Joint Strategic Needs Assessment

Executive Summary
2011 - 2012

Introduction

The Joint Strategic Needs Assessment (JSNA) has been a statutory requirement for Primary Care Trusts and Local Authorities since 2008.

It provides an objective analysis of current and future health and wellbeing needs of the population, assembling a wide range of quantitative and qualitative data, including user views.

The JSNA will be the primary process for identifying needs of the population and building a robust evidence base, in conjunction with the Director of Public Health report and Milton Keynes Social Atlas.

Going forward, clinical commissioning groups and local authorities are likely to have this responsibility, delivered through the Health and Wellbeing Board.

What's different for 2011/12?

In producing the most recent JSNA, some parts of the process have been different

- We have tried to have a wider more holistic scope, to recognise wider determinants of health and wellbeing
- The role of the NHS and local authorities are changing, and different organisations will be responsible for commissioning services
- There is an emerging legislative framework so guidance on a 'good' JSNA is still to be published
- We have had wider partnership working, including voluntary sector as 'quality assurance'

Key findings

The JSNA presents a wide range of information in some detail. A significant amount of the figures are estimates established through evidence-based modelling. The following summarises the key findings:

Population

- The current estimated population of Milton Keynes is 245,280 – this represents an increase of 16% since 2001, which was when the last Census was undertaken
- The population is expected to increase to 272,740 by the year 2018, an increase of 15% (from 2009)
- Milton Keynes has a significantly higher proportion of people in the younger age groups
- There will be a 26% increase in the number of children aged 5 to 16 (from 2009)
- The proportion of older people is low, but this is set to rise significantly. There will be an 85% increase in the number of people over-60 by 2026 (from 2009)
- The number of very old people, aged 85+, is forecast to grow from 6,970 in 2009 to around 16,160 in 2026 – this is growth of 132%. This is significant as it will have an impact on the services provided to older people
- The GP registered population is 239,613 – this is in comparison to the Practice List size of 265,423. This is important to know so we understand access to primary care

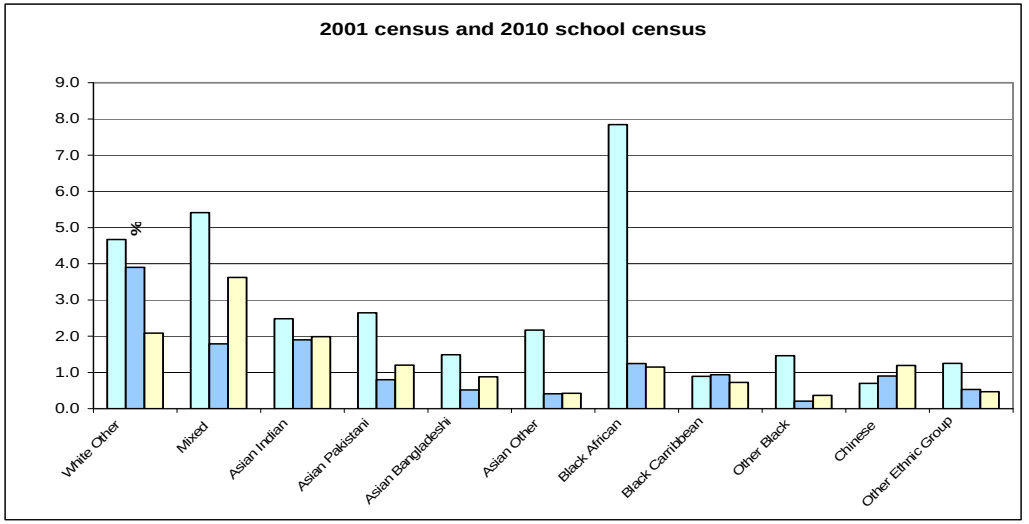
Population bulletin

JSNA population chapter

BME (Black Minority Ethnic) Groups

- The BME population has increased from 28,500 in 2001 (13.4%) to 46,000 in 2009 (19.4%)
- England average is 17.2%
- The largest single ethnic group after White British is Indian (3.5%)
- Pakistani BME Group had the highest growth – 1800 people in 2001 to 4,300 in 2009.
- BME Groups represent 32.8% of school pupils (2011 – increase of 12.1% since 2005)
- More than 30 different first languages are spoken across Milton Keynes

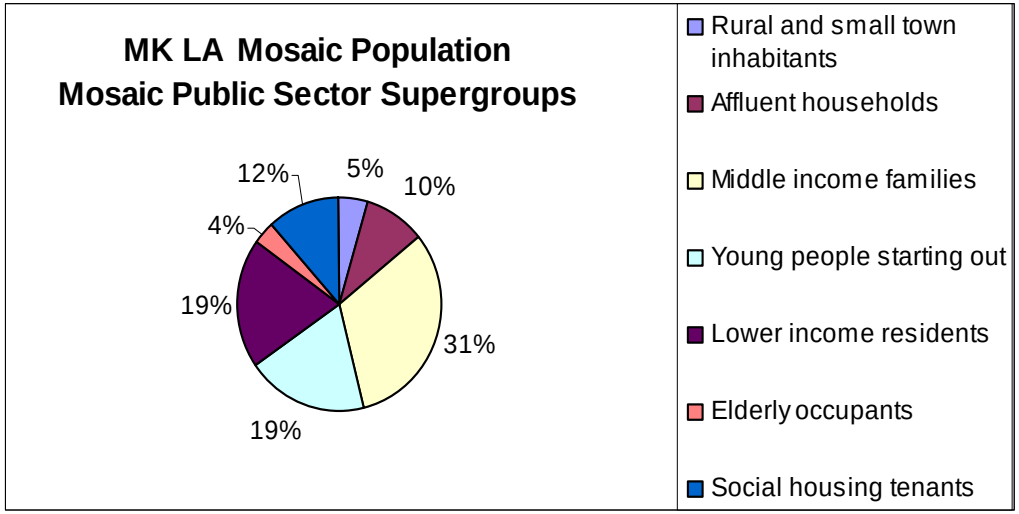
Ethnicity Estimates



Population Segmentation

We have undertaken an analysis of the population using a geodemographic modelling tool. This is so we can understand the behavioural characteristics of the population, and therefore likely use of services.

Households are classified into one of 7 main socio-economic categories:



Mosaic Data for Milton Keynes 2011

These categories can be broken down further - areas that may need consideration in terms of service planning are:

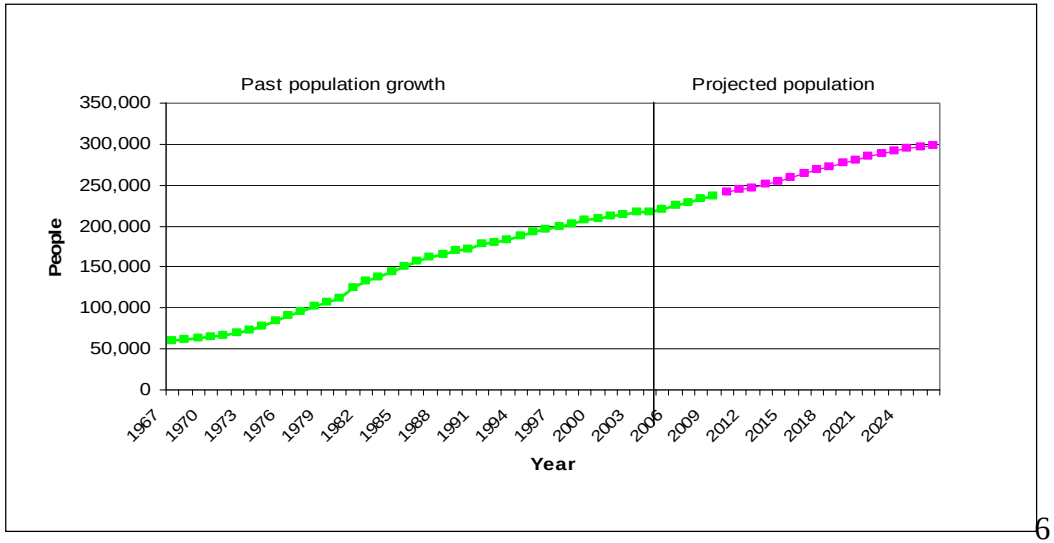
- 1,364 (0.57%) residents of isolated rural communities
- 5,930 (2.49%) elderly people reliant on state support
- 22,220 (9.34%) families in social housing, high levels of benefit need

Implications for Milton Keynes

An understanding of population characteristics and changes, such as age, ethnic make-up and growth, help determine the need for certain services. It also gives an indication of the prevalence of certain illnesses and conditions.

This population profile means we need to commission services that

- Recognise different groups with different needs, with varying access to services and outcomes
- Are targeted and reflective of its comparatively young population
- Also crucial that the vast increase in the elderly and very elderly population are planned for
- Note the higher prevalence of certain conditions developing in Black and Asian groups, such as diabetes



Groups with Specific or Additional Needs

- Estimated 25,000 carers living in Milton Keynes in 2011– approx 5000 providing more than 50 hours care a week
- In 10/11 143 people were housed in temporary accommodation, compared to 84 in 09/10 (70% increase, national trend downwards)
- 12,404 (13.2%) households identified as living in unsuitable housing (2009) across all housing types [1]
- 7,456 households in Milton Keynes experiencing fuel poverty (2009) [2]
- 13,393 people over 65 with a limiting long-term illness (2011) [3]
- 690 people are known to Learning Disability services – national prevalence data suggests this should be 874 [4]
- Numbers of diagnosed cases of HIV have trebled in six years**.** People of sub Saharan African origin are affected disproportionately

1 **Draft Strategic Housing Market Assessment**

2 **Fuel poverty 2009 sub-regional data**

3 **JSNA chapter – older people**

4 **JSNA chapter – learning disability**

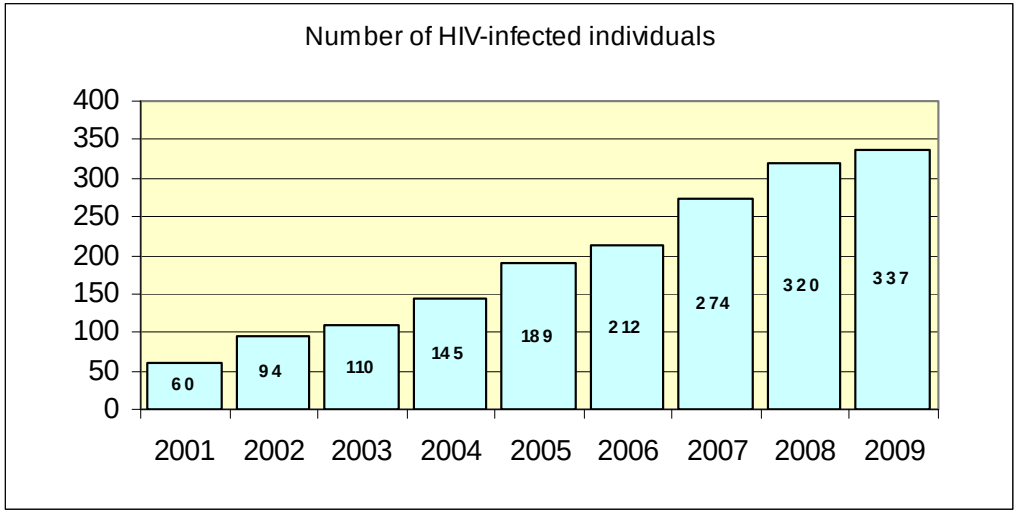
Implications for Milton Keynes

For the groups of people within the population with specific needs, we need to understand and quantify how many people are affected.

We need to ensure:

- Informal carers are supported – the number of estimated carers is far higher than the number receiving services
- As demand for housing increases, recognise the link between poor housing conditions and ill-health
- We look at strategies to ensure a healthy 'old-age'
- HIV prevention and treatment is a priority

There are information gaps in the JSNA around certain groups, including lesbian, gay, bisexual, transsexual and transgender population, asylum seekers, refugees and gypsies and travellers. This needs to be addressed for future iterations.



Income deprivation

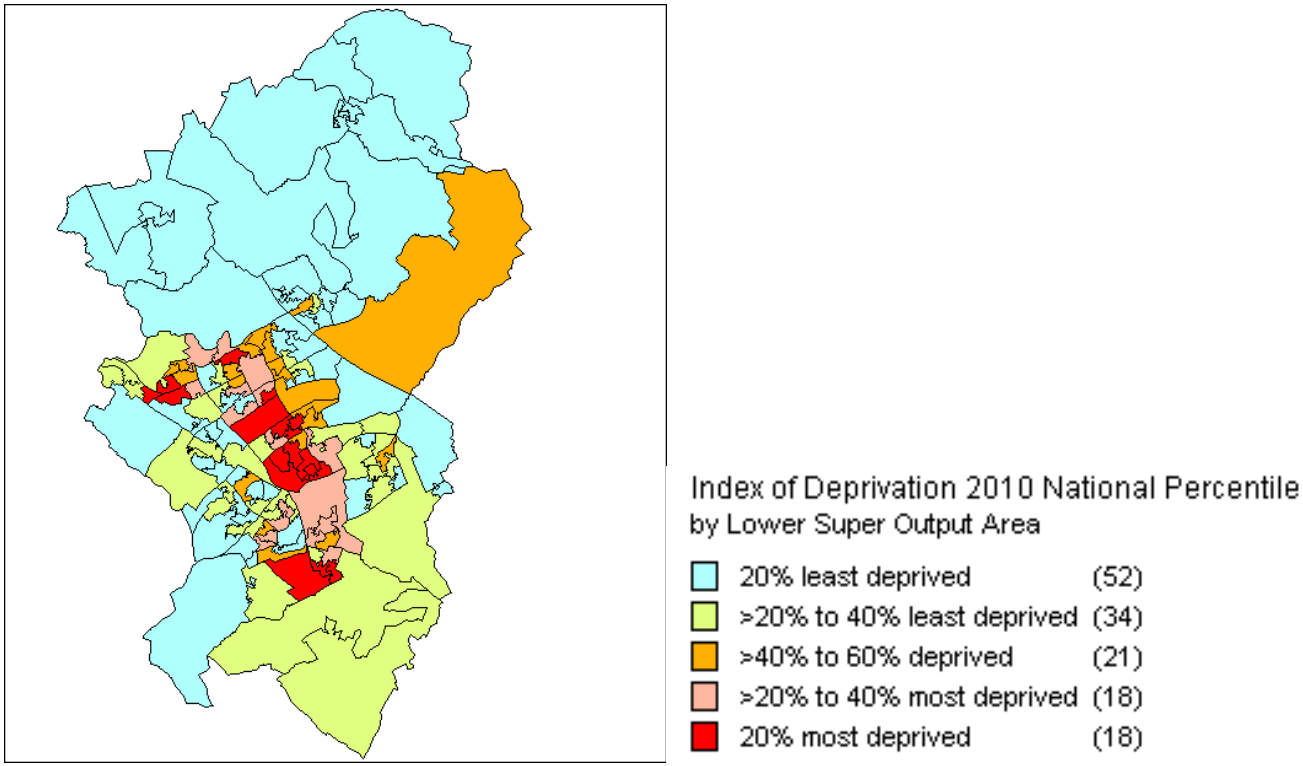
- Large parts of Woughton ward, and parts of Eaton Manor ward and Fullers Slade are in the most deprived 10% on the National Scale for Income Deprivation Domain
- This trend is increasing as more affluent areas become less deprived
- 20.6% of children living in poverty (1% increase)
- 11.4% of working age population claiming out-of-work benefits (England 12%)
- 6,492 (4%) people claiming jobs seekers allowance, this is higher than the England average of 3.8% (Jul-Sep 2011)
- 1,105 (17.1% of claimants) unemployed for more than a year (Jul-Sep 2011)
- The overall level of income support claimants in Milton Keynes is lower than the England average, but nearly double in Woughton and Eaton Manor wards
- Woughton ward has twice national average for disability benefits claimants

Milton Keynes Social Atlas

Out of work benefits data

Implications for Milton Keynes

- Deprivation increases the risk of early death and is associated with higher rates of illness and disease
- Deprivation is linked to ‘risky’ behaviour e.g. smoking
- Income is a key detriment of health – we need work with partners and contribute to strategies aimed at reducing income deprivation, which will lead to a reduction in health inequalities



Lifestyle

- 23.1% of adults smoke (0.2% increase, England average 21.2%) - Smoking is one of the main causes of avoidable ill-health and preventable deaths. The greater prevalence of smoking in disadvantaged communities accounts for 50% of the mortality gradient between the most and least deprived areas.

- 25.3% of adults are obese (England average 24.2%) - Obesity is associated with increased risk of a range of chronic illnesses including Type II diabetes, coronary heart disease, hypertension, stroke and some cancers. The cost to the NHS of treating obesity and associated consequences is estimated as £9.7 billion per year nationally.

- 10.9% adults are physically active (0.8% increase, England average 11.5%). An active lifestyle improves physical and mental health, reduces all cause mortality and the risk of chronic illnesses

- 24.2% adults drink above the recommended levels of alcohol which increases the risk of a range of conditions (and increased risk of mortality) including cancer, heart and liver disease and stroke

- High rates of hospital stays for alcohol related harm – 1,853 per 100,000, increasing in line with national trend

Implications for Milton Keynes

Lifestyle choice is a key determinant of health and wellbeing. Lifestyle issues such as smoking, obesity and excessive alcohol consumption are related to chronic health conditions which have implications for lifespan and disability lost life years.

- Although the number of people who smoke or are obese is decreasing, they remain above the England average – we need to ensure this decreasing trend continues

- High levels of alcohol consumption in the population is an issue

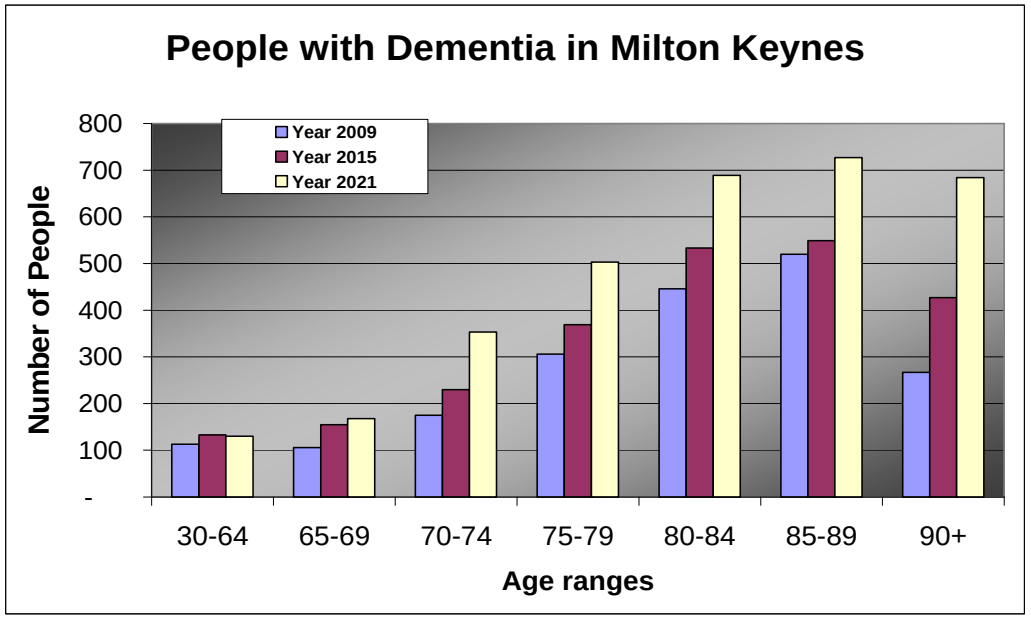
Mental Health

- Up to 39,000 people experiencing some kind of mental health problem at any time
- 0.58% of population on disease register for schizophrenia, bipolar disorder and other psychoses – there are higher levels in deprived areas
- High number of hospital stays for self-harm compared to the rest of England
- Number of people with dementia current estimate 1,933 – for 2021 this rises to 3,253. This represents an increase of 68% over next 11 years.

Implications for Milton Keynes

Given the size and range of people experiencing mental health problems, we need to ensure:

- Services are designed to meet need and not age
- We need to continue to plan for the increase in number of people with dementia



Children and Young People

- Educational attainment (5 GCSEs incl English / Maths) – although improving, below national average – Milton Keynes 51.8%, England average 57.9%
- Gap between attainment for different ethnic and income groups remains stubbornly persistent
- There are 541 young people not in education, employment and training, 279 children in care
- The teenage conception rate has fallen by 21.5% since 1998, and Milton Keynes is in the top 25% most reduced local authority areas in the country
- Childhood immunisation rates have remained stable in Milton Keynes at 95%.
- Local breastfeeding rates remain above the national average
- 14.6% of primary age pupils are eligible for free school meals – the England average 19.2%
- 9.8% of children in reception year and 19.9% in Year 6 are classed as obese (Compared to the national average of 9.4% at reception year and 19.0% at Year 6)

Implications for Milton Keynes

A child's early years have long-term effects on their physical and mental health, and early intervention can improve the outcomes for children and young people. There are inequalities in the outcomes of children and young people across Milton Keynes.

Older People

- There will be a significant increase in the over 65 Population:

Year	2015	2020	2025	2030
% increase	21	45	69	96

- 10,190 people over 65 are living alone (2011)
- 6,810 pensioners living in Milton Keynes without access to their own transport (2011)
- There are currently 3,160 carers over 65 (2011)
- Number of over 65s having falls –13,000 in 2009 to 24,000 in 2026 – related hospital admissions will increase by 15% over 5 years
- By 2030 the number of people receiving community based services such as homecare, day services and meals on wheels, will increase by 96%

Implications for Milton Keynes

The increase in the number of older people will mean an increase in the costs associated with looking after frail and vulnerable older people. We need to plan for this by:

- Having preventative services that maintain older peoples' independence
- Looking at the broader determinants of health and wellbeing, including isolation
- Establish strategies encouraging people to have a healthy old age

Key Mortality Statistics 2011

- Excess winter deaths 92 – this is the number of people aged 65 or over who die in winter months over and above the number expected

- Life expectancy (male) 77.9 has dipped and is just below the national average. Life expectancy (female) 82.2 is rising and now matches the national average.

- The difference in average life expectancy between the least and most deprived wards is 9.1 years and remains stubbornly persistent – this is in line with national trends in the life expectancy gap

- Infant deaths 19 – this has remained stable, and is slightly above the England average

- Smoking related deaths 282 – this is a slight increase from the previous year, and lung cancer remains the most common cancer, causing 6.2% of all deaths in Milton Keynes across all age groups

- Early deaths: heart disease and stroke 159 – this is the number of people aged under 75 who die from heart disease and stroke over and above the number expected – Coronary heart disease and stroke accounted for 18.0% and 6.7% of total deaths respectively in 2009

- Early deaths: cancer 236 – this is the number of people aged under 75 who die from cancer over and above the number expected

- The major causes of death are cardiovascular disease (the commonest cause of death), cancers (the commonest cause of death under 75 years) and respiratory disease. These are also leading causes of disability especially cardiovascular disease.

- Death rates from coronary heart disease (including heart attack), pneumonia and accidents were all statistically significantly higher than the average for the country.

Next Steps

Milton Keynes population is growing in terms of size and diversity, and its age profile is also changing. Different groups and populations have different needs, different access to services and different outcomes. Service provision needs to reflect this varying and changing need. We think these are the emerging priorities based on what we have found so far. These will be scoped out further as we develop a Joint Health and Wellbeing Strategy

- Wider programmes that impact on health and well being and wider determinants e.g. impact of poverty, housing, education
- Dealing with demographic changes
- Prevention and Early Intervention
- Heath inequalities and tackling underlying determinants

We also recognise the JSNA needs to be developed further – we need to look at

- Ensuring it meets statutory guidance due in January 2012
- Establish timetable of data and intelligence refresh throughout year
- Develop a programme of needs assessments for those areas where there are gaps in information
- Make better use of information we have about patients and clients – we have used lots of estimated data based on anticipated prevalence rates, we need to compare this with actual number of people