

Public Health Community Board Profile 2020 – Aylesbury

Why are communities important for our health?

The community we live in is one of the most important factors for our health. We thrive in communities with strong social ties, a feeling of togetherness and a sense of belonging. Our local social, economic and physical environment can affect our health directly, the health behaviours we adopt such as being physically active, and sometimes whether we access health and care services. The local environment we live in is vitally important throughout the whole of our life course, from *before* we are born right up until the end of our lives.

The indicators included in this Community Board Profile are all important markers of the health and wellbeing of your community, and highlight areas where things are going well but also importantly where improvements can be made. Strong communities will be a key driver for recovery from the impact of the COVID-19 pandemic.

Please note that this profile is a high level overview of health and wellbeing indicators from existing data. Communities will have more intelligence on local issues and assets which can be incorporated into the full picture of local needs and how they can best be met.

The people in your community

It is important to understand who lives in your community to understand their health and wellbeing. Factors such as age, ethnicity and level of deprivation influence our physical and mental health. Understanding these factors may help decide which interventions may be needed to improve the overall health and wellbeing of the community.

Aylesbury community board:

- Has a population size of **70,335**
- Has a **younger age profile** compared with County, with 7.2% of the population < 5 years old (County average = 6.0%) and 12.9% > 65 years old (County average = 18.7%)
- Has **one of the most ethnically diverse** populations in County – Black, Asian and Minority Ethnic (BAME) population = 20.6%, compared with 13.6% in the County
- Has the **2nd highest score on the national Index of Multiple Deprivation measure¹** in the County (a higher score indicates a greater level of deprivation based on a range of aggregated indicators), but a lower score than the England average
- Has a **lower life expectancy for both men and women** compared with the County average (but similar to the England average)

¹ The Index of Multiple Deprivation (IMD) is The Government's official measure of relative deprivation in small areas in England called lower-layer super output areas. IMD includes seven domains to provide an overall measure. The domains are: income deprivation; employment deprivation; education, skills and training deprivation; health deprivation and disability; crime; barriers to housing and services; and living environment deprivation.

Natural & built environment in your community

Being in contact with the natural environment is vital for our mental wellbeing and physical health at all ages. Air pollution contributes to a range of poor health outcomes including low birth weight babies, stroke, dementia, lung disease and heart disease. The environment affects our mental health and ability to adopt healthy behaviours such as being physically active.

Aylesbury community board:

- Has a **higher proportion of green space coverage** compared with the South East average (4.6% vs 3.2%)
- Has a **similar level of air pollution** is compared with the South East average

Growing up in your community

What happens in pregnancy and early childhood impacts on physical and mental health all the way to adulthood. Important factors in the early years include being born at a healthy birth weight, growing up in a household with sufficient income, receiving a good education and adopting healthy behaviours from childhood.

Aylesbury community board:

- Has the **2nd highest number of live births** in the County
- Has a **higher proportion of low birth weight babies** (8.2%) compared with the County average (7.0%)
- Has a **higher proportion of children living in income deprived households or poverty** (19.1%) compared with the County average (12.1%), but similar to the England average (18.2%)
- Has a **lower proportion of 'School Ready' children** (71.6%) compared with the County average (74.3%), but a similar proportion to England (71.8%)
- Has a **higher proportion of overweight or obese Year 6 children** (37.2%) compared with the County average (29.4%)

Health behaviours in your community

The four main health behaviours – smoking, physical inactivity, unhealthy diet and alcohol misuse - account for 40% of all years lived with ill health and disability. Addressing these four behaviours could lead to a reduction by up to 80% in new cases of heart disease, stroke and type 2 diabetes and a reduction of 40% in new cases of cancer. It has been shown that obesity in adults is a risk factor for worse outcomes following infection with coronavirus (COVID-19) as well as other poor health outcomes.

Aylesbury community board:

- Has a **higher smoking prevalence** (20.4%) than the County average (14.6%)
- Has a **higher proportion of physically inactive adults** (23.8%) compared with the County average (16.5%), but similar to the England average (21.4%)
- Has a **higher proportion of obese adults** (36.2%) compared with the County average (31.4%)
- Has a **higher rate of residents receiving treatment for alcohol and non-opiate misuse than** the County overall

Long term conditions and healthcare usage in your community

Long term conditions such as diabetes not only cause significant amounts of poor health to individuals but they also lead to higher use of health care and social care. These conditions are often preventable by adopting healthy behaviours as above, but also through dedicated prevention strategies such as the NHS Health Checks programme. People with some long term conditions like diabetes and heart disease appear to be at higher risk of poorer outcomes following infection with coronavirus (COVID-19).

Aylesbury community board:

- Ranks **amongst the highest for proportion of adults with high blood pressure, depression, diabetes and cancer** compared with the other Community Boards
- Ranks **amongst the highest for emergency admissions to hospital overall, for both adults and children** compared with the other Community Boards
- Has a **slightly lower rate of uptake of NHS Health Checks** (43.2%) compared with the County average (43.8%)

Vulnerable groups in your community

Individuals in certain vulnerable groups (e.g. those who are socially isolated, unemployed or living on low incomes) experience worse mental and physical health outcomes compared with the general population. People who experience social isolation and loneliness are more likely to experience depression and anxiety, be physically inactive, smoke and drink alcohol and have an increased risk of heart disease and dementia and die prematurely.

Aylesbury community board:

- Has a **higher proportion of unemployment benefit claimants** (3.8%) compared with the County average (2.9%)
- Has **13,481 residents living in households at higher risk of food poverty** – 16.9% of the County total
- Has a **higher rate of domestic abuse related incidents and crime** than the County average
- Has a **similar personal debt per person** amount to the County average
- Has areas in which **the risk of loneliness (65+ years) are among the highest** in the County
- Has a **higher proportion of residents seeking support from the Citizens Advice Bureau** compared with the County average (most frequent issue advice was requested on before the COVID-19 lockdown was **benefits and tax credits**, and following the lockdown was **employment**)

The impact of COVID-19 in your community

COVID-19 has undoubtedly had an impact across Buckinghamshire. The pandemic has brought out the best in many communities in terms of community spirit and volunteering efforts. However, COVID-19 has also affected groups in the community in terms of unemployment, debt, food poverty and mental health.

In Aylesbury community board, as of 26th May 2020:

- There were **2,116 residents shielding** – 11.9% of County total
- There were **350 residents receiving government food deliveries** – 12.2% of the County total
- There were **89 residents requesting essential supplies** – 10.8% of the County total
- There were **376 residents requesting help with basic care** – 10.2% of the County total

Recommendations based on this public health profile

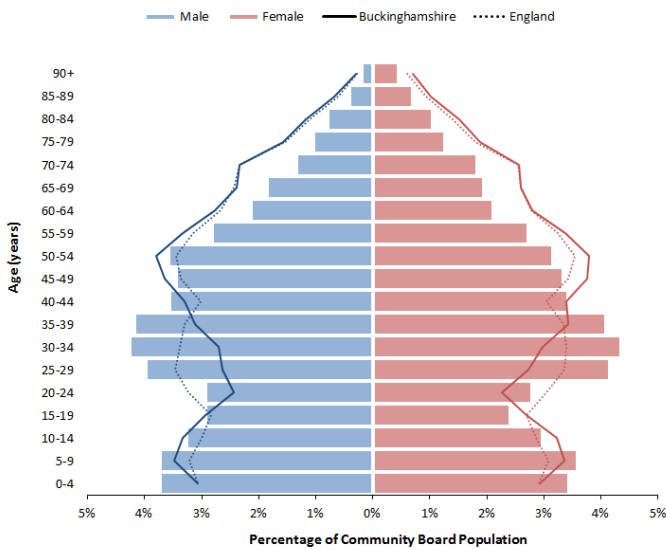
1. Reducing **smoking**, **childhood obesity** and **physical inactivity** are key areas for your community as they are major causes of preventable ill health and death. The Council's Live Well Stay Well service can support your community to stop smoking, lose weight and get active. Anyone can self-refer themselves to this service.
2. Aylesbury has the **2nd highest number of live births** and a **higher proportion of low birth weight babies**. This community is also one of the most ethnically diverse in Buckinghamshire. What happens in pregnancy and early childhood impacts on physical and mental health all the way to adulthood, so programmes to support expectant and new mothers, particularly BAME mothers would be beneficial for this community.
3. **Loneliness for people 65 years and older** and **residents seeking support** are key areas for your community. Programmes to build community cohesion should be explored.
4. Aylesbury has **high rates for emergency admissions to hospital overall, for both adults and children**. It also has a **slightly lower rate of uptake of NHS Health Checks** compared with the County average. Improved health seeking behaviour and clarity on where the most appropriate services are could help this area to ensure people take up preventative services that prevent long term conditions and hospital admissions.
5. This community has been impacted by **COVID-19**. People with long term conditions like **diabetes and heart disease** appear to be at higher risk of poorer outcomes following infection with coronavirus, and this community has relatively higher levels of these conditions. Aylesbury has a **lower rate of uptake of NHS Health Checks** which is a programme that addresses the risk factors of heart disease and kidney disease. Promoting the NHS Health check is strongly encouraged. Other programmes to support community members at risk of COVID-19 should also be considered.
6. As part of the local COVID-19 recovery plan, initiatives to improve mental health and wellbeing are important to consider, particularly as this community **ranks amongst the highest for adults with depression** in the County. Poor mental health has been shown to be exacerbated by the COVID-19 pandemic, its impacts on the economy and the restrictions due to lockdown. Initiatives that support resilience, employment and community cohesion are worth considering as part of the recovery.

Aylesbury

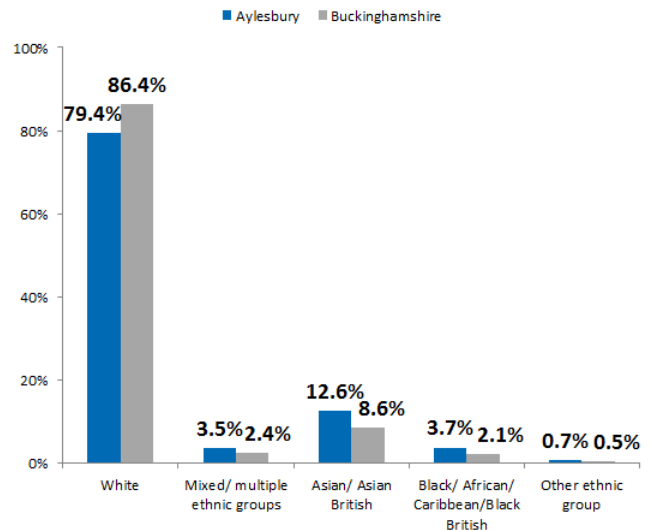
Public Health Community Board Profile 2020

The people in your community (population size = 70,335)

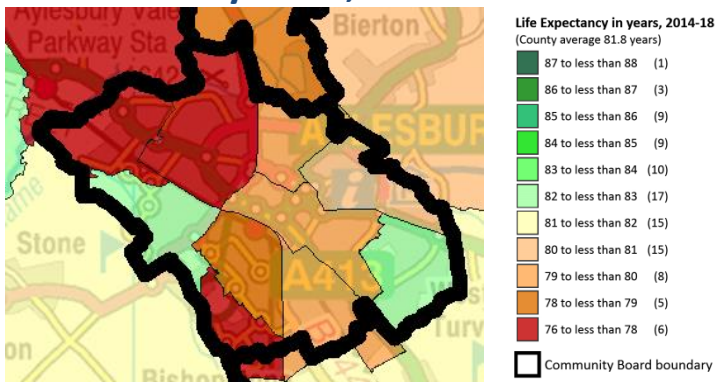
Age structure (2018)



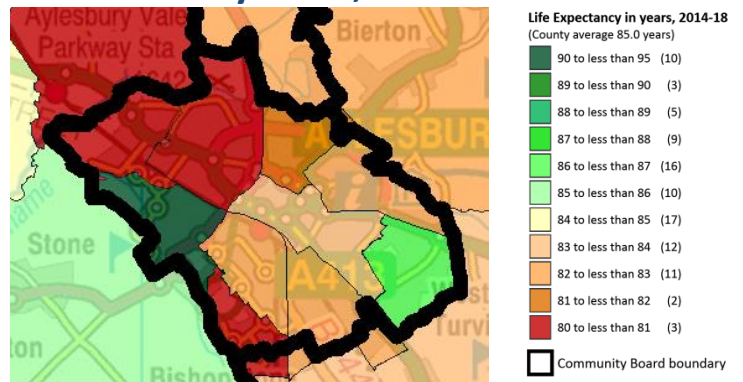
Ethnicity (2011 Census)



Life Expectancy at birth (males) by ward, 2014-18



Life Expectancy at birth (females) by ward, 2014-18



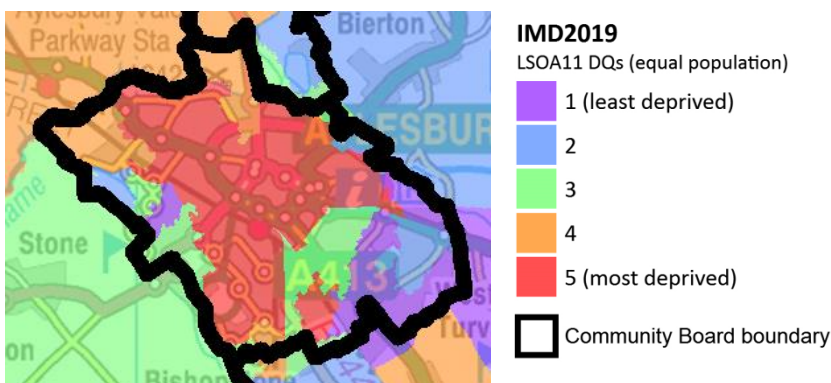
79.5 years
81.8 years
79.6 years

Aylesbury
Buckinghamshire
England

82.8 years
85.0 years
83.2 years



Index of Multiple Deprivation, 2019



Aylesbury 16.1
Buckinghamshire 10.1
England 21.7

(a higher value indicates a greater level of deprivation)

Growing up in your community



932 Number of live births (2018)

8.2% of low birthweight babies

Bucks (2018) 7.0%; England (2017) 7.4%



Data pending

Number of children known to social services

Bucks X; England X



19.1%

Children in poverty (2018)
Bucks 12.1%; England 18.2%



71.6%

School Readiness (2018/19)
Bucks 74.3% England 71.8%



37.2%

Year 6 children are overweight and obese (2018/19)
Bucks 29.4%; England 34.3%



Data pending

Pupil average attainment 8 score
Bucks 52.7%; England 46.9%

Health behaviours in your community



207.3

people (aged 18+) receiving treatment for alcohol & non-opiate misuse per 100,000 population
Bucks 128.5 per 100,000 (2018-19)



20.4%

Smokers aged 15+
Bucks 14.6%; (Jan 2020)
England 16.7% (2018/19)



36.2%¹

Adults recorded as obese (June 2020) on primary care registers
Bucks 31.4%



23.8%

Physically inactive adults (2017/18)
Bucks 16.5%; England 21.4% (2018/19)

The impact of COVID-19 in your community - As of 26th May '20



2,116

No. of residents shielding
Bucks 17,833



350²

No. of residents receiving government food deliveries
Bucks 2,860



89

No. of residents requesting essential supplies
Bucks 827

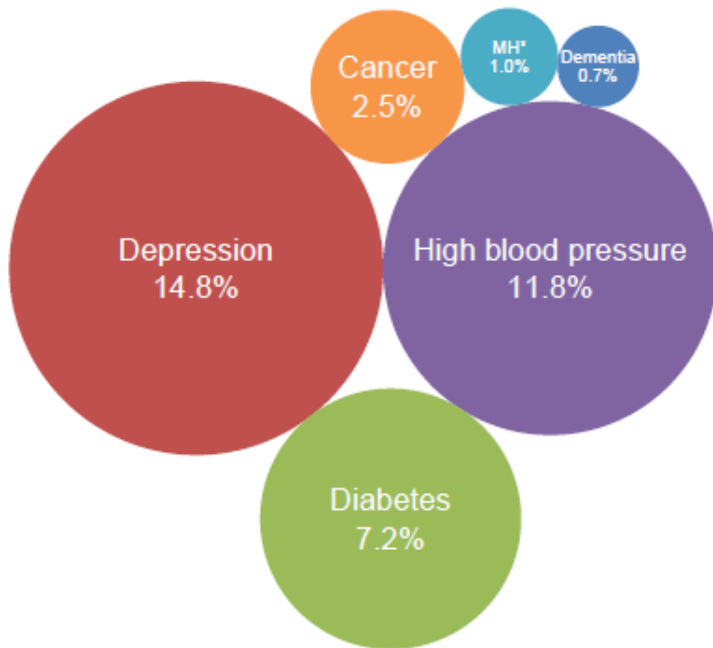


376

No. of residents requesting help with basic care
Bucks 3,688

Long term conditions and healthcare usage

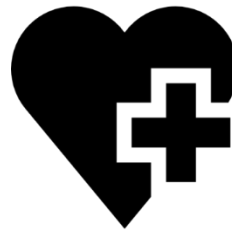
% of people registered at GP practices on disease registers (as of June 2020)³



*Patients with schizophrenia, bipolar affective disorder and other psychoses as recorded on practice disease registers.

Emergency admissions to hospital (2018-19)

Compared to the other community boards (where 16th is the lowest rate of admissions)
Highest out of 16 for overall emergency admissions
2nd for mental health, respiratory disease and cancer
3rd for children aged 0 – 5 years and cardiovascular disease
4th for dementia



NHS Health Checks

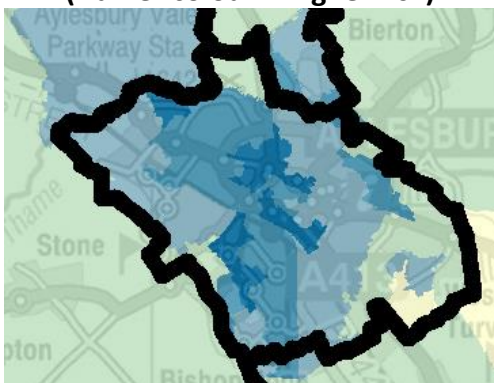
43.2%

1,350 uptake

Bucks 43.8% (2019/20)

Vulnerable groups in your community

Risk of Loneliness at age 65+
 (Darker colour = higher risk)



Risk of loneliness at age 65+

Darker = higher risk

-4.79 to -4.48

-4.48 to -4.17

-4.17 to -3.86

-3.86 to -3.55

-3.55 to -3.22

Community Board boundary

£784



Personal debt per person

Bucks £787;
 England £698
 (Sept 2019)



1,860

Unemployment Benefit Claimants

Aylesbury 3.8%; Bucks 2.9%;
 England 5.0%
 (April 2020)



13,481 ⁴ (19.5%)

Number of residents living in households at higher risk of food poverty (Sept 2019)
 Bucks 79,896 (14.9%)

Sources:

Population - Office for National Statistics, Mid-Year Estimates 2018

Ethnicity - 2011 Census

Life expectancy – Office for National Statistics and Buckinghamshire Public Health Intelligence, 2014-2018

Index of Multiple Deprivation (IMD) – Department of Communities and Local Government – 2019 Indices

Live births - Civil Registration Data - Births, NHS Digital, 2018

Low birthweight births – Public Health England Fingertips and Buckinghamshire Public Health Intelligence

Children in poverty – Department for Work and Pensions, 2018. Data taken from Local Insight⁵

School readiness - Business Intelligence, Buckinghamshire Council

Childhood excess weight – National Child Measurement Programme 2018/19 and Buckinghamshire Public Health Intelligence

Pupil attainment - Business Intelligence, Buckinghamshire Council

Alcohol treatment – 2016/17 to 2018/19, ILLY Links Carepath database and Buckinghamshire Public Health Intelligence

Smoking prevalence – General Practice registers, obtained via Graphnet

Adult excess weight – Public Health England, Fingertips, 2018/19

Physical inactivity – Local Insight⁴ and Public Health England Fingertips

Disease registers - Graphnet Population Segmentation Summary report

Emergency hospital admissions – Hospital Episode Statistics and Buckinghamshire Public Health Intelligence, accessed through Data Access Environment (DAE), NHS Digital

NHS Health Checks - TCR Nottingham database 2019/20

Impact of COVID-19 – Business Intelligence, Buckinghamshire Council

Risk of loneliness – 2011 Census

Personal debt per head – UK Finance, 2018, accessed through Local Insight⁵

Unemployment benefit claimants – Department for Work and Pensions, April 2020, accessed through Local Insight⁵

Food poverty - OA 2018 Mid-Year Estimates from NOMIS. University of Southampton - Estimating household food insecurity in England: 2019 MSOA estimates

Domestic abuse – Strategic crime assessment, 2018/19

CAB support – Citizens Advice Bureau 2020

Icons made by Freepik from www.flaticon.com

Notes

¹ Obesity data is calculated as a % of those with a BMI recorded. The number of patients with a recorded BMI will vary across practices and therefore the figures presented in this profile are to be used as an indication only.

² Data available for all persons registered with a Buckinghamshire CCG practice. Data not available for Buckinghamshire county residents who are registered with a non-Bucks practice (approximately 5% of population).

³ Figure is likely to be an underestimate as missing postcode data for around 1,000 residents in Buckinghamshire on that daily download.

⁴ Food poverty risk calculated based on household composition and benefits claims, calculated by University of Southampton.

⁵ Local Insight data is based on modelled estimates