Milton Keynes

Health and Well Being Strategy

2015 - 2018
Foreword

This is the second Health and Well-being Strategy for Milton Keynes.

It builds on the achievements of the first strategy as well as recognising some of the challenges we face and outlining how these can be addressed.

During the time of the first strategy from 2012-2015 there were some key achievements:

- One of the highest rates of sports participation in England and continues to improve
- Improvement in diagnosis rates and early support for dementia clients
- Hospital admission rates attributable to alcohol decreased significantly
- A higher number of carers are being assessed and supported with a range of services
- A reduction of cases of COPD as a cause of admissions to hospital due to proactive case management in the community
- A significant increase in the number of eligible people who are offered and receive an NHS Health check
- The number of older people who are able to remain in their own home following a stay in hospital is one of the highest in England
- Over 600 people supported into employment through the Neighbourhood Employment Programme
- The number of users of Adult Social care Services who say the services make them feel ‘safe and secure’ is higher than the England average.

We still need to do more to ensure that everyone is Milton Keynes is able to live the most fulfilling and healthy life that they can. We aim to work in partnership to focus on the key priorities outlined in this strategy so that people living and working in Milton Keynes have every opportunity to improve their health and well-being.

Councillor Nigel Long
Dr Nicola Smith
Introduction

How this strategy was developed

Joint Strategic needs assessment

The Joint Strategic Needs Assessment (JSNA) describes what we know about health and well-being in Milton Keynes. It was developed by key partners across Milton Keynes. It provides the evidence to help us make the best decisions about how we can work together to help everyone in Milton Keynes have healthier lives. This strategy has been developed taking account of the key needs identified in the JSNA as well as the key actions to improve health that are outlined in the JSNA summary document.

Key stakeholders and community engagement

A proposal to use a life course approach to the strategy has been presented to a number of stakeholders. The presentation included the key issues for health and well-being in MK as well as a recap of the previous strategy. Audiences were asked their views on the life course approach and there were discussions about the key priorities for each life course stage. People have been in favour of the life course approach, the inclusion of mental health in all stages and an opportunity to pick up specific issues that relate to different localities. Stakeholder groups consulted included CCG Programme Boards, Partnership Boards, local communities in Bletchley, MKC staff and the Voluntary sector.

What do you think we should do?

- Starting Well: giving every child the best chance in life
- Ageing Well: improving outcomes for older people
- Living Well: working with communities to live longer and healthier lives
- Locality specific issues: includes children and adults
  - Name of group and number attending
  - Date
The key headlines developed from the JSNA and the views of local stakeholders are:

How we live:

**Starting Well: Giving every child the best chance in life**
To improve the start in life for children in most need

**Living Well: Working with communities to live longer and healthier lives**
To reduce the number of premature deaths and improve mental health

**Ageing Well: Improving outcomes for older people**
To support older people with common mental health problems and prepare services for the increasing pressures of social and economic change

Where we live:

**The Place: Making Milton Keynes a healthy city**
To maximise the opportunities for the environment of Milton Keynes to support healthy living
Health and Well Being in MK

Health in Milton Keynes is not as good as it should be. It is lagging behind comparable areas. Life expectancy is more than 5 years lower in the poorest areas than the richest.

The Milton Keynes population is growing in size and diversity

More than a quarter of a million people live in Milton Keynes. Over the next 10-15 years in Milton Keynes the whole population is expected to grow by 49,700 people, about 20% increase, with an increase of more than 20,000 in the number of over 65 year olds. This will place an increasing demand on health and care services.

Too many children have a poor start to life and suffer health problems

Some health outcomes for Milton Keynes 70,000 children and young people are good and others are improving. The infant death rate has fallen since 2000-2002 to approach the national average and under 18 conception rates remain below the England average. In 2014 62% of Early years Foundation Stage children achieved a good level of development compared to 49% in 2013. However almost a third of year 6 pupils are overweight or obese and rates of admissions for lower respiratory tract infection among children have been higher than the England average.

Premature deaths contribute to Life Expectancy that is six months less than the national average

Life expectancy, a summary measure of death rates at different ages, has been improving steadily over the past decade. It is now 78.7 years for men and 82.5 years for women. However this is half a year below the average for England for both men and women. Life expectancy in Milton Keynes has not been increasing as quickly as the national average.

- There are inequalities in health
- There is a gap between the most deprived 10% and the least deprived 10% of the population. This gap is slowly narrowing for both men and women. Life expectancy is now 7.1 years lower for men and 5.3 years lower for women in the most deprived areas of Milton Keynes compared to the least deprived areas. This is slightly better than the England average gap.
- The most disadvantaged communities in are where many health and social problems are concentrated.
• Levels of unhealthy behaviour are high

• Far too many people’s lives continue to be shortened because of smoking, excessive drinking, drug abuse, unhealthy eating and physical inactivity. Unhealthy behaviours occur at all ages and so it is important elderly people and children, and their parents, are not forgotten.

Mental health problems affect people of all ages
Approximately 26,000 residents are thought to have a mental health disorder and over 11,000 have two or more mental health disorders. It is estimated that almost 4,000 children aged 5-15 have and 30% of older people have a mental health problem. Among older people the most common problems are depression and anxiety and two thirds of older people with depression never discussed it with their GP.

The city’s environment could contribute more to healthy outcomes
In Milton Keynes there is a high level of car ownership and low level of cycling. There is a risk that increasing number of houses will lead to even greater car travel which could worsen air quality and noise levels. In Milton Keynes over 5000 households are thought to be in fuel poverty. By the end of 2013/2014 the Council had accepted a full duty to 515 homeless households, compared to 84 in 2009/10

Health in Milton Keynes is not as good as other similar areas but a holistic ambitious partnership approach could change this.
How We Live

Starting Well: Giving every Child the Best Start in Life

Children in Milton Keynes are relatively healthy but still too many suffer from mental and physical health problems. We need to recognise the children with the most difficult circumstances and complex needs and support both them and their parents.

What we need to do

Prevention

Ensure early identification and support of parents and children who have the most need, including mothers with poor mental health, parents that misuse drug and alcohol and children exposed to domestic abuse.

Ensure appropriate antenatal care for those from the most deprived communities and the increasing numbers of pregnant women from BME groups.

Ensure development assessments and parenting support that will contribute to enabling all children to start school ready to learn.

Ensure that children and young people are supported to make healthy lifestyle choices and reduce risky behaviours.

Work within schools and other settings to build self-esteem in young people and identify children at risk of poor mental health early to ensure access to appropriate services.

Focus on reducing the gaps in educational attainment.

Develop mentoring schemes for young people who do not have positive role models.

Reduce child poverty though interventions to increase household resources and reduce costs.

Promote the baby friendly approach to increase rates of breast feeding.
Services/support

Ensure that a maternal obesity programme is offered to all women with a BMI of 30+

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

Tackle child sexual abuse through awareness raising and training

Minimise the impact of the ‘toxic trio’ on children and young people through improved early support to the whole family

Ensure services take a whole family approach

What will change

Reduced likelihood of developing preventable mental health issues
Reduction in levels of childhood obesity
Reduction in hospital admissions for children and young people
Reduction in incidents of repeat domestic abuse
Improved scores for Good level of Development at Foundation Stage
Living Well: Working with Communities to Live Longer and Healthier Lives

Milton Keynes has relatively more premature deaths than comparable areas and more than 25,000 people in Milton Keynes have mental health problems.

What we need to do

Prevention

Strengthen preventative mental health support initiatives
Reduce levels of smoking through prevention and stop smoking services
Promote high quality accessible and equitable primary care
Increase opportunities to prompt healthier lifestyles, for example using the MECC approach
Increase early diagnosis of cancer by promoting screening programmes
Improve early diagnosis of diabetes and diabetes prevention
Increase uptake of NHS Health Checks
Increase capacity of the IBA alcohol services across primary and secondary care

Services/Support

Interventions to tackle COPD such as Breath easy and rehabilitation services
Long term conditions such as diabetes are diagnosed early and
Patients supported to manage their conditions
Increase access to treatment services for obesity
Increase early identification and treatment of HIV
Increase access to psychological therapies in primary care
Invest in the promotion of physical health in people with serious mental health illness

Develop a joint commissioning strategy for wider use of tele health/telecare

What will change

Reduced smoking prevalence
More people have NHS health checks
Improved outcomes and reduced variation in clinical care for people with CVD
Reduction in emergency hospital admissions
Uptake of cancer screening programmes increases
Decrease in late diagnosis of cancer
More known patients with diabetes and improved quality of care
Improved satisfaction with access to primary care
Reduction in the number of premature deaths from CVD
Fewer people with excess weight
Reduced levels of alcohol drinking
Ageing Well: Improving Outcomes for Older People

The number of older people with health problems is increasing rapidly and currently includes 6800 people with depression and 2300 people with dementia.

What we need to do

Prevention

Support carers to maintain or improve their well being

Increase access to falls prevention services

Increase the uptake of seasonal flu vaccination for people aged 65 and those at risk under 65

Ensure older people are accessing counselling and talking therapy services for common mental health issues

Services/Support

Commission integrated health and social care services to support older people to remain independent

Promote intermediate care services, focussing on prevention of avoidable admission to hospital or long term care and supporting hospital discharge

Develop additional community services that support people 24/7
Strengthen mental health services

Ensure access to high quality dementia care for diagnosis, treatment and support services

Improve the quality of mental health care in Care Homes
What will change

Flu vaccinations meet national targets as a minimum
Reduced demand on crisis services
Reduced hospital admissions for ambulatory sensitive conditions
More people able to live independently for longer with a higher quality of life
Where We Live

The Place: Making Milton Keynes a healthy city

The design of Milton Keynes, its community spaces, its roads and paths, and its homes has a significant impact on health of young and old alike. The environment of Milton Keynes could contribute more to healthy living.

What we need to do

- Develop locality plans that focus on locally specific issues
- Focus on the communities in most need
- Reduce fuel poverty and support people to address housing issues – provide advocacy, advice and access to funding
- Reduce homelessness by early identification of those at risk
- Improve the public transport network
- Promote Active travel through improvements to the walking and cycling infrastructure
- Take a strategic, multi-agency approach to premises-linked to new service models and population growth
- Support local employers to encourage healthy workplaces, with organisations that are part of the health and Well-being Board setting an example

What will change

- More people will use active travel
- Homelessness will decrease
- Less households will live in fuel poverty
- Services will located together in accessible locations
- Levels of physical activity will increase
- Those communities most in need will be better supported through a range of interventions
## How will we know we are making a difference?

<table>
<thead>
<tr>
<th>Starting Well</th>
<th>Living Well</th>
<th>Ageing Well</th>
<th>Healthy MK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduced likelihood of developing preventable mental health issues</td>
<td>Reduced smoking prevalence</td>
<td>Flu vaccinations meet national targets as a minimum</td>
<td>More people will use active travel</td>
</tr>
<tr>
<td>Reduction in levels of childhood obesity</td>
<td>More people have NHS health checks</td>
<td>Reduced demand on crisis services</td>
<td>Homelessness will decrease</td>
</tr>
<tr>
<td>Reduction in hospital admissions for children and young people</td>
<td>Improved outcomes and reduced variation in clinical care for people with CVD</td>
<td>Reduced hospital admissions for ambulatory sensitive conditions</td>
<td>Less households will live in fuel poverty</td>
</tr>
<tr>
<td>Reduction in incidents of repeat domestic abuse</td>
<td>Reduction in emergency hospital admissions</td>
<td>More people able to live independently for longer with a higher quality of life</td>
<td>Services will located together in accessible locations</td>
</tr>
<tr>
<td>Improved scores for Good level of Development at Foundation Stage</td>
<td>Decrease in late diagnosis of cancer</td>
<td></td>
<td>Levels of physical activity will increase</td>
</tr>
<tr>
<td></td>
<td>Improved satisfaction with access to primary care</td>
<td></td>
<td>Those communities most in need will be better supported through a range of interventions</td>
</tr>
<tr>
<td></td>
<td>Reduction in the number of premature deaths from CVD</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fewer people with excess weight</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>