

AI-generated key overlaps and synergies between the Population Health Management (PHM) data from the *East LCP Report* and the community insight findings from the Health, Wellbeing & Inequalities conversations across Eastern and Mid Devon

1. Transport and Geographic Barriers

Community Conversations:

- Transport was the *most consistent barrier* to accessing services, activities, and independence—particularly in rural areas with 1 bus/week or no evening options.
- Lack of transport exacerbated isolation, especially for carers and non-drivers.

PHM Data:

- **43 LSOAs** fall in the *10% most deprived* nationally for **Geographical Barriers**.
- This subdomain includes poor access to GPs, shops, and schools in rural locations.

☑ **Strong synergy:** Data confirms geographic isolation is a structural barrier, matching residents' concerns around service access and social inclusion.

2. Mental Health & Social Isolation

Community Conversations:

- Loneliness, social anxiety, and lack of face-to-face support are prominent.
- Many expressed the need for low-threshold social opportunities, peer support, and mental health understanding.

PHM Data:

- **Health Deprivation and Disability domain:** 2 LSOAs in East LCP are among the *10% most deprived*, and 5 more in the 11–20%.
- High rates of **emergency admissions for intentional self-harm** in MSOAs like Exmouth Littleham and Central Exeter.

☑ **Strong alignment:** The data evidences mental health vulnerabilities and self-harm risks, particularly in more deprived MSOAs, reinforcing the need for early intervention and peer-based support.

3. Healthcare Access & Continuity of Care

Community Conversations:

- Widespread concern about long waits, digital systems, closures of local hospitals, and lack of continuity with GPs.
- Need for outreach clinics, pop-ups, and human contact in booking systems.

PHM Data:

- High **Geographical Barriers** plus closures of local services align with:
 - High **standardised admission ratios** (SARs) for stroke, CHD, COPD, and MI in places like Tiverton West and Mincinglake.
 - Rural areas needing better localised service delivery.
- **Unpaid care rates** are high (especially >50 hours/week), increasing demand on stretched services and carers.

✓ **Clear synergy:** PHM confirms that the most vulnerable populations are facing systemic barriers in continuity and access, especially in urgent and long-term conditions.

4. Long-Term Conditions and Preventable Illness

Community Conversations:

- Concern over rising rates of arthritis, diabetes, and obesity—coupled with limited access to low-impact activities.
- People want affordable, inclusive classes like Pilates, yoga, seated fitness.

PHM Data:

- **Diabetes** prevalence steadily rising: some GP practices >10%, though overall LCP is slightly better than national.
- **Obesity** is lowest in Devon but still varies significantly across practices.
- **Asthma & COPD** prevalence is worsening in some practices—COPD SARs especially high in Mincinglake & Beacon Heath.

✓ **Good alignment:** Community calls for proactive wellbeing support are echoed by data showing rising chronic disease risk in certain hotspots.

5. Housing, Indoor Environment & Physical Accessibility

Community Conversations:

- Reports of poor pavements, lack of drop kerbs, inaccessible venues.
- Overcrowding and poor housing conditions affect wellbeing, especially among disabled and older people.

PHM Data:

- **75 LSOAs** are in the 10% most deprived for **Indoor Environment** (poor housing).
- **60 LSOAs** are also in the most deprived for **Living Environment**, which includes outdoor safety (e.g., traffic/pedestrian risk).

✓ **Strong correlation:** Poor built environment and infrastructure are confirmed by the deprivation data, and are reflected in community-reported accessibility issues.

6. Carers and Older People

Community Conversations:

- Carers feel isolated and unsupported; need more respite, flexible transport, and continuity of services.
- Older adults struggle with digital systems, loneliness, and mobility.

PHM Data:

- High percentages of unpaid care in many LSOAs (50+ hrs/week).
- **Income Deprivation Affecting Older People:** 9 LSOAs in East LCP fall in the worst 20%.
- High dementia prevalence in several practices, e.g., Seaton & Colyton >2.5%.

☑ **Clear link:** PHM confirms the concentration of older people, unpaid care burden, and prevalence of age-related conditions, aligning with calls for better community support and respite.

7. Children, Families & Youth Disadvantage

Community Conversations:

- Loss of youth clubs, lack of affordable activities, and school-related stress impacting wellbeing.
- Families with children with additional needs felt isolated and unsupported.

PHM Data:

- **14 LSOAs** are in the 10% most deprived for **Children & Young People education outcomes**.
- Several MSOAs (e.g., Tiverton West) perform worse than national average for preventable mortality under age 75.

☑ **Strong alignment:** The PHM data shows generational inequality and early life disadvantage, reinforcing the need for more community-based youth support.

8. Desire for More Integrated, Non-Digital, Person-Centred Services

Community Conversations:

- Residents want more joined-up care, better communication between services, and access to information via non-digital means (noticeboards, libraries).

PHM Data:

- While the PHM does not directly measure service integration, the fragmentation highlighted (e.g., care continuity issues, hospital closures, variation in GP quality) aligns with community perceptions.

✓ **Shared insight:** Both data and resident voice point to the urgent need for person-centred, accessible services and better collaboration across health, care, and voluntary sectors.

✳ **Summary of Synergies:**

Theme	Community Insight	PHM Data Confirmation
Transport barriers	#1 barrier to access	43 LSOAs in worst 10% for Geographical Barriers
Isolation & mental health	High stress, loneliness, poor digital access	High self-harm SARs, Health Deprivation Index
Healthcare access	Lack of continuity, digital issues, GP shortages	Long waits, closures, high preventable admissions
Chronic disease risk	Concern over diabetes, arthritis, obesity	Rising prevalence of diabetes, asthma, COPD
Carer burden	Exhaustion, lack of respite, isolation	High unpaid care rates; IDAOP domain deprivation
Accessibility issues	Pavements, kerbs, venues not suitable	Poor housing & living environment indicators
Youth/family disadvantage	Education stress, no youth activities	High deprivation in children's education subdomain
Desire for local solutions	Pop-ups, outreach, person-centred services	Matches high need in rural and ageing populations