

Joint Strategic Needs Assessment Summary 2016/17

Short Version August 2017



MK JSNA Process 2016/17

- Integral to the commissioning cycle
 - To determine level of local need, to inform commissioning priorities
- JSNA covers approx. 50 chapters, collected under:
 - Population & Place
 - Children & Young People
 - Adults & Older People
- 15 'Areas of Focus' identified as priorities for consideration by H&WB

Milton Keynes: Health and Wellbeing of our Population

Milton Keynes is predominantly urban with a population of 264,480 people in 2016. Between 2001 and 2016 the population grew by 24% and was the 6th fastest growing local authority outside of London. It is expected to grow to a population of 308,500 (by 17%) by 2026.

Over a quarter (26%) of people living in Milton Keynes are from a **Black and Minority Ethnic** (BME) background. Over 100 different languages are spoken and 1.5% of the population do not speak English well or at all.

The age profile in Milton Keynes in 2016 was younger than England's: 23% were aged under 16 compared with 19% in England. However, the population aged over 85 is predicted to increase by 86% from 4,300 in 2017 to 8,000 in 2030; this will have an impact on local health and social care services.

The life expectancy in Milton Keynes is similar to the England average, a girl born today will live to 83 and a boy to 79. Geographically, there is a range of life expectancies within Milton Keynes with a statistically significant gap between the most and least deprived 10% of the population. In the most deprived areas life expectancy in 2013-15 for males was 7.4 years lower and 6.3 years lower for females, compared to the least deprived areas of Milton Keynes. These areas of deprivation can be very hidden within more affluent communities in Milton Keynes.

	Milton Keynes	England
Men: Healthy Life Expectancy	64.1 years	63.4 years
Men: Life Expectancy	79.1 years	79.5 years
Women: Healthy Life Expectancy	64.5 years	64.1 years
Women: Life Expectancy	82.9 years	83.1 years

As well as a gap in life expectancy, there is also a gap in those years spent in good health (healthy life expectancy). Milton Keynes has a similar healthy life expectancy to England, as described in the table above. This is positive for Milton Keynes but we need to focus on minimising the impact of long term conditions and disabilities.

The communities, working environments, and homes we live in all have an important contribution to our health and wellbeing. Living in a home that is in good condition, warm, safe and secure is fundamental to the wellbeing of individuals and families. There is insufficient **housing** to meet local need in Milton Keynes, which is contributing to increasing levels of homelessness. Milton Keynes Council accepted a full duty to secure accommodation for 750 homeless households in 2016/17, this compares to 84 in 2009/10. There were 718 households in Milton Keynes in temporary accommodation in 2016/17, more than double that in 2015/16, and significantly higher than the England average. This involved children in the majority of households.

There is a correlation between **unemployment** and poorer physical and mental health and wellbeing. Unemployment rates in Milton Keynes are similar to England (3.8% of adults vs 5.2% in

England in 2015/16), and levels of job seekers claimants are also similar. In 2015/16, 76.2% of Milton Keynes residents (aged 16-64) were employed, similar to the England average of 73.9%. The cost impact of sickness to Milton Keynes' businesses from full time employees alone is estimated at more than £64 million annually. There is strong evidence that work-based health promotion programmes have a positive impact on stress levels, sickness rates and overall employee health and wellbeing.

Milton Keynes has higher than average car ownership, with 19% of households not having access to a car, compared with 26% nationally. Although this increases access to some services, it affects air quality and can result in a **less active lifestyle**. Approximately three-quarters of Milton Keynes residents work locally, and around 40% of journeys to work are less than 5 kilometres: within easy cycling and walking distance. Bicycle ownership is high, yet cycle usage is low. The 2011 Census found that only 2.8% of commutes to work were taken by bicycle in Milton Keynes. Promotion of active travel and related infrastructure has the potential to impact significantly on health and wellbeing.

Domestic abuse in the family home impacts upon the whole family, including those not directly harmed. Witnessing of the abuse of others has a significant impact on children and young people. In 2016/17, a new domestic abuse measure recorded 5,457 incidents in Milton Keynes. There was a 56.5% repeat rate of all domestic abuse incidents locally.

Key Issues for Milton Keynes **population and place** 2016/17:

- Our growing and ageing population
- Insufficient housing, which is contributing to homelessness
- Improvements to be made in active travel
- Levels of domestic abuse and sexual abuse

Children and Young People

There are around 3,880 births each year in Milton Keynes. Between 2013 and 2015, 61 babies died in their first year of life, an **infant mortality** rate of 5.3 deaths per 1,000 live births. This is significantly higher than the national average of 3.9 per 1,000 and is being investigated locally, with a focus on implementation of prevention programmes.

Our children have different experiences and chances depending on where in Milton Keynes they live. In 2014, 18.3% of children under 16 were living in **poverty** in Milton Keynes; although this is lower than the England average (20.1%), it is significantly higher than similar local authorities (17.3%). There is also variation by ward, with more children living in poverty in parts of Bletchley East, Woughton and Fishermead, Central Milton Keynes and Stantonbury than the national average.

There was a new measure of **educational attainment** introduced in 2016, which measured children achieving A*-C in English and maths GCSEs. Milton Keynes achieved an average of 59.9%, which is significantly below the England state-funded schools average of 63.0% but is similar to the all schools value of 59.3%. Of the 21 secondary schools in Milton Keynes, 14 could have their results reviewed

for variation: there were 5 schools with results significantly worse than the national average. Good educational attainment increases opportunities across the life course, with poorer health and wellbeing outcomes being linked to lower educational levels.

In 2015/16, 9.6% of 4-5 year old children and 19.0% of Year 6 pupils in Milton Keynes were defined as obese compared to a national average of 9.3% and 19.8% respectively. Although **obesity** levels for children have been increasing over recent decades, rates in Milton Keynes have been stable for the past five years and are similar to average England rates. Levels are disproportionately higher in lower socio-demographic, socially disadvantaged groups and in some ethnic groups.

Rates of **emergency admissions** in children were significantly higher than the English average in 2014/15, as were admissions for epilepsy, asthma and respiratory tract infections in children, and gastroenteritis in infants. Understanding how and why children have been admitted continues to be a priority in Milton Keynes.

It is estimated that 9.6% (about 3,760) of children aged 5-16 have a **mental health** problem in Milton Keynes (2014). The predicted number with emotional disorders is 1,440, conduct disorders is 2,265 and hyperkinetic disorder (severe Attention Deficit Hyperactivity Disorder) is 645. It is known that poor mental health is associated with poorer physical health; supporting childhood mental wellbeing and building resilience would set children up for lifelong improvements in their overall health.

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 at risk of abuse and/or neglect. These risks also contribute as "**adverse childhood experiences**", that is experiences and events in childhood that have long term impacts on a child's life chances. It is estimated that nearly half of all children in the UK are exposed to at least one adverse childhood experience, and 1 in 12 are exposed to four or more.

Key Issues for Milton Keynes **children and young people** 2016/17:

- High levels of infant mortality
- Excess of non-elective admissions
- A need to identify children suffering from adverse childhood experiences
- A need to focus on emotional wellbeing and resilience
- Continuing to focus on healthy weight in childhood

Adults and Older People

Good mental health and resilience are fundamental to our physical health, relationships, education, work and to achieving our potential. There is a strong association between mental illness and deprivation, and also with reduced life expectancy. Males with mental illness die on average 16 years earlier, and women 12 years earlier, than those without mental illness.

Premature deaths, in particular from lung disease, including lung cancer, are of concern in Milton Keynes. In Milton Keynes in 2013-15 there were 1,888 overall premature deaths (1,134 males and

754 females). The primary causes of premature death in men and women were cancers, cardiovascular diseases and respiratory disease. Premature deaths are higher in more deprived areas, and in those from our most vulnerable groups and communities.

Although premature deaths from **cancer** are improving nationally due to earlier detection and better treatment, more people are diagnosed with cancer each year. Many cancers are preventable and the majority are as a result of unhealthy lifestyles such as smoking, poor diet, obesity, and alcohol abuse.

Hypertension (high blood pressure) recorded at the GPs in Milton Keynes ranges from 6.1% to 18.7%, with an average of 12.1%. This places Milton Keynes below the England rate of 13.8%. However, only 77.7% of these patients have 'controlled' hypertension within the target of under 150/90 mmHg, which is lower than the England average (79.6%).

In 2015/16 12,666 adults registered with GPs in Milton Keynes were recorded as having **diabetes**. Good blood sugar control in diabetic patients ranges from 44.2% of patients to 72.1% within GP practices in Milton Keynes. Uncontrolled diabetes is associated with poorer health outcomes, increased likelihood of having a heart attack and stroke, and a lower life expectancy.

The uptake levels of **influenza vaccine** for those under 65 (who are eligible due to a long term health condition) in Milton Keynes was 47.5% compared to 48.6% nationally in 2016/17. 'Flu vaccination uptake for people aged 65 and over was 70.3%, close to the national average of 70.5%.

Falls can seriously impact on health and quality of life. It is estimated that at least a third of people aged over 65 fall every year. It is the largest cause of emergency admissions for older people, a major precipitant of people moving into long-term nursing or residential care, and a leading cause of mortality in people aged over 75. Emergency admission rates to hospital for falls in Milton Keynes rose in 2015/16, and were significantly higher than the England average for those aged 80 years and over.

It is estimated that the total number of people in Milton Keynes with **dementia** will continue to increase from around 2,400 in 2017 to 3,300 by 2025. It is important to recognise that many more people than this will be affected by dementia, in particular family and carers of those suffering with dementia. In 2017, the dementia diagnosis rate is on track to meet the national 67% target. This will increase access to support services that can improve the quality of life for people with dementia and their carers, and maintain their independence as the condition progresses.

Key Issues for Milton Keynes **adults and older people** 2016/17:

- Poor outcomes in those with poorer mental health
- Long term conditions and their management in primary care
- Uptake of influenza vaccine in high risk groups
- Increase in falls related admissions

Areas of Focus for Milton Keynes from JSNA 2016/17:

Population and Place

- Encourage non-polluting and active forms of travel such as cycling and walking to improve health and move towards low emission economy
- To focus on the solutions required to address the levels of insufficient housing to meet need, which is contributing to homelessness
- To focus on prevention of violent behaviour with a focus on domestic abuse and sexual abuse

Children and Young People

- All services should identify vulnerable children and families and take appropriate action to ensure their wellbeing and improve outcomes
- Ensure early intervention and prevention to tackle the underlying risk factors for infant mortality
- All providers must tackle risky behaviours and adverse childhood experiences, by supporting parents and families to access support as early as possible
- Continue the review of children's non-elective admission pathways for common conditions, to identify opportunities for appropriate care and improved care management
- Schools and partners must work together to achieve good emotional, mental and physical health, wellbeing and resilience for all pupils, including the most vulnerable, through a whole school approach

Adults and Older People

- To increase cancer symptom awareness to improve levels of early diagnosis
- Improve care management of diagnosed hypertensive patients to reduce onward risk of heart attack and stroke
- Ensure successful implementation of the Diabetes Prevention Programme for people at high risk of type 2 diabetes
- Increase uptake of influenza vaccine in at risk groups
- Close the gap in health outcomes in those with mental health conditions
- Assess the need for falls related training for staff across health and social care sectors, and deliver appropriate levels of training
- Improve levels of early and timely dementia diagnosis