

AI-generated Briefing Note: Health Inequalities in Eastern Devon – Insights & Partnership Priorities

Source: East Local Care Partnership Report v2.1, March 2025

Key Insights

Pockets of Deep Deprivation

Despite favourable outcomes at a Devon-wide level, certain neighbourhoods in Eastern Devon experience significant deprivation. Areas such as Central Exeter, Tiverton West, and Mincinglake & Beacon Heath show consistently poor outcomes in early mortality, emergency hospital use, and prevalence of long-term conditions. These communities often face complex, layered disadvantage including income insecurity, social isolation, and underinvestment in infrastructure and public services.

Access and Environment Inequalities

Over 40 Lower Super Output Areas (LSOAs) rank among the most deprived nationally for access to services, quality of housing, and broader living environment. Poor housing quality, energy inefficiency, and rural isolation exacerbate health risks and contribute to greater dependence on acute services.

Disadvantage in Early Years

Early childhood development is particularly affected in high-deprivation areas, with visible tooth decay affecting over 10% of 3-year-olds and lower levels of school readiness. These indicators reflect broader issues around family poverty, limited access to early years services, and poor maternal health.

Rising Burden of Chronic Conditions

Asthma prevalence is now statistically worse than the national average. Diabetes, COPD, and dementia remain high, with significant variation between GP practices. While obesity levels are slightly better than the England average, they vary widely between communities. Preventable chronic disease remains a major driver of inequality in life expectancy.

Preventable Harm

Emergency admissions and preventable deaths (e.g., from heart disease, stroke, and respiratory conditions) are significantly above average in some areas. Admissions for self-harm, particularly among younger people, are worryingly high in neighbourhoods such as Wonford & St Loye's and Exmouth Littleham.

High Levels of Unpaid Care

Many deprived communities rely heavily on unpaid carers, with some areas reporting a large proportion of people providing 50+ hours of care per week. This places carers at increased risk of burnout, mental ill-health, and economic hardship, contributing to intergenerational cycles of inequality.

Inequalities in Service Use and Outcomes

Health service use patterns vary significantly by deprivation, with delayed access and higher levels of emergency care use in the most deprived areas. Community

engagement and co-production are also more challenging in these areas, requiring sustained, trust-building approaches.

Suggested Priorities for a Broad Partnership Response

- Targeted, Place-Based Action – Focus effort and investment in the most deprived neighbourhoods to address the root causes of poor health. Build on existing work with Local Care Partnerships to coordinate activity at neighbourhood level.
- Reduce Barriers to Access – Improve access to primary care, community health services, and digital healthcare. Strengthen transport links and invest in community hubs to support social connectivity and health navigation.
- Improve Child Health and Early Years Support – Scale up oral health programmes, strengthen early years provision, and embed family support into community-based services. Work closely with schools and children’s centres in the most disadvantaged areas.
- Tackle Poor Housing and Fuel Poverty – Develop partnerships with housing associations, local councils, and anchor institutions to improve housing quality, reduce energy poverty, and ensure warm, safe homes for all.
- Strengthen Prevention Pathways – Embed prevention into primary care and community delivery. Expand access to smoking cessation, weight management, and type 2 diabetes prevention services with a focus on reach and equity.
- Support Carers – Increase support for unpaid carers through locally delivered respite services, mental health support, and practical advice. Recognise the role of carers within primary care and community health teams.
- Coordinate with Shared Data and Intelligence – Develop shared data systems to support joint decision-making. Use population health management tools and local insight to target interventions and track progress.
- Embed Equity in System Priorities – Ensure health inequalities are explicitly considered in all transformation programmes, business cases, and investment decisions. Build equity leadership capacity across all partner organisations.

Conclusion

A coordinated, place-based, and preventative approach is essential to tackling health inequalities in Eastern Devon. This work must be co-designed with communities and fully embedded in the strategic priorities of all partners across health, care, housing, education, and the voluntary sector.