

Wing & Ivinghoe Community Board Profile & Public Health Recommendations

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Introduction



The community we live in is one of the most important factors for our health.



Strong communities will be a key driver for recovery from the impact of the Covid-19 pandemic.



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 Community Board profiles and Public Health recommendations have been designed to support you to start a conversation around where and how to improve the health and wellbeing of residents in your areas.

Community Board Profile

- A snapshot that provides an overview of community health and wellbeing.
- This year, information on community safety and prosperity can be found in the same profile.
- Updated information for the post-COVID period will be available later.
- An interactive version of this profile will also be available later.































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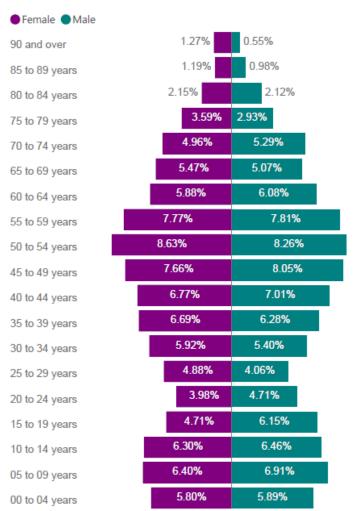
Board Name

Wing and Ivinghoe

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. For example, areas with higher levels of deprivation are at higher risk of developing multiple long term conditions at a younger age so preventative interventions are needed earlier in the lifecourse.



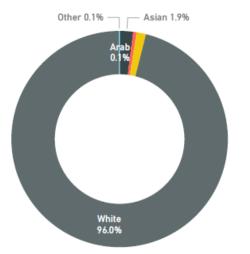


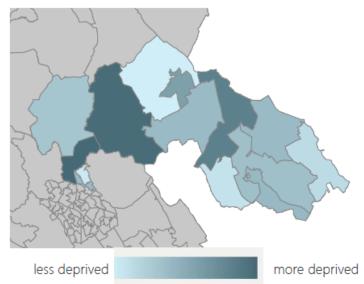
There are 19,899 people living in the Wing and Ivinghoe Community Board area.

Wing and Ivinghoe Community Board has fewer young people than the county average, with 18.6% of the population under 16 years of age (Buckinghamshire average 20.7%, England average 19.2%) and more older people than the county average, with 20.4% of the population aged 65+ (Buckinghamshire average 18.9%, England average 18.4%)

Wing and Ivinghoe Community Board is less ethnically diverse than Buckinghamshire as a whole. Ethnic minorities (excluding white minorities) make up 4% of the population compared with 13.6% in Buckinghamshire overall, and 14.6% in England.

Ethnicity





The Indices of Multiple Deprivation is a relative measure of deprivation of small areas. A higher score indicates an area is experiencing higher deprivation.

Wing and Ivinghoe Community Board has a deprivation score of 7.6 within Buckinghamshire (Buckinghamshire as a whole is 10.1). The map shows the pockets of higher deprivation across this community board.

interactive profile will enable the maps to be explored in more detail.

The maps do not match the Community Board boundary exactly. Data is being presented by the Lower Super Output Areas (LSOA) covering the Community Board. These are geographic areas with a mean population of 1,500 people and their boundaries can cross the Community Boards boundaries. The

Wing & Ivinghoe Snapshot

Population



There are 19,899 people living in the Wing and Ivinghoe Community Board area

Vulnerable groups



6.7% of children are living in poverty in the Wing and Ivinghoe Community Board area, compared with 9.5% across Buckinghamshire

Housing



Wing and Ivinghoe Community Board area, compared with 1.4% across Buckinghamshire

1.4% of households lack central heating in the

Crime and safety



There are lower levels of crime in Wing and Ivinghoe compared with the Buckinghamshire average (IoD 2019 Crime Rank)

Health and wellbeing



Education and skills



Economy



Access and transport



Wing and Ivinghoe Community Board has a higher life expectancy for men (82.7 years) compared to the Buckinghamshire average of 81.8 years (England average 79.8). The life expectancy for women is lower (84.6 years) compared to the Buckinghamshire average of 85.1 years (England average 83.4).

14.7% of people have no qualifications in the Wing and Ivinghoe Community Board area compared with 16.8% across Buckinghamshire

3% of people are in in receipt of unemployment benefit (JSA and UC) in the Wing and Ivinghoe Community Board area compared with 4.6% across Buckinghamshire

7.4% of households have no car in the Wing and Ivinghoe Community Board area compared with 12.6% across Buckinghamshire

Risk factors for poor health

Births (2019)

227

Low Birthweight babies

7.9%

Child excess weight Year 6

34.5%



Adults who are physically inactive

18.4%

6.8% Buckinghamshire

31.1% Buckinghamshire

20.0% Buckinghamshire



Board Name

Long term conditions and healthcare use

Wing and Ivinghoe

Long term conditions 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, but also through dedicated prevention strategies such as the NHS Health Checks programme. In addition, people with some long term conditions, such as heart disease, are at higher risk of poorer outcomes following infection with coronavirus (COVID-19).

Emergency Hospital Admissions 2019/20 by illness - Directly Standardised Rate per 100,000 population

Board Name	All	Cancer*	Cardiovascular	Dementia	Mental Health*	Respiratory	Under 5 years
Amersham	8,690	148.4	642.1	566.3	83.8	1,110	19,786
Aylesbury	12,888	242.8	1,014.5	604.0	118.7	1,719	24,439
Beaconsfield and Chepping Wye	8,578	179.9	715.8	471.3	77.6	1,165	19,977
Beeches	10,896	182.0	870.8	586.1	88.9	1,501	19,811
Buckingham and Villages	9,083	230.0	824.3	560.2	75.5	1,293	24,213
Chesham and Villages	9,739	167.7	765.1	524.7	72.0	1,374	23,095
Denham, Gerrards Cross and Chalfonts	9,660	221.9	751.0	516.7	62.0	1,445	20,054
Haddenham and Waddesdon	10,243	193.3	779.7	558.3	48.7	1,238	24,004
High Wycombe	12,494	220.9	1,077.4	795.1	112.9	1,811	26,102
Missendens	9,119	152.8	721.5	420.5	77.5	1,068	25,942
North West Chilterns	10,116	169.4	738.2	477.6	82.0	1,262	23,716
South West Chilterns	8,981	141.6	744.9	481.0	50.7	1,236	20,943
Wendover	10,067	219.5	724.7	449.1	61.8	1,247	20,169
Wexham and Ivers	10,909	212.2	1,024.7	622.3	106.5	1,394	19,865
Wing and Ivinghoe	10,422	194.7	799.6	599.2	107.0	1,261	22,031
Winslow and Villages	9,288	184.2	676.8	606.8	64.7	1,473	27,156
Buckinghamshire	10,283	193.3	819.0	549.9	84.6	1,389	23,042

NHS Health Checks



330

Uptake 2019/20

45.0% NHS Health Checks (%) Wing and Ivinghoe Community Board (where a rank of 1 out of 16 indicates higher emergency admissions):

- Ranks 5 for emergency admissions overall
- Ranks 7 for cancer emergency admissions
- Ranks 6 for cardiovascular emergency admissions
 - Ranks 5 for dementia emergency admissions
- Ranks 3 for mental health emergency admissions
- Ranks 9 for under 5 years emergency admissions
- Ranks 10 for respiratory emergency admissions

The admissions data in this profile is pre-Covid-19 and covers 2019/20 (*due to smaller numbers for cancer and mental health emergency admissions, in a single year, data presented for these covers 2017 to 2019). Data is presented showing whether the rate is statistically significantly different to the Buckinghamshire average.

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. A high take up is important to identify early signs of poor health leading to opportunities for early interventions. Wing and Ivinghoe Community Board had a higher uptake of health checks (45.0%) compared with the Buckinghamshire average (43.8%).

The standardised rates used here are taking into account differences in ages of populations so comparisons across areas can be made. The rates above are based on number of admissions per 100,000 population - all age population is used for all except under 5 admissions. Red indicates the admission rate calculated is statistically significant higher than the Buckinghamshire average. Amber indicates the rate is significantly lower.

Source: Long term conditions - HES data extracted from NHS Digital Data Access Environment (DAE) (2019/20); Office for National Statistics (ONS) mid-year population estimate for relevant year; TCR (Nottingham) Quest Health Checks Reporting; and Buckinghamshire Public Health Intelligence.

Community Board Public Health Recommendations



Suggestions on areas of focus and initiatives to get involved with



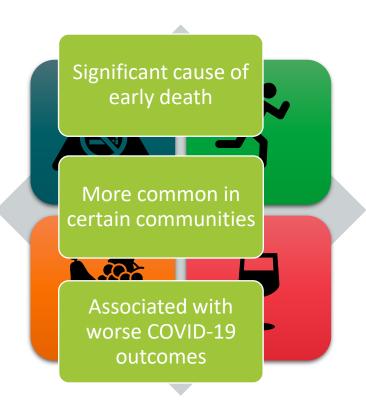
To complement your specific local knowledge & provide support



You may wish to discuss further with Stephanie Moffat as your Public Health contact

Public Health Recommendations Proposed Areas of Focus

- Preventing Cardiovascular Disease (CVD) is suggested as our top priority to "level-up" health
- Also chosen as a top priority by the Integrated Care Partnership of NHS organisations in Buckinghamshire and Buckinghamshire Council.
- Community boards can play an important role in preventing CVD by funding, promoting and participating in initiatives that promote healthier behaviours and/or identify people at higher risk of developing CVD.



Public Health Recommendations Proposed Areas of Focus

Preventing diabetes, heart disease and stroke

Supporting residents to stop smoking

Improving mental health, tackling social isolation and reducing stigma

DEVELOP / FUND proposals for your Board

- 1. Fund the Active Movement programme in local schools
- 2. Fund one or more community gardens via the Grow it, Cook it, Eat it scheme
- 3. Set up a local Grow to Give scheme
- 4. Make your parks and playgrounds smoke free
- 5. Organise MECC training in your local area
- 6. Enhance Healthy Ageing projects with community board funds
- 7. Support schools to develop and organise a wellbeing service day for pupils and staff

Summary

- The Community Board profiles and Public Health recommendations:
 - Are designed as conversation starters to supplement the local insight and knowledge of each Community Board.
 - Include suggested areas of focus with information on recommended initiatives that can be funded by Community Boards.
- Wing & Ivinghoe CB should prioritise the proposed actions in a way that is suitable for the local community.
 - Ideas and options can be further discussed with Stephanie Moffatt.

