

# Public Health Community Board Profile 2020 – Amersham

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## 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.

### Amersham community board:

- Has a population size of **23,985**
- Has a **slightly older age profile** compared with County, with 5.8% of the population < 5 years old (County average = 6.0%) and 19.8% > 65 years old (County average = 18.7%)
- Has a **less ethnically diverse** population compared with the County overall – Black, Asian and Minority Ethnic (BAME) population = 10.0%, compared with 13.6% in the County
- Has the **3<sup>rd</sup> lowest score on the national Index of Multiple Deprivation measure<sup>1</sup>** in the County (a higher score indicates a greater level of deprivation based on a range of aggregated indicators)
- Has a **higher life expectancy for both men and women** compared with the County average (and higher than the England average)

## 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.

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<sup>1</sup> 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.

### Amersham community board:

- Has a **higher proportion of green space coverage** compared with the South East average (3.5% 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.

### Amersham community board:

- Has the **4<sup>th</sup> lowest number of live births** in the County
- Has a **lower proportion of low birth weight babies** (4.7%) compared with the County average (7.0%)
- Has a **lower proportion of children living in income deprived households or poverty** (5.4%) compared with the County average (12.1%)
- Has a **higher proportion of 'School Ready' children** (79.0%) compared with the County average (74.3%)
- Has a **lower proportion of overweight or obese Year 6 children** (24.8%) 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.

### Amersham community board:

- Has a **lower smoking prevalence** (10.0%) than the County average (14.6%)
- Has a **lower proportion of physically inactive adults** (15.5%) compared with the County average (16.5%)
- Has a **lower proportion of obese adults** (23.6%) compared with the County average (31.4%)
- Has a **lower 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).

### Amersham community board:

- Ranks **amongst the lowest** for proportion of adults with high blood pressure, depression and

diabetes, but in the mid-range for mental health, dementia and cancer compared with the other Community Boards

- Ranks **lowest for emergency admissions to hospital overall, for both adults and children** compared with the other Community Boards
- Has a **slightly higher rate of uptake of NHS Health Checks** (45.3%) 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.

### Amersham community board:

- Has a **lower proportion of unemployment benefit claimants** (2.3%) compared with the County average (2.9%)
- Has **2,969 residents living in households at higher risk of food poverty** – 3.7% of the County total, and lower than the County average
- Has a **lower rate of domestic abuse related incidents and crime** than the County average
- Has a **lower personal debt per person** (£678) compared to the County average (£787)
- Has areas in which **the risk of loneliness (65+ years) are both amongst the highest and lowest** in the County
- Has a **higher proportion of residents seeking support from the Citizens Advice Bureau** compared with the County average, and a higher number seeking support after the COVID-19 lockdown (most frequent issue advice was requested for before lockdown was **benefits and tax credits**, and since lockdown has been **debt**)

## 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 Amersham community board, as of 26th May 2020:

- There were **753 residents shielding** – 4.2% of County total
- There were **124 residents receiving government food deliveries** – 4.3% of the County total
- There were **41 residents requesting essential supplies** – 5.0% of the County total
- There were **180 residents requesting help with basic care** – 4.9% 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.

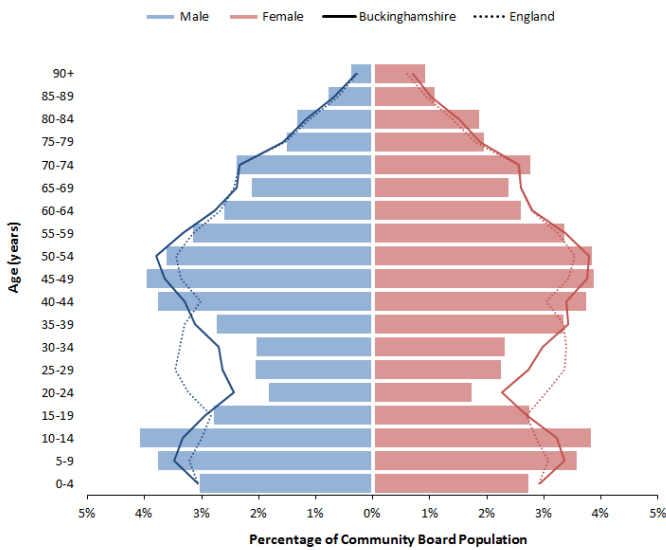
2. Amersham has a **slightly older age profile** compared with the County overall. Initiatives to help residents maintain, or improve, their health and wellbeing into older age should be explored. For example, activities that promote physical activity may help to reduce risk of falls and reduce the risk of dementia later in life.
3. **Loneliness for people aged 65 years and older** is a key area for parts of your community. Programmes to build community cohesion or encourage befriending should be explored.
4. 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. Amersham has a slightly higher rate of uptake of NHS Health Checks compared to Buckinghamshire, but still less than 50% of those eligible. This programme addresses the risk factors of heart disease and kidney disease and therefore **promoting the NHS Health Checks is strongly encouraged**. Other programmes to support community members at risk of COVID-19 due to their long term conditions should also be considered. Additionally, providing support to residents affected by increasing levels of **debt** during the pandemic should be considered. **Financial stress can negatively impact mental health**, which may already have worsened by other aspects of the pandemic including restrictions due to lockdown.

# Amersham

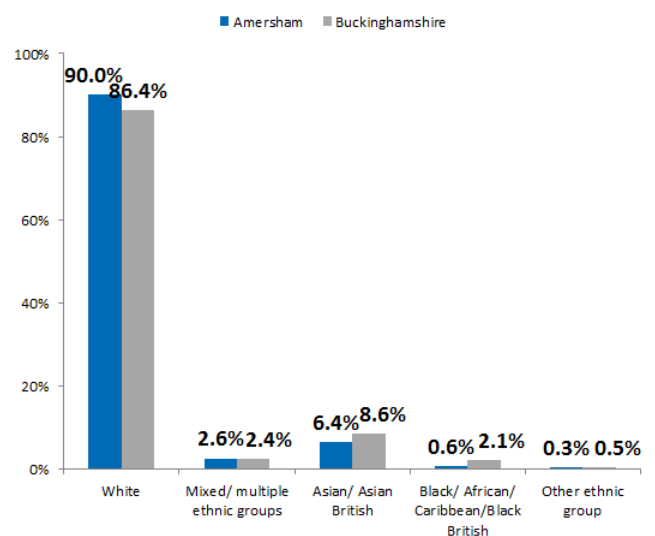
## Public Health Community Board Profile 2020

The people in your community (population size = 23,985)

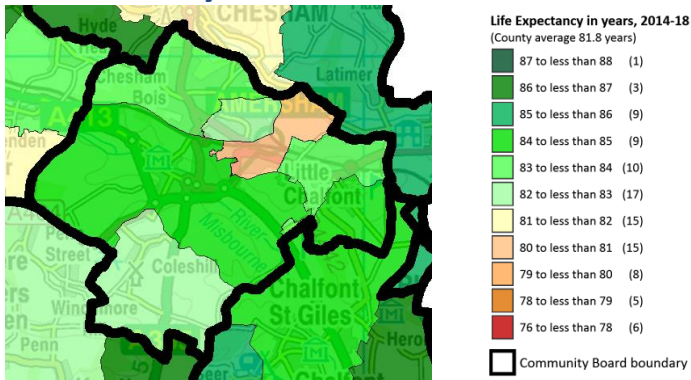
### Age structure (2018)



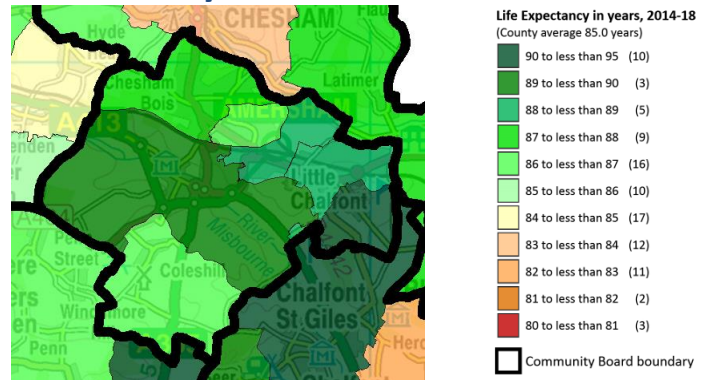
### Ethnicity (2011 Census)



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



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



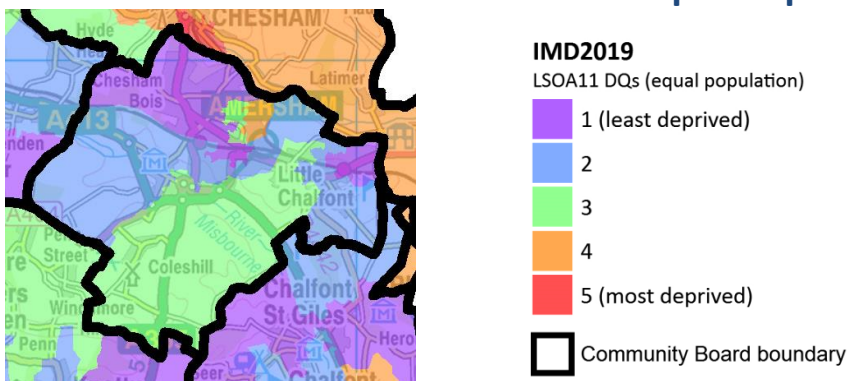
**83.0 years**  
**81.8 years**  
**79.6 years**

**Amersham**  
**Buckinghamshire**  
**England**

**87.7 years**  
**85.0 years**  
**83.2 years**



### Index of Multiple Deprivation, 2019



**Amersham 5.8**  
**Buckinghamshire 10.1**  
**England 21.7**

(a higher value indicates a greater level of deprivation)

## Growing up in your community



**215** Number of live births (2018)

**4.7%** 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



**5.4%**

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



**79.0%**

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



**24.8%**

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



**113.6**

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



**10.0%**

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



**23.6%**<sup>1</sup>

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



**15.5%**

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

## The impact of COVID-19 in your community - As of 26<sup>th</sup> May '20



**753**

No. of residents shielding  
Bucks 17,833



**124**<sup>2</sup>

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



**41**

No. of residents requesting essential supplies  
Bucks 827



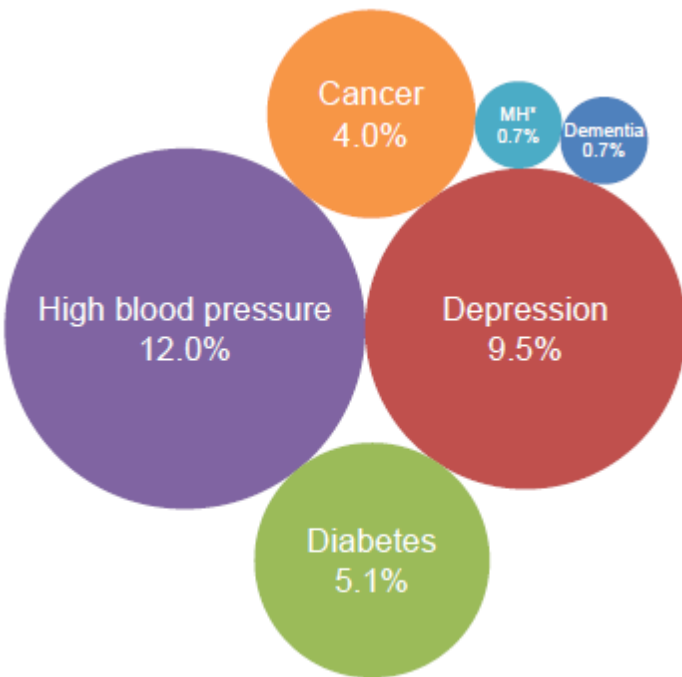
**180**

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)<sup>3</sup>



\*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)

**Lowest** out of 16 for overall emergency admissions

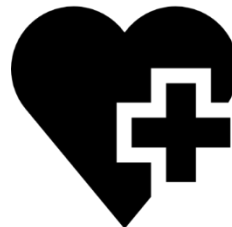
**10<sup>th</sup>** for mental health

**11<sup>th</sup>** for dementia

**14<sup>th</sup>** for children aged 0 – 5 years

**15<sup>th</sup>** for cancer

**Lowest** for respiratory disease and cardiovascular disease



NHS Health Checks

**45.3%**

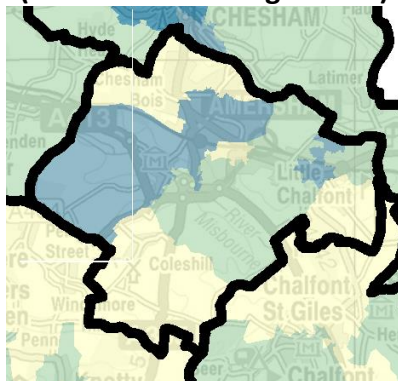
578 uptake

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

**£678**

Personal debt per person

Bucks £787;

England £698

(Sept 2019)



**345**

Unemployment Benefit Claimants

Amersham 2.3%; Bucks 2.9%;

England 5.0%

(April 2020)



**2,969** <sup>4</sup> (12.5%)

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 Insight<sup>5</sup>

**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 Insight<sup>4</sup> 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 Insight<sup>5</sup>

**Unemployment benefit claimants** – Department for Work and Pensions, April 2020, accessed through Local Insight<sup>5</sup>

**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

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## Notes

<sup>1</sup> 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.

<sup>2</sup> 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).

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

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

<sup>5</sup> Local Insight data is based on modelled estimates