MILTON KEYNES:

MAKING A GREAT CITY GREATER

Commission Working Paper 14

Health and Wellbeing Needs

Milton Keynes Council

Milton Keynes Futures 2050 Commission

MILTON KEYNES FUTURES: 2050

THE HEALTH AND WELLBEING NEEDS COMMISSION WORKING PAPER 14:

1. This Commission Working Paper looks at the Health and Wellbeing issues and choices facing Milton Keynes as a city. Health and Wellbeing are central components in an individual's quality of life, and when exploring what makes a city great living healthier lives are an essential component in improving residents' lives, from birth through to death. The paper draws on National trends and Local Papers, such as the work of the Milton Keynes Health and Wellbeing board, Joint Strategic Needs Assessment 2014/15 and Public Health Annual Report 2011.

2. This Working Paper comprises three sections:
   • Trends shaping Health and Wellbeing to 2050
   • The current health challenges in England & policy
   • The current health challenges facing Milton Keynes in terms of health and wellbeing

3. The final section sets out areas which Commissioners may wish to consider when building scenarios for the future of Milton Keynes.

TRENDS SHAPING HEALTH AND WELLBEING OVER THE LONG-TERM (2050)

4. There is a complexity to the future of Health and Long-term care, which can be described in terms of the historical key drivers: size of the population, growth in national wealth, increases in the costs of providing care and developments in medical technology.

4.1 It is important to recognise Health and Wellbeing as different, but related concepts, with an individual's Health being just one key aspect of ten making up their wellbeing. The relationship between Health and Wellbeing is not clear cut, both are important to each other, with healthier lifestyles associated with higher levels of wellbeing. Economic growth requires a skilled population, who are both healthy in body and mind and enjoy a good level of wellbeing[1].

4.2 The Department of Health describes wellbeing as comprising of "an individual's experience of their life and a comparison of life circumstances with social norms and values.[2]" Wellbeing matters to Health Care policy as an increase in wellbeing can reduce the burden on the Healthcare system and improve health care outcomes[3]. The Department of Health is therefore seeking to embed wellbeing into its policies, in line with wellbeing increasingly being measured and compared to deliver a judgement of places.

5   **Drivers of Change in Health and Wellbeing**

5.1 Caution must be used in applying trends to the study of health and wellbeing; as Imison (2012) notes "It is very tempting to use a past trend as a basis for future

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predictions. Trends are only patterns of change to date; they give no certainty about the future." Furthermore, trends could be misinterpreted or greatly altered through the development of medical advances, patterns of disease and changes in population behaviour[4].

5.2 Using current information, the drivers of change in Health and Wellbeing needs are likely to be:

5.2.1 **Demographic changes -** resulting largely from expected increases in life expectancy, and healthy life expectancy at birth. Advancing age is associated with frailty, adverse outcomes and reductions in physical capacity[5] (NHS England) and increasing longevity is expected to produce a significant strain on Health and Social Care services.

5.2.2 **Place, Housing & Inequality-** Geography is a central character in the story of inequalities in health and wellbeing, barriers to Housing and Services and Living Environment are two of the seven domains measured in the Index of Multiple Deprivation. The local quality of housing conditions has a significant impact on a person's health, with poor quality housing contributing to many preventable diseases including respiratory, cardiovascular, cancer and poor mental health[6]. Homelessness also has a marked effect on health. Inequality is also a major factor in determining both wellbeing and health of a population. In terms of wellbeing, place has an important role to play in shaping an individual's wellbeing, with where we live, what we do and natural environment making up three of the ten wellbeing aspects measured by the ONS[7].

5.2.3 **Lifestyle changes –** Wellbeing is associated with healthy behaviours in adults, such as healthier diets, engaging in physical activity and likelihood of smoking[8]. Changes in personal goal setting, health responsibility, exercise, nutrition, interpersonal support, and stress management make up to 50% of the variance in health inequality, factors which extend beyond the boundaries of health and social care.

5.2.4 **National policy affecting the nature of health and social care services & their design –** Transformative changes to health and social care practices thus far have been cost centred rather than care focussed and have not produced variations in quality of care, capacity or productivity. Reablement has developed as part of the attempt to bring about a shift to community-based care and avoid unnecessary and/or lengthy hospital admissions. The development of the pooled Better Care Fund has seen a move towards Health and Social care services integrating better going forwards. In other

[4] The Kings Fund, Future Trends- Demography, http://www.kingsfund.org.uk/time-to-think-differently/trends/demography, 2016
[5] https://www.england.nhs.uk/2015/02/catherine-thompson/
[6] Health Inequalities in Milton Keynes, p52
[7] http://www.neighbourhood.statistics.gov.uk/HTMLDocs/dvc146/wrapper.html
[8] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/277566/Narrative__January_2014_.pdf, p11

countries like the US, Canada and New Zealand, policy has seen larger scale primary care provisions linked together to provide increased scale, scope and capacity for services to meet the populations health and wellbeing needs[9].

5.2.5 **Smart technology and big data** have enormous potential in ensuring that health services and social care can provide an integrated and intuitive response to health issues. However**,** the human contact element of health and social care practices is likely to continue with the need for substantial infrastructure.

5.2.6 **Profile of Mental Health, Wellbeing and disability services –** Public attitudes towards mental health has improved, and the Mental Health Taskforce set out its ten year journey for this transformation, which looks set to continue into the future. The Health and Social care system is looking to redesign to reflect people's needs[10], with care shifting more towards keeping people in their homes. Investments in services preventing illness and keeping people healthy have been outlined by the NHS Confederation and in the NHS Five Year Forward view (2014) as targets for the future of the NHS[11]. 1 in 4 people at any one time experience mental illness[12]. The most common form of mental illness is a combination of anxiety and depression (9%), followed by general anxiety (4.4%) and depression without the symptoms of anxiety (2.3%)[13].

5.2.7 **Increasing projected costs** for the UK show a wide range of possible spending futures, reflecting uncertainties about the long-term future and alternative approaches and assumptions made. The UK Office for Budget Responsibility's latest health and long-term care projections suggest health care spending could range from 7.8 per cent to 16.6 per cent of GDP in 2061, compared with 6.8 per cent in 2016/17, taking spending per head of population from £1,745 to £9,914. Spending on long-term care in 2061 could range from 1.5 per cent to 2.5 per cent of GDP compared with 1.1 per cent in 2016, increasing per capita spending by more than fivefold from £276 to £1,491 on the higher projection. As spending rises, diminishing returns are likely to set in, where the additional cost will exceed either the additional health benefit, or the benefits to be had from spending on non-health and social care services. All this implies that there are important political and social choices to be made about how much to spend, what it should be spent on and how this spending should be funded.

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[9] https://www.modalitypartnership.nhs.uk/sites/default/files/securing_the_future_of_general_practice_summary.pdf (P2)

[10] http://www.nhsconfed.org/~/media/Confederation/Files/public%20access/Challenges%20facing%20the%20NHS%20guide%20for%20MPs%20and%20peers%2018%20May.pdf

[11] http://www.nhsconfed.org/~/media/Confederation/Files/public%20access/Challenges%20facing%20the%20NHS%20guide%20for%20MPs%20and%20peers%2018%20May.pdf

[12] Office for National Statistics, Adult Psychiatric Morbidity in England, 2007, http://www.hscic.gov.uk/pubs/psychiatricmorbidity07

[13] IBID

THE HEALTH CHALLENGE FACING ENGLAND & POLICY

6.3 If the trends of the last fifty years continue, the UK could be spending "one-fifth of its entire wealth" on the public provision of health and social care (Appleby 2013:1). This has important implications for the UK as well as Milton Keynes.

6.4 The **sustainability of rising health and social care spending** trends remains the biggest risk factor for public policy. NHS Confederation statistics show a gap between rising demand for care and the funding available to be at least £30 billion by 2020[14], with unprecedented efficiency savings of £22 billion needed from the NHS. Rising demand is also expected on Social care budgets, at a time when state spending on Adult Social Care has been falling in real terms[15].

6.5 In December 2015, the NHS outlined the need for every health and social care system in England to produce multiyear **NHS Sustainability and Transformation plans**, a new approach to delivering care that meets the local populations' needs and to drive "drive genuine and sustainable transformation in patient experience and health outcomes of the longer-term.[16]" The focus on how the health and social care system come together to meets patients' needs over wider geographic areas is a trend in policy that looks set to continue.

In the Greater Manchester Combined Authority, devolution has provided an opportunity to transform health and social care services to a "clinically and financially sustainable model[17]", other integration models are likely to follow.

6.6 **Mental Health**– 1 in 4 people at any one time experience mental illness[18]. The most common form of mental illness is a combination of anxiety and depression (9%), followed by general anxiety (4.4%) and depression without the symptoms of anxiety (2.3%[19]). Suicide is the leading cause of death in men aged 15-49 in England.

6.6.1 More people are likely to present to services with mental illnesses and disabilities, such as dementia, bipolar and personality disorders, and Mental Health services will face the same efficiency challenges as other parts of the Health and Wellbeing system.

6.6.2 **Workforce shortages** in some mental health professions must be addressed. In addition, there will need to be investment in training and education aimed at giving GPs, nurses and other staff the skills to help people with mental health problems to enjoy the same care and outcomes as anyone else. New models will be needed to meet need and address the growing prevalence of mental illness and disability.

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[14]http://www.nhsconfed.org/~/media/Confederation/Files/public%20access/Challenges%20facing%20the%20NHS%20guide%20for%20 MPs%20and%20peers%2018%20May.pdf

[15] https://www.nao.org.uk/wp-content/uploads/2015/03/Adult-social-care-in-England-overview.pdf (P7)

[16] https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/stp/.

[17] https://www.greatermanchester-ca.gov.uk/downloads/file/125/taking_charge_of_our_health_and_social_care_in_greater_manchester.

[18] Office for National Statistics, Psychiatric Morbidity Survey, 2008

[19] IBID, 2008

6.6.3 **Demographic changes** will produce pressures on Mental Health services too, by 2027 it is projected that Dementia care will cost £34.8 billion[20] (including care from family and friends), an increase of 135% on 2007 levels. The Mental Health Taskforce recommended the UK become a world leader in the development and application of new mental health research[21]. Ending the stigma around Mental Health remains a crucial focus for the Department of Health and Public Health England going forwards. CCG's will be expected to publish a range of benchmarking data on Mental Health services by 2020/21, and new models of care, included improved pathways are expected to develop following government investment of £1.4 billion (2015-2020.) Trends suggest that levels of social isolation are likely to increase as the population ages

6.6.4 **Mental Wellbeing –** The wheel of wellbeing used by the ONS to measure a population's wellbeing contains 10 domains (of which health is just one.) Mental Wellbeing is likely to be the subject of policy in the coming years, with the UK ranking 20th of 27[22] OECD Countries on Mental Wellbeing markers.

6.7 **Improved productivity** has been proposed to provide a way to mitigate the need to spend more. Productivity changes remain a theoretical possibility even with the present healthcare changes, as it is not easy to establish these changes. The medical advances over the past 50 years have had an enormous impact on the scale and scope of health care, changing what can be done, in what way and to whom. Equally, changes in the demographic structure of the population as well as in lifestyles and health-seeking behaviours have altered the demand side of the equation. However, productivity solutions alone cannot change the demand-side on health and social care services.

6.8 **Long-term conditions** - there are around 15 million people in England with at least one long-term condition. Their treatment makes up 50 per cent of GP appointments and 70 per cent of the primary and acute care budget in England. GPs, not hospitals, deal with the majority of these, and in the future, will have to manage the growing demand arising from the ageing population. Long-term conditions increase with age, with the Department of Health (DH) predicting a 252 per cent increase in people aged over 65 with one or more conditions by 2050. As people's needs become more complex and conditions More integrated health and social care support has been recognised as the way forward in the care of people with these conditions by building relationships, resolving misunderstandings, simplifying care pathways and minimising organisational barriers between different agencies.

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[20] http://www.kingsfund.org.uk/sites/files/kf/Paying-the-Price-the-cost-of-mental-health-care-England-2026-McCrone-Dhanasiri-Patel-Knapp-Lawton-Smith-Kings-Fund-May-2008_0.pdf (P111)

[21] https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf (P18)

[22] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/277566/Narrative__January_2014_.pdf P7

6.9 **Health and Care Staff** – the supply of professional support to fulfil the needs of health care might be an unresolved issue, Health and Social Care provision must keep pace with the growth of the city. The supply of affordable accommodation is at risk, with the housing rents and prices exceeding the salaries offered in the health and care sector. The continual use of expensive temporary nursing options has been a large contributor to rising health costs. Furthermore, the qualification requirements of care workers, which are increasing in quantity and depth year by year, are not offset with increases in salary, which remains basic. A survey of Care England members carried out in November 2014 revealed that most vacancies in the care sector go unfilled for at least 6 months. One of the primary means of fulling nursing vacancies when nurses cannot be easily sourced within the UK is to recruit from abroad. Freedom of movement within the EU has helped, but many EU organisations also reported that due to nursing shortages across the continent, even recruiting from the EU has become difficult. GP Recruitment is also a concern to address.

6.10 **Technology** – The sector is already seeking to embrace technology within future policy, looking at innovation and research as opportunities to help reduce costs on health and social care. The emphasis will be on self-care in the future, and by 2050, it is likely that technology will lead to fully personalised health care, but also to improvements in wellbeing. The Modality Partnership, a single GP organisation operating across Birmingham and Sandwell, is already trialling the wider use of technology in health care.[23] In the medium term, investment will be needed to make the use of technology affordable

6.11 **Urban design** - In launching its Healthy New Towns programme, NHS England has recognised in NHS policy the significant impact that healthy built environments, housing, urban design and communities can have on Health and Wellbeing, with the programme's aim to drive closer collaboration between planners, local authorities, developers and the NHS to help meet the Efficiency challenge.

6.12 The challenges in demand and supply are macro-political choices and Milton Keynes will to some extent be respondent to these issues. However, this does not mean that Milton Keynes policy is a passive response, instead it needs to take on the following:
- Understanding that changes are not just, or predominately, demographic
- Envisage the size and quality of health and social care sector needed
- Be active in ensuring that Milton Keynes can house and accommodate the health and social care professions of the future

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[23] https://www.modalitypartnership.nhs.uk/about-us

- Find alternatives to purely professional care to those with long-term conditions, including self-help and wider health service options

THE CHALLENGE IN MILTON KEYNES:

7.1 The challenges faced by Health and Wellbeing Services in Milton Keynes mirror the national challenges. There are areas to be addressed on a local level and a vision for health and social care can be constructed, so that a reactive policy agenda is not adopted.

7.2 Milton Keynes Clinical Commissioning Group has delegated responsibility for £257million to serve a population of 252,400 whilst Milton Keynes Council spends £78milion on the provision of Adult Social Care services each year. Since 2004, substantially increased numbers of people have moved to the area served by the CCG & LA, creating a need for services which reflect the changing need of the borough. Central North West London NHS Foundation Trust (CNWL) describes itself as facing a "serious financial challenge" over the near future.[24]

7.3 The scale of the challenge facing Healthcare services in Milton Keynes has been recognised by the Bedford and Milton Keynes Hospital Trusts, who are currently carrying out a Healthcare review. With predicted financial deficit of £17 million[25] at Milton Keynes Hospital, Monitor has become involved in the Healthcare review. In the NHS Sustainability and Transformation plans, Milton Keynes' local footprint is Milton Keynes, Bedfordshire and Luton, focussing Health and Social care plans on the needs of residents across this wider geographical area.

7.4 In Social Care staff recruitment in Milton Keynes in 2015, workforce vacancy rates in Milton Keynes for Domiciliary care staff (11%) were higher than in England (9.2%) as well as rates in nearby Buckinghamshire and Northamptonshire.[26] Milton Keynes is a strong commercial centre and retail is the largest employment sector in Milton Keynes. This poses a challenge in recruiting entry level staff to Adult Social Care due to competition from other sectors. GP recruitment in Milton Keynes is also a challenge,[27] with the city set for substantial future growth this is a challenge that will need to be addressed.

7.5 **Health of the population -** The 'three major killers' which have the greatest impact on overall life expectancy in Milton Keynes are circulatory diseases,

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[24] Central North West London NHS Foundation Trust, Strategic Plan 2014- 2019
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/390554/CNWL_Publishable_Summary_Strategic_Plan_1415.pdf
[25] http://www.miltonkeynesccg.nhs.uk/milton-keynes-healthcare-review/
[26] [26] NMDS-SC Open Access Dashboards, Available at; https://www.nmds-sc-online.org.uk/reportengine/GuestDashboard.aspx?type=WorkforceEstimates, Bucks (7.6%), Northants (9%)
[27] NHS England and MK CCG CoCommissioning meeting, http://www.miltonkeynesccg.nhs.uk/resources/uploads/Co-Commissioning_Joint_Committee_Binder_211215.pdf

cancer[28] and respiratory diseases[29]. Levels of early deaths due to cancer are higher in Milton Keynes than the national average (6.9 per 100,000 residents.)

Progress is being made locally; early deaths from Heart Disease and Stroke were historically at higher levels in Milton Keynes than those reported nationally, but since 2015 dropped below the national average[30]. Milton Keynes has lower than average levels of diagnosed diabetes cases, drug misuse, and road deaths.

Life expectancy in Milton Keynes is slightly below national averages; 78.7 years for males, compared to 79.2 in England and for females 82.5 years compared with 83.0 years. This is one marker on which Milton Keynes should be performing better, as the city is less deprived as a local authority than the England average[31]. Health and wellbeing of individual's impacts upon their productivity. Workers in Milton Keynes are amongst the most productive in the United Kingdom, generating £9,951[32] more GVA per worker than the British average. This suggests that amongst those working in Milton Keynes, a good level of health and wellbeing is experienced.

7.6 **Predicted demographic changes** - The population of Milton Keynes is currently younger than that of England as a whole, although older age groups are forecast to have the highest growth rates this decade with an estimated increase of 37.5% in the over 70s population projected between 2011 and 2021 [33]. Proportionally, the number of over 70's in Milton Keynes will still be 4 percent below the national average, but the increase will require changes such as more housing for smaller households, or greater provision of residential care.

Unlike National trends, birth rates in Milton Keynes are also increasing. Milton Keynes is also an increasingly diverse and multi-cultural community, which will result in heterogeneous needs from the health care system.

Milton Keynes is projected to have lower growth (5%) of the population of adults of working age (2014-2021) than its percentage growth of older adults (32%) and children. (13%[34]) This in turn impacts the health and wellbeing services required in Milton Keynes, the number of services users, but also provokes a question about how Milton Keynes will fund these services going forwards.

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[29] Health Inequalities in Milton Keynes, (P5)

[30] VitalSigns MK Report 2015, MK Community Foundation (P3)

[31] MKi Observatory, http://www.milton-keynes.gov.uk/social-care-and-health/2014-15-jsna/draft-2014-15-jsna-life-in-milton-keynes/2014-15-draft-jsna-deprivation

[32] Centre for Cities, Fast Growth Cities (P5)

[33] MKi Observatory 2015

[34] Central North West London NHS Foundation Trust, Strategic Plan 2014- 2019
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/390554/CNWL_Publishable_Summary_Strategic_Plan_1415.pdf, P10

7.7 **Lifestyle choices** - 72.5% of adults in Milton Keynes are overweight or obese, the highest percentage in the South Midlands and Hertfordshire region[35]. Treating excess weight[36] costs the NHS more than £5bn each year. Similarly to the national picture, obesity has long been considered an important issue within Milton Keynes[37]. 18.6% of Year 6 children in Milton Keynes are obese, whilst a worrying statistic, this is still 0.5% lower than the national average[38]. This has potential implications for transport and the make-up of the city. Milton Keynes also has higher than average levels of smoking related deaths (16.1 higher per 100,000 residents than the England average), and with smoking associated with lower levels of wellbeing.

Physical inactivity is estimated to cost Milton Keynes alone around £3 million when plotted against 'the 5 main diseases attributable to physical inactivity[39]' and 40% of premature deaths[40] are due to unhealthy behaviours

7.8 **Physical Disability**[41] - By 2030, Milton Keynes will experience increases from 2014 levels of the numbers of individuals living within the city with both moderate (14.5%) and serious (17.8%) physical disabilities. This will impact upon demand for related health and social care services, as well as having implications for Housing, as stock needs to be adapted more regularly. In the same period amongst the over 65's, the numbers of people unable to manage at least one self-care activity on their own will rise to 19,578, from 10,331 in 2014 – an increase of 47%. This will have an impact upon Adult Social Care services, including the potential requirement for more residential care services.

The number of people aged 65+ with a limiting long-term illness whose day to day activities are limited a lot will rise from 7,527 to 14,210 in 2030 – an increase of 88%.

7.9 **Mental Health**- the number of people aged 18-64 predicted to have a common mental disorder in Milton Keynes will be 27,397, an increase of 5.5% from 2014[42]. There are large numbers of people with common mental health problems

[35] Obesity: A Health Needs Assessment for Milton Keynes, MKi Observatory (P13)

[36] Healthy Lives, Healthy People: A call to action on obesity in England, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213720/dh_130487.pdf (P5)

[37] Obesity: A Health Needs Assessment for Milton Keynes, MKi Observatory (P5)

[38] VitalSigns MK Report 2015, MK Community Foundation (P5)

[39] Local Sport Profile: Milton Keynes, Sport England http://localsportprofile.sportengland.org/ProfileReport.aspx?g=00MG&t=D,H,P,F,E,N&s=D01,D02,D03,D04,D06,D07,D08,D09,D09A,D10 ,D10A,D11,D12,D13,H01,H02,H03,H04,H05,H06,H07,H08,H09,H10,P01,P02,P03,P04,P05,P06,P07,P19,P20,P28,P21,P22,P23,P24,P25,P27 ,F01,F03,F02,F04,F05,F10,F11,F12,F13,F08,F09,F99,E15,E16,E17,E18,E19,E01,E02,E04,E05,E99,N00,N01,N02,N03,N04,N05,N06,N07,N08 ,N09,N10,N11,N12, 2013

[40] Public Health England, From Evidence into Action: opportunities to protect and improve the nation's health, October 2014

[41] JSNA 2014/15 using PANSI and POPPI databases and outlines of the estimated levels of need in Milton Keynes for physical disability

[42] Milton Keynes Council, Milton Keynes Mental Health Strategy 2014-2017, P10 Table 1

like anxiety and depression (depression is particularly prevalent in the city amongst older people), which the Joint Mental Health strategy suggests indicates a need to build capacity in primary care mental health. Average daily quantities of prescription of antidepressants within Milton Keynes are lower than the England average[43] and Milton Keynes has low levels of suicide rates[44].

7.9.1   The current NHS Milton Keynes prevalence for schizophrenia, bi-polar disorder and other psychoses is significantly lower than the national prevalence[45]. The number of people aged 18-64 predicted to have two or more psychiatric disorders will be 12,248 in 2020, an increase of 5.6% from 2014[46].

Most of current funding for Mental Health services is spent in secondary care, with few preventative and early intervention services[47] and a very low level of funding (3%) allocated to non-statutory services.[48]

7.9.2   In Milton Keynes Council, following the Local Government elections in May 2016 the Labour Group and Liberal Democrat Group signed an agreement to work in partnership based off their manifesto commitments, committing to mental health having the same priority as physical health and being integrated, coordinated and responsive to people's needs.[49]

7.9.3   The Milton Keynes Mental Health strategy cites a commitment to ensure mental wellbeing and mental health through healthy working environments.[50] With high levels of working age population in Milton Keynes, working environments represent a key place to improve the Health and Wellbeing of the city.

7.10   **Learning disabilities** - National prevalence data suggests 883 (0.47%) of people will be known to learning disability services in Milton Keynes. However, the actual number known to the Joint Learning Disability Service is 763 (during the year to March 31st 2014.) Estimates suggest (PANSI and POPPI data) that

[43]Public Health England, Public Health Profile, NHS Milton Keynes CCG, http://fingertips.phe.org.uk/search/Antidepressant%20prescribing#page/1/gid/1/pat/46/par/E39000030/ati/19/are/E38000107/iid/90527/age/1/sex/4, 1.0 (MK), 1.3 (England)

[44] IBID, P12

[45] Milton Keynes Council, Milton Keynes Mental Health Strategy 2014-2017, P12

[46] IBID, P10

[47] IBID, P13

[48] IBID, P13

[49] Milton Keynes Council, Council Plan 2016-2020, Available at: http://milton-keynes.cmis.uk.com/milton-keynes/Document.ashx?czJKcaeAi5tUFL1DTL2UE4zNRBcoShgo=l7pt3mB9vU1eAh0ZcutubiPS66g%2bUzW9x1gar7jqLcmYoJzh3W2OfA%3d%3d&rUzwRPf%2bZ3zd4E7Ikn8Lyw%3d%3d=pwRE6AGJFLDNlh225F5QMaQWCtPHwdhUfCZ%2fLUQzgA2uL5jNRG4jdQ%3d%3d&mCTIbCubSFfXsDGW9IXnlg%3d%3d=hFflUdN3100%3d&kCx1AnS9%2fpWZQ40DXFvdEw%3d%3d=hFflUdN3100%3d&uJovDxwdjMPoYv%2bAJvYtyA%3d%3d=ctNJFf55vVA%3d&FgPlIEJYlotS%2bYGoBi5olA%3d%3d=NHdURQburHA%3d&d9Qjj0ag1Pd993jsyOJqFvmyB7X0CSQK=ctNJFf55vVA%3d&WGewmoAfeNR9xqBux0r1Q8Za60lavYmz=ctNJFf55vVA%3d&WGewmoAfeNQ16B2MHuCpMRKZMwaG1PaO=ctNJFf55vVA%3d

[50] Milton Keynes Council, Milton Keynes Mental Health Strategy 2014-2017, P14

there are 4607 people, aged over 18 and living with a learning disability in Milton Keynes. By 2030, the number of people in Milton Keynes aged 18-64 predicted to have a learning disability will be 5,443, an increase of 20.3%, and the number of people aged over 65 predicted to have a learning disability will increase by 53.8% compared to 2014. Health and Social care services will need to adapt their services according to this demand.

7.11   In the Residents **Wellbeing** rating in 2015, Milton Keynes scored above the average of 11 local authorities[51] on the 'the ONS 4' markers; things I do in life are worthwhile, life satisfaction and I was happy yesterday, but slightly lower on anxiety markers. There are some factors which lead to decreased wellbeing (smoking rates and obesity levels) which indicate that there are still factors for the city to consider with regards to improving the wellbeing of its residents. In the most recent Citizens Survey, 81.3% of people surveyed indicated that they were 'satisfied' with their local area in Milton Keynes as a place to live.[52]

7.12   **Place and Urban Design** - Milton Keynes has over 5,000 acres of parkland, rivers, lakes and woodland[53] and green space is one the cities key assets, covering 20%[54] of the city. Two of the city's parks have been awarded the Green Flag award[55] demonstrating the quality of the parks themselves. Green space is widely recognised as "promoting physical activity, psychological wellbeing and the general public health of urban residents[56]" so Milton Keynes is well placed to see health and wellbeing benefits from its natural environment delivered to its residents. Research from RIBA suggests that higher levels of physical activity and lower levels of diabetes can be linked to greater amounts of green space and lower housing densities, both of which appear to be the case in Milton Keynes (when using 3 x 30 minutes as a definition of moderate exercise.)

7.12.1 The Redway network in the city is world class, and covers 280 kilometres. Indications suggest that the Redway network is used primarily for leisure purposes.
Environment is a key measure used by the ONS to determine Wellbeing, and indicators such as the high level of productivity in Milton Keynes suggest the open space and green environment is having a positive effect on working age citizens in Milton Keynes.

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[51] London, Liverpool , Leeds, Glasgow City, Cardiff, Bristol, Birmingham, Manchester, Newcastle upon Tyne, Nottingham, Sheffield
[52] IBID
[53] Destination MK, http://www.destinationmiltonkeynes.co.uk/What-to-do/Parks-and-Lakes
[54] IBID
[55] Milton Keynes Council, Parks and Open Spaces, https://www.milton-keynes.gov.uk/leisure-tourism-and-culture/parks-and-open-spaces/green-flag-award-scheme
[56] Urban green space, public health and environmental justice: the challenge of making cities 'just green enough', Wolche, J. R, Byrne, J., Newell, J, 2014, http://www.sciencedirect.com/science/article/pii/S0169204614000310

7.12.2 Connection and engagement with the city in one of the key indicators in the Healthy City checklist produced by the World Health Organisation, as is providing a safe physical environment. The numbers of people living in Milton Keynes who feel safe after dark have increased, from 54.3% in 2010 to 55.7% in 2014[57], showing evidence that greater numbers of people within Milton Keynes believe the city provides a safe physical environment. In Milton Keynes Reported levels of informal volunteering 'over the past twelve months' significantly decreased by 5% between 2013/14 and 2012/13, potentially indicating falling levels of connection with their community. In 2015, turn-out was 64.25% for the General Election, Borough Council and Parish Council elections, lower than the national turnout by 1.75%[58] and in the 2016 Local Elections for the Borough Council, Parish Council and Police and Crime Commissioner elections, turn-out was 33.66% compared to 32[59]% in English unitary councils (2013.) Levels of connection and engagement will play a large role in preventing social isolation as the population of Milton Keynes ages.

7.12.3 The Car Dependency scorecard (2014) named Milton Keynes as one of the most car dependent towns,[60] with driving and car use in particular rated worst in Milton Keynes due to the design of the city. Despite this, levels of walking and cycling were higher in Milton Keynes than in 8 of the 28 other towns surveyed. According to the Cities Outlook 2016, Milton Keynes is in the top ten UK cities with the highest per capita carbon emissions, all the others being much older industrial cities[61].

7.12.4 In its Healthy New Towns programme, NHS England recognises that "good urban and housing design promotes health lifestyles and can help to prevent illness.[62]" With Milton Keynes set to experience considerable future growth, these principles provoke an interesting question for planning and developers.

7.13 **Sporting city** - In its Corporate plan (2012-2016), Milton Keynes Council outlined a vision for Milton Keynes to be recognised internationally as a premier sporting city[63], and in the Milton Keynes Sport & Active Communities Strategy 2014-2023, the Council expressed its intention "to build active, healthy, safe and successful communities through increased participation in sport and active

[57] Milton Keynes Council, Citizens Survey 2014,
http://www.mkiobservatory.org.uk/Download/Public/1026/DOCUMENT/10468/CitizensSurvey2014Report.pdf
[58] BBC News, Election 2015 results, http://www.bbc.co.uk/news/election/2015/results
[59] Parliament, Turnout, www.parliament.**uk**/briefing-papers/sn02633.pdf
[60] Campaign for Better Transport, Car Dependency Scorecard 2014,
http://www.bettertransport.org.uk/sites/default/files/pdfs/Car_Dep_Scorecard_2014_LOW_RES.pdf
[61] Centre for Cities, Cities Outlook 2016, p.56
[62] NHS England, the Forward View into action: Registering interest to join the new healthy towns programme, P1, 2015
[63] Milton Keynes Council, Corporate Plan 2012-2016

recreation."

Compared to its statistical neighbour group for Sports England, Milton Keynes has the highest number of sports facilities[64] and higher levels of people participating in sport for at least 3 x 30 minute (or moderate levels of exercise) sessions a week, on average 4.8% higher[65]. However, levels of participation in sport (once a week) for both males and females in 2014/15 were slightly lower than average for the South East (4.2% lower) and England (2.3% lower.)

7.14 **Inequalities** – Although Milton Keynes has a lower level of inequality than England as a whole[66] there are still significant impacts on Health and Wellbeing needs from the inequalities that exist in the city.

The average life expectancy of men residing in the most deprived areas of Milton Keynes is 7.1 years shorter than those who live in the least deprived areas. Average life expectancy for women in the most deprived areas is 5.3 years shorter.[67]

11,255 children in MK live in poverty. There is a clear relationship between deprivation and childhood obesity, obesity prevalence in the most deprived percentile is twice that of the least deprived[68]. With regards to Adult obesity, higher obesity levels in Milton Keynes are found in GP Practice areas such as Wolverton and Water Eaton[69], areas lower on the Social Gradient.

Health inequalities also exist locally in the rate of obesity, teenage pregnancies and deaths from alcoholic liver disease[70].

The ambition of Milton Keynes Council, its Regeneration project Your MK, and the Milton Keynes Health and Wellbeing board is to reduce these inequalities in Milton Keynes going forwards. This will be important in ensuring better Health and Wellbeing amongst the citizens of Milton Keynes in the next fifty years.

Areas/ Questions for Commissioners to consider:

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[64] Sports England, Milton Keynes Profile, Available
http://localsportprofile.sportengland.org/ProfileReport.aspx?g=00MG&t=D,H,P,F,E,N&s=D01,D02,D03,D04,D06,D07,D08,D09,D09A,D10
,D10A,D11,D12,D13,H01,H02,H03,H04,H05,H06,H07,H08,H09,H10,P01,P02,P03,P04,P05,P06,P07,P19,P20,P28,P21,P22,P23,P24,P25,P27
,F01,F03,F02,F04,F05,F10,F11,F12,F13,F08,F09,F99,E15,E16,E17,E18,E19,E01,E02,E04,E05,E99,N00,N01,N02,N03,N04,N05,N06,N07,N08
,N09,N10,N11,N12
[65] Local Sport Profile: Milton Keynes, Sport England
http://localsportprofile.sportengland.org/ProfileReport.aspx?g=00MG&t=D,H,P,F,E,N&s=D01,D02,D03,D04,D06,D07,D08,D09,D09A,D10
,D10A,D11,D12,D13,H01,H02,H03,H04,H05,H06,H07,H08,H09,H10,P01,P02,P03,P04,P05,P06,P07,P19,P20,P28,P21,P22,P23,P24,P25,P27
,F01,F03,F02,F04,F05,F10,F11,F12,F13,F08,F09,F99,E15,E16,E17,E18,E19,E01,E02,E04,E05,E99,N00,N01,N02,N03,N04,N05,N06,N07,N08
,N09,N10,N11,N12, 2013
[66] Health Inequalities in Milton Keynes, P5
[67] Milton Keynes Council, 2014/15 Life Expectancy, http://www.milton-keynes.gov.uk/social-care-and-health/2014-15-jsna/draft-2014-15-jsna-health/2014-15-draft-jsna-life-expectancy
[68] Obesity: A Health Needs Assessment for Milton Keynes, MKi Observatory, P12
[69] Obesity: A Health Needs Assessment for Milton Keynes, MKi Observatory, P15
[70] Health Inequalities in Milton Keynes, P6

- How will the Commission ensure that in future Milton Keynes meets the criteria for the Healthier Cities NHS Programme?
- What is the ambition for Health and Wellbeing in Milton Keynes in 2050? How much should government influence the health and wellbeing of its citizens by prompting them to make healthier choices?
- How will the Health Care system be keep in pace with Milton Keynes' future growth?
- How much can the future design of Milton Keynes contribute to improving mental and physical health and wellbeing?
- What has to happen for Milton Keynes to get to a Healthy City Status?

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