Devon Joint Strategic Needs Assessment 2021

Introduction

The Joint Strategic Needs Assessment (JSNA) looks at the current and future health and care needs of the local population and it is a legal requirement of the Health and Wellbeing Board to produce and publish a JSNA. The assessment informs and guides the planning, commissioning and delivery of local health, wellbeing and care services. This tool provides a summary of the Devon JSNA.

Devon has an ageing and growing population, with proportionately more older people compared to the population structure of England. The growth in the Devon population is attributable to longer life expectancy, internal migration and increases in planned development.

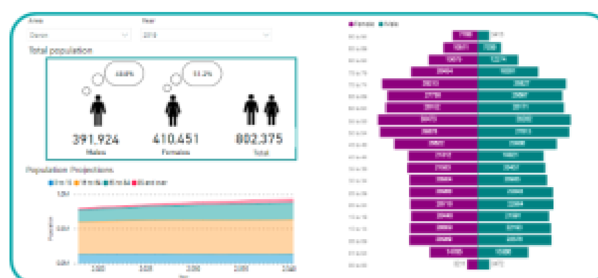
In Devon there are many population groups across the life course that experience inequalities in health and wellbeing outcomes. This blend of different population groups presents opportunities in how we as a system support the varying needs of the Devon population.

Health and wellbeing outcomes follow a social gradient which shows us that as deprivation increases, the risk of poorer outcomes increases. There is a notable north-south division which much of East Devon, South Hams and Teignbridge being less deprived compared to North Devon, Torridge and West Devon.

A focus on an upstream approach to improve population health and wellbeing is required to prevent ill health and enable those to live healthier for longer, for early detection of disease and treatment, and to and maintain a good quality in life in those with a long-term condition.

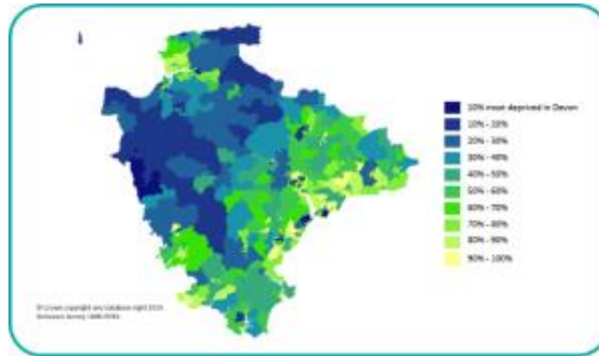
Poorer mental health has a great social and economic impact. It can affect people at any stage of the life course and can diminish the life chances of individuals significantly impacting physical health, educational and employment prospects, and life expectancy. Equally, poor physical health can lead to an increased risk of developing mental health problems. Just with physical health, inequalities can be found in mental health. This gap is even great for those with severe mental illness.

It is important to note that disparities in health and wellbeing outcomes are even greater when looking across smaller areas and/or different population groups in Devon.



1 - Figure 1: Demographic summary for Devon (2019)

Source: Vital Statistics tool - Devon Health and Wellbeing



2 - Map: Indices of Multiple Deprivation (2019)

Starting and Developing Well

Across Devon there are proportionately fewer younger people when comparing nationally. Health and wellbeing outcomes for children and young people across Devon is mixed.

There are considerable opportunities and benefits in improving interventions to support best start in life which include reducing smoking during pregnancy, increasing new birth visits, sustaining and improving breastfeeding from 6 to 8 weeks, improving health protection measures such as handwashing and increasing immunisation coverage particularly for children in care.

A focus on improving behavioural risk factors for children and young people around diet and physical activity is required to reduce dental decay in younger children and obesity in primary school aged children.

Whilst a fair proportion of children at the end of reception reach a good level of development, around a quarter of pupils are not achieving this level which may have an impact throughout their life. This gap in school readiness is considerably wider for disadvantaged children.

Poor mental health in children results in poorer outcomes relating to health and wellbeing. Hospital admissions in children and young people are considerably higher in Devon for mental health conditions, self-harm, and injuries. This gap is even wider for vulnerable groups such as disadvantaged and looked after children.

Living and Working Well

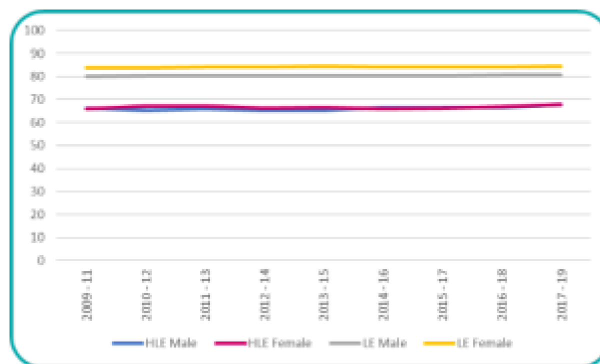
Devon has proportionately fewer working age people compared to England, particularly in those aged 16 to 49 years. Economic activity remains higher than the England average, however the sectoral composition across Devon creates low earnings employment. This impacts on a variety of wider determinant factors which influences health and wellbeing.

Life expectancy has remained marginally similar over the last decade with people living their remaining 10 to 15 years of life in poorer health. This gap is starker across areas with higher deprivation as well as minority groups and different communities. Whilst improvements have been ascertained across some behaviour risk factors and, better treatments and technological advances have contributed to better health and longer life expectancy in general, more work is required to improve diet, physical activity, alcohol intake and smoking. These are the leading behavioural risk

factors which influence ill health and preventable mortality across Devon. Premature preventable mortality has not changed significantly over the past 10 years.

Poorer health can further manifest downstream. It can impact on the ability to work which may lead to receipt of state benefits and/or creating more cost across the health and social care system for treatment and support-based services. If the population of Devon are living between 10 to 15 years in poorer health and require treatment and support, evidently it will be a significant and increasing cost to the system.

There are opportunities to improve primary and secondary prevention such as increasing immunisation and screening coverage and improving health protection measures to prevent ill health, reduce disease progression and mortality from many diseases.



3 - Figure 2: Trend of Healthy Life Expectancy (HLE) and Life Expectancy (LE) in Devon

Note: The red arrow represents the number of years spent in poorer health

Ageing and Dying Well

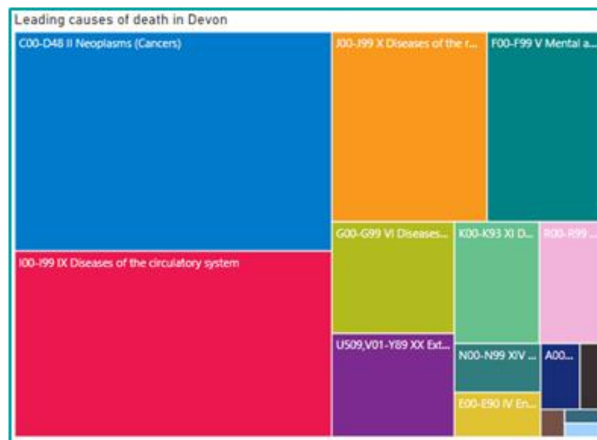
Devon has an ageing and growing population with proportionately more older people compared to England. As identified in the 'Living and Working Well' section, life expectancy has marginally changed over the last decade, similar to mortality rates from conditions considered preventable. Furthermore, people across Devon are living on average between 10 and 15 of their final years in poorer health which will have a significant impact on service cost and demand across the system.

Devon is generally less deprived overall relative to England, however disparities relating to how deprived or how affluent areas across Devon do exist which can influence health and wellbeing outcomes. Devon boasts a beautiful landscape with a third of the county classified as rural. However, this presents challenges around access to services and isolation contributing to poorer health outcomes.

The development of frailty, long term conditions and multi-morbidity is impacted greatly by social and behavioural risk factors. This can be influenced by poorer mental health or poor physical health may lead to poor mental health. This impact is even greater where inequalities are a considerable challenge.

Cancer, diseases of circulatory, respiratory, nervous system, and mental health and behavioural disorders are the leading causes of death across Devon. From a seasonal perspective, higher excess winter deaths occur in older people with pre - existing circulatory and respiratory diseases. Across Devon excess winter deaths have remained relatively unchanged. However increased uptake of

primary and secondary interventions such as immunisations and screening programmes may help to reduce excess winter deaths.



4 - Figure 3: Leading causes of death in Devon

Immunisations for flu in those aged 65 and over, and at-risk individuals, and PPV are all below the recommended targets for uptake. Whilst uptake for flu immunisations aged 65 and over is improving, flu immunisation for at risk individuals and PPV immunisation has not significantly changed for a number of years. Cancer screening for bowel, cervical and breast indicate that uptake for Devon are higher compared to national uptake rates. However, around 1 in 4 people within those target groups are not being screened.

Dementia diagnosis remains unchanged in Devon and highlights a potential gap of unmet need where 2 in 5 people aged 65 and over are estimated to have dementia but are undiagnosed.

From an inequalities perspective immunisations and screening, and incidence and mortality rates may also differ when looking at more deprived areas and cohorts with protective characteristics. Therefore, in some instances the gap in outcomes may be wider.

To conclude, the Devon population is diverse in its needs and inequality can take many forms which impacts population health, to which organisations from across the system need to respond.