

# One Eastern Devon Health Inequalities Strategy

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# One Eastern Devon Health Inequalities Strategy 2025–2030

Working together for longer,  
healthier lives for all.

# Who is the strategy for?

- **Core20PLUS5 inclusion groups:**
  - People living in the most deprived 20% of areas (based on IMD)
  - Minority ethnic communities
  - Inclusion health groups (e.g. people experiencing homelessness, refugees, Gypsy/Roma/Traveller communities)
  - Children and young people with SEND
  - People with severe mental illness, learning disability, or maternity vulnerability
- **Place-based populations experiencing cumulative disadvantage,** particularly:
  - Isolated rural communities with access challenges
  - Urban populations facing economic deprivation, poor housing, and limited services
  - Coastal and market towns with ageing populations and service gaps
- **People with overlapping needs,** where factors such as poverty, disability, ethnicity, and geography intersect to deepen inequality.

# Our Vision for 2030

Our shared vision for 2030 is clear: we want to create the conditions in Eastern Devon where everyone – regardless of their background, postcode, or life circumstances – has the opportunity to live a longer, healthier, and more fulfilling life.

This vision goes beyond health services. It calls for a fundamental shift in how we work together across sectors to address the root causes of inequality.

# What success looks like five years from now

To make our vision a reality, we need to define what success looks like – practically and measurably – over the next five years. By 2030, we aim to:

- reduce the gap in healthy life expectancy between the most and least advantaged areas of Eastern Devon by a meaningful margin
- improve access and experience of health and care services among Core20PLUS5 groups.
- increase uptake of preventative and early intervention services, especially in neighbourhoods with the highest need.
- make improvements in wellbeing, social connectedness, and local belonging, particularly among those at highest risk of exclusion.
- align a growing proportion of system resources across partners to achieve shared outcomes – through pooled budgets, joint planning, and place-based commissioning.

Importantly, we will monitor not just ‘what’ we do but ‘how’ we do it – ensuring that our ways of working reflect power-sharing, transparency, and ongoing learning.

Integrated neighbourhood teams will be established across the geography, working in partnership with local VCSE groups to meet needs holistically.

# Our Strategic Framework

Our strategy is built around four interconnected pillars that reflect our ambitions for long-term, place-based system change. We will:

1. **'Prevent'** ill health and inequality by acting early, promoting wellbeing, and addressing risk factors before they escalate.
2. **'Reduce'** disparities by targeting support and resources to those at greatest risk, ensuring our services are equitable and inclusive.
3. **'Empower'** communities, investing in local capacity and leadership so that solutions are co-designed and community-led.
4. **'Transform'** the way we work together across the system – shifting from reactive service provision to proactive, integrated partnership.

These four pillars are underpinned by a commitment to Core20PLUS5, the principle of Total Place, and an adaptive learning mindset. Our framework is not about new bureaucracy, but about aligning what we already do in smarter, more connected ways. It provides a lens through which we can review existing activity, guide new investment, and hold ourselves accountable to the outcomes that matter most to our communities.

# Strategic Priorities and Objectives

The strategy sets out four core objectives that reflect our ambition and learning:

1. **Targeted Action** – using data and lived experience to identify and prioritise interventions in the neighbourhoods and communities most affected by inequality. Focus on proactive outreach and locally tailored solutions.
2. **Invest in Prevention** – shifting the focus and funding upstream to reduce the risk of ill health. This includes supporting early years, mental health, healthy ageing, and preventing long-term conditions.
3. **Empower Communities** – building local capacity through investment in the VCSE sector, support community leadership, and embed co-design in service planning.
4. **System Alignment** – strengthening collaboration across sectors, reduce duplication, and ensure all parts of the system work towards the same goals.

# The Enablers

To deliver this strategy, we need to address the foundations that enable sustainable system change. Key to this is:

- the development of integrated neighbourhood teams – multidisciplinary, cross-sector groups rooted in local places, able to respond flexibly to population needs.
- investing in ongoing data and insight – combining quantitative analysis with lived experience to ensure our decisions are grounded in reality.
- evolving the relationship with the VCSE sector not as subcontractors, but as equal system partners, embedded in governance, co-design, and delivery.
- Governance arrangements must enable local autonomy within a shared framework, with clear lines of accountability and support.
- working to align funding streams, reduce duplication and build cross-sector capability.

These enabling structures are not ends in themselves – they are the scaffolding on which better outcomes are built. If we want real change, we must invest in the infrastructure that supports local leadership, innovation, and sustained action at neighbourhood level.

# How we work together: strategic principles

At the heart of this strategy is a shared commitment to not only what we do but how we do it. Our approach to partnership must reflect our values of **co-production, best intent, parity of esteem, inclusivity and equity**.

We will share power and decision-making, particularly with VCSE partners and communities who have too often been on the receiving end of decisions made elsewhere.

We will create space for difficult conversations, respect diverse forms of knowledge, and prioritise relationships over processes.

By agreeing a common set of principles, we enable consistency across our diverse places while respecting local nuance. This is about system culture change – creating a new default for how partners interact, share risk, and build shared ownership of outcomes.

# How will we deliver our Strategy?

Our strategy will be delivered through practical, joined-up approaches that work at the neighbourhood level and are shaped by communities. We will focus on five key delivery principles:

- 1. Neighbourhood Teams.** We will build integrated teams that bring together GPs, community health, social care, VCSE organisations, housing, and others. These teams will lead local delivery, based on what each neighbourhood needs.
- 2. Shared Plans and Priorities.** All partners will work from shared, local delivery plans – shaped by community insight and data. These plans will focus on the people and places facing the greatest health inequalities.
- 3. Working Together on the Ground.** We will support services to work side-by-side, not in silos. Sometimes this will mean statutory and VCSE teams delivering together in community spaces, in people's homes, or through outreach.
- 4. Joined-Up Resources.** We will align budgets and staff across organisations where possible, so we can act together and avoid duplication. This means sharing responsibility, funding and outcomes.
- 5. Test, Learn, Improve.** We won't get everything right first time. Our approach will be flexible – we'll use feedback, data, and lived experience to keep improving and adapting over time.

## **Leveraging the partnership to address wider determinants**

Reducing health inequalities cannot be achieved by health services alone. The root causes of poor health – poor housing, low income, education, environment and access – sit largely outside the NHS.

This strategy is a call to action for all sectors to align their work around the goal of health equity. It highlights the opportunity for OED to act as a convening platform, bringing together councils, VCSEs, faith groups, police, schools, the private sector, local residents and many others to tackle the social determinants of health at neighbourhood level.

We seek to develop joint plans with clear roles for all partners, co-invest in local initiatives, and align funding and commissioning to shared outcomes. Examples include improving housing conditions through place-based inspections, enhancing rural transport through joint planning, and integrating welfare and employment support into primary care hubs.

The key is to use the strength of the partnership – trust, relationships, and shared insight – to unlock collective impact. We will also make better use of anchor institutions' levers – local recruitment, procurement, and land use – to shape healthier environments. This is how we move from programmes to population-level impact.

# Measuring progress and learning together

This strategy commits to a robust and transparent approach to evaluation and improvement. We will:

- develop an outcomes framework that includes quantitative and qualitative measures – from traditional health metrics (like emergency admissions and life expectancy) to community voice, wellbeing, and trust in services.
- report on progress regularly to the OED Forum and local communities. Our monitoring approach will include both headline indicators and localised metrics tailored to neighbourhood priorities.
- operate as a learning system, reviewing data and insights in real time and using them to adjust approaches as needed. Feedback loops with VCSEs, PCNs, and community groups will ensure ongoing relevance.
- track both ‘what we do’ and ‘how we do it’ – examining partnership behaviours, inclusivity, and trust. Our ambition is not just to demonstrate impact but to build a culture where reflection, adaptation, and shared ownership are the norm.
- commission independent evaluation where appropriate and use stories of change, alongside data, to capture and share learning across the system.