



Milton Keynes Clinical Commissioning Group



MILTON KEYNES
COUNCIL

Joint Strategic Needs Assessment Executive Summary 2012/13



www.mkiobservatory.org.uk

Contents

| | |
|---------------------------------------------------------------|----|
| 1. Introduction | 5 |
| 2. Population and place | 6 |
| A growing population | |
| An ageing population | |
| Ethnicity | |
| Inequalities | |
| 3. Life in Milton Keynes | 8 |
| Housing | |
| Employment | |
| Poverty | |
| Education | |
| Transport | |
| Crime | |
| 4. Lifestyle determinants of health | 10 |
| Smoking | |
| Physical activity | |
| Substance abuse | |
| Sexual health | |
| 5. Health | 12 |
| Pregnancy and the early years | |
| Adult mental health | |
| Adults with autism | |
| Children’s and young people’s mental health | |
| Long term conditions and mortality | |
| Infectious diseases | |
| 6. People with particular needs | 16 |
| Physical disability (including vision and hearing disability) | |
| Learning disability | |
| Older people with social care needs | |
| Carers and young carers | |
| Prisoners | |
| 7. Framework for the future | 19 |

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, Community Action MK and Milton Keynes Clinical Commissioning Group and has been informed through the engagement of both statutory and voluntary groups.

The full JSNA is available online at www.mkiobservatory.org.uk



2. Population and place

A growing population

According to the latest data, in 2011 Milton Keynes Borough was home to 248,800 people, which is an increase of 36,100 (17%) since 2001. The population is expected to continue to grow, rising by a further estimated 28,000 (another 10%) between 2011 and 2018.

The population is growing due to increasing life expectancy, a rising birth rate and inward migration:

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 2011 from 2,830 to 3,927;

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, fell in subsequent years, but appears to have increased again in 2009/10.

An ageing 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 60 and over forecast to increase by 15% between 2011 and 2016 and by 26% between 2011 and 2021. The population of Milton Keynes is ageing faster than the national average.

Ethnicity

More than a quarter of people living in Milton Keynes Borough are from ethnic minority communities compared to about a fifth nationally. Ten percent of the population self-identifies as Asian, 5% as White Other, 7% as Black and 3% as Mixed. Younger age groups have a higher proportion of people from a Black and Minority Ethnic (BME) population and the 2012 School Census found that 34% children came from BME groups. Routine recording of ethnicity by all services is essential for reliable analysis of the use of services by BME groups and this is a statutory duty under the Race Relations Amendment Act (2000).

Inequalities

Communities which have lower levels of income inequalities tend to be happier and have fewer social and health problems which benefits all income groups in the community.

On average, the 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 (IMD2010) 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 2010, there were 12,305 children in Milton Keynes children living in poverty.

What does this tell us?

- The number of young people is increasing in Milton Keynes and the number of older people is increasing faster.
- The ageing population is leading to a rapidly increasing prevalence in all long-term conditions and major increases in demand on health and social care services.
- Significant health inequalities persist between the more affluent and more deprived areas.
- A significant minority of the population is from a BME group and tailoring of services to different BME groups should be considered to ensure health equity. GP practices in particular should be encouraged to record ethnicity of all their patients, not just new registrations.



3. Life in Milton Keynes

Housing

One of the biggest factors leading to poor health is housing. Older people are particularly vulnerable to the effects of inadequate heating. Cold and damp homes (often as a result of fuel poverty), have a short and long term impact on health. 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 fifth lowest level of fuel poverty in England and Wales, 8% of the population of Milton Keynes are thought to be in fuel poverty.

Employment

There is a strong link between unemployment and deterioration in physical and mental health and well-being.

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. However, the area has seen sharply rising unemployment across all sectors with a high of 4.7% in August 2009 (figure). In December 2012, the unemployment rate was 3.1%, which is higher than the South East average of 2.4%. 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 October 2012, 5% of young people in Milton

Keynes Borough were described as not in employment, education or training (NEET). Many of these young people live in the most deprived wards (Woughton, Eaton Manor, Campbell Park).

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 2010, there were 12,305 children living in poverty of which the top three wards, Campbell Park, Woughton and Eaton Manor wards consistently leading for many years.

Education

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

Educational attainment in Milton Keynes is good and has improved over recent years. However there are clear 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 Borough, such as Netherfield and Beanhill there are levels of pupil attainment of under 40% (with fewer than 40% children gaining five or more GCSEs at grades A*–C).

Transport

The need for a car to access work and services (including shops, healthcare, 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 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.

Crime

The level of crime is a major influence on quality of life, and ranked as the most important concern reported by borough residents in the 2008 Place Survey. 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 criminal ASB are Central Milton Keynes, Bletchley and Fenny Stratford. The level of violent crime is higher than national average.

In 2011-2, the level of repeat domestic violence in Milton Keynes was the highest in Thames Valley.

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 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; promoting active travel.
- SaferMK is focusing on six elements of community safety including domestic violence 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 violence.

4. Lifestyle determinants of health

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

The choices people make 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.

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 very successful local stop smoking service with a high quit rate.

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.

Substance abuse

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 1,000 people in Milton Keynes use opiates or crack, around half of whom are aged 25-34.

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 2011, 2.5 per 1,000 15-59 year olds adults resident in Milton Keynes had received an HIV diagnosis. Over a threshold of 2 per 1,000, Public Health recommends offering an HIV test to everyone registering for the first time at a general practice.

Untreated Chlamydia infection can lead to long term health problems including infertility. Increasing numbers of young people are coming forward to be tested for Chlamydia and in 2011, 9,395 15-24 year old Milton Keynes residents were tested.

The rate of conceptions amongst under 18 year olds has fallen from 51.2 per 1,000 in 1998 to 29.9 per 1,000 in 2010.

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 & 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 prompt 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

Pregnancy and the early years

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.

We meet national target of 95% coverage for childhood immunisations at 2, 3 and 4 months.

Smoking in pregnancy is low (11% of pregnant women) compared to the national average, but reducing smoking in pregnancy is expected to be one of the key outcomes from improving early access to good antenatal care.

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 eating policies, fluoride tooth brushing schemes, dental care training and fluoride varnish schemes.
- Additional antenatal care access points and additional investment for specific groups of pregnant women.
- 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 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.

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% 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 i.e. 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 and 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.

Adults with autism

Adults with Autistic Spectrum Conditions (ASC) may have reduced access to employment, adequate housing and health. 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 MKC and MKCHS, 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 is sponsoring 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.
- To use the development of personal budgets as an opportunity to widen choices in services available to people with ASC.

Children's and young people's 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 effectiveness 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 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 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 ASD 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.

Long term conditions and mortality

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.

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 and in particular, more frail people who 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.
- Recognising the interdependence of physical and mental health.
- To implement the Milton Keynes End of Life Care Strategy.

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. Although rates of food poisoning remain fairly low, food hygiene awareness remains an important issue.

In comparison to 2010/11, the uptake of influenza vaccine by those aged under 65 years in Milton Keynes was 53.6% an improvement of 3% and was higher than the national average of 51.6%. 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 2011, the tuberculosis (TB) incidence rate in Milton Keynes was 14.9 per 100,000 population, an increase of 22% compared to 2010. TB is strongly associated with deprivation and particular BME groups.

What are we doing?

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, and this is increasingly important in an ageing population.

What are our priorities?

- To continue to be alert to and plan for the threat of pandemic influenza and promote vaccination uptake.
- 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

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 an 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.

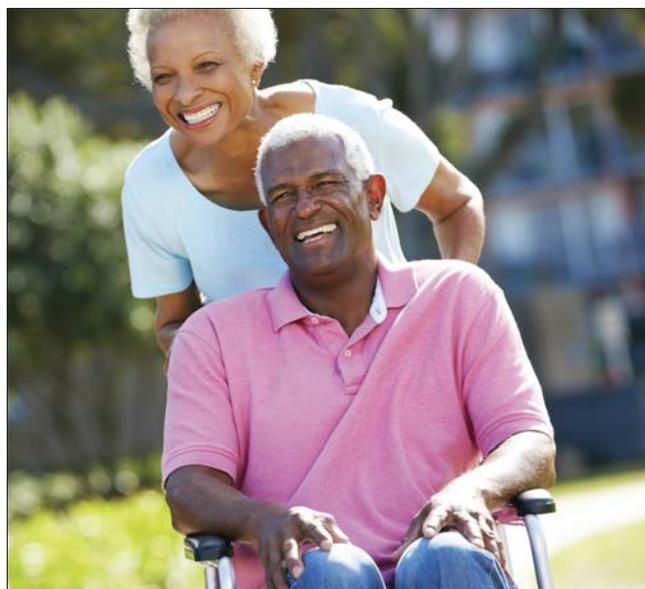
The impact of disability on the individual can be wide ranging and complex. Disabled people are significantly more likely to experience unfair treatment at work, difficulties in accessing goods and services, social exclusion and isolation, mental ill health and some level of prejudice. Often disabled 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.



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.
- To explore the opportunity provided by personal budgets.

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 services for the increasing social care needs of our population e.g. reablement, assistive technology, day care, improved signposting to preventive services.

Carers and young 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. The inability of a carer to cope is often the cause of 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 the UK, carers are more likely to be women (67%) and are most likely to be aged 65+ years; 27% have been main carers for at least ten years and 48% of carers provide 20 or more hours caring a week.

In 2012, 1,910 people in Milton Keynes claimed Carers Allowance; 74% are female and 67% 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 2,267 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?

- A carer counselling service is provided.
- All carers are assessed and appropriate services provided.

What are our priorities?

- To enhance support to carers which will enable them to remain economically active, enjoy good

physical and mental wellbeing which will empower them to continue to make a key contribution in meeting the support needs of those they care for.

Prisoners

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?

- Primary care, secondary care, substance misuse and psycho social services are provided at Woodhill and Oakhill secure training centre.

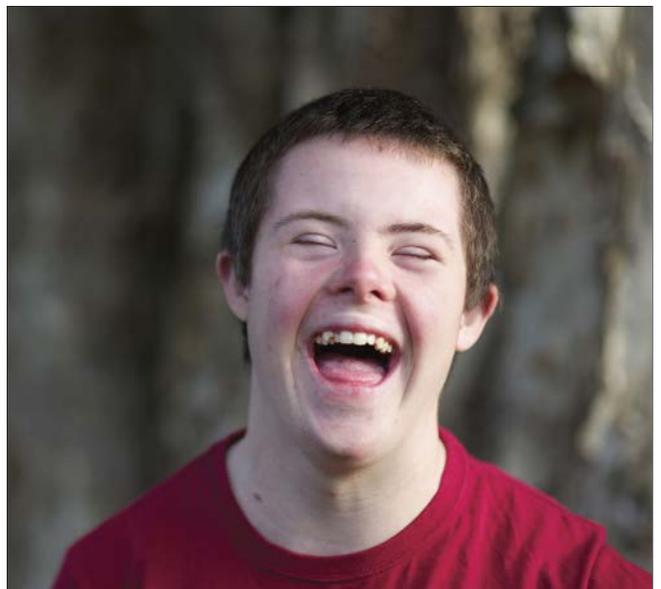
What are our priorities?

- 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.

7. Framework for the future

The JSNA highlights the overarching principles to be followed in commissioning future 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 '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'.



Further information

Milton Keynes Council
Civic Offices
1 Saxon Gate East
Central Milton Keynes
MK9 3EJ

Tel: 01908 257967

Email: cwcomms@milton-keynes.gov.uk

www.mkiobservatory.org.uk

