national average. There is still an unnecessary burden of preventable illness e.g. diabetes that is increasing and not all groups enjoy the same outcomes and health as the majority of Milton Keynes residents.

A comprehensive approach to prevention is needed to ensure that illness rates do not continue to rise as our population ages. This requires commitment in addition to acknowledgement from local services, especially since unhealthy behaviours are widespread. In addition, the impact of austerity measures may impact on mental health and people’s ability to live healthy lives.

Health and social care services also need to adapt to meet the needs of increased numbers of older people and those with long term conditions. Other services e.g. housing and education need to respond to the increasing population and numbers of young people.

This JSNA provides an updated picture of need in Milton Keynes. The key health and wellbeing needs in Milton Keynes are:

- Poorer health and life chances in some geographical areas and communities.
- Meeting the needs of our increasingly diverse population.
- The need for a good start in life. This includes ensuring a healthy pregnancy for all, parenting support, and early year’s education.
- The high levels of unhealthy lifestyles which lead to the development of long term conditions such as heart disease and strokes, diabetes, cancer and COPD.
- Continued action on the broader determinants of health, such as education, income, employment, the built and natural environment, crime and social cohesion.

We need to ensure that the services that are provided or commissioned to meet the above needs are joined up across the Milton Keynes system to provide the best possible value for money. It is also important to identify and publicise the range of existing assets that promote health and wellbeing in our communities and to support people in taking greater responsibility for their own future health and wellbeing.

The JSNA informs the aims and priorities of the Milton Keynes’ Joint Health and Wellbeing Strategy.
9 Acknowledgements

With thanks to the Milton Keynes Strategic Needs Assessment Review Group and other colleagues:

Milton Keynes Council
Public Health
Civic Offices
1 Saxon Gate East
Central Milton Keynes
MK9 3EJ
T: 01908 254241
E: MKHWB@milton-keynes.gov.uk