

1. Executive Summary

1.1 JSNA Overview

1.1.1 Introduction

The Local Government and Public Involvement in Health Bill (2007) placed requirements for key partners to work together to improve health and wellbeing, including the production of a Joint Strategic Needs Assessment (JSNA). This statutory duty came into force in April 2008. As a core feature of the commissioning cycle, the Department of Health defines the JSNA as:

‘a systematic method for reviewing the health and wellbeing needs of a population, leading to agreed commissioning priorities that will improve health and wellbeing outcomes and reduce inequalities.’

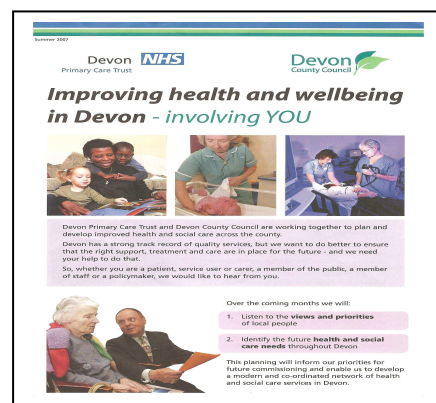
The JSNA aims to provide a comprehensive and locally relevant dataset with powerful indicators that describe current and future needs. It is designed to inform the Local Area Agreement and support the Sustainable Community Strategy. It is also central to World Class Commissioning in shaping the long term commissioning strategies of the NHS and collaborative work with community partners, including an emphasis on public engagement.

1.1.2 The background to Devon’s current JSNA

In Devon, work on our JSNA commenced ahead of the statutory requirements in June 2007, when the local NHS and County Council launched ‘Improving health and wellbeing, involving you’, a Joint Strategic Review of Health and Social Care. This review set out to understand the health needs of the population as a basis for developing our joint strategic direction and intentions for health and social care for a five year period. This was the basis of our early JSNA which contributed to both the Local Area Agreement Health and Inequalities section and also ‘The Way Ahead’, Devon’s joint strategic framework and plan.

Using a programme managed approach, this initial work included health and social care profiles for the 28 Devon Towns plus Exeter. As well as these profiles it incorporated:

- A review of needs across different age ranges and care areas based on the Darzi pathways plus others considered as important locally.
- Consideration of changes on the horizon as a result of new approaches and technology.
- Understanding of local opinion regarding health and social care through a substantial engagement programme.



1.1.3 Responding to feedback

The quality of Devon’s initial JSNA received positive feedback by CSCI in 2008 and in our World Class Commissioning review for the same year. In refreshing and developing our JSNA for 2009, our commitment has been to build on our early success through an annual cycle of improvement in our JSNA.

In particular we have taken steps to ensure the JSNA this year, reflects the feedback we received from stakeholders and the public. In The Way Ahead consultation last year, we also specifically consulted on the quality of the JSNA. Our JSNA consultation and questions reached out to more than 500 stakeholder contacts, plus a wider population through the internet and public engagement events. Overall the feedback was extremely positive, with some helpful suggestions for future improvement including:

- More focus on the rural dimension in our town profiles
- Data and actual numbers as well as percentage comparators for each Devon Town
- Greater emphasis on deprivation and its impact on our communities

These and other points are described in The Way Ahead Consultation Report (2008) and all have been reflected in this 2009 JSNA, bringing demonstrable improvement as a result of engagement. In addition we have taken steps to further strengthen the alignment of the JSNA to our planning processes in order that the wealth of understanding achieved is reflected in strategic and operational planning and decision making.

1.1.4 The scope of the JSNA

This refreshed and developed 2009 JSNA is based on a comprehensive, shared and defined health and social care dataset, which has been updated and added to reflecting the latest information. It also brings forward detail from the 2008 JSNA where this is relevant. As a result the JSNA dataset now holds a wealth of understanding.

In summary it segments the population in a range of ways providing:

- A county wide view of the population profile spanning demography, social and environmental factors, health and wellbeing and the specific needs of vulnerable groups
- Profiles across the three geographical localities in Devon, covering need and use of health and social care services, and aligning the JSNA to Devon's recently established locality commissioning arrangements
- Town profiles for the 28 Towns plus Exeter City, again spanning need and use of health and social care services. These town profiles have been strengthened with a greater span of understanding of referrals and activity in key services
- A review of the in depth needs assessments we have conducted across a range of care areas, many of which were prepared for 'The Way Ahead', with further assessments added this year, for example the Carer Needs Assessment and Stroke Equity Audits.
- A view to the future, to anticipate population changes or events we need to prepare for and their potential impact through a range of predictive modelling and horizon scanning

The facts and figures in the data set are from a range of sources, mainly Devon County Council Adult and Children's Services and NHS Devon public health and information/knowledge management as well as national and regional details and benchmarks. As well as these facts and figures however, the 2009 JSNA includes new and recurrent themes raised by stakeholders, including service users and public.

Although the primary focus of our JSNA relates to health and social care, we recognise that the improvements and health and wellbeing will not be simply achieved by health and social care alone and therefore as the JSNA has developed we have been able to identify key issues of relevance for other sectors. One example is housing needs for people with learning disability where external partners will play a key role in the solutions. There are others and in reviewing our dataset we have incorporated important features relevant to our wider partnerships. In adopting this outward facing approach, we remain discerning about the JSNA dataset scope to ensure we maintain a strong and relevant database that will support a clear and focused approach to commissioning and stand the test of time.

1.1.5 Preparing the JSNA

The JSNA is produced by a steering group that consists of senior analysts and commissioners from NHS Devon and Devon County Council Adult Care Services and Children and Young People's Services. The steering group meets regularly throughout the year to ensure delivery of the JSNA within the context of an annual refresh cycle.

This annual cycle, ensures that changes and new information in terms of demography, need, public expectation, demand health and social care are brought together to influence our planning and prioritisation processes. It is designed to ensure that each year it not only updates but enhances the quality and scope of the JSNA. This year for example we have added extra detail to the locality and town profiles including views from the Place Survey, Urban/Rural deprivation and Safeguarding.

The value of the JSNA, as well as the tremendous understanding it brings for health and social care, is also the partnership working and learning as a result of the process itself which has paid dividends in the quality of our 2009 JSNA and also in forward planning to achieve a web based JSNA making it increasingly accessible in the future.

1.1.6 Key audiences for this work

The core purpose of the JSNA is to support commissioning and therefore the main audiences for this work remain key commissioning influencers and decision makers:

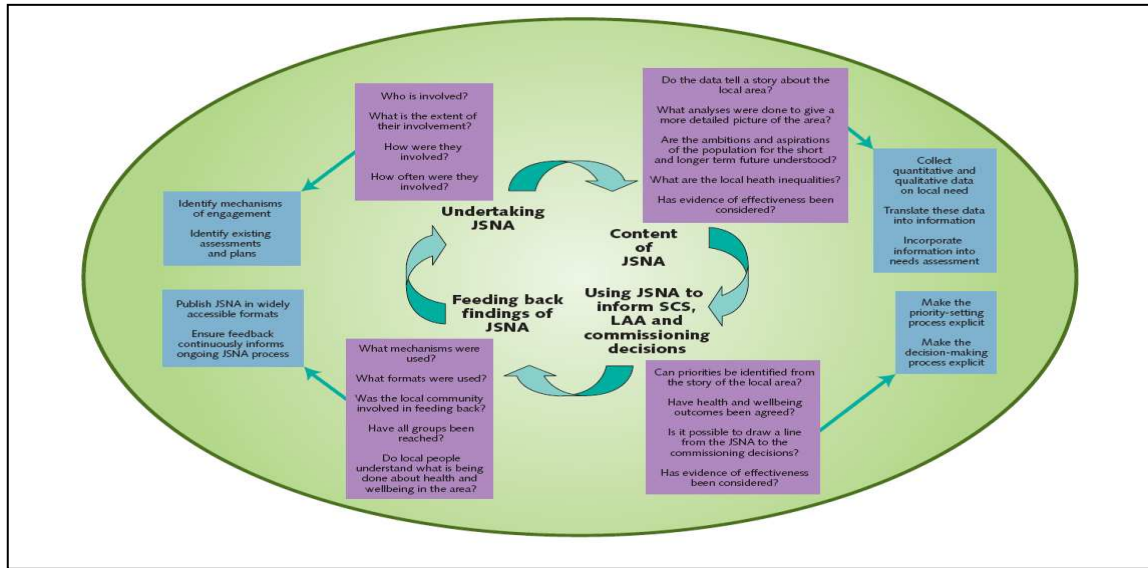
- Strategic commissioners across health and social care
- Locality clinical commissioners through consortia across Devon
- Partners in commissioning for example Local Strategic Partnerships

However the JSNA also has wider audiences. It is relevant to providers of health and social care and we would expect service delivery to become increasingly aligned to the needs identified. There is interest from a range of wider partners as we develop greater understanding of the communities we serve, for example district, town and parish councils, housing

and environmental departments of the county council, and the police. Added to that, there is tremendous potential for sharing this understanding with communities themselves to support their engagement in health and wellbeing.

1.1.7 Using the JSNA in Devon

The Department of Health JSNA process below gives helpful context for the JSNA.



This indicates in particular the importance of being able to draw the connection between needs and commissioning decisions. Key strategic and planning documents in the county highlight the applicable JSNA understanding that underpins strategy, actions and decisions. This occurs both in our overarching strategic and operational plans, commissioning intentions and care area strategies and action plans, so for

example the Devon Carers Strategy and Devon Dementia Strategy are clearly informed by the in-depth needs assessments within the JSNA.

Our next step in use of the JSNA is further embedding this into the heart of our organisations to ensure it informs delivery with a briefing and support programme, particularly to support place sensitive planning through the newly developed locality structure and wider local partnerships.

1.1.8 Looking ahead

Our commitment to our population is to continue to build on progress to date and develop and more importantly use our understanding of the needs of our communities to improve health and social care. Although we are proud of our present JSNA, we know it will continue to develop. Exciting opportunities for the future include:

- Web based presentation of the JSNA, building on a new community services interface tool established in 2009 which offers an interactive approach to explore the data at a Devon Town level and will support the place planning that will be so crucial as our localities develop service plans.
- Continued use of the JSNA for commissioning, extending this further into market shaping and market transformation work for the year ahead building on the progress we have made in 2009/10.
- Ensuring the JSNA is accessible. This year a comprehensive document, town profiles and other information will be on the web. An easy read version of this summary has already been produced for people who would find this helpful. We will circulate the JSNA widely to partners and stakeholders for feedback on the JSNA itself and also to enable and support engagement in health and wellbeing.

Added to this, Devon has recently been selected to participation in the national JSNA project led by the Institute of Public Care and North West Joint Improvement Partnership. This key project, working with eight Local Strategic Partnerships in England, aims to review the relationship between the JSNA and strategic commissioning and this will create further learning and feedback for our local development of the JSNA, as well as contributing to this exciting national project.

1.2 Key Headlines Regarding Devon

1.2.1 Devon

The JSNA provides a wealth of information and this short summary provides some of the key facts about our county, population and lifestyle. It spans demography, social and environmental factors, health and wellbeing and vulnerable groups. It refers to the part of Devon served by NHS Devon and Devon County Council which spans 2534 square miles. It is the third largest county in England and the seventh most sparsely populated bringing with it rural benefits and challenges.

1.2.2 Demography

Population

- The population of Devon is currently more than 750,000
- The population is predicted to 967,800 in 2031
- Devon has an older population compared to the national average
- There is a proportionally lower than average numbers of people aged 25-39 and children aged less than 10 years.

Ethnicity

- 96.6% of the Devon population is White, with only 3.1% of this group stating that they are not 'White British'
- The smallest ethnic group is Black with 4,400 residents
- The proportion of different ethnic backgrounds has increased greatly
- In 2009 4.9% of school entrants were from a minority ethnic background. This has shown a steady increase since 2005 from 2.9%.

Lifestyle

- In Devon almost 23% of households fall into Mosaic group K – Rural Isolation, this is compared to the national picture of only 5%
- Devon also has a large percentage of Mosaic group J (22%) – independent pensioners

Births, Deaths & Life Expectancy

- Devon experienced 7,172 live births with 8,333 deaths in 2008.
- Inward migration of 5,500 meant that the population of Devon continued to grow.
- In Devon, life expectancy is higher by comparison with England and Wales.
- The longest life expectancy is 87.5 years (in Chagford in West Devon) and the shortest is 74.7 years (in Ilfracombe in North Devon).

1.2.3 Social & Environmental

Deprivation

- In Devon 457 Super Output Areas were identified.
- 21 of these were found to be in most deprived quintile in the country.
- 43 Super Output areas are in the least deprived quintile.

Rurality and access to services

- 66.7% of people are within a 60 minute drive from there nearest hospital. This is compared to the national average of 82.8%
- 86.6% of people are within a 30 minute drive from there nearest GP. This is compared to the national average of 95.2%

Housing

- In 2008 house sales in Devon fell significantly in line with the rest of the country
- The tide may be turning as between Q1 and Q2 of 2009 house sales climbed
- House prices in Devon have decreased by 6.1% between Q2 of 2008 and 2009
- The trend is reversing with a rise of around 7.1% recorded in late 2009
- East Devon is the most expensive area to live with average house prices of £247,700



- House prices in Devon are around 14 times the average yearly income of residents

Employment and Education

- Average earnings in Devon are below the UK national average.
- In 2007 Devon had average earnings of £17,326 compared to the UK average of £19,943
- Wholesale and retail trade the largest sector at 17.5%
- Devon's claimant count is significantly lower than the national average
- The skill and qualification base in Devon is above the national average, with 29% of the population educated to degree level and 52% to A Level standard, compared with 28% and 46% nationally
- 49.5% of pupils tested achieved the equivalent of 5 or more grades A* to C including English and Maths (just above the national average of 47.6%).

Environmental

- Fuel poverty in Devon is estimated to effect in the range of 47-60,000 households
- The quality of the environment underpins the findings of the recent Place Survey [2008] which ranked Devon as 7th in England [out of 151 upper tier authorities] in terms of satisfaction with the local area as a place to live
- Devon has achieved its target to improve access by 15% in the second Local Transport Plan (2006-2011)

Crime

- There was a reduction in overall crime by 8.1% between 2008-2009
- Nationally the perception of crime has increased.

1.2.4 Health & Wellbeing

Birth & Maternity

- Infant mortality rates are below national average
- Breastfeeding initiation rate was just over 80% in 2008
- Immunisation rates vary widely across Devon
- Within Devon PCT 12.6% of women were known to be smokers at the time of delivery in 2008/09.

Disease Prevalence

- In 2007, almost 2,200 people died prematurely (before the age of 75 years) in Devon
- The commonest cause of premature death was coronary heart disease (CHD) with 366 deaths
- the second biggest which was Lung Cancer with 156 premature deaths

Disabilities

- In 2009 the numbers of people aged 18-64 with a physical or sensory disability living in Devon was 49,593.
- The number of people registered as having a Learning Disability are just under 11,063.

Mental Health

- Ilfracombe, Barnstaple and pockets of Exeter fall into the top 10% for mental health prescribing and admissions in England.
- Devon has an estimate of more than 11,900 people suffering from Dementia

Healthy Living & Obesity

- It is predicted that nearly a quarter of adults in Devon are obese.
- There was a slight increase in the number of children who were classified as obese from 10.8% (2006) to 11.8% (2007) but is still below national average.

Smoking

- The Health Survey for England suggests that around 20% of the adult population in Devon smoke, although higher levels of smoking are seen in more deprived areas such as Ilfracombe, Barnstaple, Bideford and parts of Exeter
- In 2006-07, 5056 people quit smoking across Devon

Sexual Health

- In Devon the number of new sexually transmitted infections diagnosed in genito-urinary medicine clinics has risen by 2%.
- This rise is in part due to more people coming forward for testing due to increased awareness of infections.
- The incidence rate for HIV infection is rising and within Devon is 5.2 per 100,000 population

Alcohol

- In Devon approximately 111,000 people aged between 16-64 drink at hazardous or harmful levels
- There are in the region of 2,800 people aged 16 to 64 in Devon with alcohol dependence.
- There were over 14,000 alcohol-related admissions to hospital in Devon in 2008/9. The rate of admissions is lower than the South West and England rate, and the growth in admissions over the last year has been only 3% in Devon, compared to 8% nationally. There was 0% growth in admissions in the first quarter of 2009/10.
- It is estimated that 35% of attendances at A&E are alcohol related, equating to more than 57,000 attendances.

Falls

- There were almost 1,000 hip fractures amongst persons aged over 65 in Devon in 2007/8. Whilst the rate of admissions is below the national average, this is still a major issue for Devon, in light of the older population profile, and significant population growth in older age groups.

1.2.5 Vulnerable Groups

Carers

- In Devon there are more than 72,400 people (of all ages) that act as carers
- 12% of carers are aged 65 years and over, with 9% aged 75 years and over.
- Older people are found to be providing the most hours of care.
- Devon is predicted to have in excess of 2,000 young carers.

Safeguarding adults

- In 2008/09, the number of adult protection referrals submitted in Devon was 1057
- The highest number of adult protection referrals was for females aged 85+.

Children and young people

- There were 170 deaths in children and young people over the 2001-07 year period.
- The majority (25) of the accidents in the 17-19 age group were due to road traffic accidents.

Homeless single people and families

- People aged between 16-44 are most at risk of becoming homeless
- Estimated population at risk of needing support is just under 43,000
- Estimated population in need of housing support is more than 4,200
- The effectiveness of homelessness prevention activities has reduced the numbers of individuals 'accepted' as homeless from 33 in 2005/06 to 6 in 2007/08.

Gypsies and travellers

- It is estimated that the Romany Gypsies comprise half of all Gypsies and Travellers
- There are a number of studies that show that Gypsies and Travellers experience significant inequalities

Migrants

- Migrants are the main reason why the population of Devon is increasing, with most growth coming from people relocating within the UK rather than from outside the UK. 85% of economic migrants are aged between 15-44 years of age.
- They share the same health problems as the indigenous population
- There are a number of general issues which cause health and social care problems

Domestic Abuse

- In 2008/09 Devon has seen the highest number (9362) of reported Domestic Abuse incidents since 2003/04.
- However, the year on year rise has fallen since 2005/06 with an 11% increase from 2004/05 to a 5% increase between 2007/08 and 2008/09.
- 2,847 of domestic abuse crimes were brought to justice by Devon district for the last three years.

1.2.6 Summary

Further detail on the Devon profile is available in section 3 of the JSNA document. In summary the information presents a county with:

- A population with higher than national rate of over 65 year olds, and this set to rise rapidly with associated increases in carers, lone pensioners and expected impact on levels of long term illness and health and social care need.
- Pockets of high deprivation and poorer health, within a county that has overall good health and life expectancy, with the result that targeted action is needed for those areas and vulnerable groups with greatest need.
- The important rural challenges faced in Devon with more than 22% living in rural isolation and the importance of shaping and developing services for this rural lifestyle.

These and other features are central to our strategic plan.

1.3. Understanding Needs

1.3.1 The locality and town profiles

Our locality and town profiles give greater understanding of the health and wellbeing needs in our communities. This local focus is in line with our strategic and organisational development to facilitate increasingly localised and place sensitive commissioning.

The JSNA supports this with detailed information relevant to each of the three localities, towns and their rural hinterlands:

Exeter, East and Mid Devon (Eastern Devon)

- Town profiles: Axminster, Crediton, Cullompton, Exeter, Exmouth, Honiton, Ottery St Mary, Seaton, Sidmouth and Tiverton.

North Devon and Torrington (Northern Devon)

- Town profiles: Barnstaple, Bideford, Braunton, Great Torrington, Holsworthy, Ilfracombe, Lynton/Lynmouth and South Molton

Teignbridge, South Hams and West Devon (Southern Devon)

- Town profiles: Ashburton/Buckfastleigh, Dartmouth, Dawlish, Ivybridge, Kingsbridge, Moretonhampstead, Newton Abbot, Okehampton, Tavistock, Teignmouth and Totnes

Information supplied spans health and social needs of the population, key features of interest and some general points for further debate that will support effective commissioning. The profiles were produced in 2009 with demographic and needs based information, plus high level reviews on the use of health and social care. These have now been strengthened to include:

- Adult Safeguarding Referrals
- Dementia Prevalence
- Ethnicity Statistics
- Carers Analysis

| Care area | Review /needs assessment/audit detail |
|--|--|
| Staying healthy | Alcohol needs assessment Drugs needs assessment Sexual health needs assessment Intelligent Progress Towards Prevention Report Series (Smoking, Falls, Alcohol, Obesity, Psychological Therapies) Life Expectancy in Ilfracombe Health Equity Profile |
| Birth and maternity | Maternity services review Positive parenting review |
| Children and young people | Children with additional needs review Children's Trust Needs Assessment Children and young peoples Equality and Diversity needs assessment Substance Misuse Needs Assessment for Young People Local Children's Trust Needs Assessment Local Learning Community Datasets Safeguarding Children JSNA |
| Urgent care | Urgent care review Redesign social and demographic profiles including predictive |
| Planned care | Reviews of planned care activity locations Redesign social and demographic profiles including predictive modelling |
| Older people | Older People Housing Support Review /needs assessment |
| Older people with mental health problems | Dementia needs assessment |
| Learning disability | Accommodation for adults with learning disabilities needs assessment Learning disabilities health needs assessment |
| Mental health and wellbeing | JSNA for Mental Health |
| Long term conditions | Falls needs assessment Stroke equity audit COPD health needs assessment Diabetes Health Needs Assessment |
| Carers | Carer health needs assessment |
| End of life care | End of life baseline assessment and refresh |

- Place Survey Analysis
- Alcohol-Related Admissions
- Urban/Rural Deprivation

The profiles helpfully assess difference from the Devon mean, identifying features where a Town or locality is over represented, under represented or comparable to Devon as a whole. This is helpful in assisting planning and prioritisation of locality attention for maximum impact. The profiles in this JSNA have also been prepared for use as stand alone documents, so locality or town information can be easily accessed.

1.3.2 Care area assessments

Within our initial Joint Strategic Review and subsequently we have now developed an in depth understanding against each of the 12 care areas and this is summarised in the 'we know' sections of 'The Way Ahead'. In addition to achieving this general understanding, for many of the care areas there is a vast amount of underpinning information from needs assessments, service reviews and equity audits. These have been conducted for a range of commissioning purposes and an outline and how to access further detail for each are drawn together in the JSNA.

The areas covered to date include:

There are also a number of assessments that have been undertaken that have relevance across a number of the care areas including:

- Devon Accommodation and Support
- Homelessness Strategic Review JSNA
- Prison Health Needs Assessment
- Migrant Workers in Devon Health Needs Assessment
- Gypsies and Travellers Health Needs Assessment

1.3.3 Outcomes data

Ten world class commissioning outcomes have been identified for Devon. Two are nationally fixed outcomes and eight are locally selected. These outcomes cover:

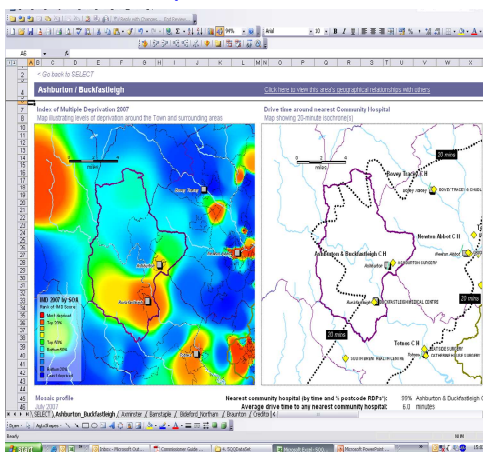
- Improve life expectancy for people in Devon, bringing the areas of lowest life expectancy up to the level of the best
- Target extra support to address health inequalities for people in deprived communities and others who need our help most
- Help people who smoke, especially those who find it difficult to stop, to give up smoking and stay smoke free
- Support young people through positive action to reduce the levels of unplanned teenage pregnancies
- Enable good early starts to life, promoting the normality of childbirth and reducing the rate of caesarean sections
- Reduce the level of alcohol related harm in Devon, with less people admitted to hospital for alcohol related harm
- Reduce deaths in under 75 year olds, through active prevention for conditions amenable to healthcare, such as cancer
- Reduce the impact of stroke, including ensuring scans are available within a pre-determined timescale
- Help carers to care and have a life of their own making demonstrable progress in improving their access to a range of carers breaks
- Help people to have a good end to life, and where it is possible to plan supporting people to die at home if this is their choice

For each of these outcomes we are tracking the data and detail is available in the JSNA.

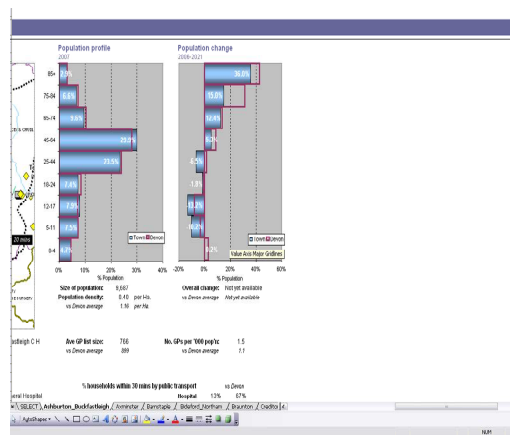
1.3.4 Community interface

The community interface brings together key features of our town understanding with the care areas, providing an interactive look up of a range of information such as hospital usage to the detail of procedure. Prepared locally for our work on transforming community services, this interface is new for 2009 and our aim is to use this as the foundation for a future web based JSNA with the work commencing early in 2010. Samples of the interface are below:

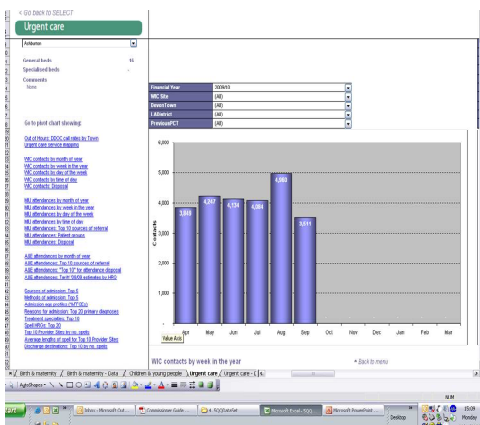
Town based deprivation and drive time maps



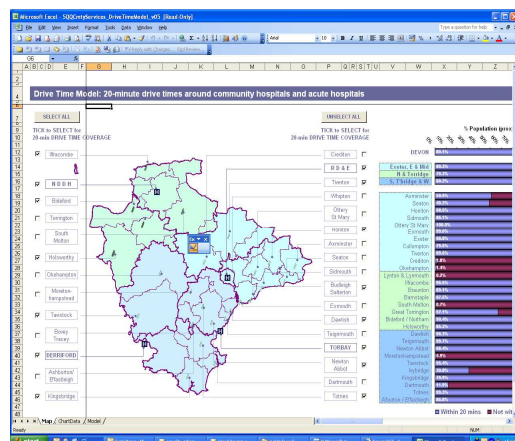
Population change profiles



Care area activity



Drive time modelling

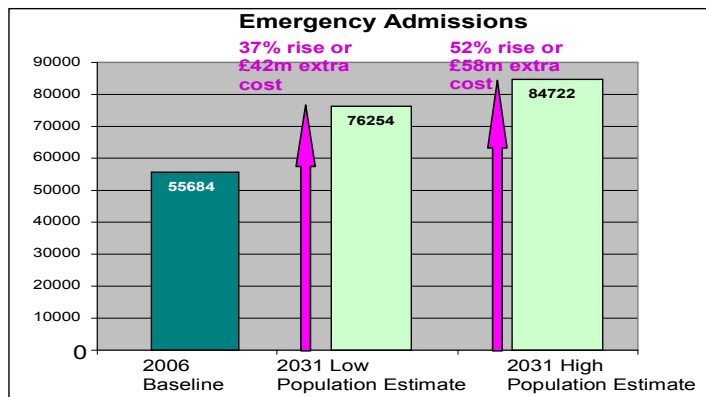


1.3.5 On the horizon

In looking ahead both predictive modelling and horizon scanning help us to understand need associated with the likely impact of demographic change, new technologies, treatments, policies. Particularly the impact of the resource outlook and QIPP programme is central now in our thinking. The detail is in the JSNA but there are a number of points for consideration.

For example, the likely increase in emergency admissions to hospital by 2031.

Here we have taken population estimates based on sub-national (high) and local (low) and outlined that if the rate of emergency admissions per 1000 population remains as at present, the growth will be between 37% and 62%. With a crude estimate of £2000/admission the possible added cost is provided



1.3.6 Some headline messages in relation to understanding need

Our wealth of information on understanding need, from our local profiles, care area understanding and future projections highlights a range of considerations for commissioning. Some headline messages include:

- Referral rates in Teignmouth and in Exeter for the older people (65+) client group are significantly above the Devon average. In Teignmouth, this continues to be the case for completed assessments of older clients where they have the highest rate of assessments per population and is the only Devon town to have a rate of assessments significantly higher than the Devon average (77.4 and 62.4 respectively)
- The rate of provision of community based social care per population for older people is highest within Exeter and is significantly above the Devon average (105.6 and 87.3 respectively).
- The rate of provision of information and advice to carers per population is significantly above the Devon average for Dawlish, across all client groups of the person being cared for.
- For learning disabilities (18-64), the only District area whose rate of clients in residential/nursing care per population is significantly above the Devon average is Teignbridge.
- The provision of both learning disability (18-64) community based care and residential care per population is significantly below the Devon average in North Devon district area.

1.4. Gathering Views

1.4.1 Engagement approach

In order to provide a Joint Strategic Needs Assessment that provides the best insight into the populations that it serves, it uses information from the considerable amount of involvement and engagement with people across Devon. As already indicated this commenced with 'Improving health and wellbeing, involving you' in 2007 and has continued over a sustained period, most recently focused on the preparation of the strategic plan refresh and development of the community services strategy.

Six strategic aims form the basis of the health and social care vision and at the outset these were used in conversations with many people across Devon to gauge opinion. The aims are:

Health as good as it can be....prevention and early intervention
Care as local as possible....and as specialised as necessary
The most effective treatment and care....that is continually improving
The right support for people...with complex needs
The best possible use of resources....for maximum impact
A say and an influence....promoting partnerships in care.

Building on these we have targeted our recent engagement on achieving a good understanding of developing views in relation to identified care areas and also locality development. A range of approaches have been used to reach out to:

- Patients, service users and carers
- Public, staff and provider representatives
- Community partners
- Clinical leaders
- Scrutiny and monitoring bodies

There have been conferences, attendance at key meetings and events, use of information from surveys and many other approaches. Within the town profiles for example we are now able to provide place survey detail giving us a stronger understanding of issues arising as close to the people we serve as possible.

1.4.2 Important themes

The headlines below reflect some of the past and recent headline messages we are receiving and responding to

- Devon experiences higher levels of rural deprivation than other parts of the country. This is especially evident in Mid Devon, West Devon and Torridge, where rural areas are frequently much more deprived than the urban centres.
- Birth rates vary across the county and are highest in Tiverton, Ilfracombe and Crediton. Birth rates for women aged between 15 and 44 are very similar in urban and rural areas.
- Average life expectancy varies from 82.8 years in Ottery St Mary to 79.2 in Ilfracombe. At ward level the differences are even greater, with a 12.8 year gap between the longest (87.5 in Chagford) and shortest (74.7 in Ilfracombe Central) life expectancies.
- The rate of alcohol-related hospital admissions varies across the county and is highest in areas of deprivation, town and city centre areas, and some coastal resorts. At town level the highest rates are seen in Ilfracombe (1,772 per 100,000) and the lowest in Moretonhampstead (773 per 100,000). At a small area level the differences are even greater, with an eleven fold difference between city centre areas of Exeter (3,670 per 100,000) and western areas of Sidmouth (327 per 100,000).

- Our vision, described through six strategic aims, has strong support, and our understanding of what these aims mean to people in Devon continues to contribute to our strategic priorities.
- As shown by surveys, levels of satisfaction with health services are generally good and services are seen as improving although there remain areas for further attention.
- The basis of effective services for Devon as headlined by many stakeholders is partnership working, joined up delivery, and local services.
- There is a desire to engage and influence the health and social care agenda more and there is a real opportunity to work with localities with a common purpose to improve health and wellbeing and address inequalities
- Rural issues are a particular area of concern in Devon and this means the shift of emphasis towards more local care and prevention where possible is a high priority.
- It is important there is a decisive approach and evidence of actions and outcomes shared so that people can see progress.
- The proportion of pupils attaining at least five GCSEs at grades A* to C varies greatly across Devon, from over 70% in parts of East Devon, to under 40% in Ilfracombe, Bideford, Ashburton and Buckfastleigh.
- The highest proportions of young people with special educational needs in Devon schools are seen in the Ashburton/Buckfastleigh area, with higher than average levels also seen in many parts of North Devon and Torridge.

These points and others with our approach is included in the JSNA and also referenced in the strategic plan and community services commissioning strategy.

1.4.3 JSNA specific consultation

Our annual JSNA cycle includes consultation on the contents of the JSNA and identification of opportunities for further improvement. This JSNA has been informed by the last consultation, and now we are preparing the consultation for our next JSNA. Our published JSNA will be circulated to key stakeholder contacts, as for last year, and feedback requested on improvements for the following year. We are particularly interested that the town profiles reflect local communities understanding of their needs and to undertake further research where this is not apparent or important gaps are identified.

Added to this, the JSNA is a using document and there will be ongoing feedback and suggestions throughout the year which will be welcomed to make sure we continue to improve our understanding.

1.5. Summary

1.5.1 Conclusion

The 2009 JSNA provides a wealth of information about the current and predicted needs of the population of Devon. The JSNA has analysed the county through a number of methods including a county overview and in-depth Locality and Town profiles. What becomes clear is that there are three main challenges ahead that will have a big impact on health and social care services in Devon:

- Ageing population: Devon has a higher than national rate of over 65 year olds, and this set to rise rapidly with associated increases in carers, lone pensioners and expected impact on levels of long term illness and health and social care need.
- Deprivation: Within Devon there are pockets of high deprivation and poorer health, within a county that has overall good health and life expectancy, with the result that targeted action is needed for those areas and vulnerable groups with greatest need to reduce inequalities.
- Rurality: Devon is a sparsely populated county with more than 22% living in rural isolation. Services will need to be shaped and developed to tackle the rural challenge and provide high quality accessible services to all.

1.5.2 Next Steps

The next step is to ensure that the 2009 JSNA becomes an integral part of the NHS Devon commissioning cycle. The JSNA provides powerful indicators that show current and future health and social needs of the local population. This information is vital to ensuring that the commissioning strategy and planning documents are being designed around the needs of the local population.

The 2009 JSNA will also be promoted to all the relevant leads within the organisation. This will provide greater awareness of the document and ensure that there is shared understanding regarding the availability of the document and what it provides. With this enhanced understanding it is expected that the leads will become increasingly confident with using the JSNA, ensuring they understand the needs of the population they are serving.

This year there is a plan to improve the accessibility of the document. This will increase the usage of the document and ensure that all new projects are underpinned by the valuable information on the local population contained within the 2009 JSNA. To achieve this, the document will for the first time be made available on the internet. The aim is to make the document the first search result on Google and available within the minimum number of clicks on the Devon County Council website.

The JSNA steering group will also begin to develop the community interface tool as discussed in section 3.4. This will provide an interactive means of accessing the JSNA information where users can easily pick and choose the data that they require. The tool also allows for information to be updated instantly, allowing for the continuous refresh of data to occur, ensuring the most up to date information is always available.

Alongside these steps, the JSNA steering group will be following its agreed annual cycle. This will ensure that the JSNA is produced in line with the commissioning cycle, is continuously improved and to the best standard.