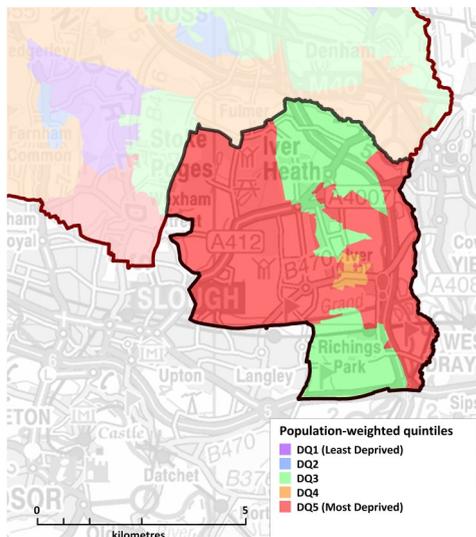


Wexham and Ivers

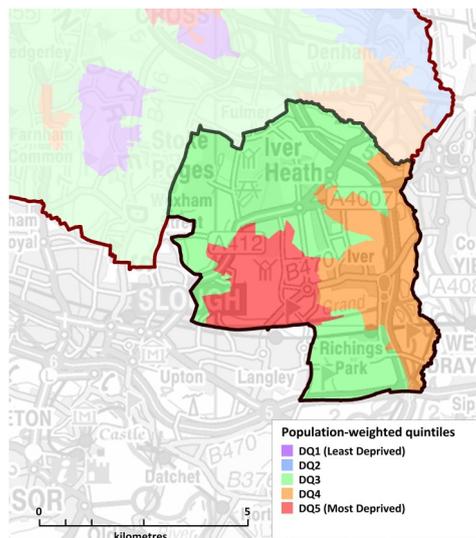
Public Health Local Area Forum Profile 2017



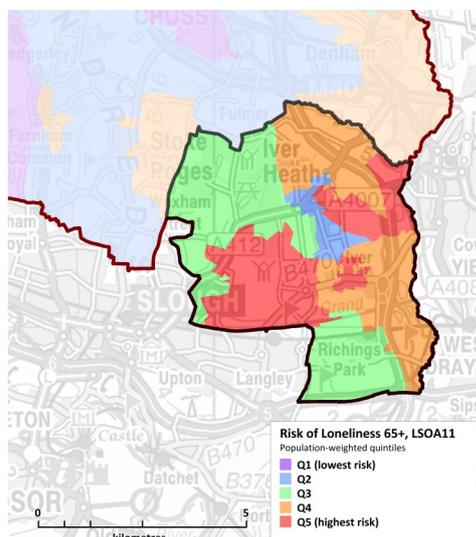
Index of Multiple Deprivation, 2015



Income Deprivation Affecting Children Index, 2015



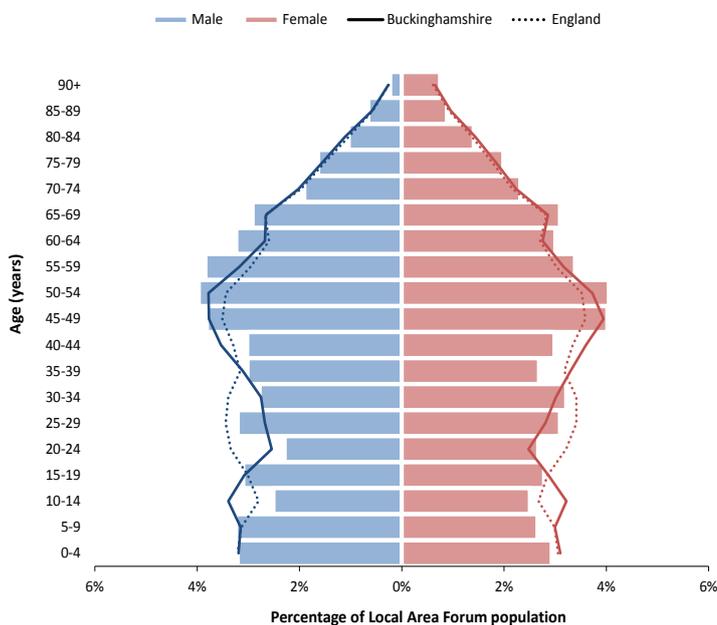
Risk of loneliness, 2011



Public Health Priorities

- This profile summarises important indicators of health and wellbeing in Wexham and Ivers.
- Two thirds of early deaths are preventable by addressing four simple risk factors: overweight, smoking, excess alcohol consumption and high blood pressure. Buckinghamshire County Council commissions a range of services that help people of all ages take control of their own health.
- Deprivation, Income Deprivation Affecting Children and risk of loneliness (65+ years) in parts of several wards is among the highest in the county (red areas). Deprivation affects health throughout life. There is a clear link between loneliness and poor mental and physical health.
- Increasing physical activity and reducing obesity are local areas for improvement. Obesity is a major cause of poor health and early death.
- Smoking is a local area for improvement. Smoking is a major cause of preventable illness and death.
- Child development at age 5 years is a local area for improvement.

Population, 2015



- 14,062 people live in Wexham and Ivers.
- 18.3% of people are under 16 years of age (20.2% in Bucks).
- 2.6% are aged 85+ years (2.4% in Bucks).
- 20.5% of people are from a BME group (13.6% in Bucks).

Lifestyles



Physical inactivity 16+ years **16.5%**

less than 30 min a week

Bucks 19.2%, England 22%, 2015/16



Binge drinking 16+ years **20.7%**

Men: 8 or more units of alcohol on the heaviest drinking day in the last 7 days; Women, 6 or more units

Bucks 18.6%, England 20%, 2006/08



Physical activity 16+ years **67.1%**

150+ min a week

Bucks 69.4%, England 65.4%, 2015/16



Smoking 15+ years **16.0%**

Bucks 14.5%, England 18.1%, 2015/16



Adult obesity 16+ years **21.8%**

BMI of 30+

Bucks 20.7%, England 24.1%, 2006/08



Healthy eating 16+ years **28.9%**

5 or more portions of fruit and vegetables per day

Bucks 32.8%, England 28.7%, 2006/08

- Life expectancy is **similar** to the Bucks average.
- Physical activity and healthy eating are **lower** and adult obesity, excess alcohol consumption and smoking are **higher** than the Bucks average.
- Depression, diabetes and CHD are the 3 most common conditions.
- Child development at age 5, children with excess weight, and flu immunisations in 2-5 year olds are among the **worst** in Bucks.
- Early deaths from all cancer (under 75 year olds) and flu immunisation (65+ years) are among the **worst** in Bucks.

Life expectancy



Bucks
England

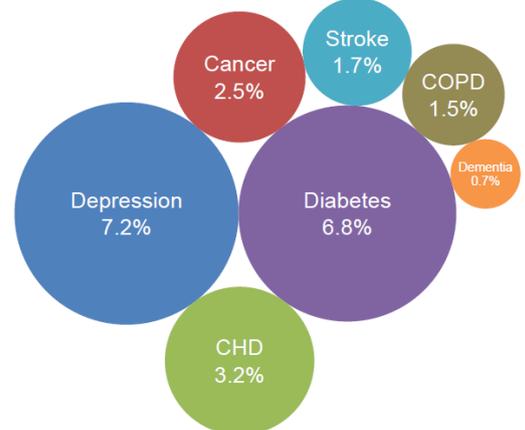
84.6 years
83.0 years

81.1 years
79.3 years

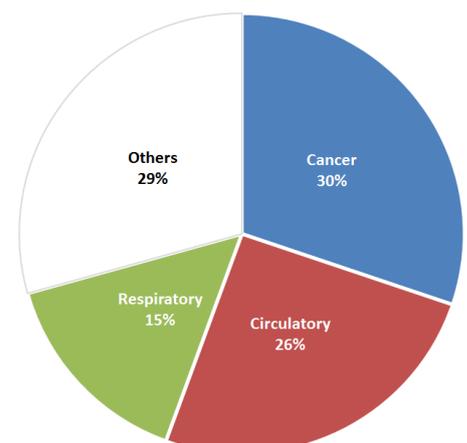
Public Health indicators rated as best, middle and worst third of Buckinghamshire population

| Indicator ¹ | Rating | | |
|---|--------|--------|-------|
| | Best | Middle | Worst |
| Index of Multiple Deprivation, 2015 | 11.5 | 9.8 | 21.8 |
| Child poverty, 0-15 years (%) | 10.0 | 9.8 | 19.9 |
| Child development at age 5 years (%) | 56.9 | 63.7 | 60.4 |
| GCSE achievement 5A*-C including English and maths (%) | 63.8 | 67.9 | 56.6 |
| Children with excess weight, Reception Year (%) | 22.3 | 18.5 | 22.2 |
| Admissions for injuries, 15-24 years (crude rate per 10,000) | 130.5 | 118.4 | 139.5 |
| Life expectancy at birth, males, 2010-14 (years) | 80.9 | 81.1 | 79.3 |
| Life expectancy at birth, females, 2010-14 (years) | 84.6 | 84.6 | 83.0 |
| Healthy life expectancy, males (years) | 67.5 | 68.2 | 63.5 |
| Healthy life expectancy, females (years) | 69.2 | 69.6 | 64.8 |
| Deaths from all causes, under 75 years (SMR) | 81.2 | 78.0 | 100 |
| Deaths from all cancer, under 75 years (SMR) | 88.6 | 82.2 | 100 |
| Admissions for self-harm, 10-24 years (DASR per 100,000) ² | 298.9 | 385.8 | 430.5 |
| Flu immunisations, 2-5 years (%) | 25.9 | 38.1 | 37.0 |
| Flu immunisations, 65+ years (%) | 69.8 | 71.3 | 70.4 |
| NHS Health Checks, invited (%) | 12.4 | 17.5 | 17.0 |
| NHS Health Checks, attended (%) | 9.0 | 7.2 | 8.5 |
| Emergency hospital admissions for all causes (SAR) | 95.3 | 75.0 | 100 |
| Emergency hospital admissions for stroke (SAR) | 96.1 | 86.7 | 100 |
| Hospital stays for alcohol related harm (SAR) | 74.0 | 71.4 | 100 |
| Emergency hospital admissions for hip fracture, 65+ years (SAR) | 91.3 | 96.7 | 100 |
| Long term unemployment, 16-64 years (%) | 0.8 | 1.3 | 4.3 |
| Pensioners living alone, 65+ years (%) | 29.8 | 28.1 | 31.5 |

Percentage of people registered at GP practices on disease registers, 2015/16³



Top 3 causes of death, 2014-16



Abbreviations

| | |
|--------------|---|
| BME | Black and minority ethnic |
| Bucks | Buckinghamshire |
| CHD | Coronary heart disease |
| COPD | Chronic obstructive pulmonary disease |
| DASR | Directly age-standardised rate |
| LSOA | Lower layer super output area (approximately 1,500 people) |
| MSOA | Middle layer super output area (approximately 7,500 people) |
| QOF | Quality Outcomes Framework |
| SAR | Standardised admission ratio |
| SMR | Standardised mortality ratio |

Definitions

Data from Public Health England, Local Health (<http://www.localhealth.org.uk/>), NHS England, NHS Digital, Secondary Uses Service Admitted Patient Care data set, Sport England and Office for National Statistics.

Icons made by Freepik from www.flaticon.com

Admissions for injuries in 15-24 year olds - hospital admissions caused by unintentional and deliberate injuries to children and young people (aged 15-24 years) per 10,000 population, 2010/11-2014/15.

Adult obesity - percentage of the population aged 16+ years with a BMI of 30 or more.

Binge drinking - percentage of the population aged 16+ years that consumed 8 or more units of alcohol in the previous seven days (males) or 6 or more units (females).

Black and minority ethnic population - percentage of people stating their ethnicity as not White.

Child development at age 5 - percentage of children with a good level of development in communication and language, physical development, personal, social and emotional development, literacy, and mathematics.

Child poverty/Income Deprivation Affecting Children Index - percentage of children aged 0-15 years living in income-deprived families.

Children with excess weight (Reception Year) - percentage of children in Reception Year (aged 4-5 years) classified as overweight or obese in the National Child Measurement Programme.

Deaths, under 75 years - standardised mortality ratio in people aged under 75 years.

Emergency hospital admissions - indirectly age standardised ratio, all ages, 2010/11-2014/15.

Flu immunisations - percentage of the population who are immunised.

GCSE achievement (5 A*-C including English and maths) - percentage of pupils achieving 5 or more GCSEs at grades A*-C (including English and maths) or equivalent in schools maintained by the Local Authority.

Healthy eating - percentage of the population aged 16+ years that consume 5 or more portions of fruit and vegetables per day.

Healthy life expectancy - average number of years that an individual might expect to live in "good" health in their lifetime.

Hospital admissions for self-harm in 10-24 year olds - hospital admissions as a result of intentional self-harm in children and young people (aged 10-24 years) per 100,000 population, 2015/16.

Hospital stays for alcohol-related harm - primary diagnosis is an alcohol-related condition or a secondary diagnosis is an alcohol-related external cause, indirectly age standardised ratio, all ages, 2010/11-2014/15.

Index of Multiple Deprivation, 2015 - the English Indices of Deprivation 2015 are based on 37 separate indicators, organised across seven distinct domains of deprivation which are combined, using appropriate weights, to calculate the Index of Multiple Deprivation 2015. This is an overall measure of multiple deprivation experienced by people living in an area.

Life expectancy at birth - an estimate of the average number of years a newborn baby would survive if they experienced the age-specific mortality rates for that area and time period throughout their life, 2010-14.

Long-term unemployment - average monthly claimants of Jobseeker's Allowance who have been claiming for more than 12 months, rate per 1,000 of the working age population, 2015/16.

NHS Health Checks - percentage of the eligible population offered an NHS Health Check, and percentage of the eligible population that received an NHS Health Check.

Pensioners living alone - percentage of people aged 65+ years living alone.

Physical inactivity and activity - percentage of the local authority population who are inactive (<30 minutes per week), or active (150+ minutes per week).

Risk of loneliness - a prediction of the prevalence of loneliness (based on age, marital status, living alone and general health) among usual residents, aged 65+ years.

Smoking - percentage of patients aged 15+ years who are recorded as current smokers and have a record of an offer of support and treatment within the preceding 24 months.

Methods^(1, 2, 3)

1. MSOA-level data were available in Local Health. The value of an indicator for an LSOA was taken to be the value of the indicator for the MSOA containing the LSOA. LSOA-level population weights were used to calculate values of an indicator for each Local Area Forum. Estimates of the population at LSOA level were obtained from all-age, GP-registered patients. For each indicator, Local Area Forums were grouped into three groups (Best, Middle, Worst) containing approximately equal numbers of the eligible population.
2. Data were available for Buckinghamshire residents registered at Buckinghamshire practices only. Admissions were assigned to Local Area Forums based on the LSOA of residence in the hospital data set. Due to the small numbers of admissions, grouping into three groups (Best, Middle, Worst) was not undertaken.
3. Practice-level data were used to estimate the number of people with disease and who were eligible in each LSOA using GP-registered populations at LSOA level. The prevalence for a Local Area Forum was obtained by aggregating the number of people with disease and who were eligible at LSOA level. For patients registered at non-Bucks practices, values were imputed using the England average.