

Joint Strategic Needs Assessment Executive Summary 2013/14



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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 outlines the key areas of success, key areas impacting on health inequalities and priorities for the future. It analyses a wide range of quantitative and qualitative data and incorporates the views of both professionals and the community.

Publishing a JSNA has been a statutory requirement for all NHS primary care trusts 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.

The JSNA is a dynamic document which requires continual review and updating 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, Community Action MK and has been informed through the engagement of both statutory and voluntary groups.



Information on all the topics included in the JSNA is available online at [Milton Keynes Council Website](#). The topics are listed below.

Population and place

- [Population and Growth](#): age profile, ethnicity change, migration, fertility, religion, language
- [People](#): age, ethnicity, religion, disability, sexual orientation, gender

Life in Milton Keynes

- [Housing](#)
- [Employment](#)
- [Deprivation](#)
- [Educational attainment](#)
- [Young People not in Education, Employment or Training \(NEET\)](#)
- [Fuel Poverty](#)
- [Transport](#)
- [Air Quality](#)

Lifestyle determinants of health

- [Smoking](#)
- [Sport, Physical Activity, and Culture](#)
- [Healthy Weight](#)
- [Drug Misuse](#)
- [Alcohol Misuse](#)
- [Contraception and Sexual Health](#)

Health

Children

- [Health Problems in Pregnancy and Children 0 - 14 years](#)
- [Health Problems in Childhood 5 -19 years](#)
- [Child and Adolescent Mental Health Services](#)
- [Children in Need and Children in Care](#)

Other health

- [All Age All Cause Mortality](#)
- [Life Expectancy](#)
- [Main Causes of Death](#)
- [Dental Health](#)
- [Infectious Diseases](#)
- [Diabetes](#)

Adults and older people

- [Long Term Conditions](#)
- [People with Mental Health Problems](#)
- [Older People with Mental Health Needs](#)
- [Dementia](#)
- [Neurological Conditions](#)
- [Falls Prevention](#)
- [End of Life Care](#)

People with particular needs

- [Adult People with Physical Disability](#)
- [Adults with Sensory Impairment](#)
- [Adult Learning Disability](#)
- [Autism](#)
- [Older People with Social Care Needs](#)
- [Carers, Young Carers and Parent Carers](#)
- [Prisoners and Young Offenders](#)

2. Population and place

2.1 A growing population

In 2012 Milton Keynes Borough was home to 252,400 people, which is an increase of 37,300 (17.3%) since 2001. The population is expected to continue to grow, rising by a further estimated 49,700 (another 19.7%) between 2012 and 2026.

The population is growing due to increasing life expectancy, a rising birth rate and net inward migration; both from other national locations and internationally. 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 subsequent years have fluctuated.

Average life expectancy at birth has increased steadily in recent years and is currently 78.1 years for men and 82.2 years for women. This is similar to the national average of England and Wales. The number of births has increased steadily between 2001 and 2012 from 2,830 to 3,887 and estimated to be 3,943 births in 2015.

2.2 An ageing but still young population

The number of people in each group is growing at a different rate. 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. The population is ageing, with those aged 65 and over forecast to increase by 17.8%, between 2011 and 2016 and by 26% between 2011 and 2021. The population of Milton Keynes over the age of 60 is ageing faster than the national average.

However, the Milton Keynes population age profile is younger than that for England as a whole and is set to remain so. 22.4% of the Milton Keynes population are aged under 16, compared with 18.9% in England.

2.3 People and diversity

Simple demographics do not always provide a full insight into how services should have due regard to the differences between people. It is simplistic to assume, for example, that older people aged 85 are not very different from one another or that the older people aged 85 in 2026 will have the same needs as today.

The same, more nuanced approach applies equally to other characteristics such as ethnicity or race, religion, sexual orientation, transgender, disability, and gender. These are the protected characteristics in the Equality Act 2010. This contains the Public Sector Equality Duty which stipulates that Public Sector organisation have due regard to these characteristics in all its functions. In practice this means:

- A quarter of people living in the Borough are from a Black and Ethnic Minority background. However, what does this mean in terms of the service they receive? Are there adjustments needed for language - 1.5% of the population do not speak English well or at all? Which communities have better health and life chances – including 'mainly white' geographic communities? Are there particular illnesses associated with poor childhood health or specific cultural diet practices?
- For people with a disability, this means continuing to look passed 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 also means certain characteristics require 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.

2.4 People and diversity

The general health of people in Milton Keynes compares favourably to the national picture and to the health of similar local authority populations. However, within Milton Keynes, there are wide gaps in health outcomes between the most and least affluent, and some small communities which are especially disadvantaged.

The national index of multiple deprivation (IMD) 2010 shows a continuing trend of increasing inequalities since 2004. The slope index of inequality shows a gap of 7.3 years for males and 6.0 years for females, which is a reduction for males but a slight increase for females. Seven lower super output areas are in the 10% most deprived in England.

The number of people aged over 60 claiming pension credit i.e. of low income in 2011 was 17%, compared to the England average of 14%. In 2011, there were 12,270 children in Milton Keynes children living in poverty.

Inequalities are multi-dimensional; developing both from people's characteristics and the relative deprivation of their community. This can provide a "double barrier" to advancing equality in Health Services.

What does this tell us?

- The Borough is growing; the number of young people and older people is increasing fast. Other demographics are changing, such as the increases in the BME community, and this is having an effect on services.
- Having due regard to advancing equality of opportunity and reducing the barriers people face requires a more nuanced approach so that services analyse and understand the effects of demographic changes on their services.
- Significant health inequalities persist between the more affluent and more deprived areas. This is exacerbated, when people face other health barriers, impairments or disadvantages.
- Understanding people's differences through good records for all Health services users; for example G.P.s, Community Health and Social Care Services, aids a better approach when it is linked to good needs analysis and based on patient experience.



3. Life in Milton Keynes

3.1 Housing

The quality of the home has a major impact on health; a warm, dry and secure home is associated with better health. There is a strong link between illness in children and dampness and mould (often as a result of fuel poverty). Older people are particularly vulnerable to the effects of inadequate heating. 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 (i.e. not social housing).

Although Milton Keynes has the fourth lowest level of fuel poverty in England and Wales, 6.2% of the population of Milton Keynes are thought to be in fuel poverty.

3.2 Employment

There is a strong link between unemployment and deterioration in physical and mental health and wellbeing.

Overall, Milton Keynes Borough has relatively low unemployment rates. The economic activity rate among the working age population is 76%, compared to 70% across England. The unemployment claimant count rate (narrow measure) in Milton Keynes fell to 2.6% (4,291 claimants) in October 2013, a 1% reduction from October 2012. The Milton Keynes rate compares to rates of 1.9% for the South East region, 2.4% for South East Midlands Local Enterprise Partnership (SEMLEP) and 3.1% for the UK.

In addition, the level of worklessness is much higher than indicated by unemployment figures.

Health and wellbeing is particularly reduced among those unemployed for a year or longer. The proportion of the population affected locally rose recently from 0.7% in 2011 to 1.0% in 2012.

The people most affected by falls in employment as a result of the recession are notably women and young people. In January 2013, 5.1% of young people in Milton Keynes Borough were described as not in employment, education or training (NEET) compared to 5.4% in the South East and 5.8% across the country as a whole. Many of these young people live in the most deprived wards (Woughton, Eaton Manor, and Campbell Park).

3.3 Poverty

Nearly 20% of the population of Milton Keynes is affected by poverty. Approximately 18% of the overall Milton Keynes population and 18% of children and young people (9,200) aged 0–15 years live in areas that are amongst the 30% most deprived in England. In 2011, there were 12,270 children living in poverty, with Campbell Park, Woughton and Eaton Manor wards consistently recording the highest levels. Approximately 74% of children living in poverty belong to lone-parent households. In August 2011, 62.6% (7,685) of the children living in poverty were from single parent families in receipt of Income Support (IS) or income-based Job Seekers Allowance. Similarly, lone parent households accounted for 75.6% of the children in low paid working families.

3.4 Education

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

Overall educational attainment in Milton Keynes is at a good level and has improved over recent years. However, there are vulnerable groups with poorer educational outcomes than the Milton Keynes school population as a whole:

- 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

In some wards in Milton Keynes, such as Netherfield and Beanhill, fewer than 40% of children are gaining five or more GCSEs at grades A* - C.

3.5 Transport

The need for a car to access work and services (including shops, healthcare, and leisure) varies according to the availability of public transport; and car ownership is lower in poorer communities. In Milton Keynes, there is a higher than average car-ownership with only 19% of households not having access to a car, compared with 27% nationally. However, in some parts of the borough, such as

Netherfield, Beanhill and Coffee Hall, levels of car ownership are much lower and the quality of the bus service 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, the design of new health and prevention services should take into account issues of access and transport. Membership of the current community transport services is capped, and currently full.

3.6 Crime

The level of crime is a major influence on quality of life, with 55.1% ranking the level of crime to be the most important in making somewhere a good place to live (2013 Citizens Survey). Reported crime in Milton Keynes is at its lowest compared to the previous 3 years, per 1000 of population.

In 2012-13, the level of repeat domestic violence in Milton Keynes was the highest in Thames Valley and remained at 42%.

What are we doing?

- Significant housing development is planned in the Borough with a target to complete more than 1,750 new homes each year from 2012-2021, but there is a lack of affordable housing. On average house prices are over five times average earnings, placing home ownership outside the reach of many people.
- We are working with the NHS and Age UK MK to identify households at greatest risk. We are working to reduce fuel poverty by providing grants and advice.
- We are promoting physical and mental health through activities such as Artwalks, Wayfinding trails, and Heritage Cycle walks; actively supporting 68 000 volunteers in a wide range of activities; and promoting active travel.
- SaferMK is focusing on six elements of community safety including domestic and sexual abuse and reducing violence in public spaces.

What are our priorities?

- To increase housing stock and reduce fuel poverty.
- To reduce inequalities in achievement among children and young people through additional support for specific vulnerable groups.
- To reduce the need for individual community transport by improving the public transport network.
- To further reduce repeat domestic and sexual abuse.

4. Lifestyle determinants of health

4.1 The effects of lifestyle

The choices people make about how they live their lives have a direct impact on their health e.g. smoking, physical inactivity, consumption of excessive alcohol or drugs and unsafe sex.

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.

4.2 Smoking

An estimated 23% (more than 40,000) of adults in Milton Keynes are current smokers, which is a higher proportion than the national average, despite a successful local stop smoking service with a high quit rate.

4.3 Physical activity

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 sport and physical activity of moderate intensity appear to have slightly increased over the last five years.

In Milton Keynes a quarter of adults, 9.8% of Reception class children and almost 20% of Year 6 pupils are defined as obese.

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.

More than 5% of 5-16 year olds do not participate in physical activity, the lowest rate among Milton Keynes' seven statistical neighbours.

4.4 Alcohol and drug misuse

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.

Estimates suggest that 37,000 people in Milton Keynes drink at a level of increased risk and 9,000 at a level of high risk.

Drug dependency is a complex health disorder with social causes and consequences. It is estimated that around 1000 people in Milton Keynes use opiates or crack cocaine, around half of whom are aged 25-34.

4.5 Contraception and sexual health

There has been a year-on-year increase in the number of residents in Milton Keynes diagnosed with HIV and by the end of 2012, 2.7 per 1,000 15-59 year olds adults resident in Milton Keynes had received an HIV diagnosis. Over a threshold of 2 per 1000, Public Health recommends offering an HIV test to everyone registering for the first time at a general practice.

Increasing numbers of young people are coming forward to be tested for chlamydia and in 2012, 9,023 15-24 year old Milton Keynes residents were tested. Untreated chlamydia infection can lead to long term health problems including infertility.

The rate of conceptions amongst under 18 year olds has fallen from 51.2 per 1,000 in 1998 to 21.7 per 1,000 in 2011.

What are we doing?

- We are strongly promoting our stop smoking programmes
- We run several programmes to promote a healthy diet and increase physical activity: Reactivate Milton Keynes, the Active MK Exercise Referral scheme, the Walking for Health programme, the Motiv8 programme, the Health, Exercise, Nutrition for the Really Young (HENRY), the Health and Lifestyle Opportunities programme (HALO), the Change4Life programme.
- We re-commissioned all five elements of the drug and alcohol misuse services during 2010/11 in order to refocus efforts on reducing substance misuse.
- The local chlamydia screening programme has been cited as a national example of best practice

What are our priorities?

- To 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 promoting physical activity to reduce existing health inequalities, and prevent future ill health, especially in children e.g. through facilitating opportunities for active travel.
- Increase opportunities to promote healthier lifestyles e.g. through Every Contact Counts and utilising social marketing techniques. Increase the capacity of the 'identification and brief advice' alcohol services across primary and secondary health care.
- To implement the recommendations of the Milton Keynes HIV Needs Assessment, increasing early identification and treatment, particularly through routine HIV testing for hospital admissions and new GP registrants.



5. Health

5.1 Pregnancy and early years

Supporting all women to have healthy pregnancies and to breastfeed, and providing high quality services for 0-4 year olds contributes to ensuring that every child is given the best chance in life. The infant death rate in Milton Keynes has fallen since 2000-2. In 2008-10, the rate for Milton Keynes was 5.3 deaths/1,000 births, which is similar to the national average.

Smoking in pregnancy is low (11% of the pregnant women) compared to the national average, but its negative impact on mother and baby can be further reduced by early access to good antenatal care. We meet the national target of 95% coverage for childhood immunisations at 2, 3, and 4 months.

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 (2007/08) and 12 year old children had, on average, fewer decayed, missing or filled (adult) teeth than the England average (2008/09).

What are we doing?

We are reducing inequalities through tailoring services to specific groups:

- Healthy life style promotion for pregnant women and a Health, Exercise and Nutrition for the Really Young (HENRY) programme, fluoride tooth brushing schemes and dental care training.
- Additional antenatal care access and investment to help expectant parents from socially deprived areas of Milton Keynes to manage their pregnancy (The Midsummer midwives group practice)
- Staff training to support breast feeding and uptake of immunisations.

- Free early educational support for disadvantaged two year olds, employment training for their mothers and increased antenatal service provision in areas of specific need.
- Joint commissioning of dental care and fluoride varnish schemes by health and social care partners to improve access of residents to urgent dental care

What are our priorities?

- Promoting good health and preventing future ill health by improving access to high quality antenatal care and early years development to give children the best possible physical, mental and emotional wellbeing.

5.2 Childhood (5-19 years)

Children who contend with adversities, such as neglect, chronic poverty, family dysfunction and abuse have higher risks of poor health and wellbeing and fewer life chances. In 2011/12, 19.6% of Milton Keynes' children lived in low income families.

Childhood obesity level at the age 10-11 is around the national average of 10%. Increasingly higher percentages of local children travel by car to school. More of Milton Keynes pupils think that solvents are always unsafe. There has been a consistent downward trend in Milton Keynes' teenage conception rates to below the England average.

Rates of admissions for lower respiratory tract infection and diabetes among children are significantly higher than the English average in 2011/12.

What are we doing?

Current health services for children and young people in Milton Keynes include;

- School nursing teams assigned to schools and working in partnership with Health Visitors and other health local providers, have the remit of delivering the Health Child Programme and the National Childhood Measurement Programme
- Children's weight management service (Motiv8) is provided by MK Dons SET (Sport and Education Trust) coaches with support of health promotion dieticians.
- Specialist contraceptive and sexual health service for under 25 year olds consisting of a core hub, and targeted outreach sessions.
- Compass and Oakhill Secure Training centres are the main providers of specialist drug and alcohol treatment for children aged below 17 years in Milton Keynes

What are our priorities?

- Increase programmes for children who are identified as overweight or obese.
- Redesign paediatric pathways to ensure access to care closer to home to reduce hospital admissions.

5.3 Child and Adolescent Mental Health

Promotion of emotional wellbeing for under 5 year olds has been shown to increase 'readiness for school'. 'Readiness for school' refers to a child's cognitive, social and emotional development that will allow effective learning and participation at school.

Applying the prevalence rates from national studies to Milton Keynes child population from the 2011 census calculates that Child and Adolescent Mental Health

Services (CAMHS) require the capacity to provide care for almost 3,900 patients (9.6% of 5-16 year olds) estimated to have one or more mental health disorder. The predicted number and percentage that will have anxiety disorders is 1,304 (3.3%), depression 356 (0.9%), conduct disorders 2,292 (5.8%), hyperkinetic disorder (severe Attention Deficit Hyperactivity Disorder) 593 (1.5%) and less common disorders 514 (1.3%).

Children and young people with learning disabilities, some of whom will be in care, have high rates of mental health problems and behavioural difficulties.

What are we doing?

- We are taking a universal approach (raising awareness among mainstream services) of the additional needs of children with mental health problems e.g. Healthy Child Programme.
- We are taking a targeted approach to meet the small number of children and young people with more severe Autistic Spectrum Conditions (ASC) needs.

What are our priorities?

- Universal and targeted Milton Keynes programmes to increase parents', professionals' and the general public's awareness of how mental health problems present in children and young people to identify and address problems early.
- Redesign the pathway for assessing children for ASC and provide post assessment support to ensure adequate capacity, efficient use of resources and responsiveness to the needs of children and their carers.
- Reconfiguration of CAMHS providers to deliver a crisis team with the appropriate access to emergency beds in Milton Keynes Hospital whose remit includes managing crisis situations involving children diagnosed with ASC.

5.4 Long Term Conditions including neurological

The major causes of death, premature death and disability in Milton Keynes continue to be cancer, cardiovascular disease and respiratory disease.

The number of people over 65 years of age with a limiting long-term illness is set to rise substantially over the next 20 years – from an estimate for Milton Keynes of 12,800 in 2010 to almost 27,000 by 2030. Increases of 100% or more are also predicted for all ages for stroke, diabetes and chronic obstructive lung disease.

Around 18% of the Milton Keynes population are living with one or more long term conditions; more than 10,000 have diabetes, 6,000 have coronary heart disease and around 3,600 have chronic obstructive pulmonary disease (COPD). If we include neurological conditions such as parkinson's disease, epilepsy and multiple sclerosis another 7,150 people would be added.

People with long term conditions are intensive users of health and social care services, including community hospital and acute care services.

Current trends predict increasing numbers of people who have multiple complex conditions. In particular, more frail people need a high level of support from health and social care services including higher levels of person centred care and case management.

The two key factors influencing the number of people with long term conditions are lifestyle (smoking, poor diet, low physical activity) and ageing.

Falls and hip fractures which may lead to significant disability and early death are higher among older women in Milton Keynes than the national average.

What are we doing?

Recent years have seen:

- A joint programme board has been established to effectively commission for long term conditions;
- Development of whole-system (all those involved in care) pathways;
- Increased patient centred care planning for diabetes and respiratory disease in primary care;
- Home based rehabilitation after stroke;
- Use of telehealth to support people to manage COPD in their own home;
- Increasing emphasis on early detection and prevention of disease e.g. NHS Health checks.

What are our priorities?

- To prevent disease and improve health outcomes in people in the early stage of disease.
- Falls prevention.
- To intervene to reduce the predicted high rise in the level of long term conditions in our population, through investing in and supporting healthy lifestyles across all age groups and promoting self care e.g. Be clear on cancer.
- Commissioning person-centred integrated services empowering people to develop a level of expertise which enables them to self care.
- Develop a joint NHS and Social Care commissioning strategy for wider use of telehealth/telecare.
- Recognising the interdependence of physical and mental health.
- Develop a commissioning strategy for neurological services to provide a framework and action plan.
- To implement the Milton Keynes End of Life Care Strategy.

5.5 Adult Mental Health

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% of the population), followed by general anxiety (4.4%) and depression (2.3%).

Between 2012 and 2030 an increase of 10% is predicted in the number of people in Milton Keynes who will have a mental health problem. Meaning in 2030, 27,647 will have a common mental health problem, 772 a borderline personality disorder, 607 an antisocial personality disorder and 687 a psychotic disorder.

In older age, depression and general anxiety remain common (more than 7000 older people in Milton Keynes in 2009) and the prevalence of dementia increases rapidly.

Care home residents are both more likely to have mental health problems, and to be living with physical ill health.

What are we doing?

- The Council has pooled budgets with the NHS to more efficiently commission mental health services, including a community dementia service and local nursing and residential homes.
- We are establishing a 24 hour single point of access to mental health services.
- We have developed a recovery pathway for people with acute mental health problems, a new pathway for people with dementia. We are also improving person-centred care through providing complementary services such as housing and employment support, independent living skills and counselling services alongside crisis intervention, assertive outreach and 'Improving Access to Psychological Therapies' (IAPT) services

What are our priorities?

- To develop a plan for the increasing numbers of residents with a mental health need.
- To improve access to and quality of mental health promotion and services.
- To improve the quality of care in care homes.

5.6 Infectious Diseases

Forty per cent of people consult their doctor every year because of an infection.

Food poisoning, primarily campylobacter and salmonella, accounts for the largest number of notifications of communicable diseases in Milton Keynes, but its rates are not high compared to other areas. Although rates of food poisoning remain fairly low, food hygiene awareness remains an important issue.

In comparison to 2011/12, the uptake of influenza vaccine 2012/13 by those aged under 65 years in Milton Keynes was 51.6%, a drop of 2.2%, and was similar to the national average of 51.3%. Seasonal increases in influenza 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.

In 2012, the tuberculosis (TB) incidence rate in Milton Keynes was 17.6 per 100,000 population, a further increase of 18% compared to 2011. TB is strongly associated with deprivation and particular BME groups.

Excellent progress has been made in the reduction of infections, such as Methicillin-Resistant Staphylococcus Aureus (MRSA) and Clostridium difficile (C. difficile) in recent years but there remains much work to do to strengthen infection control in care homes, and this is increasingly important in an ageing population.

What are we doing?

Effective immunisation programmes, delivered through primary care, school nursing and secondary care services have led to low levels of vaccine preventable diseases.

Investigations into single cases of certain diseases and outbreaks are undertaken by teams from Milton Keynes and the local Public Health England Centres.

What are our priorities?

- To ensure our population receives the maximum benefit from immunisation and screening programmes, including universal childhood vaccinations, targeted vaccinations such as hepatitis B and influenza and screening programmes such as TB, hepatitis B and HIV.
- To ensure that infection control in health care settings continues to drive down the numbers of healthcare associated infections.
- To ensure that robust systems are in place for the early diagnosis and treatment of TB and HIV.

6. People with Particular Needs

6.1 Physical Disability (including Vision and Hearing Disability)

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 (2009) identified 20,869 households in Milton Keynes with at least one member with a health problem. The main health problems experienced were with walking and mobility problems (just over 4% of all people), diabetes (1.5% of all people) and difficulties due to old age or frailty (almost 1.5% of all people). Other health problems reported were visual impairment (almost 0.5% of all people), hearing impairment (just over 0.5% of all people), and mental health problems (just over 0.5% of all people). There is expected to be an increase in the numbers of people across all age bands with a serious disability, hearing or visual impairment between 2012 and 2030. Of these, approximately 8,000 will have a condition of such severity that they are unable to work. People aged 65 and over with a 'limiting long-term illness' will increase from 13,393 to 26,897 in 2030.

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 may be compromised, for example through blindness or deafness.

What are we doing?

A broad range of services is provided, including equipment services, intermediate care, neurological rehabilitation, community nursing, physiotherapy and occupational health, telecare and telehealth services. Milton Keynes Sensory Services, Milton Keynes Centre for Integrated Living and Carers Milton Keynes offer a range of support services.

What are our priorities?

- To 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.
- To 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.
- To 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.
- To incorporate sensory health messages into health campaigns concerning obesity, smoking cessation and the management of diabetes.

6.2 Learning Disability

A person who has a Learning Disability (LD) has difficulty understanding new or complex information, learning new skills and coping independently. People with mild LD are able to speak and look after themselves, but learn new skills slowly. A person with Severe/Profound and Multiple Learning Disability (PMLD) needs a carer to help with most areas of life, such as eating, washing and going to the toilet.

Mild LD is the most common (84%), the least common is PMLD, (3%) and 13% have moderate LD. Based on national data it is expected that 883 (0.45%) Milton Keynes residents, aged 18+ should be known to services as having LD. The actual number known during 2012 was 729 (0.37%), which is significantly lower than the average for England. Many people with LD are not known to health or social services; the predicted number of Milton Keynes residents, aged 18, with Learning Disability is 4,396 people.

What are we doing?

- The Milton Keynes Learning Disability Partnership Board (LDPB), and its sub-groups, involves people with LD and family carers in strategic planning e.g. example as part of Big Health Days.
- Services provided by the Joint Milton Keynes Council and Community Health Services Learning Disability Service, includes day activities, supported living, short breaks and a step down unit.
- Annual health checks for people with LD are now provided by 24 out of 28 GP Practices in Milton Keynes and over 200 Health Passports have been issued to people with learning disabilities.

What are our priorities?

- To 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.
- Further extension of annual health checks to all GP practices and follow up work to ensure health check information is acted upon.
- Improving access to cancer screening.
- Work to address difficulties experienced by people with learning disabilities in the Criminal Justice System.

6.3 Adults with Autism

Adults with Autistic Spectrum Conditions (ASC) may have reduced access to employment, adequate housing and health. The estimates of the national prevalence of ASC range from 1% to 1.6%. The prevalence is higher in men (1.8%) than women (0.2%).

What are we doing?

- Seven people with Asperger's Syndrome have been trained to train staff in how to work with people with ASC.
- The Autism Assessment and Diagnosis Service (AADS), which is a virtual team comprising staff from Milton Keynes Council and Milton Keynes Community Health Service, is addressing the need for increased diagnosis. Provision of a diagnosis provides the person and their family with an understanding of that person's needs.

- A specialist social worker meets the needs of people with ASC who do not have a learning disability or a mental illness and who, after or during diagnosis, need assessment for adult social care services. The specialist is employed by the Adult Social Care Access Team (ASCAT) and is also a member of the virtual AADS Team.
- Two community support workers are undertaking short-term work with people who are diagnosed as being on the Autistic Spectrum but who are not eligible for Adult Social Care services.
- The Autism Partnership Board sponsored a major conference in May 2013 aimed chiefly at GPs and other Health Professionals.

What are our priorities?

- To continue to develop systems to collect accurate data about the needs of the population with ASC.
- Respond to the adult autism pathway review and achieve better case coordination post-diagnosis.
- To use the development of personal budgets as an opportunity to widen choices in services available to people with ASC.

6.4 Older people with social care needs

The demand for social care among older people will increase steadily as a result of population growth, ageing and longer life expectancy.

What are we doing?

- We offer a range of services including reablement community based services (such as home care and day care), intermediate care, and residential based services (such as residential or nursing care).

What are our priorities?

- To continue commissioning cost effective, integrated health and social services for the increasing social care needs of our population e.g. reablement, assistive technology, day care, improved signposting to preventive services.
- Implement the priorities in the Older People's Strategy 2014-2017.

6.5 Carers, Young Carers and Parent Carers

Carers often experience high rates of depression and stress and can become isolated. Working age adults who provide a lot of care tend to have lower incomes, poorer health and are less likely to be in work. Children and young people need to be protected from inappropriate caring and older people who care may have their own ill health problems - approximately two thirds report having long term health problems or a disability. If a carer is unable to maintain their caring role then this may lead to hospitalisation and admission into residential care.

In 2011, the number of people in Milton Keynes identifying themselves as carers was over 20,000 (8.7%) which is a lower proportion than the national average (10.3%). Of these, 64% provided less than 20 hours a week, 14% provided between 20 and 50 hours a week and the remaining 22% provided more than 50 hours a week unpaid care.

In 2013, 2070 people in Milton Keynes claimed Carers Allowance; 75% are female and 68% are aged between 35-59 years. During 2010/11, 539 carer assessments/reviews were completed, a 72% increase compared to the previous year. The following year, the Carers' Support Service provided support to 2267 carers and received an additional 363 new referrals.

In 2011/12, 226 young carers were registered with the Carers Milton Keynes Young Carers Service and 51% of the young carers were between the ages of 8-12 years.

What are we doing?

- Carers MK provided information, advice and guidance to 2,506 adult and parent carers and received referrals for 384 new carers during the year. Carers in need of more support receive additional one to one support and services tailored to their needs. Carers MK provide a range of practical and emotional support services for young carers.
- Milton Keynes Council undertakes carers' assessments of people who provide, or intend to provide, 'regular and substantial' care to a person.

What are our priorities?

The Carers Partnership Board will enhance support to carers which will:-

- offer a range of universal, targeted and specialist services for carers, to best meet their specific needs;
- increase access to information, advice and support provided to carers in Milton Keynes;
- implement changes to carers assessment procedures to ensure they are straight forward and effective.

6.6 Prisoners and Young Offenders

Her Majesty's Prison, Woodhill is situated in Milton Keynes providing the services to the local Crown and Magistrates courts and housing around 800 Category A prisoners. Oakhill is a secure training centre housing young people aged between 12 and 17 from across

the country who are remanded into 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 of and persistence of offending.

What are we doing?

A range of primary and secondary healthcare, substance misuse, and mental health services is provided by different providers.

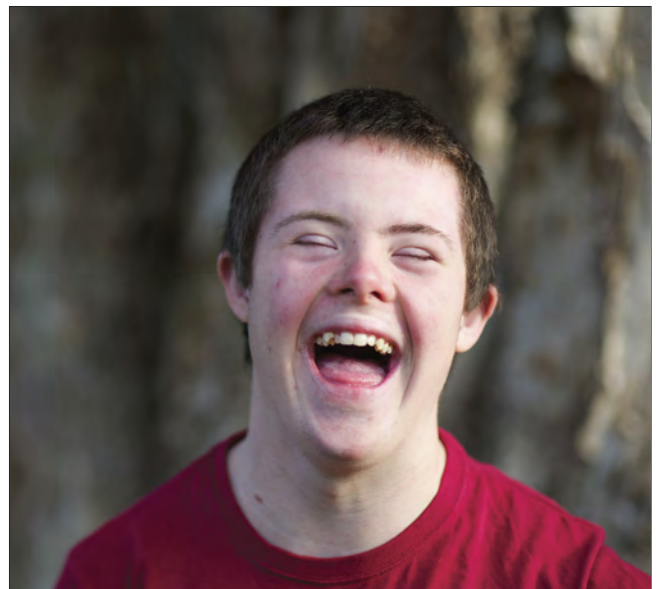
What are our priorities?

- To 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: e.g. increasing the detection and treatment of blood borne viruses in prisons and providing a high quality substance misuse service that has high abstinence as outcome.
- Increasing detection rates and support for those with learning difficulties and disabilities.

7. Framework for the future

The JSNA highlights the overarching principles to be followed in commissioning future services:

- 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 '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'.
- Demonstrate good value for money.



Further information

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