

Thursday, 19 September 2024

Meeting of the Health and Wellbeing Board

Thursday, 26 September 2024

2.00 pm

Banking Hall, Castle Circus entrance on the left corner of the Town Hall, Castle Circus, Torquay, TQ1 3DR

Members of the Board

Councillor David Thomas (Chairman)

Matt Fox, NHS Devon Clinical Commissioning Group

Pat Harris, Healthwatch Torbay

Tara Harris, Divisional Director of Community and Customer Services

Adel Jones, Torbay and South Devon NHS Foundation Trust

Roy Linden, Devon and Cornwall Police

Nancy Meehan, Director Children's Services

Paul Northcott, Adult Safeguarding Board

Paul Phillips, Department for Work and Pensions

Lincoln Sargeant, Director of Public Health

Tanny Stobart, Imagine This Partnership (Representing the Voluntary Children and Young People Sector)

Pat Teague, Ageing Well Assembly

Jo Williams, Director of Adults Services

Councillor Bye

Councillor Tranter

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Governance Support, Town Hall, Castle Circus, Torquay, TQ1 3DR

Email: governance.support@torbay.gov.uk - www.torbay.gov.uk

HEALTH AND WELLBEING BOARD AGENDA

1. **Apologies**
To receive any apologies for absence, including notifications of any changes to the membership of the Committee.
2. **Minutes** (Pages 5 - 12)
To confirm as a correct record the Minutes of the Health and Wellbeing Board held on 7 March 2024.
3. **Declaration of interest**
- 3(a) **To receive declarations of non pecuniary interests in respect of items on this agenda**
For reference: Having declared their non pecuniary interest Members may remain in the meeting and speak and, vote on the matter in question. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.
- 3(b) **To receive declarations of disclosable pecuniary interests in respect of items on this agenda**
For reference: Where a Member has a disclosable pecuniary interest he/she must leave the meeting during consideration of the item. However, the Member may remain in the meeting to make representations, answer questions or give evidence if the public have a right to do so, but having done so the Member must then immediately leave the meeting, may not vote and must not improperly seek to influence the outcome of the matter. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

(**Please Note:** If Members and Officers wish to seek advice on any potential interests they may have, they should contact Governance Support or Legal Services prior to the meeting.)
4. **Urgent items**
To consider any other items that the Chairman/woman decides are urgent.
5. **Peninsula Acute Sustainability Programme (PASP): Developing the Case for Change (10 minutes)** (Pages 13 - 28)
To consider a report on the Peninsula Acute Sustainability Programme.

(Note: to be presented by Jenny Turner, Programme Director, NHS Devon)
6. **Torbay Joint Strategic Needs Assessment 2023-24 (10 minutes)** (Pages 29 - 258)
To receive and endorse the Joint Strategic Needs Assessment

(Note: to be presented by Simon Baker, Public Health Specialist
(2)

(Intelligence))

7. **Torbay Joint Health & Wellbeing Strategy six monthly monitoring report (10 minutes)** (Pages 259 - 276)
To note the progress report.

(Note: to be presented by Julia Chisnell, Consultant in Public Health)

8. **Torbay Better Care Fund 2024 - 25 (10 minutes)** (Pages 277 - 286)
To consider a report on the above.

(Note: to be presented by Justin Wiggin, Head of Integrated Care, NHS Devon)

9. **Torbay Drug and Alcohol Partnership (TDAP) (5 minutes)** (Pages 287 - 290)
To consider a report that provides a progress update for Torbay's Drug and Alcohol Partnership.

(Note: to be presented by Lincoln Sargeant, Director of Public Health)

10. **Smokefree Devon Alliance Strategy (2023-28) - year 1 progress report (10 minutes)** (Pages 291 - 318)
To consider a report that provides a progress update on the Smokefree Devon Alliance Strategy (2023-28).

(Note: to be presented by Claire Tatton, Public Health Practitioner)

11. **Torbay Interagency Carers' Strategy 2024-27 (20 minutes)** (Pages 319 - 350)
To consider a report on the above.

(Note: to be presented by Katy Heard, Torbay Carers' Lead)

Items for Update

12. **Integrated Care Board and Local Care Partnership business programme (5 minutes)** (Pages 351 - 358)
To receive an update on the Integrated Care Board and Local Care Partnership business programme,

(Note: to be presented by Justin Wiggin, Head of Integrated Care, NHS Devon and Chris Winfield, Associate Director for Strategy & Provider Partnerships, Torbay & South Devon NHS Trust)

13. **Turning the Tide on Poverty and Cost of Living programmes (5 minutes)** (Pages 359 - 364)
To receive an update on the Turning the Tide on Poverty and Cost of Living programmes.

(Note; to be presented by Lincoln Sargeant, Director of Public Health and Jo Williams, Director of Adult and Community Services)

14. **Section 75 agreement (2 minutes)** (Verbal Report)

To note an update on the Section 75 agreement.

(Note: to be presented by Jo Williams, Director of Adult and Community Services)

- 15. Winter Planning and Vaccination Programme (2 minutes)** (Verbal Report)
To receive an update on Winter planning 2024-25

(Note: to be presented by Justin Wiggin, Head of Integrated Care, NHS Devon and Julia Chisnell, Consultant in Public Health)

- 16. Devon and Torbay Local Transport Plan - consultation October - November 2024 (2 minutes)** (Verbal Report)

To note the commencement of consultation on the Devon and Torbay Local Transport Plan - consultation (October - November 2024)

(Note: to be presented by Lincoln Sargeant, Director of Public Health/Sam Trethewey, Specialty Registrar)

- 17. Risk Register (2 minutes)**
To note any changes to the Risk Register.

(Note: presented by Lincoln Sargeant, Director of Public Health)

Minutes of the Health and Wellbeing Board

7 March 2024

-: Present :-

Tara Harris, Matt Fox, Mike King, Nancy Meehan, Lincoln Sargeant, Paul Northcott and
Chris Winfield

45. Apologies

Apologies were received from Councillor David Thomas, Councillor Bye, Councillor Tranter, Jo Williams, Director of Adult and Community, Pat Teague, Ageing Well Assembly, Chief Superintendent Roy Linden, Pat Harris, Healthwatch and Anthony Reilly, Devon NHS Partnership Trust.

In the absence of Councillor David Thomas, the Vice-Chairman of the Health and Wellbeing Board Matt Fox chaired the meeting.

Mike King attended in place of Paul Phillips for the Department of Work and Pensions.

46. Minutes

The Minutes of the Health and Wellbeing Board held on 14 December 2023 were confirmed as correct and signed by the Chairman.

The Chairman confirmed that having received comments from Members of the Board, a response to the consultation on the development of a Devonwide Pharmaceutical Strategy had been submitted.

47. Devon, Cornwall and Isles of Scilly Health Protection Annual Assurance Report 2022/23

Members noted the Devon, Cornwall and Isles of Scilly Health Protection Annual Assurance Report 2022/23 which was outlined by Mandy Guy, Public Health Specialist, Torbay Council. The Board was informed of the key domains of health protection which were:

- communicable disease control and environmental hazards
- immunisation and screening
- health care associated infections and antimicrobial resistance
- emergency planning and response

The Board was pleased to note that post Covid-19 pandemic, the system had responded to a number of infectious outbreaks and particular high levels of disease during the year and that the Public Health team continued to work with partners to maintain and strengthen resilience planning, infection prevention and control arrangements across local settings including care, education and asylum. There was a focus on supporting immunisation, health screening and response for refugees and asylum seekers. A new action programme had been established with partners across Devon to increase uptake of vaccinations, with specific focus on MMR, school based vaccines, flu and Covid. The priorities identified for 2023/24 included:

- tackling climate emergency;
- infection prevention and management;
- vaccine uptake;
- pandemic preparedness;
- inclusion and inequalities;
- continuous improvement in health protection;
- work to support local strategic plans.

In response to questions, the Board was informed that it was important that health protection was not seen in isolation but as part of the Joint Forward Plan for Devon. There was concern around significant pressure on prescribing antibiotics at hospital and how that linked with primary care. It was essential to have notification of infection to be able to understand the reason for prescribing antibiotics.

It was recognised that building resilience was a longer term challenge particularly when considering socio-economic and climate emergency factors which were most likely to affect vulnerable individuals. Protection work underway was targeted at communities most in need.

48. Torbay Joint Health and Wellbeing Strategy

The Board noted the 6 monthly progress report on implementation of the Torbay Joint Health and Wellbeing Strategy. Julia Chisnell, Consultant for Public Health, Torbay Council, informed the Board that the programme generally was largely on track.

Members were provided with a summary of progress by priority programme area relating to mental health and well-being; good start to life; supporting people with complex needs; healthy ageing; digital inclusion and were informed of changes in the data indicators since the previous report.

Members were informed that the data compliance issues in relation to the virtual family hub had been overcome and that although there was no recurrent funding for the Healthy Ageing programme, there was an ambition to expand the work across Torbay and South Devon to provide a prevention programme across the Local Care Partnership and bids would be submitted for funding opportunities as they presented.

Risks and issues were highlighted around supporting people with complex needs in terms of access to suitable and affordable accommodation which presented the greatest issue. This was identified on the wider Council risk register. Events had been scheduled to increase alignment with the alliance in terms of overall vision and objectives. Members were informed that, in respect of digital inclusion, project funding had come to an end and the formal programme had been paused, however, work had continued at a reduced level to support people to improve their digital literacy. The Digital Inclusion Network had been stood down due to insufficient engagement, although regular one-to-one meetings with key members were still taking place.

In response to questions, Members were informed that there had been a review of priorities and underpinning areas within the Strategy to check that there was still the right balance of objectives and that there would be an annual review in that respect.

It was recognised that the issue of housing supply was outside the control of the Board and that the combination of providing good low level prevention services whilst also addressing high levels of specialist need remained a huge challenge.

By consensus the Board resolved that:

1. the update on the Joint Health and Wellbeing Strategy be noted;
2. the progress in delivery of the Joint Health and Wellbeing Strategy be noted;
3. the updated risk in relation to the digital inclusion programme and the redesignation of digital inclusion as an underpinning programme be noted.

49. Greener Way for Our Bay - consultation on new Torbay framework and action plan to tackle climate change

The Board noted the verbal update provided by Jacqui Warren, Principal Climate Emergency Officer, Torbay Council and Andrew Gunther, Principal Planning and Public Health Officer, Torbay Council.

By way of background, the Board was informed that the Torbay Climate Partnership (TCP), which consisted of 21 local organisations from across the public, private, community and voluntary sector, had been working together over a period of time to develop a coordinated approach to tackling climate change through a series of public engagement events. In 2022, the Torbay Climate Emergency Action Plan (TCEAP) was developed which set out a roadmap for how Torbay would become carbon neutral and adapt to climate change. In 2023 a consultation was held, engaging with communities and businesses, which produced mixed views. As a result of this the Greener Way for our Bay Framework and Action Plan was developed which set out a balance between immediate actions and long-term strategies, accompanied by a series of short and medium term plans. This would replace the TCEAP and align with the national target of achieving net-zero emissions by 2050.

The Action Plan contained 29 priority actions with emphasis on 10 key themes to deliver in Torbay which would carry health and socio-economic benefits:

- help more people live and work in homes and buildings that are energy efficient;
- make sustainable transport and public transport more accessible and affordable;
- ensure that roads and paths are safer and more accessible for cyclists and walkers;
- reduce waste and increase recycling;
- enjoy and protect our marine and natural environment;
- help green our businesses and create new jobs with the environment at their heart;
- ensure the community is at the heart of local action;
- monitor progress and set up initiatives to celebrate success;
- help everyone understand why change is needed and how sustainable choices will make a difference;
- work with nature and the local community to prepare for a changing climate.

It was recognised that some interventions had benefits for both health and for reducing climate change.

The Board was informed that the two main areas of risk for Torbay related to health and the built environment. This was mainly because Torbay had a predominately older population and therefore the risk of impact on health and wellbeing was increased by extremes in temperatures. As Torbay was a coastal area, this also presented an increased risk to flooding, sea level rise and coastal erosion.

Members of the Board were informed that the Framework and Action Plan were currently undergoing consultation and health partners were invited to contribute.

50. Joint Forward Plan Update

Jenny Turner, Programme Director, NHS Devon outlined the submitted report which provided an update on the refreshed Joint Forward Plan (JFP).

The Board were reminded that the existing JFP for Devon was written in collaboration with partners across the health and care system and published in July 2023. It set out how the health and care sector planned to meet the challenges facing Devon in response to the One Devon Integrated Care Strategy. There was a requirement to refresh the plan by April 2024 in accordance with Government guidance and the Plan had been collaboratively reviewed and amended in places to reflect any change in priorities. However, the Board were reassured that the JFP had not significantly changed from the version published in 2023, although the structure of the plan had been amended and the content reduced in response to feedback from a variety of sources such as Trust Boards and Health and Wellbeing Boards.

It was explained that the refreshed JFP for 2024/25 would be structured around three themes/priorities:

- Healthy People;
- Healthy, safe communities; and
- Healthy, sustainable system

The new content for each programme described the key achievements in 2023/24; what people in Devon would see as a result of the programme and showed which of the Integrated Care Strategy aims the programme supported delivery of with removal of detailed action plans and milestones. All the programmes outlined both short-term and longer term objectives to transform the way partners worked together across the system so that it would remain healthy and sustainable in the future.

Members commented that the Plan indicated that workforce would achieve a net (-)2% workforce change against the current establishment and this was not referenced later in the Plan. In response, it was explained that the workforce programme outlined the need to enable the workforce to be more productive and efficient and how to strategically change some of the workforce roles. The reduction of 2% was taken from operating plan guidance which would be available shortly.

By consensus Members resolved that the Health and Wellbeing Board:

1. endorse the refreshed Joint Forward Plan;
2. continue to support ongoing development of the Joint Forward Plan; and
3. were satisfied that the Joint Forward Plan continued to take account of the current Health and Wellbeing Strategy for Devon.

51. Integrated Care Board and Local Care Partnerships Business Programme update

The Board noted a verbal update provided by Justin Wiggins, Head of Integrated Care (South and West), NHS Devon who advised that the South Local Care Partnership (LCP) continued to develop its programme delivery structure to progress implementation of the Joint Forward Plan. A governance structure had started to emerge with core groups and sub-groups in development around delivery, engagement and emerging issues.

Members were informed that the current delivery and pace of the LCP development was in the context of urgent and emergency care (UEC), winter pressures and system financial pressures. The South Unscheduled Programme Board was focussing on a range of priorities to alleviate UEC pressures, for example, high intensity users of Emergency Departments, discharge delays, admission avoidance, coordination of care, falls and frailty, urgent community response and end of life. Population Health remained a key focus working with Public Health to:

- build on the Joint Strategic Needs Assessment and One Devon Data Set to better understand the south population to support the identification of priorities;
- launch and fund organisations to focus on population health and prevention needs;
- develop support for individuals waiting for surgery who were most impacted by health inequalities and wider determinants.

The Board was informed that the South LCP had focussed on:

- the Better Care Fund
 - details for planning submission for 2024/25 financial year were awaited with an expectation of having to refresh current demand and capacity plans for people being discharged from acute settings to ensure the right support was available in the community from residential care, recovery and rehab placements;
 - strong partnership work continued.
- Population Health and Prevention
 - led by Public Health, a new South Devon profile was being created which built on key information from JSNA and utilised key intelligence from the Community and Voluntary Sector and primary care which would help to identify key health inequalities, which priority areas to focus upon together and for organisations to respond to identified challenges;
- Community Services Review
 - work was being scoped to undertake the review with links to the primary and community section of the Joint Forward Plan, particularly focussed on integrated working;
 - in the context of the Better Care Fund across Devon ICS, work was being undertaken to better understand the use of community hospitals which would assist in the consideration of how to best secure rehab beds in the South from a range of providers including community hospitals and residential/community providers;
 - the Devon Unscheduled Care Board had requested a rapid review of NHS funded Adult Community Services focussing on current UEC intermediate care services for adults; equity of provision and outcomes; opportunities for improvement and efficiency; and opportunities to improve planning and coordination;
 - linking in with a Devon ICB review of community services, the LCP would be looking across the South to explore what further developments could be made and whether there was a need for a revised model and seeking to develop a new care model.
- Engagement workstream
 - Focus on engagement and how the voice of the community is heard and being part of strategic decisions.

Members were also informed that the contracts for the Operation Health Fund had gone live. Various projects were underway, for example, supporting people's mental health, fuel poverty programmes and respiratory clinics. The programmes were part way through mid-delivery reviews and an update on those schemes would be available for the next Board meeting.

52. Establishment of Devon LCP South Engagement Sub-Group "Community and Development Learning"

The Board noted a verbal update provided by Chris Winfield, Associate Director for Strategy and Provider Partnerships, Torbay and South Devon NHS Trust. Members were informed that the next meeting of the Engagement Sub-Group was scheduled for 22 March 2024.

53. Turning the Tide on Poverty/Cost of Living update

The Board noted a verbal update provided by Lincoln Sargeant, Director of Public Health, Torbay Council.

Members were informed that in relation to the Cost of Living, interest rates were lowering and some benefits had increased. Warmer weather had led to less severe outbreaks of infections over the winter and as the acute risk was less, it had been downgraded accordingly. In terms of underlying resilience, food insecurity remained an issue together with housing and the mental health impacts around that. The Department of Work and Pensions (DWP) reported that the level of mental health issues were a key cause in people being unable to work and it was recognised that there was increasing pressure on the voluntary sector.

The Housing Support Fund was to continue although there was no detail as yet. It was anticipated that a delivery plan would have to be submitted to DWP by April 2024 and it was hoped that the amount of funding offered would be equal to the previous year. Local Housing Allowance had also risen but there had also been an increase in rental costs. There was anchor work underway around steps to assist people back into work, identifying employment sectors and volunteering opportunities.

54. Risk Register

The Board noted the report on the Risk Register and the Director of Public Health confirmed that the Risk Register would be updated to include reference to the digital inclusion network (Minute 48).

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Meeting: Health and Wellbeing Board **Date:** 26 September 2024

Wards affected: All

Report Title: Peninsula Acute Sustainability Programme (PASP): Developing the Case for Change

When does the decision need to be implemented? N/A

Cabinet Member Contact Details: N/A

Director Contact Details: Liz Davenport, Chief Executive Officer, Torbay and South Devon NHS Foundation Trust

1. Purpose of Report

1.1 This paper covers the following:

- Context and Background of the PASP programme
- The outputs from Phase 1
- Our plans for Phase 2
- A summary of the Case for Change
- How we would like to work with local populations during phase 2 to develop a case for change

1.2 We would like to take the opportunity to ask Members to:

- Endorse the approach we are taking on engaging with local people
- Support raising awareness locally and to encourage local people to take part in the engagement.

2. Reason for Proposal and its benefits

2.1 The proposals in this report help us to deliver our vision of a healthy, happy and prosperous Torbay by ensuring that there are sustainable acute hospital services across Devon and Cornwall and the isle of Scilly.

2.2 The reasons for the proposal and need for the decision are to ensure appropriate engagement in developing our case for Change

3. Recommendation(s) / Proposed Decision

1. Endorse the approach we are taking on engaging with local people
2. Support raising awareness locally and encourage local people to take part in the engagement.

Appendices

Appendix 1: Peninsula Acute Sustainability Programme: Developing a Case for Change

Background Documents

[Click here to add your list of documents.](#)

Peninsula acute sustainability programme: Developing the case for change

**Torbay Health and Wellbeing Board
26 September 2024**

September 2024

1. Introduction

This paper covers the following:

- Context and Background of the PASP programme
- The outputs from Phase 1
- Our plans for Phase 2
- A summary of the Case for Change
- How we plan to work with local populations during phase 2 to develop a case for Change.

We would like to take the opportunity to ask Members to:

- Endorse the approach we are taking on engaging with local people
- Support raising awareness locally and to encourage local people to take part in the engagement.

2. Context

Lord Darzi's report to the government on the NHS was published on 12th September.

The key findings of the report include:

- Deterioration: The health of the nation has deteriorated over the past 15 years, with a substantial increase in the number of people living with multiple long-term conditions
- Spending: Too great a share of the NHS budget is being spent in hospitals, too little in the community, and productivity is too low
- Waiting times: Waiting lists have swelled and waiting times have surged, with A&E queues more than doubling from an average of just under 40 people on a typical evening in April 2009 to over 100 in April 2024. 1 in 10 patients are now waiting for 12 hours or more
- Cancer care: The UK has appreciably higher cancer mortality rates than other countries, with no progress whatsoever made in diagnosing cancer at stage one and two between 2013 and 2021
- Lasting damage: The Health and Social Care Act of 2012 did lasting damage to the management capacity and capability of the NHS. It took 10 years to return to a sensible structure, and the effects continue to be felt to this day
- Productivity: Too many resources have been being poured into hospitals where productivity had substantially fallen, while too little has been spent in the community.

The Secretary of State for Health and Social Care has indicated that three 'big shifts' are needed:

1. From hospital to community care
2. From analogue to digital
3. From treating sickness to preventing it

This report will help set the direction of travel for the NHS over the next 10 years and we will be reflecting on the report and its implications in relation to the Peninsula Acute Sustainability Programme (PASP).

NHS organisations in Devon, Cornwall and Isles of Scilly are working together on an ambitious plan to improve acute services for local people and staff. The Peninsula Acute Sustainability Programme (PASP) involves the four NHS acute trusts and the two NHS commissioning organisations in Devon, Cornwall and Isles of Scilly:

- Royal Cornwall Hospitals NHS Trust
- Royal Devon University Healthcare NHS Foundation Trust
- Torbay and South Devon NHS Foundation Trust
- University Hospitals Plymouth NHS Trust
- NHS Cornwall and Isles of Scilly
- NHS Devon

Across Devon, Cornwall and the Isles of Scilly, we want everyone to be able to:

- live happy and healthy lives
- have equal chances (ie the same opportunities as everyone else regardless of where they live or who they are)
- live well for as long as possible
- have independence
- have choice
- live free from harm.

We are focused on caring where it matters using the latest technology, the best clinical evidence and the latest research to provide the best outcomes and experiences for our people.

What we believe should be true:

- the care that can be provided at home, is provided there
- the care that can be provided in local communities, is provided there
- the care that can only be provided in an acute hospital setting, is provided there
- the care that is best provided in a specialist hospital setting or centre of excellence, is provided there

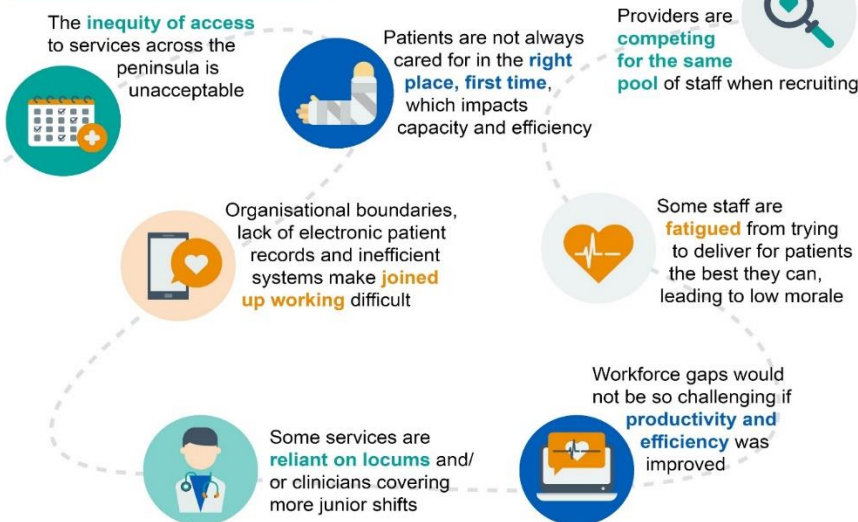
The Peninsula Acute Sustainability Programme aims to ensure **clinical, workforce and financial** sustainability of services at the five acute hospitals in Devon, Cornwall and Isles of Scilly. The primary role of the PASP is to **support service sustainability in the long-term** creating a sustainable platform for strategic service improvement, and the **recovery of fragile services in the medium term** but it also needs to be **aligned with any short-term tactical improvements** to ensure support for recovery of elective, UEC, cancer and diagnostic services and Devon's exit from NOF4. [NHS England » Recovery Support Programme](#)

What we already know, from what people have told us

What people have told us



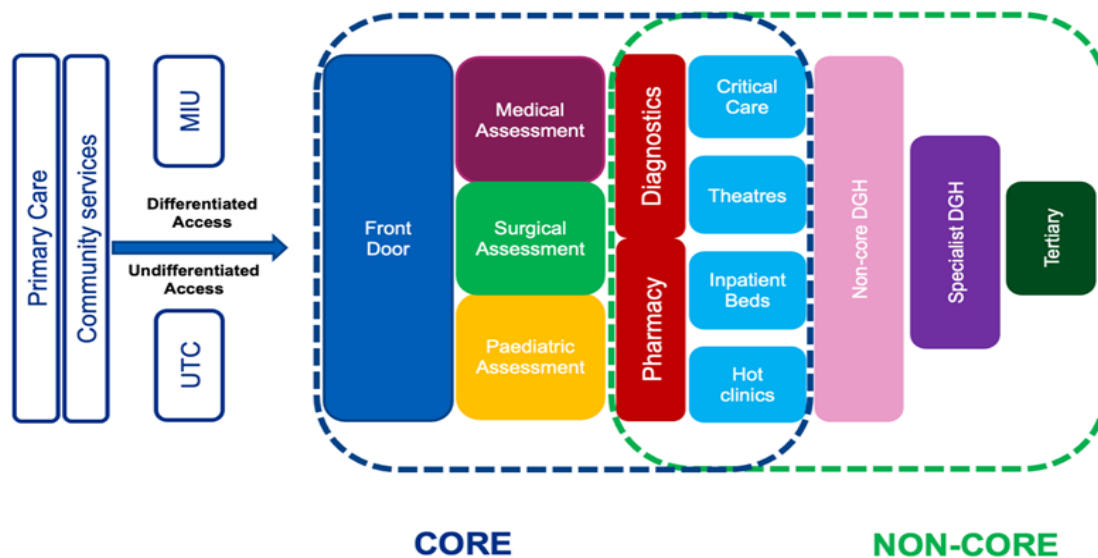
What NHS staff have told us



3. Outputs of Phase 1 - November 2022 – December 2023

Starting hypothesis

The simplistic outline hypothesis that this programme started with was that through strengthening the assessment and diagnostic functions aligned to the hospital front door, there could be **different approaches to delivering the non-core services** that would start to address some of the significant workforce challenges facing the Peninsula.



What we did in phase 1

We held a series of focused workshops within paediatric, medical and surgical specialties which involved a wide range of clinicians across the interdependent specialties, subspecialty and clinical support services from across Devon, Cornwall and Isles of Scilly.

We adopted a consistent approach for the paediatric, medical and surgical assessment workshops with 3 phases: Prepare the ground; Agree the position; Develop proposals.

A series of core questions, co-produced with Chief Medical Officers were used to stimulate workshop discussions. There was a clear requirement to think innovatively about what could be different.

Robust demand, activity and workforce data was essential input to considering the impact of changes in the demographic and health profile and needs of the population of Devon, Cornwall and Isles of Scilly and the complementary impact on staff.

We commissioned Healthwatch in Devon, Plymouth and Torbay, in collaboration with Healthwatch Cornwall, to support us in developing an understanding of patients experiences of acute services in the Peninsula. This involvement happened in July 2023 and the report can be found here: <https://healthwatchdevon.co.uk/pas-report/>

Key outputs from Phase 1

- A shared understand of the challenges faced delivering health services in acute settings across the peninsula
- A set of key messages from the clinical workshops for paediatrics, medical and surgical assessment (appendix 1).
- Feedback from patients and their families on their experience of using medical, paediatric and surgical acute services (appendix 2).
- An outline a possible direction of travel to transform acute service to ensure sustainability in the future.

4. Phase 2 January 2024 – January 2025

To meet the needs of the population of the Peninsula we need to consider transforming some services. Phase 2 will include:

1. Developing a detailed formal case for change in partnership with staff and local people
2. Undertaking some detailed modelling in conjunction with staff and patients to further explore possible ways to tackle our challenges.

Developing a detailed formal case for change in partnership with staff and local people

What is a case for change?

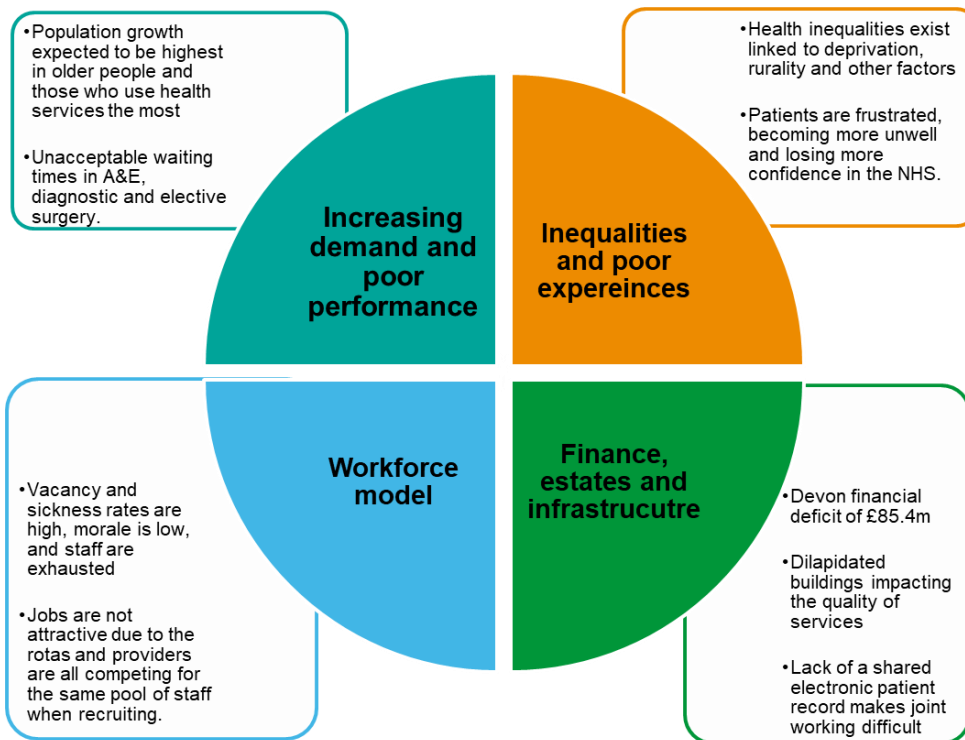
A case for change describes, in detail, the challenges facing services, our vision for the future and outlines some progress that we have already made towards achieving this vision. It does not describe any answers or what we want to do.

It is a **technical document** that uses data to evidence the need to change. It is required as part of the regulated transformation process outlined by NHS England.

Ensuring we have robust arrangements to involve staff, patients and the public in developing the Case for Change is vital to meeting our objectives and our statutory responsibilities.

Summary of our case for change

- The five acute hospitals across the Peninsula are facing unprecedented challenges in delivering high quality and timely care to patients. Many of our challenges existed before Covid, the global pandemic has exacerbated an already challenging position.
- The NHS workforce are our biggest asset, but they are exhausted and burnt out from going above and beyond to deliver care for patients in processes that are not working for them.
- An older age profile and more rapid population growth coupled with the impacts of the Covid-19 pandemic and 'cost of living' crisis, are contributing to increased demand for health and care services.
- The greatest increased demand is for unplanned care and mental health services, with those living in disadvantaged communities and clinical vulnerability likely to be most severely impacted.



Our vision for acute services

The Board of all five acute hospitals in the Peninsula have developed this shared vision for acute services in the Peninsula:

To work together to deliver high quality, safe, sustainable and affordable hospital services as locally as possible.

What will our vision mean for everyone



We've already made some progress

Across the Peninsula hospitals already work together supporting delivery of services. There are also organisations and teams working innovatively and collaboratively to successfully improving our performance as the examples below demonstrate:

One Devon Elective Pilot	Staff and Clinical Networks	Use of technology
<p>Using the Nightingale Hospital as a specialist centre for orthopaedic, ophthalmology and spinal surgical services to achieve four aims:</p> <ul style="list-style-type: none">• Maximise day case and High-Volume Low Complexity activity• Standardise patient pathways• Increase efficiencies in theatre utilisation• Develop ability to support cross site working	<p>Hospitals across the Peninsula are working together in a networked way to provide care</p> <ul style="list-style-type: none">• Interventional Radiology rota• Urology• Cardiology• Trauma networks• Neonatal networks• ICU network <p>Networks between RDUH North and East</p> <ul style="list-style-type: none">• Oncology• ENT• Acute medicine• Midwifery/obstetrics• Upper GI	<p>Shared Picture Archive System (PACS) that enables radiologists to share images across all peninsula Trusts</p> <ul style="list-style-type: none">• Faster reporting, including overnight, without costly outsourcing.• Faster diagnostics• Faster time to treatment with results back to clinicians more quickly

Involving people in developing our Case for Change

A national conversation on the NHS 10 year plan will now run throughout the winter into early next year and we'll be sharing more information with you about this as soon as we have it.

As part of the national conversation, we will be having a Devon conversation, and we envision that within this local Devon conversation we will be engaging on PASP as acute hospital care is one element of how we support people to live happy, healthy lives.

We plan to use a variety of involvement methods to ensure we hear from everyone, and so that everyone who wants to, has the opportunity to tell us what they think. The list below are some of our approaches, but is not exhaustive

- Survey (providing a consistent set of questions)
- Focus groups
- Attendance at meetings
- Market stall type events
- Targeted outreach with people who experience health inequalities

5. Our ask from Health and Wellbeing Boards

- Endorse the approach we are taking on involving local people
- Support raising awareness locally and to encourage local people to take part in the engagement.

Appendices

Appendix 1: Key messages from paediatric, medical and surgical assessment workshops

Paediatric assessment

- Many services are fragile, patient experience is worsening, and staff are at risk of burnout
- We need to be brave, realistic, and honest and about the need for changes, recognising that these conversations won't always be easy
- Solutions must be clinically-driven, data-driven, affordable, and deliverable
- We need to break down organisational silos and create an environment that makes it easier to work together.
- We agreed that the level of demand for acute paediatric services is increasing. We need to explore how we can manage the demand differently, recognising the impact the increased demand is having on clinicians in terms of extra workload.
- We discussed how we can support parents and families to be confident to self care and be able to make the right choices when accessing care with the support of effective navigation.
- We recognised that parents want rapid access to expertise.
- We felt that we needed to support clinicians working with children and young people in the community to increase their confidence, skills and knowledge.
- We acknowledged that there was a role for digital in providing support to both clinicians and families whilst remembering that some people do not have access to technology
- We agreed that any emerging models of care needed to make the distinction between meeting urgent need and providing routine care.
- We noted that lots of families do not have access to their own transportation and public transport is poor, so we need to consider this in the planning for services. Otherwise, there will be an adverse impact on deprived communities.
- We recognised that they were opportunities for individuals to develop and increase their scope of practice and to improve the working lives of staff, recruitment and retention
- Do have opportunity to consolidate resource and rotas - consolidation gives more resilience.
- We outlined the risks of any potential scenarios particularly in relation to travel (staff and patients), managing demand, lack of alternative provision and capacity.

Medical Assessment

- Many services are fragile and face challenges with recruitment and retention
- We need to be brave, realistic, and honest and about the need for radical changes, recognising that these conversations won't always be easy and that maintaining trust and confidence is key
- We should focus on sharing resources, streamlining processes and working virtual wherever possible, we need to establish the right infrastructure around medical assessment with the same core offer.

- Improve patient care and access by treating people in the right place for their needs, which might not necessarily be their nearest hospital and could be provided by other services in the community
- We have a substantial cohort of frail patients with multiple needs who need a rounded assessment and plan in order to avoid the ED “revolving door”. We have an opportunity to develop a Peninsula approach.
- Create a service that people want to work in by rethinking roles, skills, and careers to entice new people and retain existing staff
- We need to develop a consistent and compassionate approach to addressing end-of-life care and give our workforce the skills & tools to manage this.
- Technology (including electronic patient records) has the potential to improve care, avoid duplication, and support people closer to home
- We agreed that we need to have a collective approach to managing risk with patients and their families.
- Break down organisational silos to make it easier to work together e.g. with standardised approaches, models and core competences, working as a system gives the opportunity to standardise pathways and break down silos
- Virtual Wards can result in a reduction in readmission. They need to be consistent across the Peninsula and supported by a single EPR.
- We need a more integrated approach towards psychological support for people with functional illness.
- We need to design a multidisciplinary workforce with the right skills and competencies with a focus on recruitment, retention and training to attractive roles with clear career paths
- The time spent managing the ‘back door’/discharge and supporting patients who are fit to go home is impacting on our ability to manage patients coming into ED and assessment units.
- Travel is significant for patients, families and staff, we will need to make sure that we mitigate the risk of increasing health inequalities if people have to travel further for care
- Diagnostics and Triage are fundamental for all sites

Surgical Assessment

- A number of services are fragile, and several are in need of mutual aid – we need to address this
- Waiting lists are increasing for elective surgery and we have not addressed the backlog from pandemic
- Also need to consider the amount of activity we are purchasing from the independent sector
- Patient and staff experience is in decline.
- Too much surgical resource is allocated to out of hospital hours care where there are low volumes requiring surgery, compared to in-hours need with high volumes
- Referral to treatment times (RTT) are variable across different Trusts with some Trusts having pressures in areas where other do not. We need to look at the surgical capacity of the Peninsula as a whole to match demand against supply of surgical capacity
- Full implementation of GIRFT will not be enough to meet increasing demand: it’s more than population growth but about meeting the needs of a larger aging population with multiple co-morbidities
- Recruitment and retention are a challenge in some areas but on the whole acute general surgery workforce is not an issue

- Barriers need to be broken down to work more collaboratively as a system. Each organisation uses its skill mix differently – we need to understand what drives variation in our staffing models
- We should consider having a consistent approach to training across the region and more flexible training for some roles
- We need to improve flow: from diagnostics, through to discharge and social care
- We need to review how services can be organised – centralisation, networking, hub and spoke and the implications for other services of each model
- Reducing waste and inefficiencies is where some real gains could be made – for example improving our ability to see and treat (reducing revolving door patients), managing the worried well in the right place, having diagnostics at the front door (in ED)
- We need a single electronic system to support joined-up working
- Access to beds is the primary issue for general surgery – because we cannot discharge people and because medical patients are in surgical beds.
- We also need to ensure equitable access for all patients across the Peninsula
- There are good models for ambulatory general surgery

Appendix 2: Feedback from patient and carer involvement about paediatric, medical and surgical services

Paediatric services

Feedback was received from 37 patients and their families in paediatric settings. The focus was placed on their experiences of accessing urgent care for their child.

- 65% of experiences were reported as positive with the most common reasons being because of the staff treating their child, the quality and consistency of care and attention provided and timeliness in terms of moving through the hospital system.
- Experiences could have been improved by better communication to support continuity of care, more personalised care, reduced waiting times for assessment and medication, and better staffing levels.
- The responses revealed that the most important factor for families is good communication - (1) between the staff and the family, (2) between staff delivering the care and (3) between two or more services, (where care is being managed by more than one).
- Communication factors that parents felt were most important were:
 - Being involved in the treatment and care
 - Being kept informed
 - Being listened to
- Communication, quality of care and timely access to services were most important to parents when accessing children's hospital services with parents wanting to feel informed, heard and involved.

Medical assessment

10 members of the public took part in three focus groups which allowed for direct discussions focused on what went well, what could have been better and what mattered most to them when accessing services.

- Experiences were overall positive, participants had high praise for NHS staff in the main and there was much recognition that some go above and beyond in their delivery of care.

- There was recognition across the groups for the caring staff working in the NHS. However, there was also a sense from what people had observed that some staff did not feel confident or that tasks were not within their remit, and that staff need to feel empowered to make choices to ensure patients are well cared for.
- It was also evident from the discussions that there is a level of variability in staff and the quality of care provided across the NHS, but there were several comments from participants pertaining to the whole service being underfunded and staff being overworked and the impact this had on waiting times
- People felt that their experiences could have been improved by better access for people with physical disabilities, better communication and easier navigation of a complex system (including 111 and 999 call handling)
- Being treated with dignity and respect was most important to people – to be listened to and heard.
- Personalised care, recognising and meeting the individual needs of patients, was also important along with the need for this information to be communicated between staff.
- People wanted services to be more joined up and services to share information to improve continuity for the patient.
- People also said that waiting times and being seen quickly and having easy access to services were important.

Surgical services

- People on waiting lists were invited to focus groups to find out how elective care waiting lists have impacted patients and how people would like these waiting lists to be addressed.
- Eight virtual focus groups were held between March 2022 and April 2022 with a total of 39 patients attending.
- Focus groups were facilitated and the report produced by Healthwatch Devon, Plymouth and Torbay
- Key Findings – a snapshot:
 - Waiting for elective treatment has a significant impact on participants' physical and mental health. Worsening pain and discomfort has a knock-on effect on sleep, ability to work or provide care, and quality of life. The uncertainty caused by cancelled appointments causes stress and anxiety. Participants felt that better communication about waiting times was needed and would reduce anxiety and uncertainty.
 - Participants were overwhelmingly in favour of addressing waiting times as quickly as possible wherever possible, rather than waiting for a Devon-wide solution.
 - Participants saw the benefits of moving elective care to a dedicated facility shared between Trusts, however, there were concerns about patients being required to travel longer distances, and the length of time it may take this solution to be enacted. Participants agreed that a combined approach would be beneficial to suit the needs of different areas, e.g. urban vs rural, and the needs of patients who may require more complex treatment.
 - When deciding where to have treatment, the three most important considerations for participants were the speed at which they could be seen, who would be providing their treatment, and distance from home.

Survey and Social Media feedback

Feedback from 240 NHS survey responses and 39 comments on social media

- The survey consisted of three questions. The questions asked were open-ended and the findings are summarised themes and trends identified from the responses.
- More than half of the responses to the survey mention waiting times – largely in a negative way. There were lots of comments about being in ambulance queues outside hospitals or in the ED waiting room for hours with many of these mentioning a lack of effective communication.
- There were however many positive comments about staff attitude and capability, particularly ambulance staff.
- There were comments from people who felt the environment was cramped and unhygienic in ED waiting rooms and a few comments about food
- The consensus from respondents seems to be that once people were seen the care was good – but the waiting times are not good at all, with a few respondents suggesting they thought this led to them getting more unwell.
- Many respondents see the primary challenge for the NHS as a systems failure, mentioning issues such as bed blocking, underfunding by Government, and problematic social care structures resulting in discharge delays. People also highlight the lack of GP appointments and the impact of people misusing the system.
- The majority of respondents, when asked about the impact of the challenges faced by the NHS, highlighted the emotional impact of using urgent NHS hospital services and a lack of faith/trust in the system after their visit. Lots of respondents cited issues with waiting times both before and during their visit.
- The general feeling of social media comments was much more positive than negative with many people reporting good urgent care experiences – particularly with staff and treatment – however, some did cite having issues with waiting times.

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Meeting: [Health and Wellbeing Board](#) **Date:** [26th September 2024](#)

Wards affected: [All](#)

Report Title: [Joint Strategic Needs Assessment \(JSNA\) 2024/25](#)

When does the decision need to be implemented? [N/A](#)

Cabinet Member Contact Details: [Councillor Hayley Tranter, Cabinet Member for Adult and Community Services, Public Health and Inequalities, hayley.tranter@torbay.gov.uk](#)

Director Contact Details: [Lincoln Sargeant, Director of Public Health, lincoln.sargeant@torbay.gov.uk](#)

1. Purpose of Report

1.1 2024/25 update of the Joint Strategic Needs Assessment (JSNA)

2. Recommendation(s) / Proposed Decision

2.1 The following narrative is considered for information purposes, with issues discussed. A slide presentation is planned to be made to the board.

Background Documents

[None](#)

Supporting Information

3.1 The main JSNA document is divided into 21 main sections based on subject matter. These 21 areas are listed in the remainder of the document:

3.1.1 Demographics

The **Life expectancy gap at birth** remains significant. Over the 5 year period from 2018 to 2022 there is an 11 year gap between the life expectancy of males and 6 year gap for females in the most and least deprived areas of Torbay. The gap for males increased with the addition of Covid period data.

The **average age** of a Torbay resident is 49 years (England 40). 27% of the **current population are aged 65 and over**. This is currently projected to rise to 33% in the next 10 years. Torbay's **population is projected to rise** to 153,000 by 2043 compared to its current level of 139,000.

Almost 1 in 4 Torbay residents have **conditions or illnesses that reduce their ability to carry out day-to-day activities** (England 17%), rates are higher in Torbay even allowing for the older population structure.

3.1.2 Index of Multiple Deprivation

Torbay is ranked as the **most deprived upper-tier local authority in the South West** with approximately 27% of the population classified as living in areas that are amongst the 20% most deprived in England. The most deprived areas are concentrated in central Paignton and Torquay.

Relative deprivation compared to England was highest in relation to **Employment deprivation**, that is those who have been involuntarily excluded from the labour market.

For 2019, just over 1 in 6 people in Torbay were classified as **income deprived**, this rose to more than 1 in 5 for children being affected by income deprivation.

3.1.3 Children & Young People's Education and Health

There is a very significant **gap in academic achievement** between those eligible for free school meals and those who are not eligible for free school meals. For 2022/23, the percentage of Torbay pupils achieving a good pass at GCSE for English and Maths was 74% for those not eligible for free school meals as opposed to 38% for those who were eligible.

Torbay has consistently had higher rates of children with special educational needs receiving an **Education, Health & Care Plan** than England.

Torbay has a significantly **worse hospital admission rate** for self-harm, alcohol, dental decay and eating disorders amongst our younger population than England. Rates for self-harm, alcohol and eating disorder admissions are much higher among females than males.

The level of **persistent absence** from school doubled in 2021/22 when compared to the previous year.

MMR rates are higher than England but are below the 95% target, **HPV vaccination rates** fell significantly over the COVID-19 period from approximately 80% to 64% for females aged 13 to 14 in 2021/22.

3.1.4 **Children's Social Care**

Rates of **Cared for Children** are almost twice as high as England over the last 5 years but rates have fallen from peak of 2019.

Rates of **Children in Need** continue to rise and remain significantly higher than England at 31st March 2023. **Most common factors** recorded in a Child in Need assessment were Mental Health and Domestic Abuse. Rate of **referrals** remains significantly higher than England.

Levels of **persistent absenteeism** (missing 10% or more of possible sessions at school) are much higher among Children in Need or those with a child protection plan than the general school population. During 2021/22, rates were more than double the rate in the general school population.

3.1.5 **Adult Social Care**

Torbay is consistently an outlier in needing to support **higher levels of need in its 18 to 64** population.

Rates of **support requests for new clients** and **long-term support being met by permanent admission to residential and nursing homes** remained significantly higher than England during 2022/23.

During 2022/23, 1,160 **safeguarding concerns** were raised and those instigated 310 **Section 42 safeguarding enquiries**. This equates to the highest levels in the last 5 years.

34% of carers and 46% of users felt that they had as much **social contact** as they would like according to the latest survey. For carers, this was higher than the England rate and for users, rates were broadly in line with England although rates for users had fallen significantly compared to pre-COVID surveys.

3.1.6 Women's Health

Hospital admission rates for **self-harm** and **eating disorders** are higher among females when compared to males. Rates in Torbay are consistently higher than England.

Hospital admissions for **endometriosis** in Torbay are consistently significantly higher than England, but they are on a decreasing trend.

Torbay's **chlamydia detection rate** in females aged 15 to 24 years has more than doubled in 2022 from the previous year, is far higher than the 2022 England rate after a previously decreasing trend. It is a measure of control activity, not morbidity, so a large rise is not seen as a negative but as an indicator of better targeted testing.

Females are significantly more likely to provide **unpaid care** than males.

Torbay has a significantly higher rate of **abortion** than England over the last decade.

Cervical cancer screening of 50 to 64 year olds has been on a generally decreasing trend for over a decade and is significantly lower than England for 5 of the last 6 years.

3.1.7 Economy and Employment

Torbay has a **lower proportion of working age people** (57%) compared to England and this is forecast to fall over the next 20 years to approximately 50% of the population.

The **average (median) full-time salary** for residents in 2023 was £29,459. This compares to £34,000 across the South West and £35,100 for England, employees in Torbay were also more likely to work **part-time**. The Annual Population Survey (2018 – 2023) shows fewer working age people in Torbay (77%) were classified as **economically active** compared to the South West (81%) and England (79%).

Rates of **unemployment claimants** are lower than England after a significant spike during the COVID-19 lockdowns in 2020 and early 2021 when rates were much higher than England.

There is significantly better **Full Fibre and Ultrafast** broadband coverage than the England average.

3.1.8 Housing

More than 1 in 4 (27%) Torbay households **privately rent** which is significantly higher than England. This is combined with the lowest proportions of **socially rented** accommodation in the South West. **Significant house price rises** have exacerbated affordability issues around buying a property.

Since the start of 2020, 42% of Torbay dwellings had an **Energy Performance Certificate (EPC)** rating of C or better. Grades C or better are seen as the target to reach but this can be difficult in older properties.

There has been a notable rise in the number of households experiencing **fuel poverty** in Torbay.

On average, 150 households were in **temporary accommodation** each quarter between October 2022 and September 2023. The rate of **homelessness** has been consistently higher in Torbay when compared to England.

3.1.9 **Environment and Climate Change**

Torbay's **greenhouse gas emissions** are reducing and remain lower than England.

Torbay's population is on average closer to the nearest **greenspace** (park, public garden and playing field). Torbay's 2022 **urban forest report** estimates that 18.2% of Torbay has tree canopy cover.

For the 10 years to 2023, Torbay had significant amounts of **energy inefficient housing**, joint 42nd from bottom out of 331 local authority districts.

Torbay's **waste reuse, recycling and composting rate** has reduced in the 3 years from 2018/19 to 2020/21 before a slight increase in 2021/22 and is lower than the South West and England.

3.1.10 **Sexual and Reproductive Health**

The provision of **long-acting reversible contraception (LARC)** in Torbay has been higher (better) than England for the last 9 years. However, **abortion rates** remain significantly higher than England.

Torbay's **chlamydia detection** rate in 15 to 24 year olds has more than doubled in 2022 from the year before and is double the 2022 England rate after a previously decreasing trend. The detection rate is a measure of screening, not morbidity.

The all new **sexually transmitted infection** diagnosis rate and the percentage of testing positivity have sharply increased in Torbay for 2022 after previously decreasing trends. May indicate high levels of infections or other reasons such as better targeting of 'at risk' groups.

3.1.11 **Substance Misuse, Gambling and Dependency**

Prevalence of **smoking** in adults has risen over the last 2 years after falls during the last decade. Tobacco use has also fallen significantly among children over the last 2 decades. 15 year olds are 3 times more likely to be regular users of **e-cigarettes** than tobacco.

Torbay has consistently had significantly higher hospital admission rates than England or South West in relation to **alcohol**, Torbay has had a higher percentage of people successfully complete structured alcohol **treatment** over the last decade than England or South West.

At the end of the last decade, there was a significant rise in the number of recorded **drug misuse** deaths in Torbay. This is reflected across England. Torbay has a higher percentage of estimated opiate and/or crack cocaine users in **treatment** than England or South West.

3.1.12 **Crime, Domestic Abuse and Anti-Social Behaviour**

Rates of reported **violent crime** are higher in Torbay than England although the gap has narrowed.

Levels of reported **acquisitive crime** in Torbay such as burglary, theft and shoplifting have broadly fallen over the last 5 years to 2022/23.

In line with national trends, far fewer children are entering the **youth justice system**.

National Crime Survey data indicates that 27.0% of women and 13.9% of men in England and Wales have experienced **domestic abuse** at some time since the age of 16.

3.1.13 **Weight, Exercise and Diet**

Approximately 1 in 4 reception and 1 in 3 Year 6 pupils in Torbay are either **overweight or obese**. Amongst adults, the rate is approximately 6 in 10 for Torbay.

Torbay has a higher reported rate of hospital admissions for **eating disorders** than England.

More than 7 in 10 children report being **physically active or fairly active**, just under 7 in 10 adults report being physically active.

The gap in **healthy life expectancy** between the most and least deprived areas in England was 18.8 years for females and 18.2 years for males.

3.1.14 Oral Health

In Torbay, 65% of children were seen by an **NHS dentist** in the year up to June 2023 and 46% of adults were seen in the last 2 years. This is significantly higher than England. This will not include patients seen by private dental practices.

Dental decay in 5 year olds is on a decreasing trend in Torbay according to surveys, rates are similar to England.

The rate of **hospital tooth extractions for dental caries (tooth decay)** in those aged 0 to 17 has been significantly higher in Torbay than the South West and England, rates are significantly higher in more deprived areas.

Rates of treatment including **tooth extractions** by NHS dentists is significantly higher in Torbay adults than across England.

3.1.15 Mental Health

Prevalence of **depression and of mental illness** (schizophrenia, bipolar affective disorder and other psychoses) in Torbay GP patients is higher than England.

Torbay has higher percentages of **school pupils with social, emotional and mental health needs** than England.

Rates of Torbay **adult social care** clients with **mental health** as a primary support reason who are receiving long-term support are significantly higher than England.

Hospital admissions for **self-harm** remain significantly higher in Torbay. However, the overall rate of emergency admissions for all ages is on a reducing trend.

Torbay **suicide** rates have been significantly higher than England, they are gradually reducing from their peak in 2016-18 but remain much higher than England.

3.1.16 Older People

65 and over population has risen in Torbay by 17% (just over 5,300 people) between 2012 and 2022 and is currently projected to be 33% of the Torbay population within a decade (currently 27%).

Healthy life expectancy of 11 years for the 65 and over population is in line with England.

Level of **pension credit** claimants among those aged 65 and over is higher in Torbay (13%) than England (11%).

Flu vaccination rates in Torbay have been higher than the national target of 75% for the last 3 years.

In the Active lives survey across England, those aged 65 and over were more **satisfied, happy and less anxious** than those aged 16 to 44.

3.1.17 Unpaid Carers

2021 Census showed just over **14,900 unpaid carers in Torbay** which equates to 1 in 9 of the population aged over 5 years. Of these carers, 5,185 provided 50 hours or more of unpaid care. An unpaid carer was defined as giving unpaid help or support to anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age.

Rates of unpaid carers are higher in Torbay than England across all age groups in the Census. **13.5% of females are unpaid carers, 9.0% of males are unpaid carers.**

Almost 1 in 6 people classified as **disabled under the Equality Act** are unpaid carers.

Almost 1 in 2 adult carers known to local social services care for 100 hours or more per week. Carers known to local social services were most likely to look after people with a physical disability, long-standing illness or problems connected to ageing.

3.1.18 Preventable Mortality

Definition of preventable mortality relates to deaths that are considered preventable if, all or most deaths from the underlying cause could mainly be avoided through effective public health and primary prevention interventions.

Rate of **deaths from causes considered preventable** in the under 75 age group are higher in Torbay than England and South West, they are much **higher within the more deprived areas** of Torbay when compared to the less deprived.

The most common cause of death in Torbay that was considered preventable in the **under 75 age group** was Cancer, accounting for approximately 1 in 3 preventable deaths. Just over 50% of these cancer deaths related to lung cancer.

The most common cause of death in Torbay that was considered preventable in the **under 50 age group** was Liver Disease, in particular alcoholic liver disease.

Rate of preventable deaths among the under 75 age group is **much higher among males when compared to females** in Torbay.

3.1.19 Diabetes, Heart Disease and Stroke

10,017 Torbay GP patients had recorded **Diabetes** in 2022/23 equating to 8.1% of those aged 17 and over at those GPs. 92% of these cases relate to Type 2 diabetes.

Rates of **emergency hospital admissions** and **under 75 deaths from coronary heart disease** are much higher in the most deprived areas of Torbay when compared to the least deprived.

19% of Torbay GP patients are known to have **hypertension**, many people do not realise they have this condition so this will be a significant understatement.

Rates of hospital admissions and under 75 mortality from **strokes** have fallen over the last decade in Torbay.

Smoking prevalence remains significantly higher among the long-term unemployed population or those who work in routine or manual occupations.

Just over 6 in 10 adults are **overweight or obese** in Torbay.

3.1.20 **Cancer**

Percentage of Torbay **population living with Cancer** is higher than England, this is to be expected given Torbay's older age profile. **Under 75 mortality rates** from Cancer are much higher among our most deprived areas when compared to the least deprived.

For the latest year, just over half of cancers identified in Torbay residents were at **Stages 1 and 2**.

Torbay has seen rising rates of those eligible for **bowel screening** having a test, testing rates are better than the England average. **Breast screening** rates have not returned to pre-COVID-19 levels across Torbay or England. **Cervical screening** rates have gradually fallen over the last decade in Torbay and England.

Urgent suspected cancer referrals in Torbay have more than doubled over the last decade but rates of those referrals leading to a diagnosis of cancer have halved.

3.1.21 **Health Protection**

Child immunisation rates in Torbay are generally higher than England, although rates have broadly fallen in recent years from their peaks.

MMR vaccination rates for 5 year olds fell below 90% in Torbay during 2022/23. This is the first time this has happened since 2014/15.

Flu vaccination rates among those aged 65 and over in Torbay have been higher than the national target of 75% for the last 3 years.

Antibiotic prescribing in NHS primary care has been on a downward trend, however rates for 2022 did rise across England when compared to the COVID-19 affected years of 2020 and 2021.

The all new **sexually transmitted infection** diagnosis rate has sharply increased in Torbay for 2022 after previously decreasing trends. May indicate high levels of infections or other reasons such as better targeting of 'at risk' groups.

3.2 A ward profile has also been produced which shows differences between the various wards within Torbay over a range of measures. The number of measures available at a ward level is more limited than at local authority level



PROVISIONAL TORBAY JOINT STRATEGIC NEEDS ASSESSMENT 2024/25

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JSNA Key Challenges

Key challenges facing the population and the organisations that serve the population are highlighted below.

- The recovery from COVID-19 and the cost of living crisis. The social and economic effects of the pandemic and the inflationary leaps in the cost of living, particularly around gas, electricity and food prices have disproportionately affected those who live in the most deprived areas of our communities. Costs around fuel are exacerbated by old housing stock which is often energy inefficient.
- There is significant variation in health and wellbeing across the bay. In our most affluent areas residents can expect to live on average over eight years longer than those living in our more deprived communities. There are also significant gaps in healthy life expectancy between the most affluent and deprived areas.
- Inequalities have been widening as relative deprivation worsens; Torbay is ranked as the most deprived local authority in the South West.
- Torbay's economy is ranked among the weakest in England. Average wages continue to be significantly below the regional and national average with less of the population in full-time employment than England.
- The number of cared for children within the local authority remains among the highest in England. Rate of referrals to children's social care are consistently much higher than England.
- Torbay schools have a significantly higher proportion of their pupils requiring special education needs support through an Education, Health & Care Plan when compared to England.
- Persistent absenteeism from school doubled in 2021/22. This is reflected across England.
- Torbay has far higher levels of need when compared to England that requires support from Adult Social Care in the 18 to 64 population. Rates of requests from new clients are much higher than England in the 18 to 64 and 65+ population.
- The 2021 Census showed that there were 14,900 unpaid carers in Torbay. 5,185 of these provided 50 hours or more of care. These unpaid carers require support to help deliver this care and to look after their own health and wellbeing. This care is disproportionately provided by women.
- We have an ageing population with 1 in 3 Torbay residents expected to be 65 and over by the middle of the next decade. The number of those who are of working age is projected to fall over the next 20 years to approximately 50% of the population from its current rate of 55%.
- Consistently high rates of dental extractions among children performed at a hospital due to dental decay; this is particularly concentrated among Torbay's more deprived communities.

- There are many opportunities for the people of Torbay to be supported to improve their lifestyles. At present:
 - Over 6 out of 10 adults in Torbay are overweight or obese. Close to 1 in 4 reception and over 1 in 3 Year 6 children are overweight or obese.
 - Around 1 in 6 adults in Torbay smoke.
 - There are high levels of admissions to hospital related to alcohol.
 - There are high levels of suicide and self-harm in the population.
 - There are high levels of vulnerability in the population, including groups with specialist needs and high levels of mental ill health.

This document is part of the JSNA in Torbay, a significant part of the JSNA are the electoral ward profiles which can be found at <http://www.southdevonandtorbay.info/jsna-narratives/>

There is also a range of topic based analyses relating to different aspects of health and wellbeing. All information can be found on our webpages: <http://www.southdevonandtorbay.info/>

Introduction

Background

A Joint Strategic Needs Assessment (JSNA) is an assessment of the current and future health and social care needs of the local community.

The JSNA helps local leaders to work together to understand and agree the needs of the local population. JSNAs, along with health and wellbeing strategies enable commissioners to plan and

commission more effective and integrated services to meet the needs of the population. Local Authorities and Integrated Care Boards have equal and explicit obligations to prepare a JSNA, under the governance of the health and wellbeing board.

The approach to the JSNA in Torbay is to provide a collection of narrative and data interpretation to support the community, voluntary sector and statutory organisations across Torbay. This provides a central, consistent range of data that can be accessed to support commissioning strategies and funding bids across all sectors within Torbay.

Helping people to live longer and healthier lives is not simply about NHS healthcare received through GPs or at hospital. It is also about the wider social determinants of where we live and work, things such as Crime, Income, Housing and Education. The collective action of agencies is needed today to promote the health of tomorrow's older population. Preventing ill health starts before birth and continues to accumulate throughout individuals' lives.

Structure

The document is part of a wider suite of documents and presentations that make up the JSNA for Torbay, these include breakdowns of information to smaller areas of Torbay such as wards. As well as the JSNA, there are specific topic based summaries relating to fields such as alcohol and suicide. This information is collated at the following website <http://www.southdevonandtorbay.info/>

Information sources

Information that makes up this document comes from an array of public sources and occasionally from private organisational sources, these will be credited throughout the profile. A significant amount of information is gathered at the Office for Health Improvement and

Disparities (OHID) website called 'Fingertips'. This site contains a large amount of information on its 'Public Health Outcomes Framework', there are also multiple useful profiles relating to subjects such as Mental Health, Alcohol and Tobacco. The site is available at <https://fingertips.phe.org.uk/> and shows Torbay's position relative to other local authorities.

Population estimates used

This JSNA has been produced over a period when multiple different revised population estimates have been available and used for different measures. The 2021 Census population, and ONS population estimates are the basis of measures downloaded throughout the production period of the JSNA. This should not lead to a material difference in the vast majority of measures within the JSNA.

Document overview

Until last year, the JSNA has been written by life course, for instance 2 years ago the JSNA was divided into 4 chapters called Population overview, Starting and developing well, Living and working well and Ageing well.

For the 2 most recent JSNAs, it was decided to significantly increase the number of measures within the document. Because of this increase in measures and to improve the navigability of the document it was decided to split the document by subject as shown on the contents page. For example, Sexual and Reproductive Health measures are grouped in a single chapter rather than across multiple life course chapters.

References to quintiles throughout the document relate to populations being broken down into fifths. For instance, the most deprived quintile is the most deprived fifth of the population across England.

[Click here to return to the index](#)

Wider determinants of health

It is not possible to change some of our individual determinants of health, such as our age and genetic makeup. However, there are other factors that we can try to influence in regard to the wider determinants of health. Wider determinants of health are a diverse range of social, economic and environmental factors which influence people's mental and physical health.

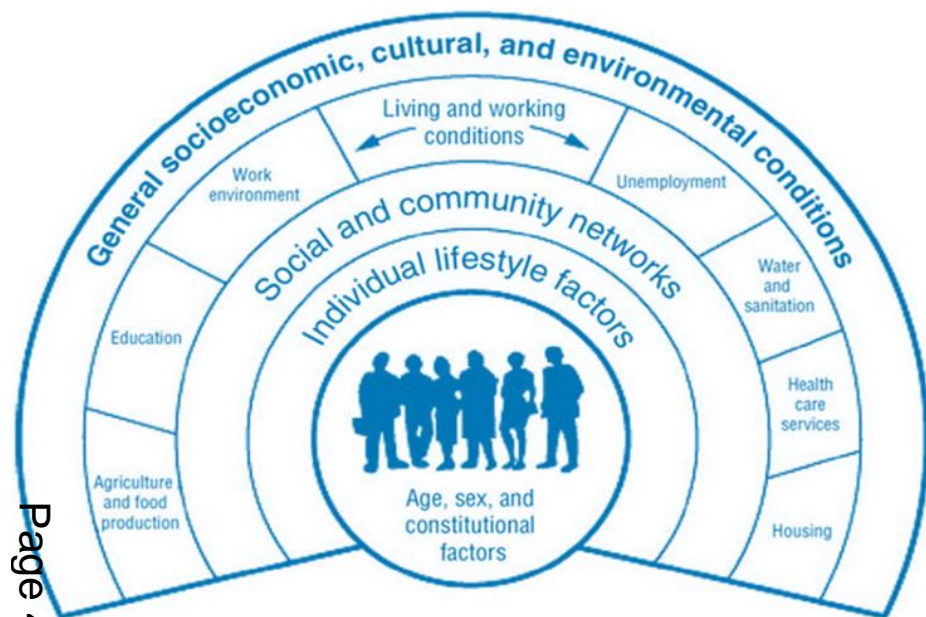
These include the following influences which are presented in Fig 1:

- **Individual lifestyle factors** – Smoking, alcohol, physical activity and diet.
- **Social and community networks** – Relationships with family, friends and the wider community.
- **Living and working conditions** – Includes access and opportunities in relation to jobs, housing, education and welfare services.
- **General socioeconomic, cultural and environmental conditions** – Includes disposable income, taxation and the availability of work.

Influencing these areas, across the life course, is required to reduce inequalities such as the gap in healthy life expectancy.

Fig 1: Wider determinants of health

Source: G.Dahlgren, M.Whitehead – Policies and strategies to promote social equity in health



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Inequalities

Inequalities are variances between different groups within society that are both avoidable and unfair. They develop out of the conditions that we are born, grow, live, work and age in. These conditions impact in different ways as well as in different combinations, which show themselves in such a way as to be either beneficial or detrimental to people’s lives, such as health behaviours, health status and wellbeing.

Inequalities can exist between population groups in a geographic community in different ways, with many individuals and groups intersecting across two or more of these (Fig 2).

Fig 2: Inequalities and intersection

Groups



- **Socio-economic groups and deprivation:** Examples include those who are unemployed, on low incomes or people living in deprived areas.
- **Protected characteristics:** The Equality Act protects people against discrimination because of the 9 protected characteristics that we all have. Examples of protected characteristics are sex, race, sexual orientation and disability.
- **Vulnerable groups in society:** These are groups of people who because of certain factors mean they are more at risk than others in society and/or marginalised in society. Examples include people with a disability, people with substance misuse problems, prisoners and homeless people. Inclusive health groups can be an alternative term that is often used for this population group.

Comparisons

The Chartered Institute of Public Finance and Accountancy (CIPFA) has developed an approach to aid benchmarking and comparing similar local authorities. These are known as nearest neighbours. Torbay’s nearest neighbours are presented below. Within this report, Torbay will be compared to a ‘comparator group’ in data tables at the end of most sections, the statistic shown is the average of the nearest neighbours. Torbay is also shown in Fig 3 for comparison.

There are 2 chapters relating specifically to children and young people where a different ‘comparator group’ is used. The 2 chapters are ‘Children & Young People’s Education and Health’ and ‘Children’s Social Care’ where Torbay is compared to Children’s Services Statistical Neighbours (Fig 4).

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Fig 3: CIPFA comparators for Torbay
 Source: CIPFA, IMD 2019, 2022 ONS mid-year population estimates

Local Authority	% of population living in 20% most deprived areas (IMD 2019)	% of population aged 65 & over (2022)
Bournemouth, Christchurch and Poole	11.5%	21.8%
Darlington	30.2%	20.7%
Hartlepool	52.6%	20.0%
Isle of Wight	13.8%	29.7%
North East Lincolnshire	36.7%	21.2%
North Tyneside	21.0%	20.8%
Northumberland	20.3%	26.0%
Plymouth	30.2%	18.8%
Redcar and Cleveland	35.8%	23.6%
Sefton	30.9%	23.4%
Shropshire	4.6%	25.8%
Southend-on-Sea	23.5%	19.3%
St. Helens	43.4%	20.6%
Sunderland	40.9%	20.8%
Wirral	35.8%	22.3%
Torbay	27.5%	27.0%

Fig 4: Children’s Services statistical neighbour comparators for Torbay
 Source: IMD 2019, 2022 ONS mid-year population estimates

Local Authority	% of child population living in 20% most deprived areas (IMD 2019)	% of population aged 17 & under (2022)
Bournemouth, Christchurch and Poole	14.5%	18.4%
Isle of Wight	21.4%	16.7%
Norfolk	17.9%	18.2%
North East Lincolnshire	45.5%	21.0%
Plymouth	31.8%	19.5%
Redcar and Cleveland	44.2%	19.9%
Rotherham	37.5%	21.3%
Southend-on-Sea	28.1%	21.2%
Telford and Wrekin	27.5%	22.4%
Wigan	29.4%	20.8%
Torbay	30.1%	18.0%

Demographics

Overview

- Torbay has a significantly older age profile than England, an average age of 49 years compared to 40 years across England. 27% of Torbay residents are aged 65 and over.

Source: ONS mid-year population estimates

- Current predictions indicate that 1 in 3 Torbay residents will be aged 65 and over by 2033.

Source: NOMIS

- Almost 1 in 4 Torbay residents have conditions or illnesses that reduce their ability to carry out day-to-day activities.

Source: 2021 Census

- There are significant differences in life expectancy between those in the most and least deprived areas of Torbay.

Source: Primary Care Mortality Database, ONS mid-year population estimates

- For the first time, data was collected by the Census in respect of the sexual orientation and gender identity of Torbay residents.

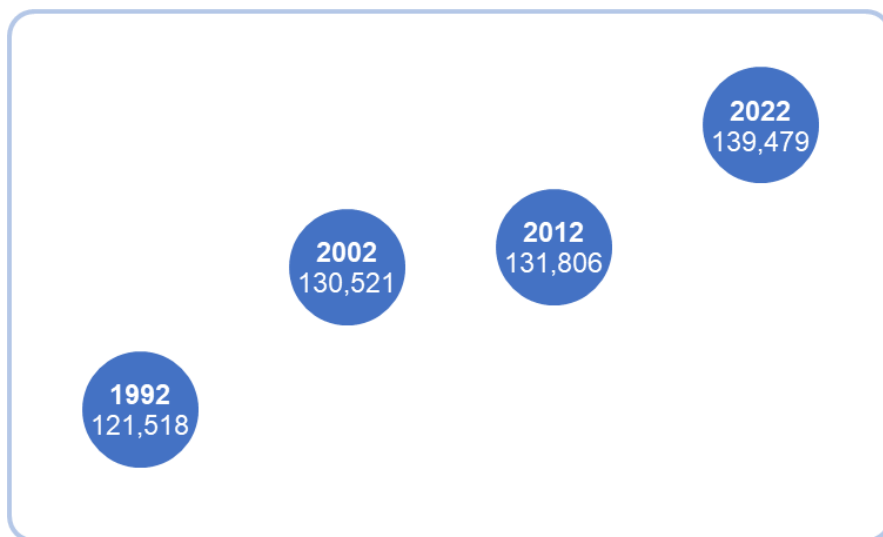
Source: 2021 Census

Population

According to the latest population estimates, 139,479 people lived in Torbay. This is an increase of 5.8% when compared to the estimated 2012 population of 131,806. Torbay’s population has increased by approximately 18,000 since 1992 (Fig 5). The average (median) age of a Torbay resident is 49 years, compared to 44 years in 2002.

Fig 5: Torbay Population by year

Source: ONS Mid-year population estimates

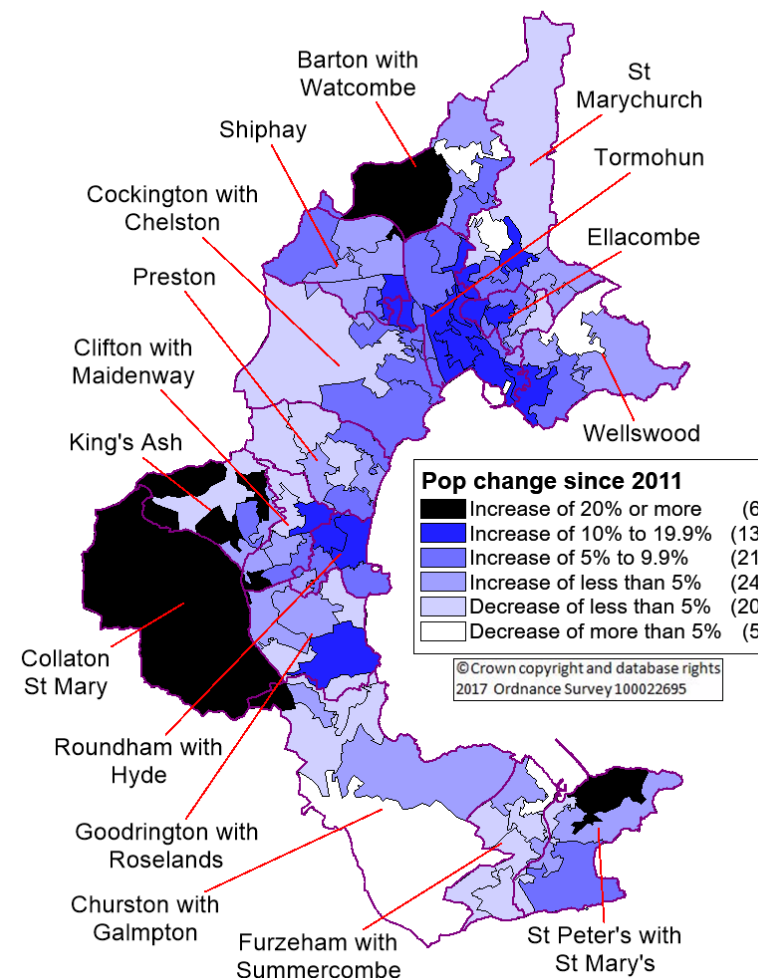


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The increase in population is different across Torbay (Fig 6), 28% of small areas called LSOAs within Torbay fell in population between 2011 and 2021. 19 small areas rose by 10% or more including 6 areas that had population rises over 20%. 1 particular area in Collaton St Mary saw the biggest rise as its population more than doubled, rising by 112%.

Fig 6: Population change across Torbay from 2011 to 2021

Source: Census



Protected Characteristics

Protected characteristics are the 9 characteristic groups protected under the Equality Act 2010. Under the Act, people are not allowed to discriminate, harass or victimise another person because they have any of the protected characteristics. There is also protection against discrimination where someone is perceived to have one of the protected characteristics or where they are associated with someone who has a protected characteristic. The 9 protected characteristics are listed below.

- Age
- Disability
- Gender Reassignment
- Marriage and Civil Partnership
- Pregnancy and Maternity
- Race
- Religion or Belief
- Sex
- Sexual Orientation

The Census provides data on many of these characteristics that can be difficult to collate at a Torbay level outside of the Census, so a summary of Protected Characteristics data will be provided over the next few pages.

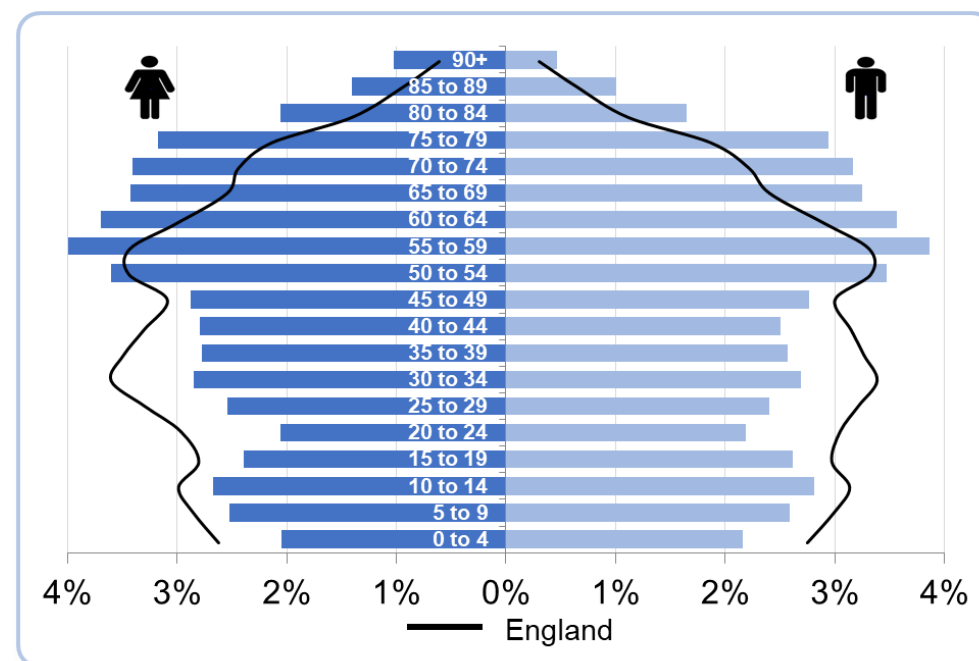
Protected Characteristic - Age

Torbay’s population profile shows a significantly older demographic than England. Torbay has significantly larger proportions of those aged 50 and over than England, conversely it has significantly smaller proportions of those aged under 50, in particular those aged 20 to 44 (Fig 7). Torbay’s average age of 49 years compares to 40 years for England and 43 for the South West. This age profile can lead to significantly higher demand for health and care services

tailored towards an older population. Torbay has a significantly smaller proportion of working age population (higher dependency ratio) when compared to England and the South West.

Fig 7: Population Profile – Torbay

Source: ONS mid-year population estimate, 2022



Between 2012 and 2022, the largest proportionate increases in population have occurred in the 70 to 79 and 50 to 59 year age groups, the largest fall was in the 40 to 49 year age group.

Between 2002 and 2022, the largest proportionate increase in population occurred in the 70 to 79 and 60 to 69 year age groups. 4 age groups have seen their population fall, those aged 0 to 9, 10 to 19, 30 to 39 and 40 to 49 (Fig 8).

Fig 8: Population by age band – Torbay
Source: ONS mid-year population estimates

Age Band	2002	2022	Change
0 to 9	13,360	13,012	-2.6%
10 to 19	15,757	14,621	-7.2%
20 to 29	12,010	12,831	+6.8%
30 to 39	16,889	15,180	-10.1%
40 to 49	16,567	15,261	-7.9%
50 to 59	18,587	20,835	+12.1%
60 to 69	15,139	19,443	+28.4%
70 to 79	12,660	17,692	+39.7%
80 to 89	7,705	8,530	+10.7%
90+	1,847	2,074	+12.3%
ALL AGES	130,521	139,479	+6.9%

Protected Characteristic – Disability

For the 2021 Census, Torbay residents were asked if they had any physical or mental health conditions or illnesses which have lasted or are expected to last 12 months or more. If they answered yes, there was a further question ‘Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?’. This definition, where people answer yes to both questions is in line with the disability definition in the Equality Act 2010.

23.8% of Torbay residents answered that their day-to-day activities were limited a little or a lot (Fig 9). This was significantly higher than England (17.3%) and South West (18.6%), the difference was particularly marked in those stating that their day-to-day activities were limited a lot. Data was also provided that took account of differing age structures in local authorities, such as Torbay’s population being older than average. Allowing for this, Torbay still had higher rates than England and the South West of those deemed to be disabled under the Equality Act 2010.

Please note rates have not been compared to the 2011 Census as the question was asked slightly differently and included a statement to include problems related to old age which was removed for 2021.

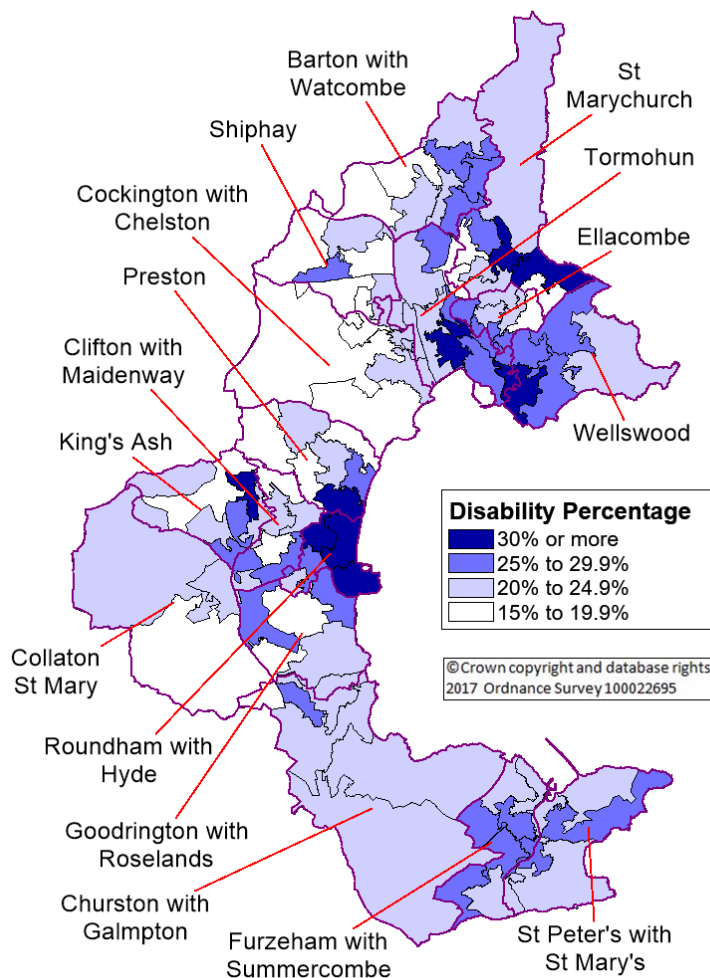
Fig 9: Population by disability status - Torbay
Source: Census 2021

Status	Number	Percentage
Disabled under Equality Act	33,224	23.8%
Day-to-day activities limited a lot	15,258	11.0%
Day-to-day activities limited a little	17,966	12.9%
Not disabled under Equality Act	106,099	76.2%
Long term condition but day-to-day activities are not limited	9,981	7.2%
No long term conditions	96,118	69.0%

There are significant concentrations of people whose day-to-day activities are limited a little or a lot in central Paignton, central Torquay and Babbacombe/St Marychurch (Fig 10).

Fig 10: Population defined as disabled by area - Torbay

Source: Census 2021



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Protected Characteristic – Gender Reassignment

The 2021 Census was the first Census to ask questions around the gender identity of those aged 16 and over. 94.4% of Torbay’s 16+ population answered questions around gender identity, of those who answered, 0.4% stated that their gender identity was not the same as the sex registered at birth (Fig 11). This was similar to the South West and lower than England (0.6%). From the available age breakdowns for Torbay, of those who answered, rates of those who stated that their gender identity was not the same as the sex registered at birth were highest in the 16 to 24 year age group at 1.1%, this was much higher than the next highest groups who were 25 to 34 years and 50 to 64 years with 0.4%.

Fig 11: Gender Identity of those who answered in Census - Torbay

Source: Census 2021

Status	Number (16+)	Percentage
Gender identity the same as sex registered at birth	109,984	99.6%
Gender identity different from sex registered at birth but no specific identity given	151	0.1%
Trans woman	94	0.1%
Trans man	102	0.1%
All other gender identities	102	0.1%

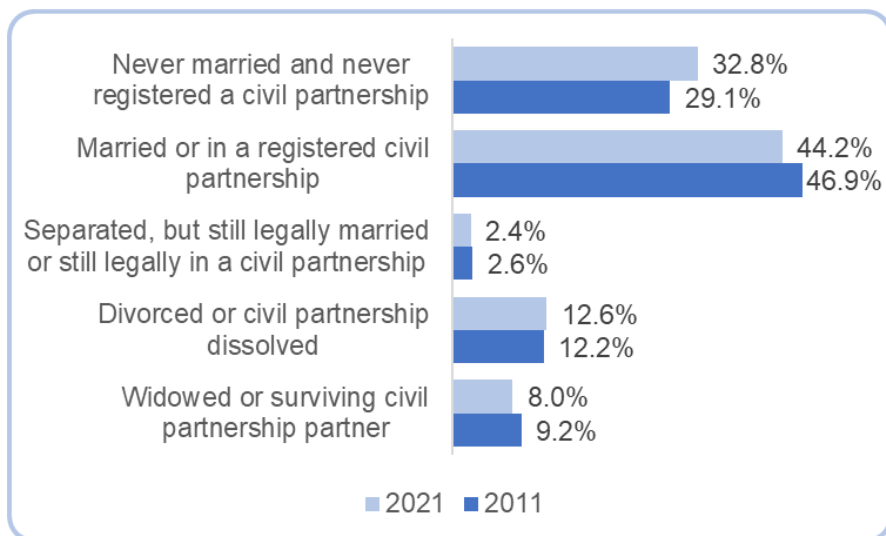
Protected Characteristic – Marriage and Civil Partnership

Of those Torbay residents aged 16 and over at the 2021 Census, 44.2% were married or in a registered civil partnership, this was down slightly on 2011 when the percentage stood at 46.9%. For those who have never married or never registered a civil partnership at the 2021 Census, this stood at 32.8% which is slightly up on the 2011 figure of 29.1% (Fig 12).

The proportion of those who have never married or never registered a civil partnership is lower in Torbay than England, the levels of those divorced or widowed is higher in Torbay than England.

Fig 12: Marriage and Civil Partnership Status - Torbay

Source: Census



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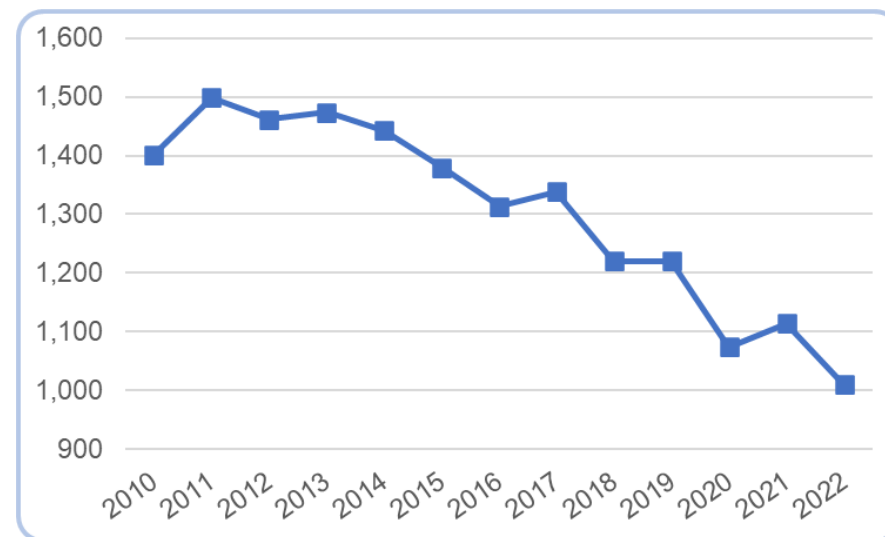
Protected Characteristic – Pregnancy and Maternity

Over the period 2010 to 2022, the rate of live births (as a proportion of females aged 15 to 44) has been slightly but significantly higher in Torbay (average of 60.5 per 1,000) than England (59.3) and the South West (56.8). There has been a notable fall in the numbers of

live births since the middle of the last decade across all geographical areas (Fig 13). 2022 was the first year in the period 2010 to 2022 when Torbay had a significantly lower rate of live births than England.

Fig 13: Live Births – Torbay

Source: ONS Births in England and Wales



Protected Characteristic – Race

96.1% of Torbay residents classified themselves as White for the 2021 Census (2011 – 97.5%), 92.1% as White British (2011 – 94.8%). There were rises in the 4 other broad ethnic classifications in Torbay. Torbay has a higher rate of those who classify themselves as White than the South West and England (Fig 14). Those who do not classify themselves as White are significantly more likely to live in areas of Torbay classified as being amongst the 20% most deprived areas in England. 93.8% of those aged 24 years and under classified themselves as White as opposed to 99.0% for those aged 65 years and over.

Fig 14: Percentage of Ethnic group

Source: Census 2021

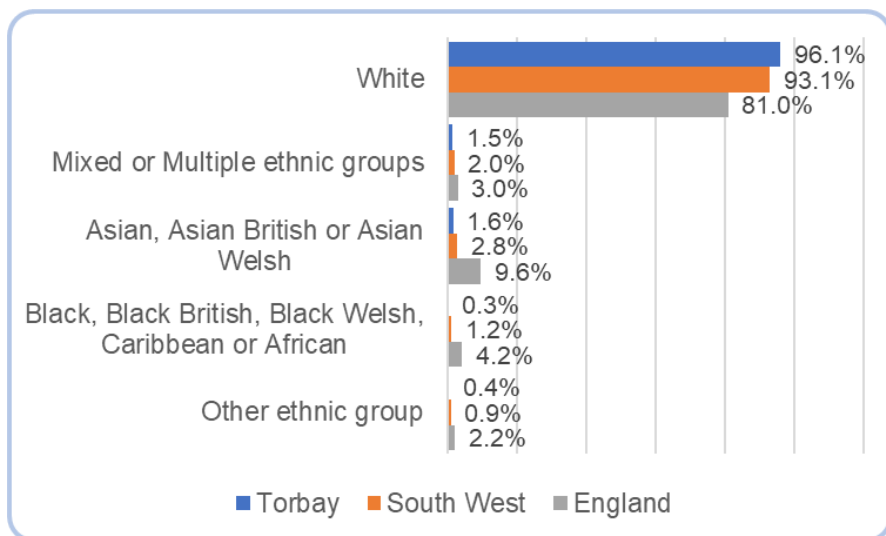
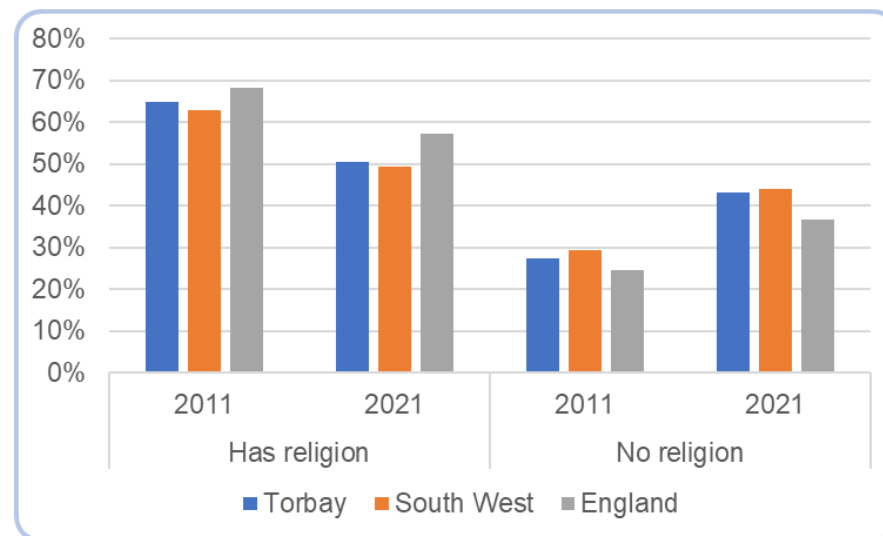


Fig 15: Percentage who have or do not have a religion

Source: Census



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Protected Characteristic – Religion or Belief

The number of Torbay residents who state that they have a religion in the 2021 Census has fallen significantly from 64.8% in the 2011 Census to 50.5% (Fig 15). Those in Torbay who state that they have no religion has risen from 27.5% to 43.2% in the same period, 6.3% of Torbay residents did not answer the question on the 2021 Census. These movements are largely mirrored across the South West and England. 48.5% of Torbay residents classified themselves as Christian, down from 63.3% in 2011. 1.3% of Torbay residents classify themselves as either Muslim, Buddhist, Hindu, Jewish or Sikh. A further 0.7% of Torbay residents state that they have a religion that is not one of those listed.

Protected Characteristic – Sex

51.3% of Torbay’s population from the latest population estimates for 2022 were female, this was a slight fall from 2012 when it was 51.8%. Female to male ratios within Torbay change significantly once you get to those residents aged 80 and over (Fig 16).

Protected Characteristic – Sexual Orientation

The 2021 Census was the first Census to ask questions around the sexual orientation of those aged 16 and over. 92.6% of Torbay’s 16+ population answered questions around sexual orientation. Of those who answered, 3.4% of people identified as Gay or Lesbian, Bisexual, or ‘All other sexual orientations’ which includes people who identify as Pansexual, Asexual, Queer or other sexual orientation (Fig 17). Figures for Torbay were similar to England and South West who also recorded a rate of 3.4%. Figures were slightly higher than

previous regional estimates of those who identified as Gay or Lesbian, Bisexual or ‘All other sexual orientations’.

For the age breakdowns made available, 8.3% of 16 to 24 year olds identified as Gay or Lesbian, Bisexual, or ‘All other sexual orientations’, these rates lowered at the next age bracket with rates of 6.1% among those aged 25 to 34 years falling to 0.6% among those aged 75 years and over.

Fig 16: Sex by age group – Torbay
Source: ONS mid-year population estimate, 2022

Age Band	Female	Male	Female %	Male %
0 to 9	6,378	6,634	49.0%	51.0%
10 to 19	7,050	7,571	48.2%	51.8%
20 to 29	6,421	6,410	50.0%	50.0%
30 to 39	7,843	7,337	51.7%	48.3%
40 to 49	7,904	7,357	51.8%	48.2%
50 to 59	10,593	10,242	50.8%	49.2%
60 to 69	9,942	9,501	51.1%	48.9%
70 to 79	9,169	8,523	51.8%	48.2%
80 to 89	4,834	3,696	56.7%	43.3%
90+	1,429	645	68.9%	31.1%
ALL AGES	71,563	67,916	51.3%	48.7%

Fig 17: Sexual Orientation of those who answered in Census - Torbay

Source: Census 2021

Status	Number (16+)	Percentage
Straight or heterosexual	104,729	96.6%
Gay or Lesbian	2,035	1.9%
Bisexual	1,344	1.2%
All other sexual orientations	298	0.3%

Life expectancy and Healthy life expectancy

Life expectancy for males at birth in Torbay has been lower than England for 6 of the last 7 time periods (Fig 19), for females it has been broadly in line for the last 3 time periods (Fig 18). Over the last decade, life expectancy at birth within Torbay has remained largely flat and female life expectancy has been approximately 4 years higher than males, it should be noted that 2020 - 22 encompasses the first COVID-19 pandemic and saw a fall in male life expectancy.

There are very significant differences in life expectancy between different areas of Torbay, the gap is particularly pronounced among males. When we look at local Torbay data for the 5 year period 2018 to 2022, there is an 11 year life expectancy gap between males who live in the least and most deprived areas and a 6 year gap for females (Fig 20). It should be noted that Torbay has a relatively small population in the least deprived quintile of England so numbers are a little more volatile, the period also includes the COVID-19 pandemic which was known to be particularly dangerous to those with pre-existing conditions which are more likely to exist in more deprived areas and males.

Fig 18: Life expectancy at birth - Females

Source: Fingertips

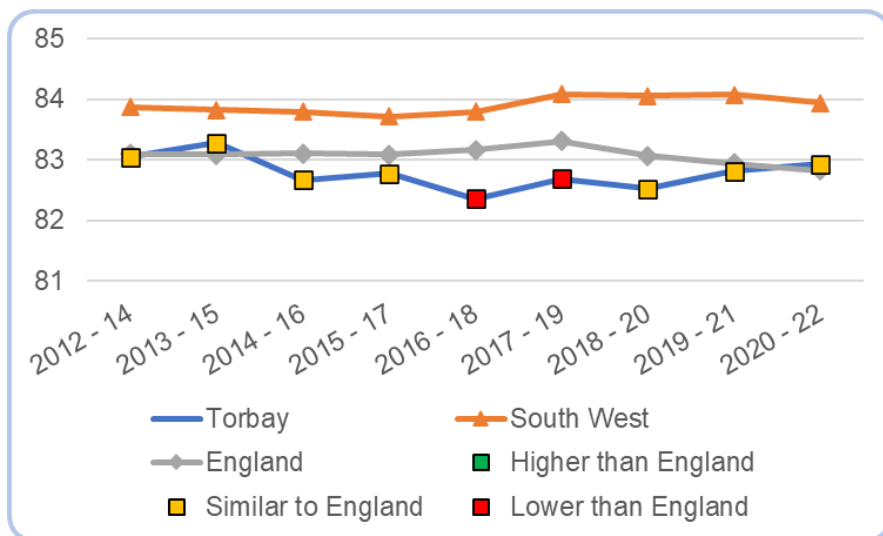


Fig 20: Life expectancy at birth – Torbay (2018 to 2022)

Source: Primary Care Mortality Database, ONS mid-year population estimates

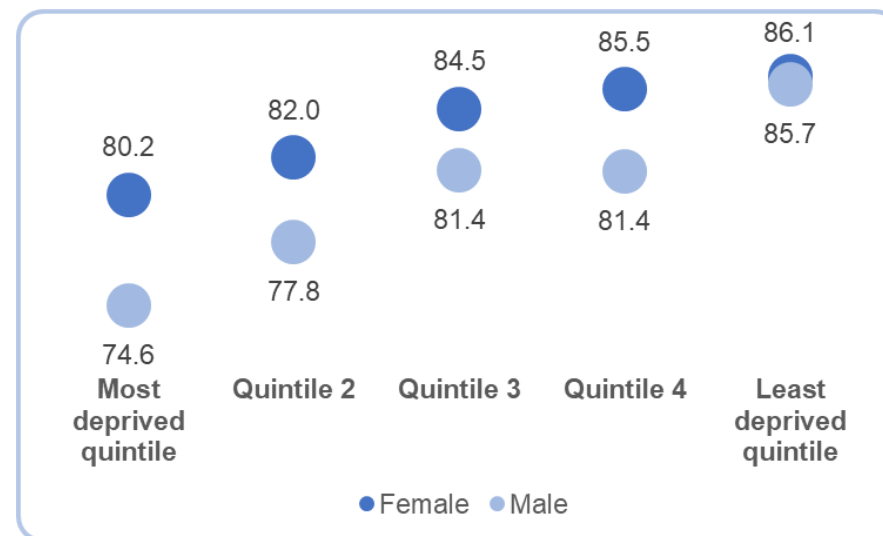
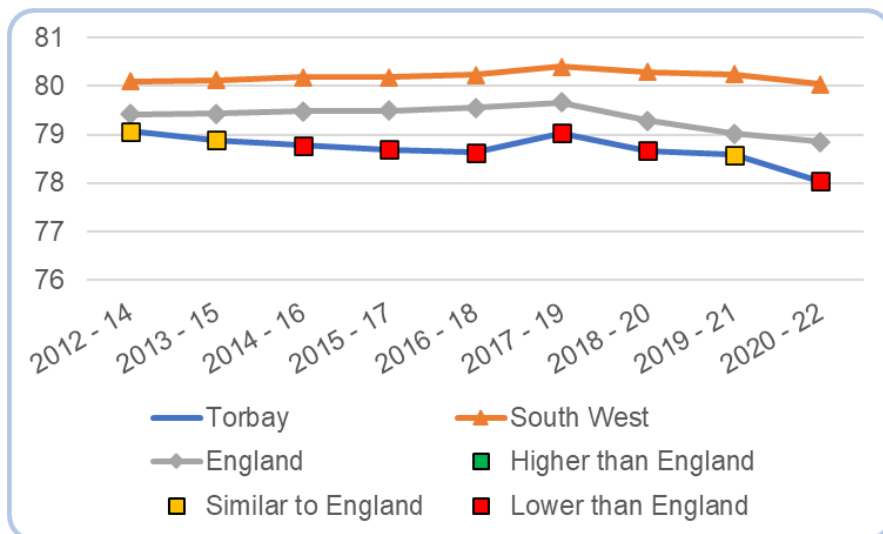


Fig 19: Life expectancy at birth - Males

Source: Fingertips



Whilst females in Torbay have a life expectancy at birth of approximately 4 years higher than males over the last decade, their healthy life expectancy has been broadly similar to males over the same period in Torbay (Figs 21 and 22). For 2 of the last 5 time periods, healthy life expectancy for females in Torbay has been significantly lower than England. For 2018 – 20, this implies that females in Torbay could expect to live for 20 years whilst not being in good health, for males it would be approximately 14 years. Healthy life expectancy is based on self-reported good or very good health from the Annual Population Survey and registered deaths.

Fig 21: Healthy life expectancy at birth - Females

Source: Fingertips

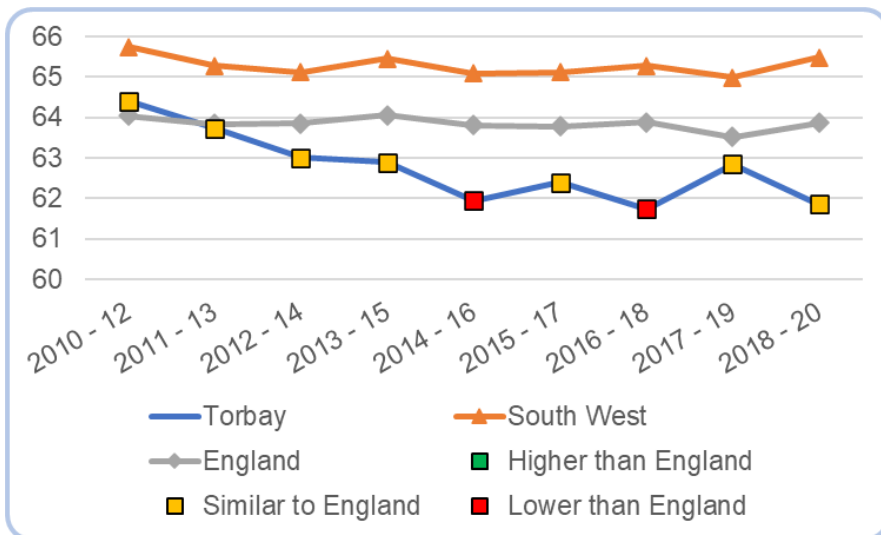
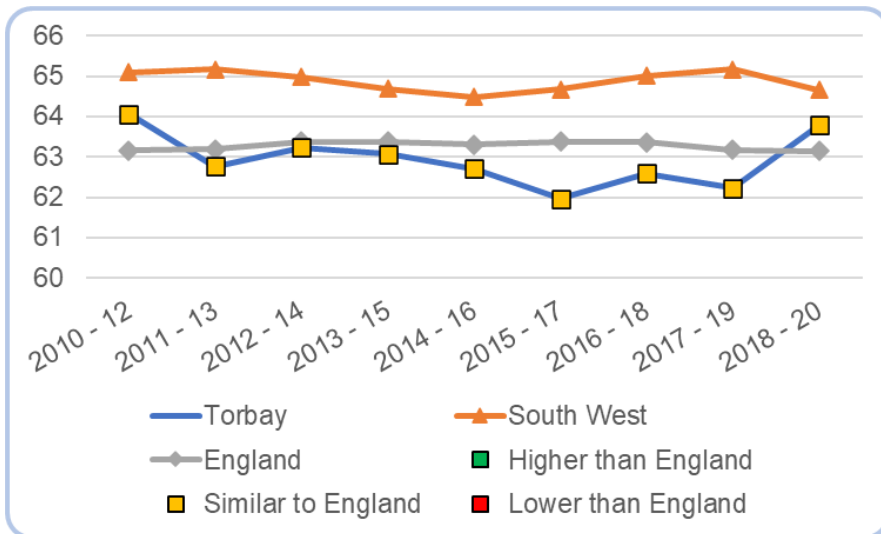


Fig 22: Healthy life expectancy at birth - Males

Source: Fingertips

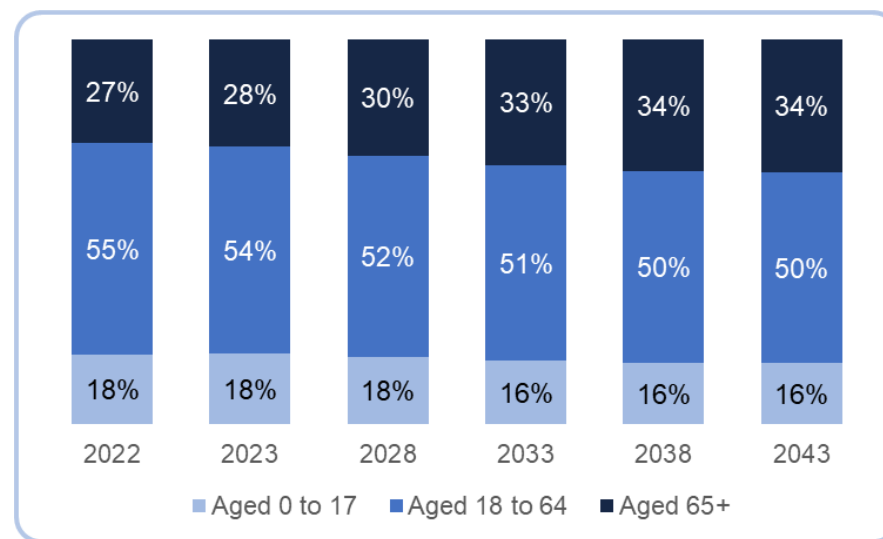


Population Projections

Torbay’s population is currently projected to rise from 139,479 in the 2022 population estimate to 153,088 by 2043. It should be noted that projections are likely to be updated over the next year in light of the 2021 Census. The proportion of the population aged 0 to 17 is projected to fall from 18% to 16% by 2043. Those aged between 18 and 64 are projected to fall from 55% to 50% by 2043; the proportion of those aged 65 and over is expected to rise from 27% to 34% by 2043 (Fig 23).

Fig 23: Population projections – Torbay

Source: NOMIS



Indicator	Measure	Torbay	Comparator Group	South West	England	RAG compared to England (Latest Year)	Direction of travel compared to previous period
Average Age (2022)	Years	49	44	43	40	●	↑
Dependency Ratio (2022)	Ratio %	71.7%	62.7%	62.2%	56.1%	●	↑
Day to Day activities limited (2021)	%	23.8%	21.0%	18.6%	17.3%	●	Not comparable
Gender identity not the same as sex registered at birth (2021)	%	0.4%	0.4%	0.4%	0.6%	Not relevant	First time collected
GAY Population (2021)	%	3.9%	5.1%	6.9%	19.0%	Not relevant	↑
Have a religion or belief (2021)	%	50.5%	54.4%	49.5%	57.3%	Not relevant	↓
Gay or Lesbian, Bisexual or other sexual orientations (2021)	%	3.4%	3.1%	3.4%	3.4%	Not relevant	First time collected
Life expectancy at birth - Female (2020 - 22)	Years	82.9	82.1	83.9	82.8	●	↑
Life expectancy at birth - Male (2020 - 22)	Years	78.0	78.0	80.0	78.9	●	↓
Healthy life expectancy at birth - Female (2018 - 20)	Years	61.9	61.7	65.5	63.9	●	↓
Healthy life expectancy at birth - Male (2018 - 20)	Years	63.8	61.3	64.7	63.1	●	↑

Index of Multiple Deprivation

Overview

- Torbay is ranked as the most deprived upper-tier local authority in the South West.
- Approximately 27% of population classified as living in areas that are amongst the 20% most deprived in England.
- Most deprived areas are concentrated in central Torquay and Paignton.
- Relative deprivation compared to England highest in relation to those involuntarily excluded from the labour market (Employment deprivation).
- Just over 1 in 6 people in Torbay were classified as income deprived, this rose to more than 1 in 5 for children being affected by income deprivation.
- Best performing of the 7 sub-domains relates to Crime deprivation.

All above sourced from 2019 English Indices of Deprivation

Deprivation Categories

The Index of Multiple Deprivation (IMD) which was last undertaken in 2019 measures relative levels of deprivation in 32,844 small areas called Lower Super Output Areas (LSOA), in England. For example, a better rank in relation to Crime does not mean that Crime levels are falling, it could mean that Crime is not rising as quickly as other local authorities.

The Index is made up of the following deprivation sub-categories:-

- Income (22.5%)
- Employment (22.5%)
- Education, Skills and Training (13.5%)
- Health and Disability (13.5%)
- Crime (9.3%)
- Barriers to Housing and Services (9.3%)
- Living Environment (9.3%)

Income has 2 sub-categories relating to:-

- Children
- Older People

Torbay Rank of Deprivation

For 2019, Torbay was ranked as the 38th most deprived upper-tier local authority out of 151 (Fig 24). An upper-tier local authority is either a unitary authority or a county council.

For 2019, Torbay was ranked as the most deprived upper-tier local authority out of the 15 upper-tier local authorities in the South West, Torbay has been in this position since 2007.

24 of Torbay’s 89 LSOAs were classified as being amongst the 20% most deprived in England, this was down from 28 in 2015. The 24 areas equated to approximately 27% of the 2019 population (Fig 25).

Fig 24: Local Authority Deprivation rank for Upper-tier local authority – Torbay (1 = Most deprived)
Source: English Indices of Deprivation 2019

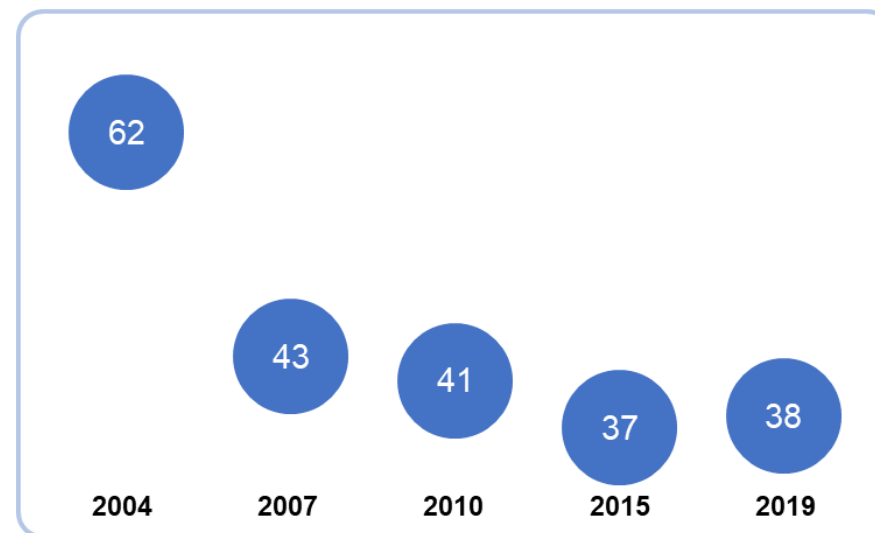
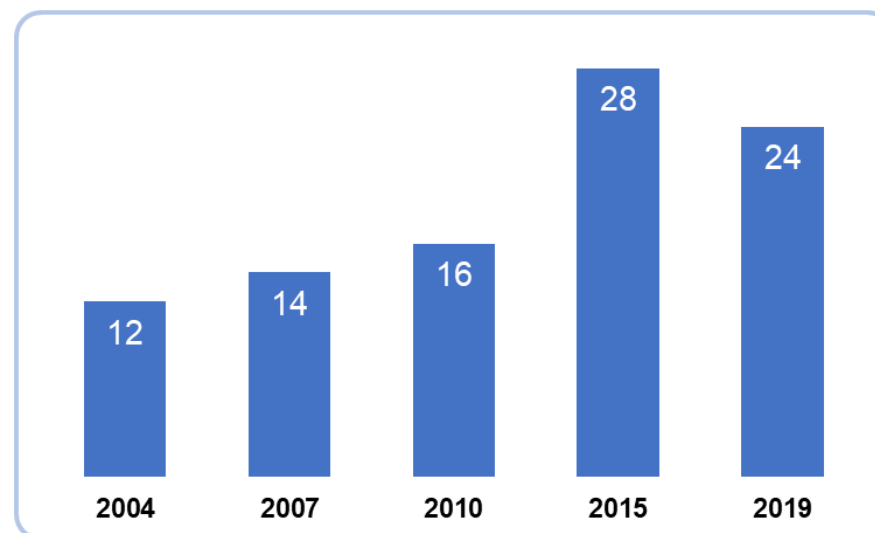


Fig 25: Torbay LSOAs classified as being amongst the 20% most deprived areas in England
Source: English Indices of Deprivation 2019

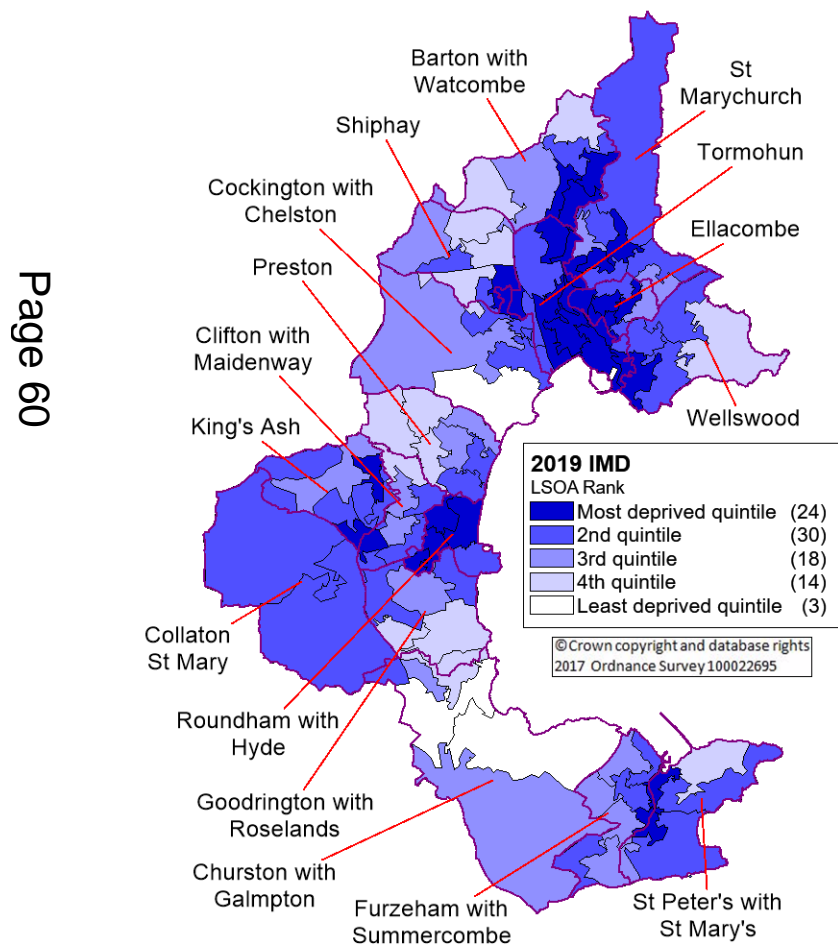


Index of Multiple Deprivation

The most deprived areas within Torbay are concentrated within central Torquay, Hele and up to the Barton areas. There is also a concentration of deprived areas within central Paignton (Fig 26).

Fig 26: Rank of Index of Multiple Deprivation

Source: English Indices of Deprivation 2019



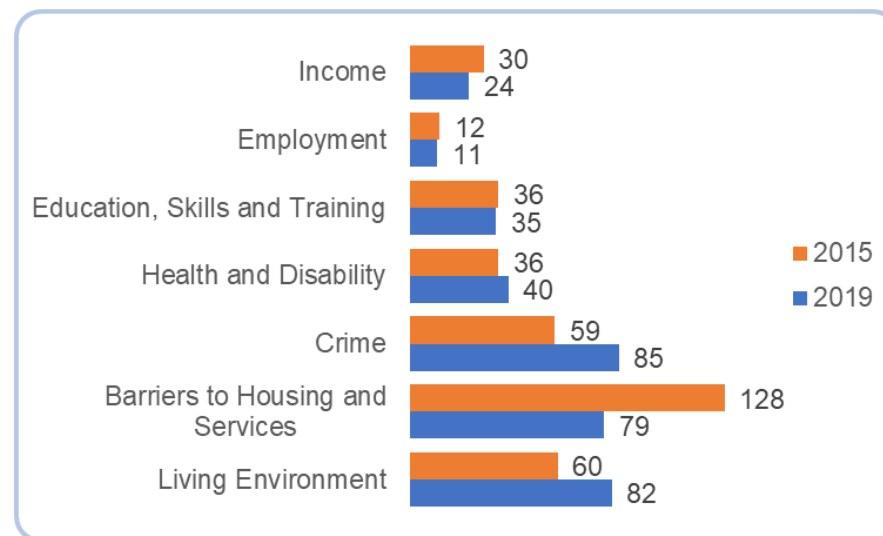
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Deprivation by sub-domain

There are multiple sub-domains within the Index of Multiple Deprivation, a comparison of the change from 2015 to 2019 is given below (Fig 27). The most significant improvements from 2015 to 2019 were in the sub-domains of Crime and Living Environment, the most significant relative worsening related to Barriers to Housing & Services. The worst relative sub-domain continued to be related to Employment.

Fig 27: Sub-domain of IMD rankings (1 = most deprived)

Source: English Indices of Deprivation 2019



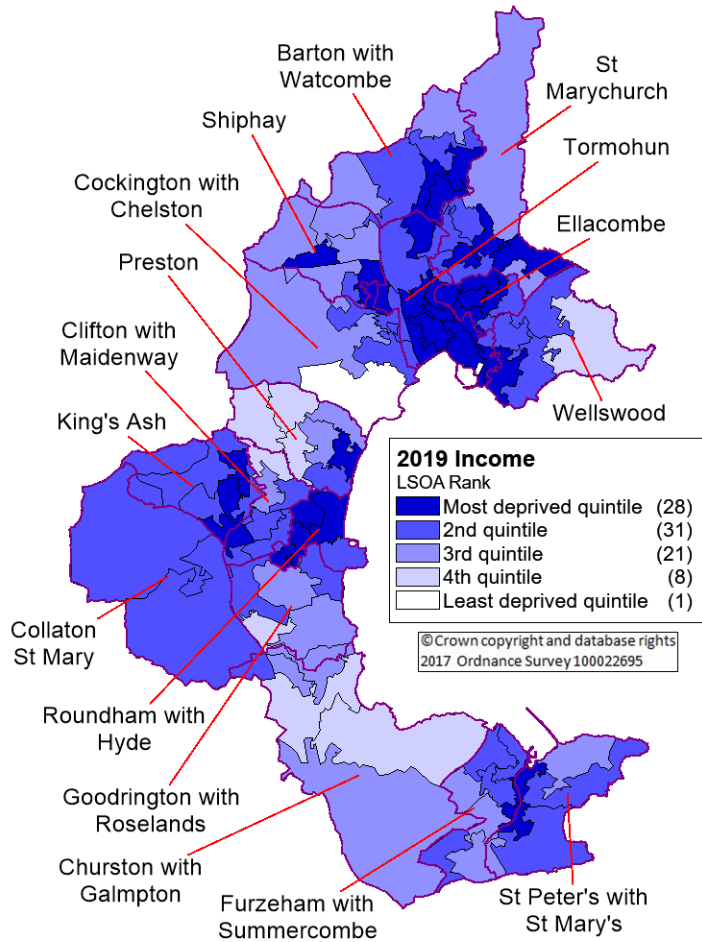
Income Deprivation

Income deprivation relates to the proportion of the population experiencing deprivation relating to low income; it includes measures for those in receipt of income-based benefits. Compared to 2015, Torbay's ranking worsened slightly from 30th in 2015 to 24th in 2019. For 2019, it was calculated that just over 1 in 6 people (17.4%) within Torbay were income deprived. Income deprivation is largely concentrated within central Torquay, Ellacombe, Barton, central

Paignton, King's Ash and central Brixham (Fig 28). Torbay has the highest level of income deprivation amongst upper-tier local authorities in the South West.

Fig 28: Rank of Income Deprivation

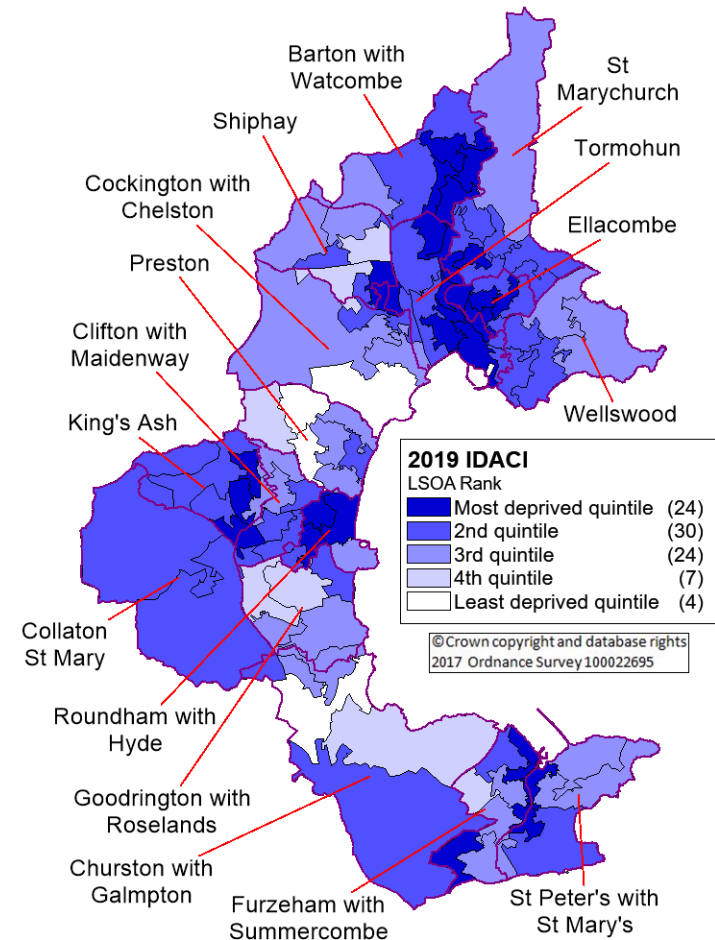
Source: English Indices of Deprivation 2019



Income deprivation has 2 further sub-domains related to the effects on children (0 to 15) and older people (60+). Over 1 in 5 (22.0%) of children aged 0 to 15 were affected by income deprivation (Fig 29), with geographical areas of deprivation similar to Income deprivation.

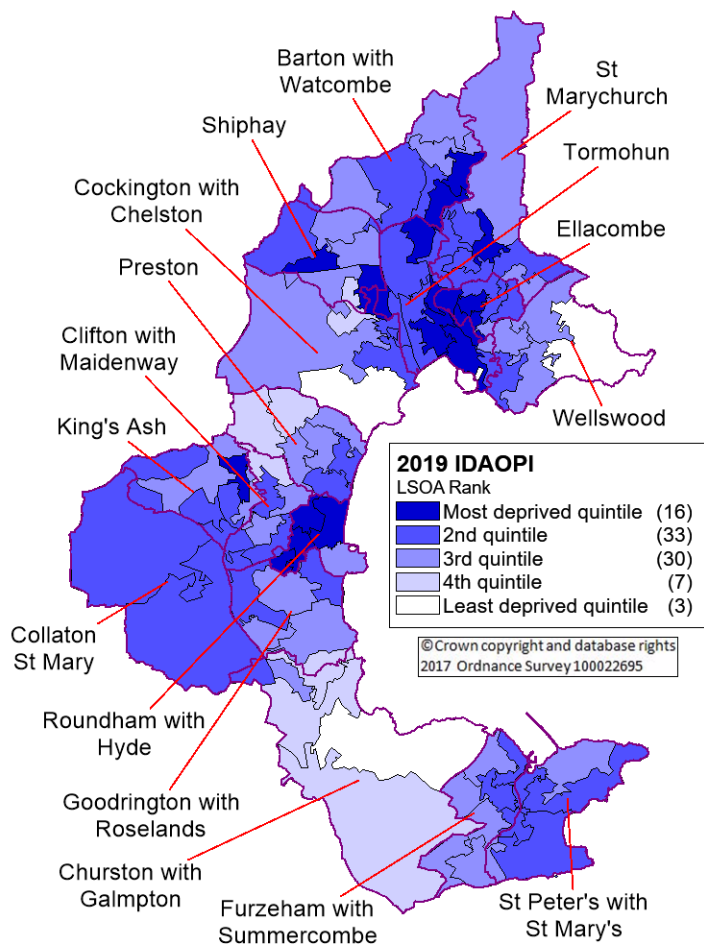
Fig 29: Rank of Income Deprivation Affecting Children (IDACI)

Source: English Indices of Deprivation 2019



Just over 1 in 6 (17.5%) of people aged 60 and over were affected by income deprivation (Fig 30). Compared to children, the number of the most deprived areas is fewer, but the concentrations are in similar areas.

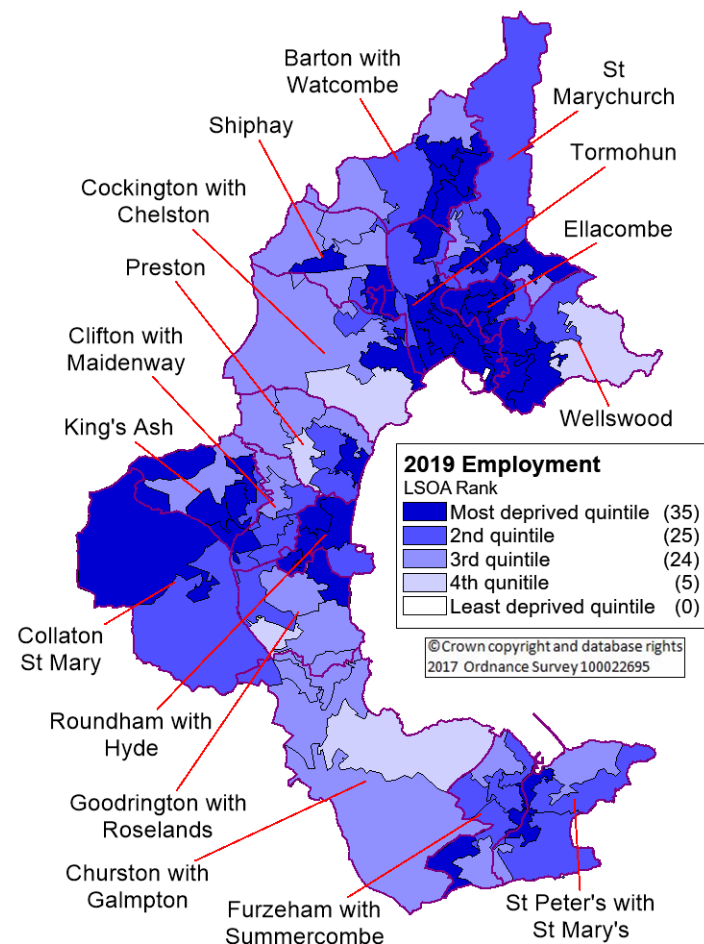
Fig 30: Rank of Income Deprivation Affecting Older People (IDAOP)
 Source: English Indices of Deprivation 2019



Employment Deprivation

Employment Deprivation measures the proportion of the working age population involuntarily excluded from the labour market (sickness, unemployment, disability or caring responsibilities). At 11th lowest in England this was Torbay's worst performing sub-domain (Fig 31).

Fig 31: Rank of Employment Deprivation
 Source: English Indices of Deprivation 2019

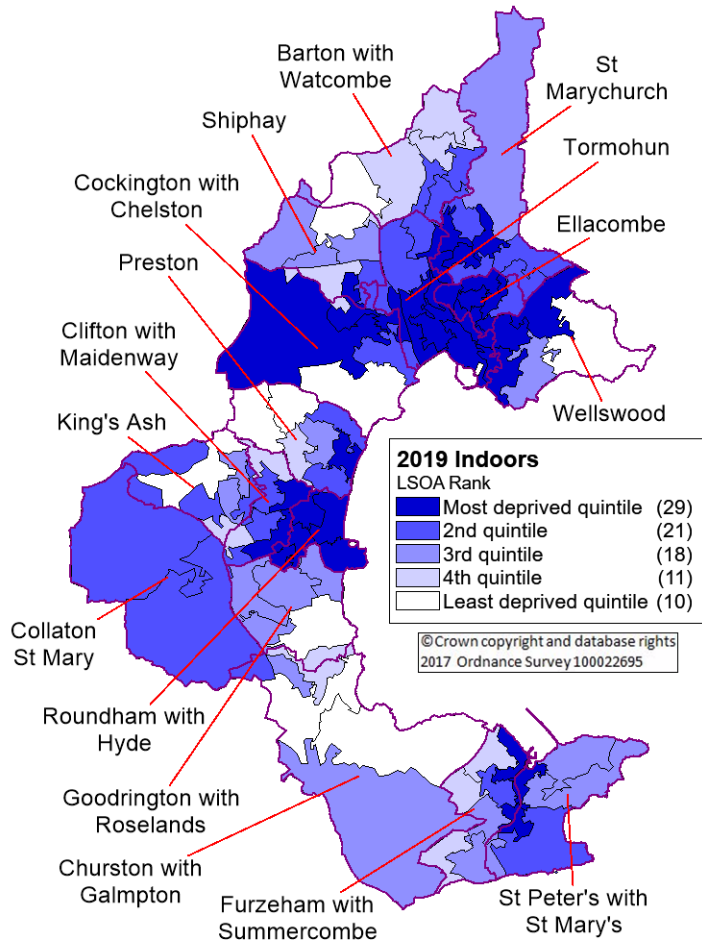


Indoor Deprivation

Indoor deprivation is a section of the Living Environment sub-domain. Indoor deprivation measures the quality of housing, specifically the proportion of houses that do not have central heating or fail to meet the Decent Homes standard (Fig 32).

Fig 32: Rank of Indoor Deprivation

Source: English Indices of Deprivation 2019

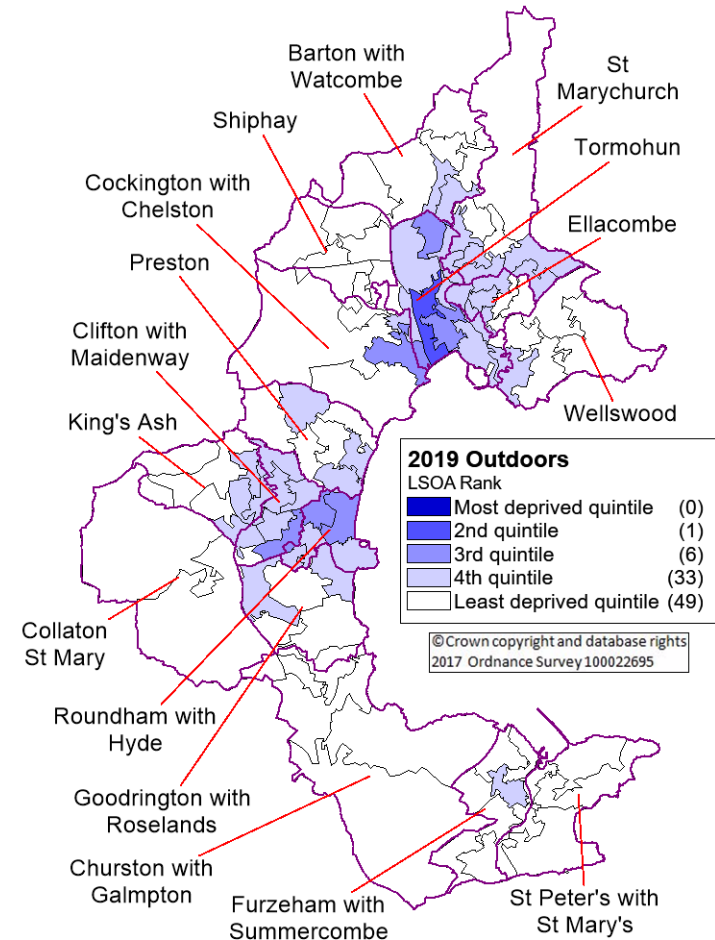


Outdoor Deprivation

Outdoor deprivation is the other section of the Living Environment sub-domain. It measures air quality and road traffic accidents involving injury to pedestrians and cyclists. No-one within Torbay lives in an area within the most deprived quintile (Fig 33).

Fig 33: Rank of Outdoor Deprivation

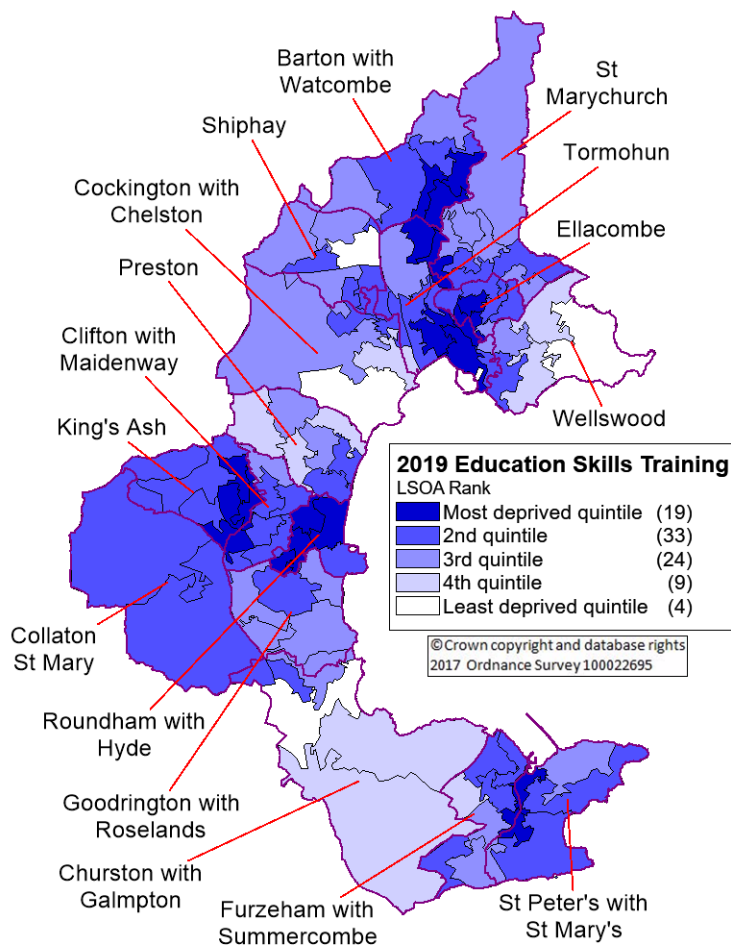
Source: English Indices of Deprivation 2019



Education, Skills & Training Deprivation

The Education, Skills & Training sub-domain is based on Key Stage 2 and GCSE attainment, absence rates and those entering higher education. It also looks at working age adults with no or low qualifications and those who cannot speak English well (Fig 34).

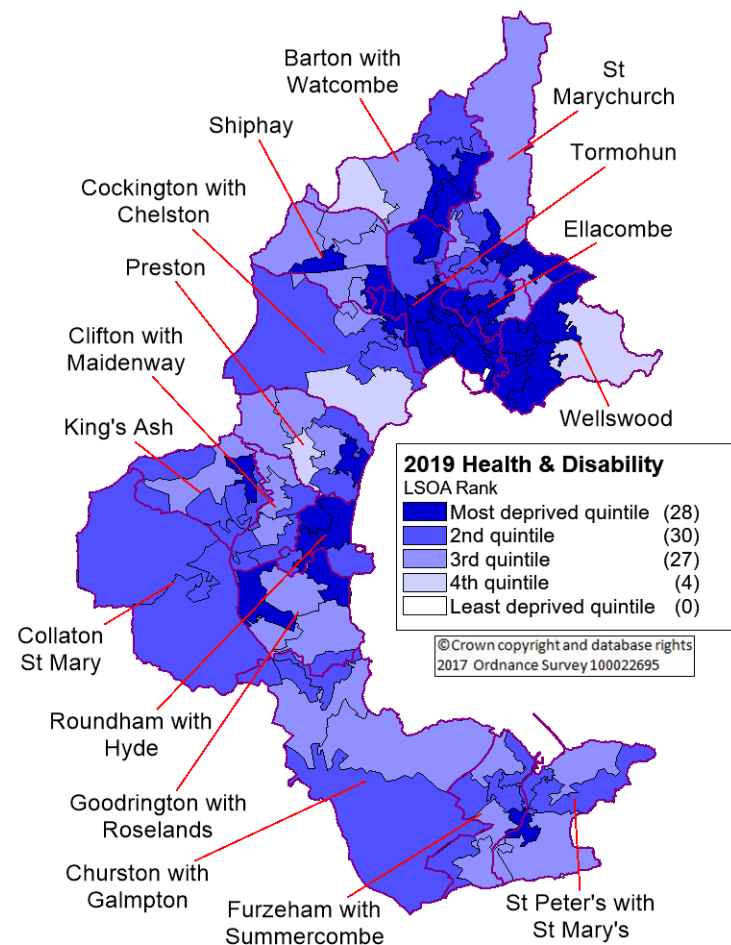
Fig 34: Rank of Education, Skills & Training Deprivation
Source: English Indices of Deprivation 2019



Health & Disability Deprivation

The Health & Disability sub-domain is based on measures such as premature death, emergency admissions to hospital, rates of disability, and mood and anxiety disorders. Deaths, admission rates and disability were adjusted to take account of age profile (Fig 35).

Fig 35: Rank of Health Deprivation & Disability
Source: English Indices of Deprivation 2019

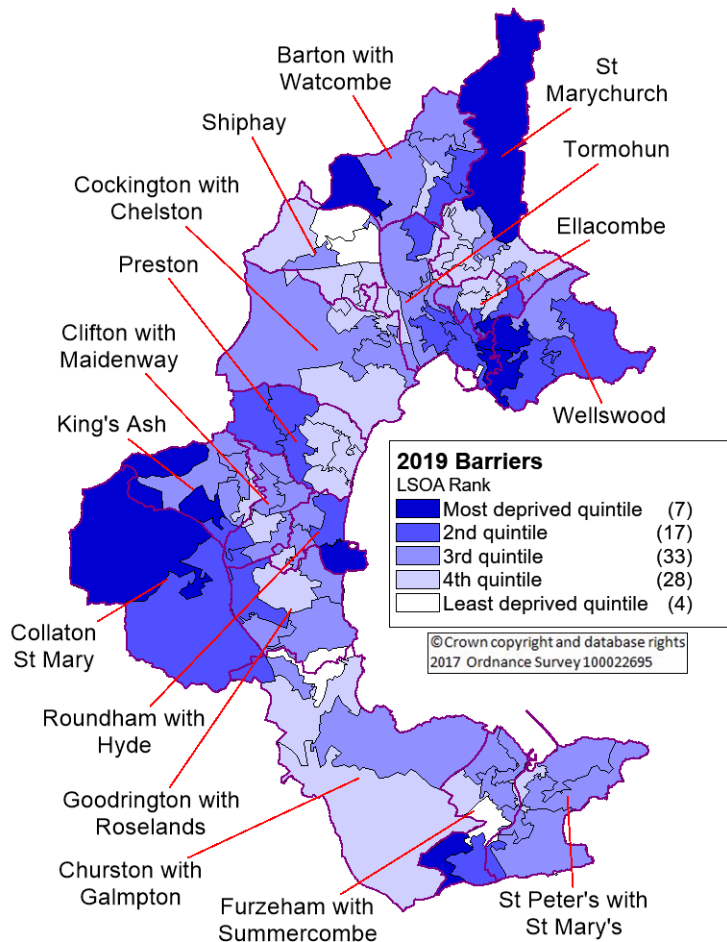


Barriers to Housing & Services Deprivation

The Barriers to Housing & Services sub-domain relates to the physical and financial accessibility of housing and local services. It includes distances to post offices, primary schools, shops and GPs, housing affordability/overcrowding and homelessness (Fig 36).

Fig 36: Rank of Barriers to Housing & Services Deprivation

Source: English Indices of Deprivation 2019

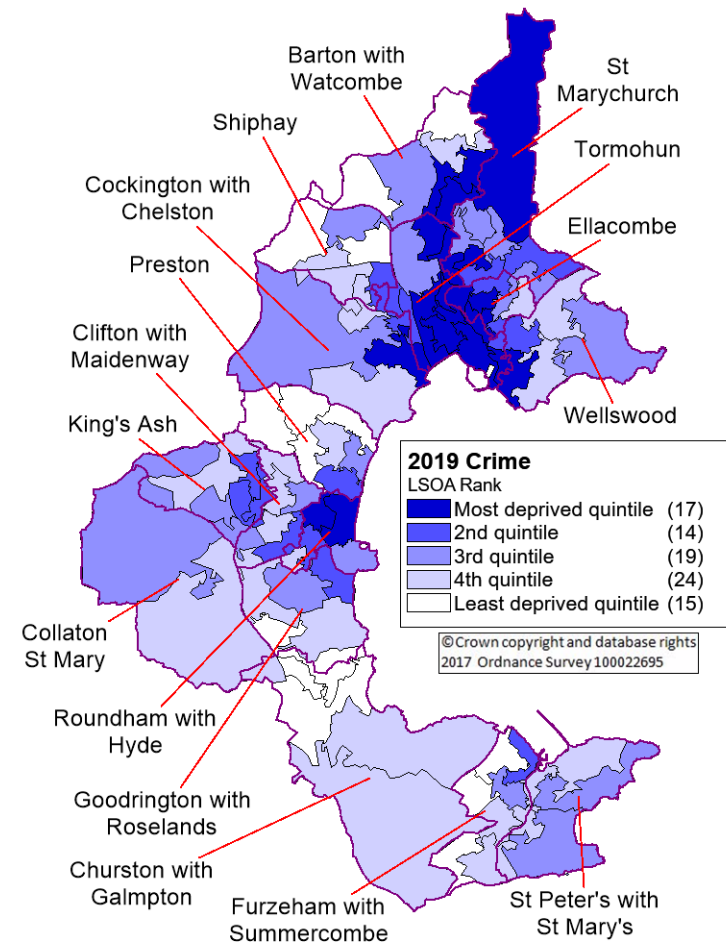


Crime Deprivation

The Crime sub-domain relates to the rate of violence, burglary, theft and criminal damage. The most Crime deprived areas relate to Torquay (Fig 37). Town centres will have higher levels of recorded crime due to the concentration of licensed premises.

Fig 37: Rank of Crime Deprivation

Source: English Indices of Deprivation 2019



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Children & Young People’s Education and Health

Overview

- Very significant gap in academic achievement between those eligible for free school meals and those who are not eligible for free school meals.

Source: Fingertips and Department for Education – explore education statistics

- Torbay has a significantly higher proportion of primary and secondary school pupils with an Education, Health & Care Plan.

Source: Department for Education – explore education statistics

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- MMR rates are higher than England but are below the 95% national target, HPV vaccination rates fell significantly during COVID-19 and along with England remain significantly below the national target.

Source: Fingertips

- Persistent absence from school doubled in 2021/22 compared to previous year.

Source: Fingertips

- Torbay has a significantly worse hospital admission rate for self-harm, alcohol, dental decay and eating disorders amongst our younger population. Rates for self-harm, alcohol and eating disorder admissions are much higher among females than males.

Source: Fingertips and Hospital Episode Statistics

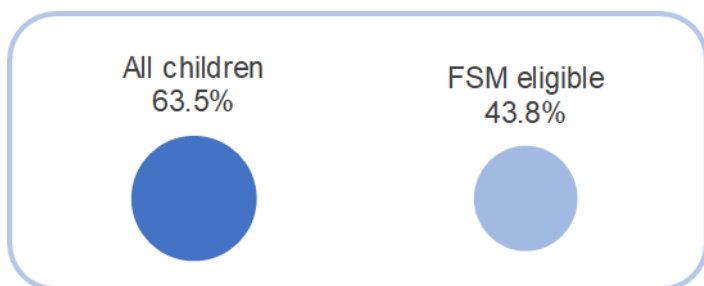
Education

Education is a key determinant of a child’s future life, a good education increases the likelihood of higher earnings, better housing and material resources. These are also related to better health outcomes.

The percentage of children achieving a good level of development at the end of reception (aged 5 years) for 2022/23 is lower in Torbay when compared to regional and national levels. Significantly more females than males both locally and across England achieve a good level of development. For 2022/23, 72.6% of females in Torbay achieved a good level of development at the end of reception, for males it was 54.2%. For those who are eligible for free school meals (FSM), females were 54.5% and males 32.3%. Within Torbay and nationally, there are significant differences in those achieving a good level of development between all children and those who are eligible for free school meals, this shows how differences in social backgrounds can emerge early in life (Fig 38).

Fig 38: Percentage of children achieving a good level of development at the end of Reception – Torbay (2022/23)

Source: Fingertips



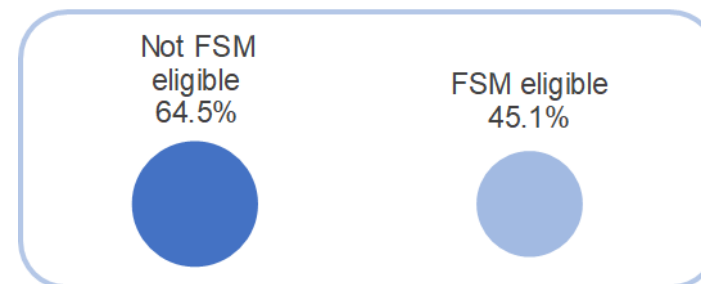
The percentage of children meeting the expected standard in reading, writing and mathematics at Key Stage 2 (age 7 to 11) is broadly similar in Torbay to levels in the South West and England. Looking at Torbay, there are significant differences in those meeting

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the expected standards between those who are eligible for free school meals (FSM) and those who are not eligible for free school meals. During 2022/23, those at state schools who were not eligible for free school meals in Torbay were over 40% more likely to reach the expected standard in reading, writing and mathematics (Fig 39).

Fig 39: Percentage of children meeting expected standard in reading, writing and maths at Key Stage 2 – Torbay (2022/23)

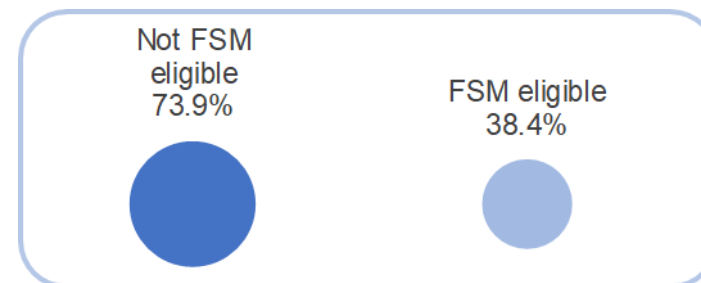
Source: Department for Education – explore education statistics



At GCSE level there is further evidence of the gap between those children who are eligible or not eligible for free school meals. For 2022/23, those at state schools who were not eligible for free school meals in Torbay were almost twice as likely to achieve a 9-4 pass (equivalent of A to C) in English and Mathematics at GCSE (Fig 40). GCSE pass rates are broadly in line with England.

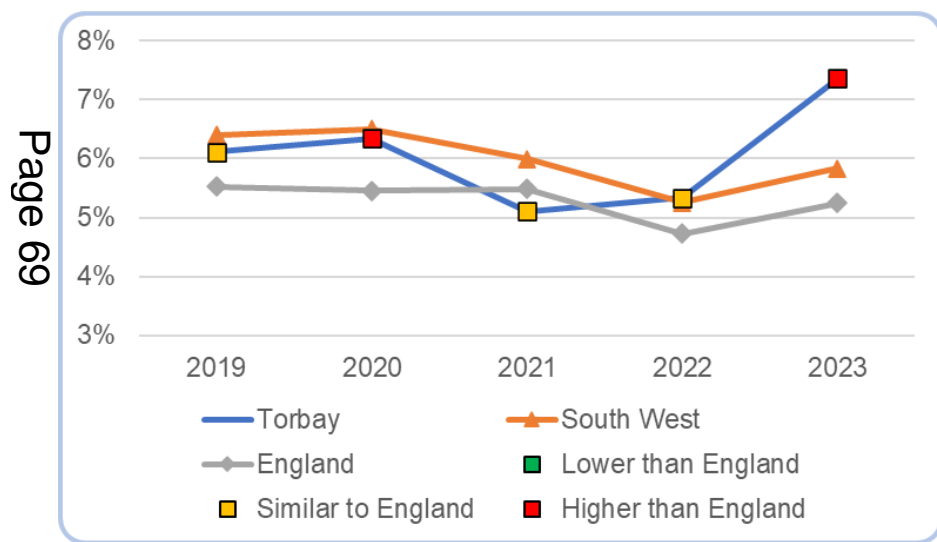
Fig 40: Percentage of pupils achieving a 9-4 pass in English & Maths – Torbay (2022/23)

Source: Department for Education – explore education statistics



Young people who are not in education, employment or training (NEET) are at greater risk of poor health, depression or early parenthood. It is required that all young people remain in education, employment or training until the end of the academic year in which they turn 17. For 2023, 225 (7.4%) of Torbay 16 to 17 year olds were classified as not in education, employment or training (NEET), this is higher than previous years and higher than regional and national averages (Fig 41).

Fig 41: Percentage of 16 and 17 year olds not in education, employment or training
 Source: Department for Education – explore education statistics



Special Educational Needs and Disabilities (SEND) can affect a child or young person’s ability to learn. They can affect their:

- Behaviour or ability to socialise, for example they struggle to make friends.
- Reading and writing, for example because they have dyslexia.
- Ability to understand things.
- Concentration levels, for example because they have ADHD.

- Physical ability

Children assessed as having special educational needs usually receive either:-

1. SEN Support - Support plans which must be provided by mainstream schools, this may involve the teacher receiving advice and support from external specialists.
2. Education, Health & Care Plan (EHCP) – This is for when SEN Support is not enough and is a legal document which outlines the needs and additional help that will be required.

Over the last decade, Torbay has had a higher level of school children at its primary and secondary schools with diagnosed SEND than England. For Torbay primary and secondary schools, the number of children with an Education, Health & Care Plan (EHCP) is significantly higher than England, for those with SEN Support, rates have been broadly in line with England since 2019/20 (Fig 42). Rates of recognised special needs are significantly higher in males and among those who are eligible for free school meals. [Torbay Special Educational Needs JSNA \(southdevonandtorbay.info\)](https://southdevonandtorbay.info)

It is well known that a child’s learning and development is affected by their mental health and wellbeing. Poor mental health in childhood can impact into adulthood and untreated mental health problems as a child can severely impact people throughout their lives.

Fig 43 shows the percentage of school children who have special educational needs with a primary need of social, emotional and mental health. Torbay is significantly higher than England throughout but has decreased and then levelled out over the last few years. Torbay is higher than England for both state primary and secondary school pupils with these needs.

Torbay is significantly higher than England in the percentage of both boys and girls with these needs in the last 3 years (the years

reported by OHID). More than double the number of boys than girls are identified with these needs in Torbay, the South West and England.

Being autistic does not mean you have an illness or disease, it means that your brain works in a different way from other people. Autism is not a medical condition with treatments or a “cure” but some people will need support to help them with certain things. [What is autism? - NHS \(www.nhs.uk\)](http://www.nhs.uk) .

Rates of state school pupils with recognised special educational needs who have a primary need of Autistic Spectrum Disorder have risen significantly in Torbay and England since the middle of the last decade, rates in Torbay are broadly in line with England (Fig 44).

Fig 43: Percentage of state Torbay school pupils with a primary need of Social, Emotional and Mental Health
Source: Fingertips, Department for Education – explore education statistics for 2022/23

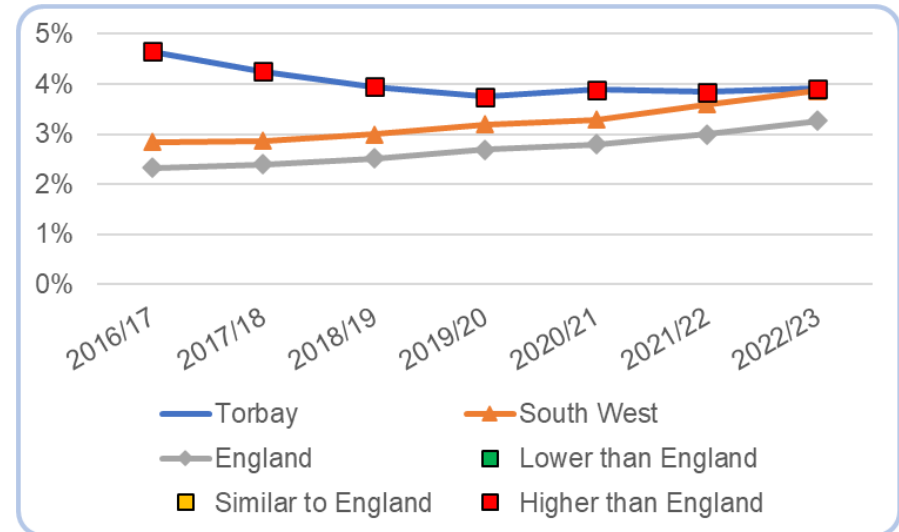


Fig 42: Percentage of state primary and secondary Torbay school pupils with EHCP and SEN Support
Source: Department for Education – explore education statistics

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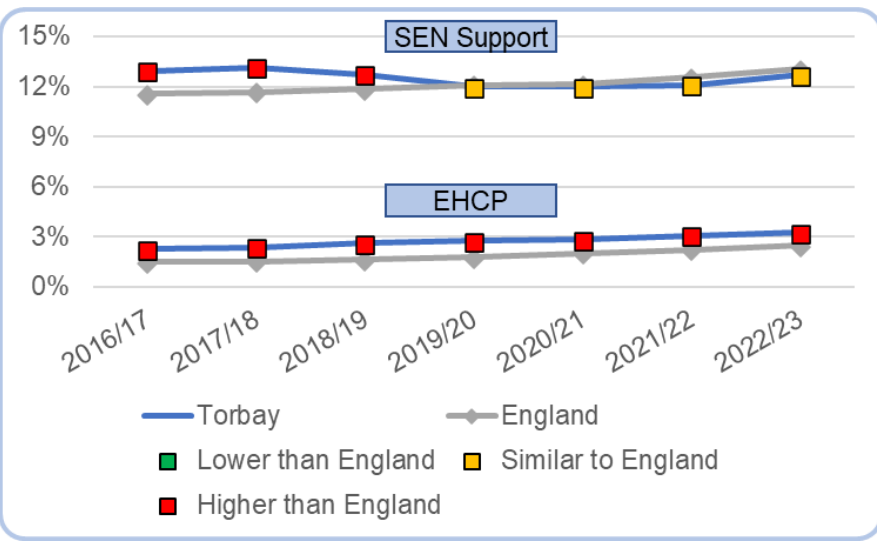
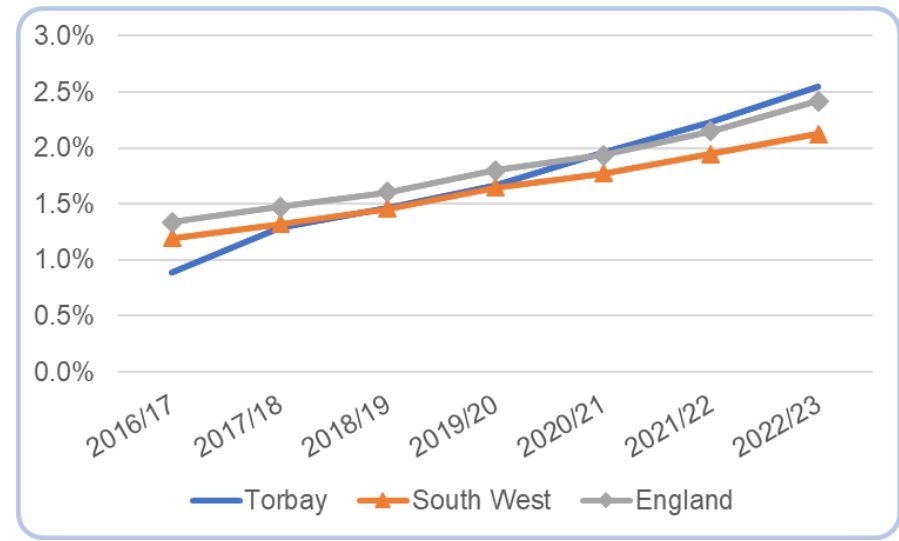


Fig 44: Percentage of state Torbay school pupils with a primary need of Autistic Spectrum Disorder
Source: Department for Education – explore education statistics



A pupil is identified as a persistent absentee if they miss 10% or more of their possible classes. Rates of persistent absenteeism are more common in secondary schools when compared to primary schools. Torbay secondary school pupils have consistently had higher rates of persistent absenteeism than the South West and England (Fig 46). Torbay primary school pupils have had higher rates of persistent absenteeism than the South West and England for the last 2 years (Fig 45). This data is based on the home location of the pupil and not the school. Rates of persistent absenteeism in 2021/22 doubled across England when compared to 2020/21.

Fig 45: Percentage of state primary school pupils classified as persistent absentees
 Source: Department for Education – explore education statistics

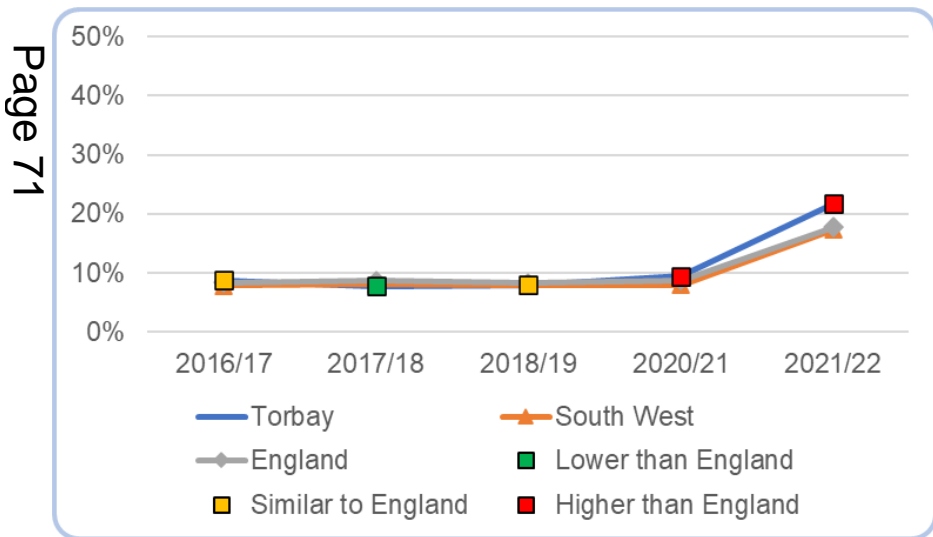
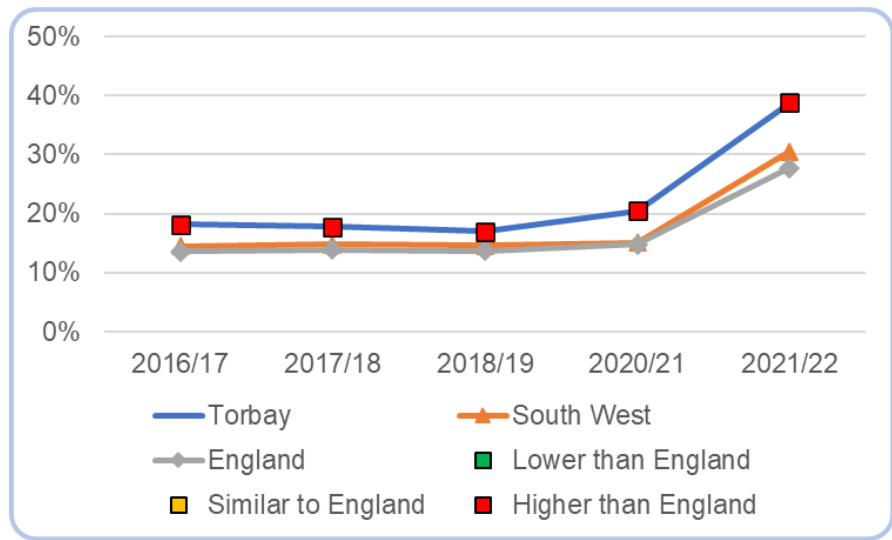


Fig 46: Percentage of state secondary school pupils classified as persistent absentees
 Source: Department for Education – explore education statistics



Looking at the period 2016/17 to 2021/22, we find that those children who live in the most income deprived areas have a much higher rate of persistent absenteeism than those who live in the least deprived areas. This has been a common pattern across primary and secondary education (Fig 47). This level of absenteeism will increase the chances of poor academic achievement and a limiting of choices for those children after compulsory education.

Fig 47: Percentage of state primary and secondary school pupils classified as persistent absentees – Torbay (2016/17 to 2021/22)

Source: Department for Education – explore education statistics

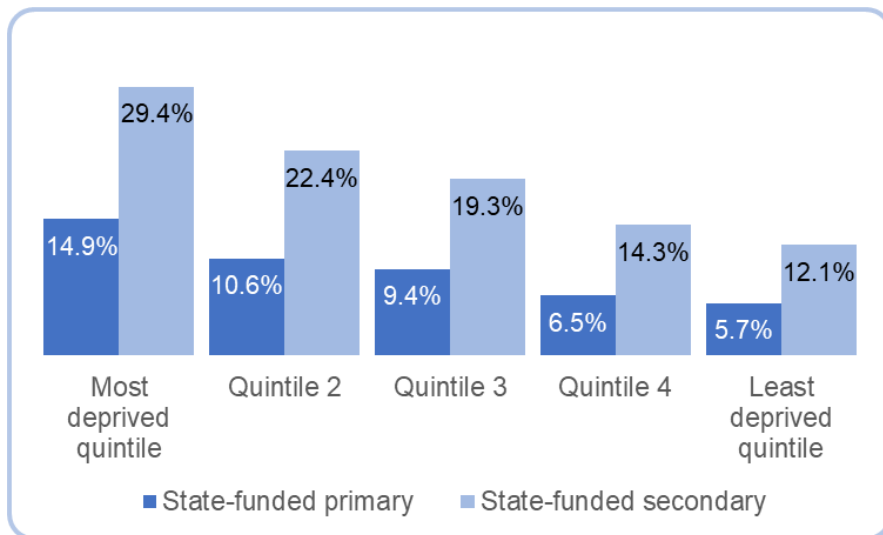
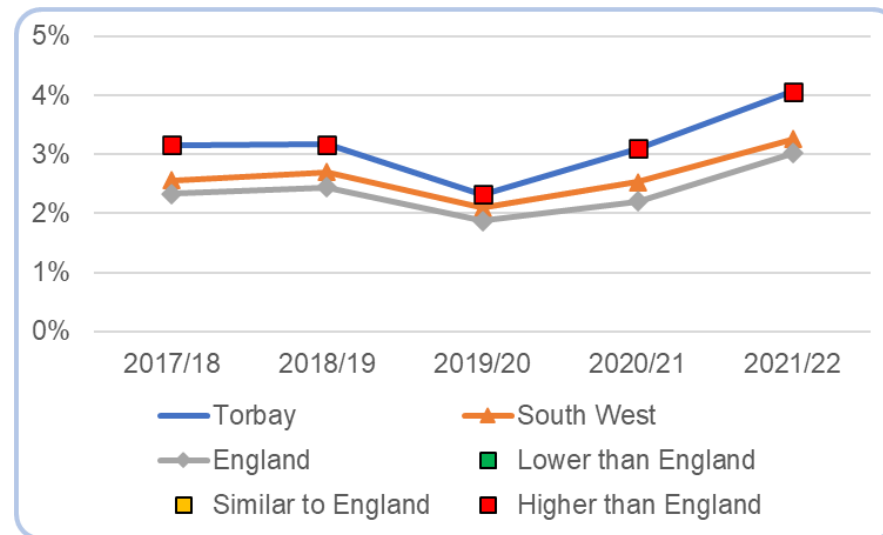


Fig 48: Percentage of state school pupils suspended at least once during school year

Source: Department for Education – explore education statistics



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1 Torbay school pupils were suspended from school at least once during the year, this equates to 4.1% of the school population.

Among those at Torbay state primary schools, the rate was 1.0% for 2021/22, for Torbay state secondary schools, the rate was 7.3%, in Torbay special schools, the rate was 9.0%. Torbay rates of suspensions (Fig 48) and permanent exclusions remain significantly higher than England.

For 2021/22, rates of suspension were 4 times higher for those with recognised special educational needs, 3 times higher for those who were eligible for free school meals and close to twice as high for males when compared to females.

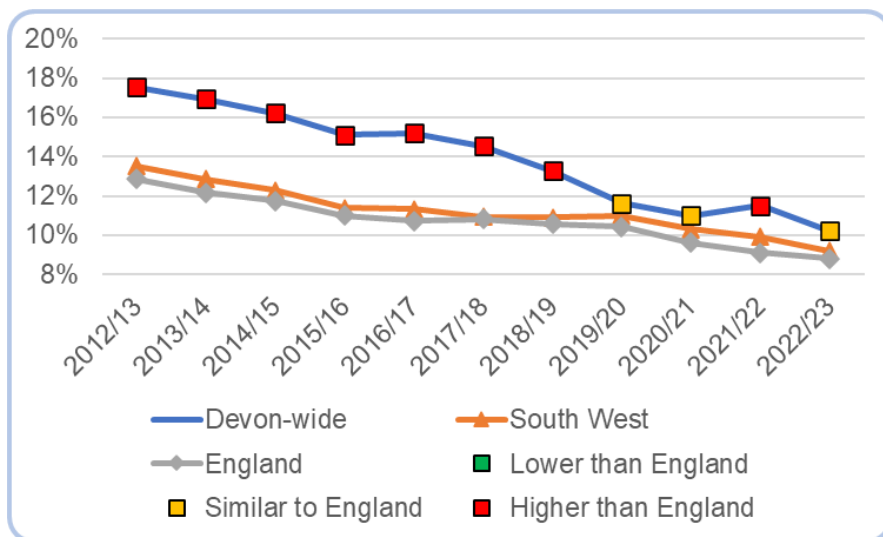
There were 40 permanent exclusions from Torbay schools for 2021/22, these followed the pattern of suspensions, those with recognised special educational needs, eligibility for free school meals and males being more likely to be permanently excluded.

Health – Early Years

Smoking during pregnancy has significant and well-known detrimental effects for the growth of the baby and health of the mother. Rates given are for Devon (Devon, Torbay & Plymouth combined), as this data is no longer available at Torbay level. The percentage of women smoking at the time of delivery has fallen significantly over the last decade in Devon from 17.5% in 2012/13 to 10.2% in 2022/23 (Fig 49). Across England, mothers who live in the most deprived areas are almost 70% more likely to smoke at the time of delivery than those who live in least deprived areas.

Fig 49: Percentage of women smoking at time of delivery

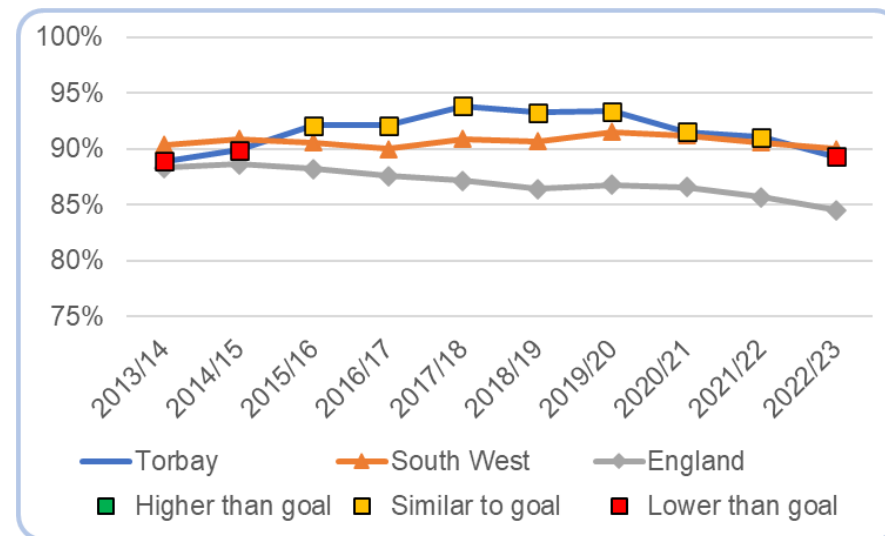
Source: Fingertips



The MMR vaccine provides a safe and effective vaccine that protects against measles, mumps and rubella. The first MMR is usually given within a month of a child’s 1st birthday with the second given between the 3rd and 5th birthday. The target (goal) rate for this vaccination is 95%. For receiving the second dose of MMR, Torbay had been rated as amber (between 90% and 95%) for 7 years but for 2022/23 it was rated as red with a rate below 90% for the first time since 2014/15. Torbay currently has a rate of 89.3%; this is in line with the South West rate and significantly above the England rate of 84.5% (Fig 50). Torbay’s rate of the first dose having been administered by the age of 2 is 91.4% for 2022/23 which is the lowest rate since 2010/11.

Fig 50: MMR vaccination coverage for 5 year olds (2 doses)

Source: Fingertips



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Breast milk provides the ideal nutrition for infants in the first stages of life. Data around breastfeeding at 6 to 8 weeks after birth is frequently not published for large numbers of geographical areas due to significant data issues. For 2022/23, 50% of Torbay mothers were breastfeeding at 6 to 8 weeks after birth, this was broadly in line with the England figure of 49%. Torbay figures have improved significantly from the middle of the last decade when rates were 40%.

Infant mortality relates to the number of infant deaths aged under 1 year, Torbay’s rates are broadly in line with England over the 12 year period 2011 to 2022 but rates are on a downward trajectory, there were 52 deaths of infants under 1 year during those 12 years. Looking at national data, infant mortality rates are more than twice as high in the most deprived areas of England when compared to the least deprived.

Health – Weight and Activity

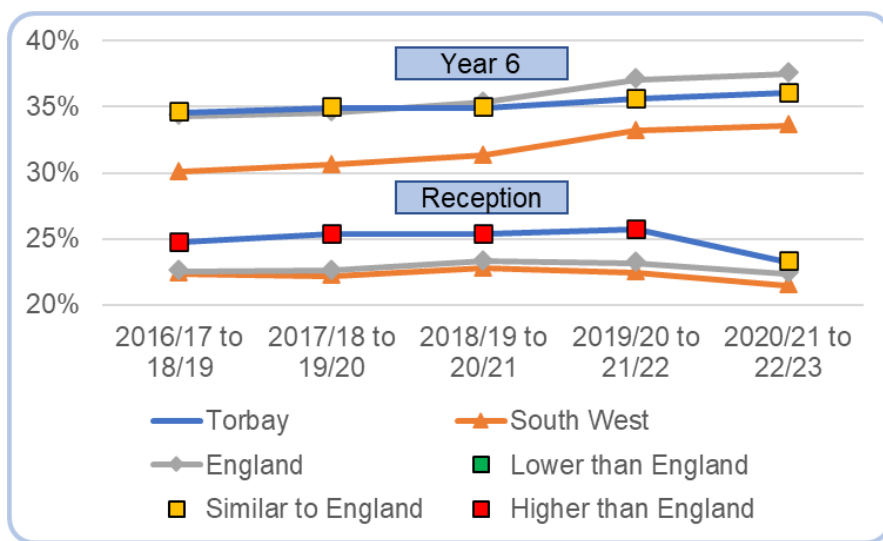
The National Child Measurement Programme aims to measure the height and weight of Reception (aged 4 to 5) and Year 6 (aged 10 to 11) children at English schools.

The prevalence of overweight (including obese) Reception aged children in Torbay was approximately 1 in 4 (23.2%). This was the first time during the last 5 time periods that Torbay did not have higher levels than England (Fig 51). For Year 6 children in Torbay, approximately 1 in 3 (36.0%) children were overweight or obese, this rate has been consistent with levels across England but above South West levels (Fig 51). Overweight (including obese) rates among Year 6 children have risen faster than Reception aged children. Across England, rates of overweight (including obese) children are significantly higher in more deprived areas. For 2022/23, rates of overweight (including obese) children in the most deprived decile in England were 25.7% and 44.5% for Reception and Year 6 children respectively as opposed to 16.9% and 25.9% in the least deprived decile.

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Fig 51: Percentage of overweight (including obese) children

Source: Fingertips



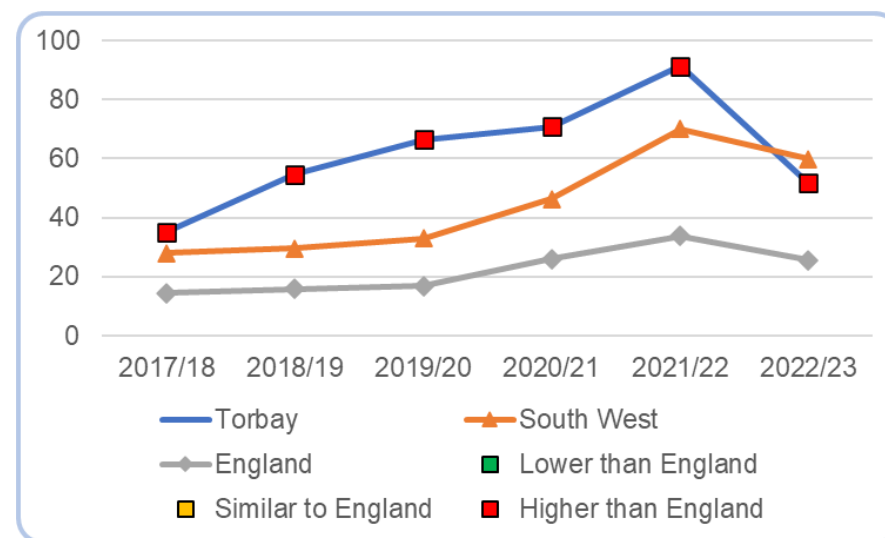
Weight and dietary issues are often talked about in terms of being overweight or obese. However, people also suffer from anorexia,

bulimia, and other eating disorders. In the most severe cases people may be admitted to hospital, although the number of hospital admissions where the primary diagnosis is an eating disorder are small. For the 7 years, 2016/17 to 2022/23, 2 out of every 3 admissions of Torbay residents where the primary diagnosis related to an eating disorder were people under the age of 18, this equates to just over 100 admissions, more than 90% of these admissions were for females.

Torbay has consistently had a significantly higher rate of admissions than England over the last 6 years and the rate was on an upward trend until 2022/23 (Fig 52), we await to see if this an end to the rising trend or an anomaly. Across England, 91% of admissions for those under 18 relate to females.

Fig 52: Rate of hospital admissions for those aged under 18 due to primary diagnosis of an eating disorder, per 100,000

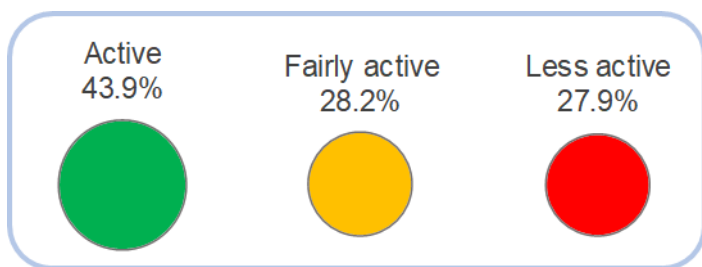
Source: Hospital Episode Statistics



The Active Lives Children’s Survey asks a number of questions around children’s level of activity.

One question relates to the daily level of sport and physical activity undertaken by children aged 5 to 16 over the last week. Children can be active (an average of 60+ minutes per day), fairly active (30 to 59 minutes) or less active (less than 30 minutes). Torbay respondents show under 1 in 2 as active and just over 1 in 4 as less active during 2022/23 (Fig 53). These figures are broadly in line with England but there is a significant amount of volatility from year to year at a local level.

Fig 53: Percentage of children aged 5 to 16 by level of physical activity – Torbay (2022/23)
Source: Active Lives Children’s Survey



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Health – Sexual Health

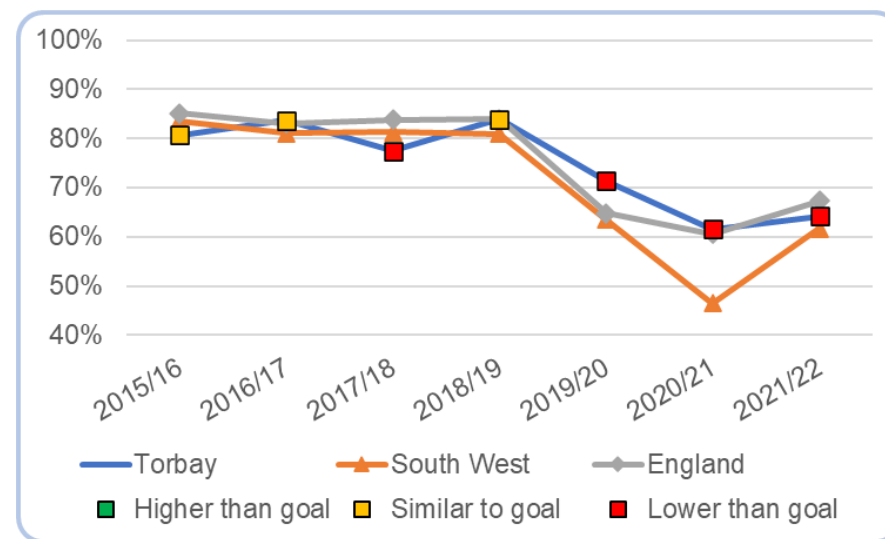
HPV is usually asymptomatic and for most people does not cause problems. Some types of HPV, however, can cause cancers including cervical, vulval, anal and some types of head and neck cancer. (NHS- [HPV](#)).

A two-dose immunisation programme is offered to 12 to 14 year olds, initially for females but extended to males from 2019. Due to the COVID-19 pandemic there were impacts on coverage in the 2019/20 and 2020/21 academic years across England. These years saw decreases in the percentage of 13 to 14 year old girls receiving two doses of the HPV vaccine (Fig 54) in Torbay, the South West and England. There are signs of recovery in the 2021/22 data, but rates

are well below the goal of 90% vaccination, Torbay achieved 64.2% in 2021/22 (England- 67.3% and South West- 61.6%).

From September 2019 boys were offered the HPV vaccine. Both doses were received by 60.1% of 13 to 14 year old boys in 2021/22 which was higher than the rate of 44.0% the year before. Torbay is broadly in line with England figures for 2021/22.

Fig 54: Percentage receiving the HPV vaccine for two doses, females aged 13 to 14 years
Source: Fingertips



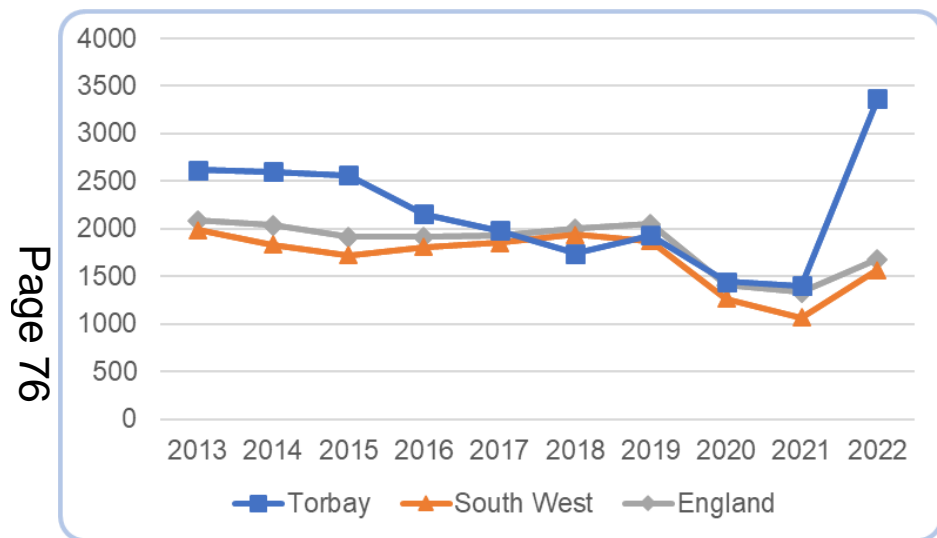
Chlamydia causes avoidable sexual and reproductive ill health and in England is the most commonly diagnosed, bacterial, sexually transmitted infection (STI) with rates higher in young adults than in other age groups (OHID Fingertips, Public Health Profiles).

The chlamydia detection rate (Fig 55) is a measure of control activity (i.e. screening) in the population, not morbidity. A higher detection rate indicates higher levels of screening. The detection rate reduced in Torbay over the last decade although 2020 and 2021 will have

been affected by the COVID-19 pandemic. The detection rate among 15 to 24 year olds in Torbay more than doubled during 2022 compared to the previous year and the rise in detection is much higher than the South West and England. The rate is significantly higher at 3,366 per 100,000 compared to 1,680 in England. Females have a higher detection rate than males, as is the case in England.

Fig 55: Chlamydia detection rate, aged 15 to 24, per 100,000

Source: Fingertips



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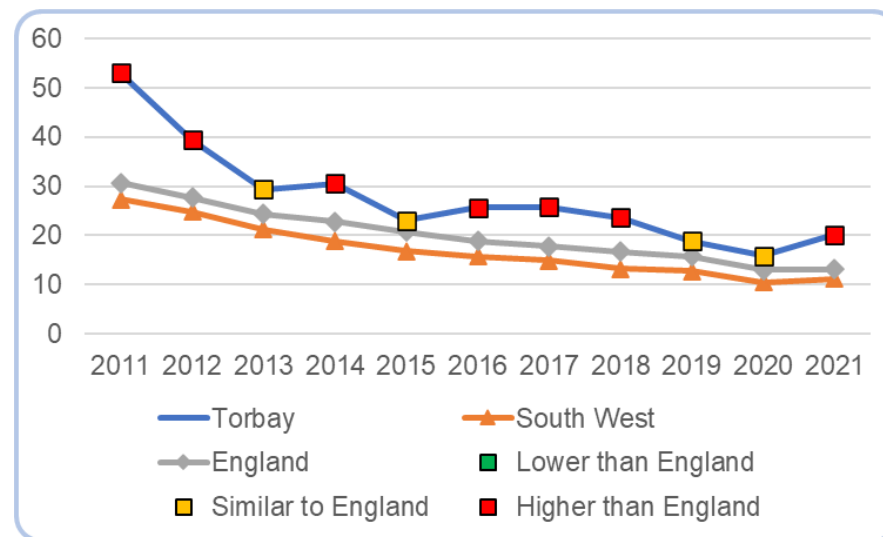
Inequality in health and education is a cause and consequence of teenage pregnancy for young parents and their children, and children of teenage mothers are more likely to live in poverty (UKHSA, 2023).

Under 18s conception rates (Fig 56) include pregnancies that result in one or more live or still births or a legal abortion. The trend is of a falling teenage pregnancy rate although 2021 has seen a flattening across England and a rise in Torbay. Rates are higher in Torbay at 20.2 per 1,000 in 2021 compared to 13.1 in England. The majority of under 18s conceptions are in 16 and 17 year olds, under 16s represented 5 of the 43 Torbay under 18s conceptions in 2021.

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Fig 56: Under 18s conception rate per 1,000 female population aged 15 to 17

Source: Fingertips



Health – Self-harm

Hospital admissions as a result of self-harm among 10 to 24 year olds in Torbay have been consistently significantly higher than England. It should be noted that because of the numbers involved (fewer than 200 admissions on average per year in Torbay), it is possible for a handful of individuals with significant levels of admissions to skew the figures. However, the pattern of Torbay having significantly higher rates than England is consistent (Fig 57).

There are very large differences between females and males. Across England, rates are consistently between 3 to 4 times higher for females than males. This is also shown in Torbay where the number of admissions for females is almost 5 times higher than males over the 5 year period 2018/19 to 2022/23 (Fig 58).

Fig 57: Rate of hospital admissions as a result of self-harm, aged 10 to 24, per 100,000 (Age standardised)
 Source: Fingertips, Hospital Episode Statistics for 2022/23

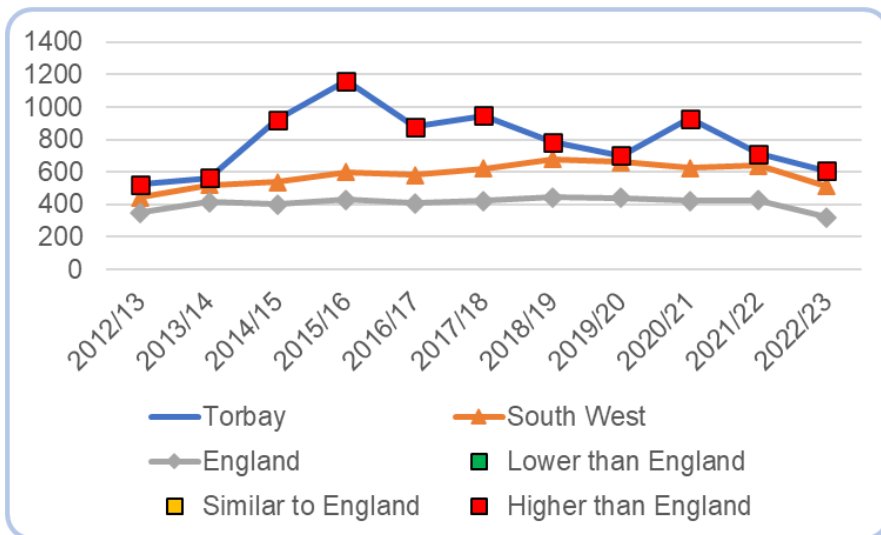
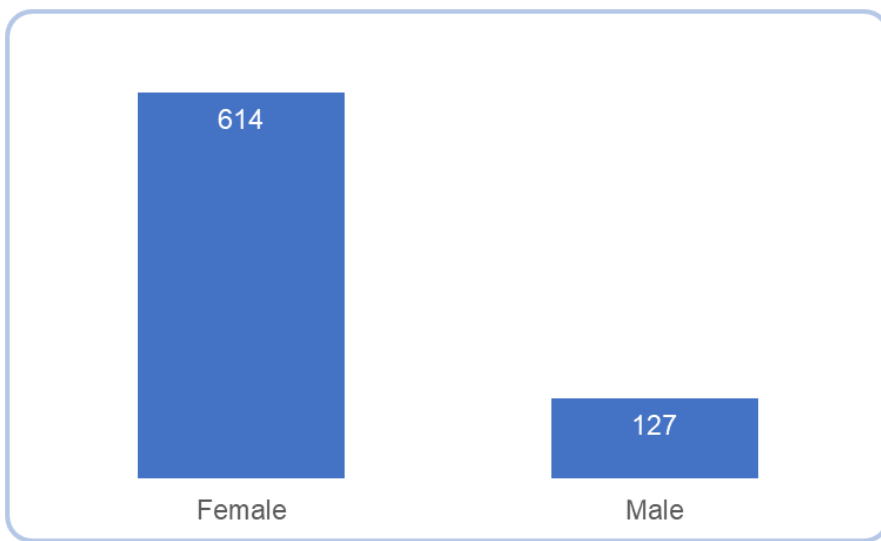


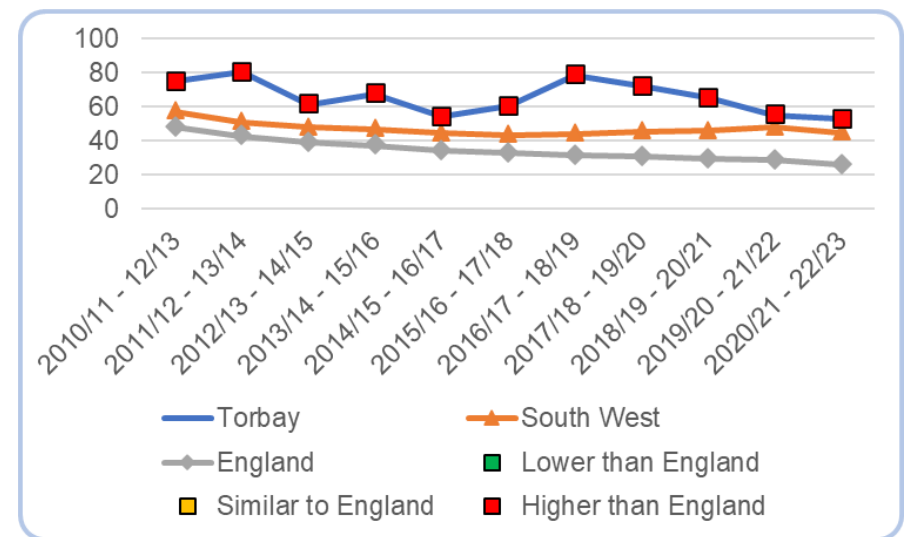
Fig 58: Hospital admissions as a result of self-harm, aged 10 to 24 – Torbay (2018/19 to 2022/23)
 Source: Hospital Episode Statistics



Health – Alcohol, Tobacco, Dental

The rate of admissions of under 18s for alcohol specific conditions within Torbay has consistently been above South West and England rates (Fig 59). An alcohol specific condition is a hospital diagnosis code that is wholly attributable to alcohol. Since the middle of the last decade there has been a significant fall in admissions amongst males in Torbay (51 admissions for 2010/11 to 2015/16, 28 admissions for 2016/17 to 2021/22). Female rates have risen over the same period (56 admissions for 2010/11 to 2015/16, 74 admissions for 2016/17 to 2021/22).

Fig 59: Hospital admissions for alcohol-specific conditions, per 100,000 population aged under 18
 Source: Fingertips, Hospital Episode Statistics for 2021/22 & 2022/23



The Smoking, Drinking and Drug Use Among Young People in England (SDD) survey asked a sample of 15 year olds in England if they are regular or occasional tobacco smokers. For 2021 across England, 3.3% said that they were regular smokers which compares to 21% when the survey was undertaken in 2004. Those who

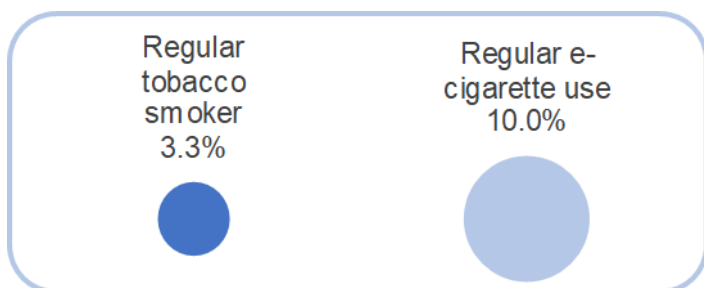
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occasionally smoke have fallen in the same period from 9% to 5.5%. In the 2021 survey, regular smoking was broadly similar amongst 15 year old boys and girls, occasional smoking was more prevalent amongst 15 year old girls. Regular tobacco smoking is now significantly less common among 15 year olds than e-cigarettes (Fig 60).

An e-cigarette is a device that allows you to inhale nicotine in a vapour (vaping) rather than smoke and are sometimes used to help manage nicotine cravings without tobacco. There is some initial evidence that taken together with face-to-face support it could be a more effective way than other nicotine replacement products to quit smoking ([Using e-cigarettes to stop smoking - NHS \(www.nhs.uk\)](http://www.nhs.uk)). The long-term effects of e-cigarettes are not known.

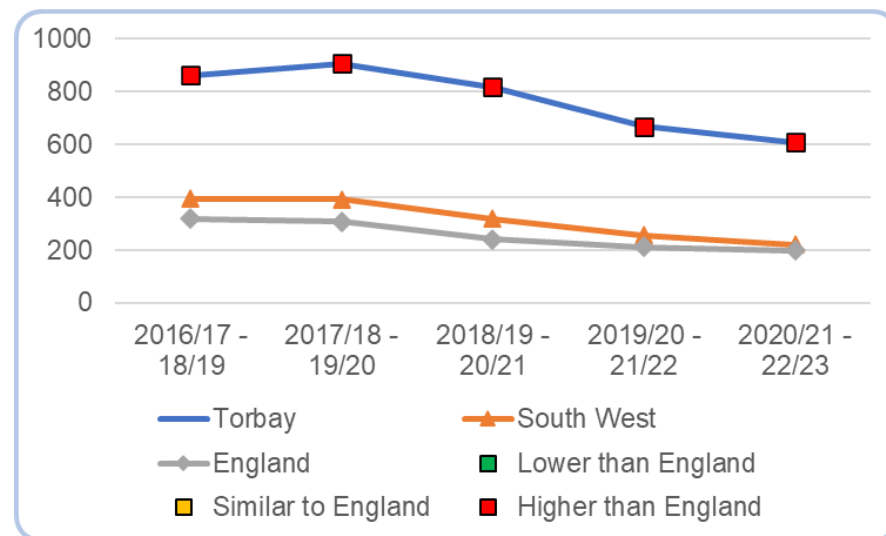
The SDD survey for 2021 indicates that 10% of 15 year olds are a regular user of e-cigarettes (Boys – 9%, Girls – 12%). 61% of 15 year olds said they had never used an e-cigarette (Boys – 64%, Girls – 58%). When looking at all ages in the SDD survey from 11 to 15 years, e-cigarette use (ever used an e-cigarette) has remained static between 2014 and 2021 at 22%, for boys the rate has fallen from 23% to 19%, for girls it has risen from 20% to 25% over that time period.

Fig 60: Percentage of 15 year olds who regularly smoke tobacco or use regularly use e-cigarettes – England (2021)
Source: SDD – NHS Digital



Hospital admissions for dental caries (tooth decay) in Torbay for 0 to 17 year olds have consistently been more than double the South West and England average (Fig 61). The consistently high rates of hospital admissions for dental caries could indicate an issue with some children and young people not accessing high street dental services or being unable to access them quickly when emergencies arise. The gap is equally pronounced among those children aged 0 to 5. Across England, there are very large differences in rates between the least and most deprived areas. For the period 2018/19 to 2020/21 across England, those aged 5 and under in the most deprived areas were 6 times more likely to have a hospital admission for tooth decay than those in the least deprived areas.

Fig 61: Hospital admissions for dental caries, aged 17 and under, per 100,000
Source: Hospital Episode Statistics



Indicator	Measure	Torbay	Comparator Group	South West	England	RAG compared to England (Latest Year) *	Direction of travel compared to previous period
Children meeting expected standard in reading, writing and maths at Key Stage 2 (2022/23)	%	58.6%	58.1%	57.1%	59.8%	●	↑
16 and 17 year olds not in education, employment or training (2023)	%	7.4%	5.2%	5.8%	5.2%	●	↑
Children with SEN - Primary & secondary schools (2022/23)	%	15.9%	16.4%	16.6%	15.5%	●	↑
Persistent absence - Primary & Secondary schools (2021/22)	%	29.0%	24.0%	23.4%	22.2%	●	↑
MMR vaccination coverage for 5 year olds (2 doses) (2022/23) *	%	89.3%	89.4%	90.0%	84.5%	●	↓
Overweight (inc obese) children - Reception and Year 6 (2020/21 - 22/23)	%	30.1%	30.0%	27.7%	30.2%	●	↓
2 doses HPV coverage - Females aged 13 to 14 (2021/22) *	%	64.2%	59.1%	61.6%	67.3%	●	↑
Under 18s conception rate (2021)	Rate per 1,000	20.2	17.1	11.1	13.1	●	↑
Hospital admissions as a result of self-harm, aged 10 to 24 (2022/23)	DSR per 100,000	605.4	265.9	511.6	319.0	●	↓

*RAG rating for MMR and HPV coverage are against national targets of 95% and 90% respectively, not against England.

Children’s Social Care

Overview

- Rate of Cared for Children is almost twice as high as England, but rates have fallen from peak of 2019.

Source: Department for Education – Children looked after in England

- Rate of referrals remains significantly higher than England and our statistical neighbours.

Source: Department for Education – Characteristics of children in need

- Rate of Children in Need has risen and remains significantly higher than England and our statistical neighbours.

Source: Department for Education – Characteristics of children in need

- Levels of persistent absenteeism much higher among Children in Need or those with a Child Protection Plan than the general school population.

Source: Department for Education – Outcomes for children in need, including children looked after

- 2 most common factors recorded in a Child in Need assessment were Mental Health and Domestic Abuse.

Source: Department for Education – Characteristics of children in need

Cared for Children

Children’s Social Care come into contact with the most vulnerable children in our society, the most serious cases are ‘Cared for Children’ who are in the care of the local authority, these children may be living with foster parents, in residential children’s homes or in residential schools/secure units. The number of cared for children within Torbay has fallen from its peak in 2019 but numbers remain significantly higher than those of Torbay’s statistical neighbours (those local authorities who are used as comparators for Torbay), the South West and England (Fig 62). ‘Cared for Children’ are often referred to as ‘Children looked after’ by official national releases, they refer to the same children.

Children who are the subject of a Child Protection Plan

The level of cases below that of ‘Cared for Children’ relates to children who are the subject of a child protection plan. The plan is drawn up by the local authority and sets out how a child can be kept safe, how things can be made better for the family and what support they will need. Numbers have consistently been significantly higher than the South West and England over the last 5 years, although rates have fallen to a level close to Torbay’s statistical neighbours over the last 2 years (Fig 63).

Children in Need

A ‘Child in Need’ is a child who is thought to need extra help from children’s services if they are to achieve or maintain a ‘reasonable standard of health or development’, this includes all disabled children. Numbers of those who are a ‘Child in Need’ have consistently been significantly higher over the last 5 years when compared to our statistical neighbours, South West and England, numbers have been climbing since 2019 (Fig 64).

Fig 62: Rate of Cared for Children per 10,000 at 31 March

Source: Department for Education – Children looked after in England

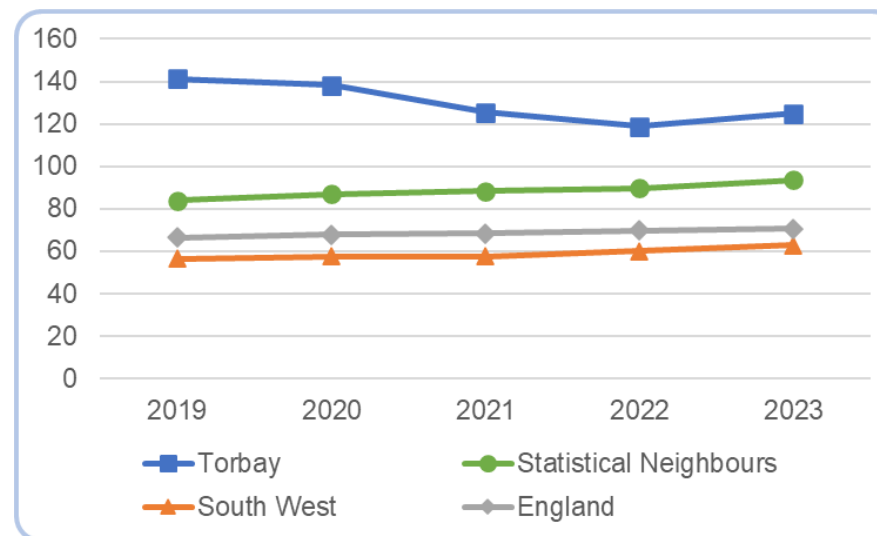


Fig 63: Rate of children who are subject to a child protection plan per 10,000 at 31 March

Source: Department for Education – Characteristics of children in need

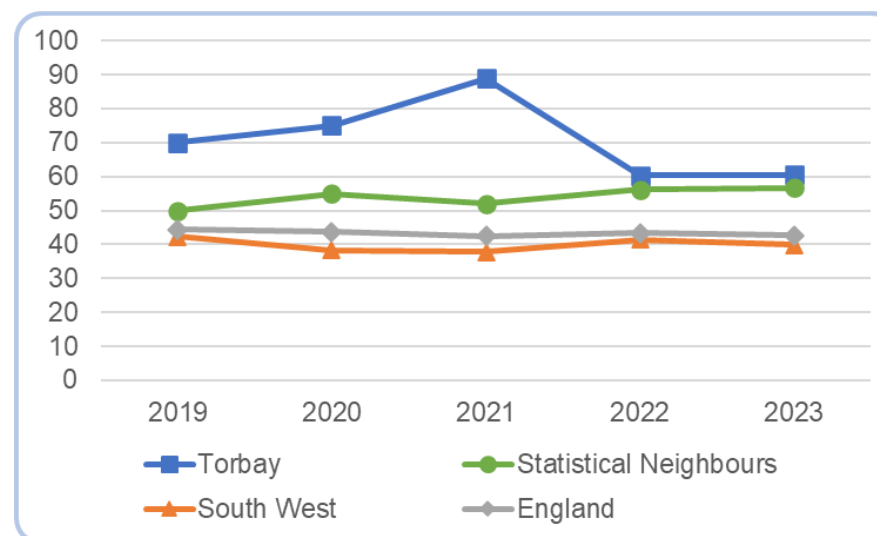


Fig 64: Rate of Children in Need per 10,000 at 31 March

Source: Department for Education – Characteristics of children in need

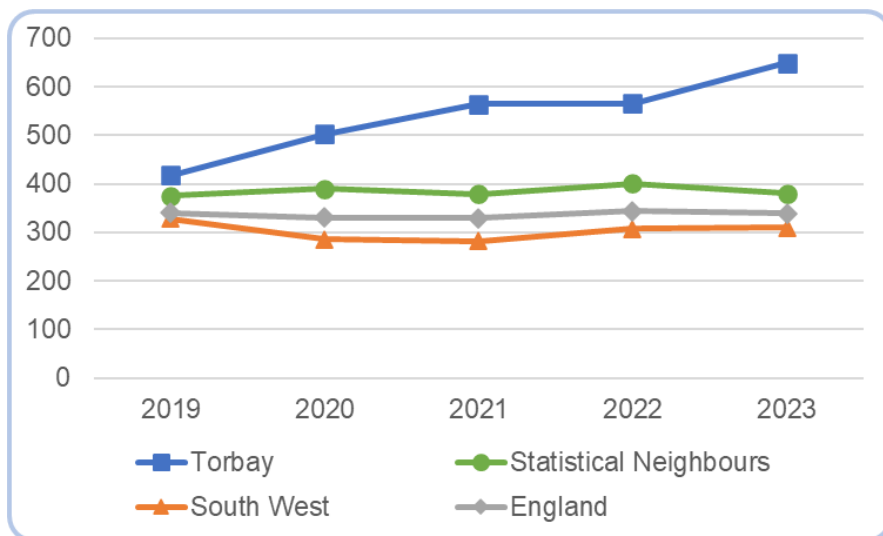


Fig 65: Rate of Section 47 referrals per 10,000 which started during the year

Source: Department for Education – Characteristics of children in need

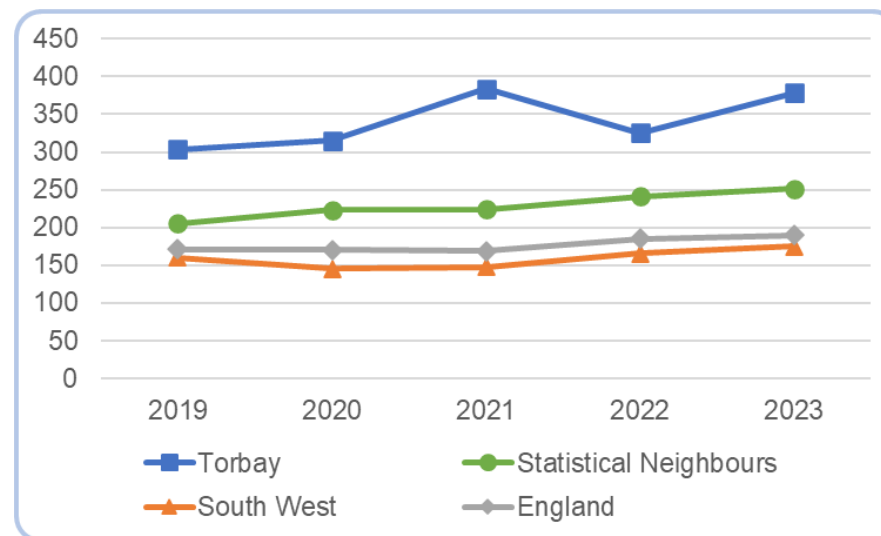
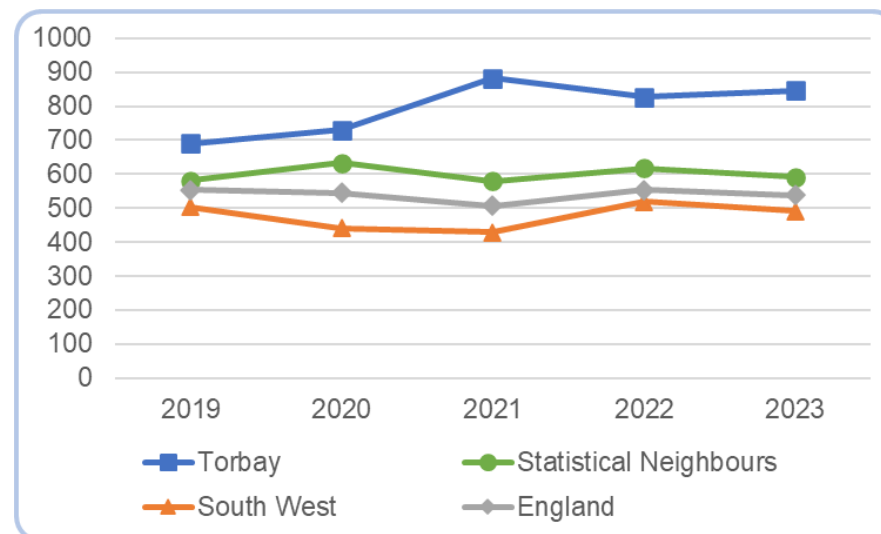


Fig 66: Rate of referrals per 10,000

Source: Department for Education – Characteristics of children in need



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Section 47 referrals

A Section 47 enquiry is carried out to ascertain if any and what type of action is required to safeguard and promote the welfare of a child who is suspected of, or likely to be, suffering significant harm. Rates of Section 47 referrals have consistently been significantly higher than our statistical comparators, South West and England over the last 5 years (Fig 65).

Referrals to Children’s Social Care

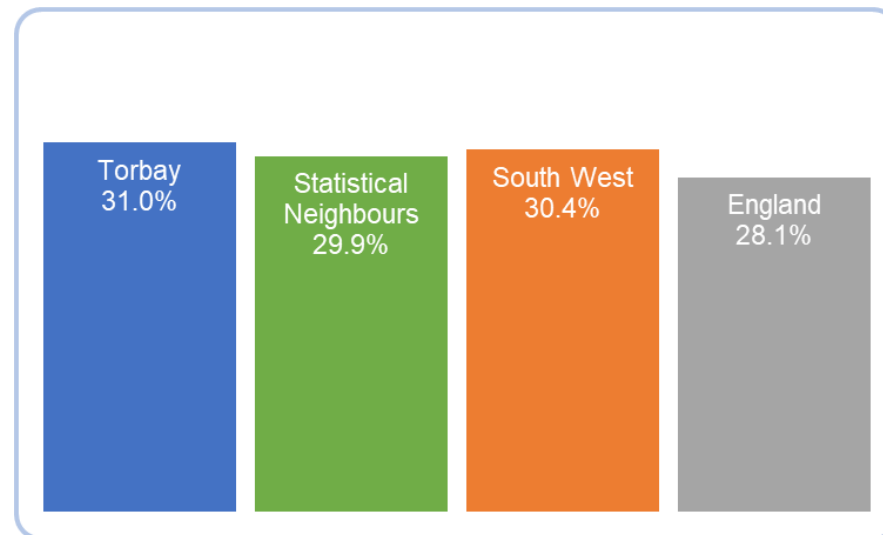
The rate of referrals to the children’s social care in Torbay continues to be high, they remain significantly higher than statistical neighbours, South West and England (Fig 66).

Cared for Children with Special Educational Needs

Over the period 2017 to 2022, almost 2 in 3 cared for children in Torbay had recognised special educational needs, these were evenly spread between those who required an ‘Education, Health & Care Plan (EHCP)’ and those who required ‘SEN Support’. An EHCP is a legal document which outlines the needs and additional help that will be required for a child, SEN Support is a lower level of support provided by mainstream schools for those with recognised special educational needs. Rates within Torbay for cared for children with an EHCP are significantly higher than statistical neighbours and England, rates are broadly in line with the South West (Fig 67). Rates within Torbay for cared for children with SEN Support are significantly higher than England but broadly in line with Statistical neighbours and South West (Fig 68).

Fig 68: Percentage of Cared for Children receiving SEN Support (2017 to 2022)

Source: Department for Education - Outcomes for children in need, including children looked after



Children in Need achieving a 9-4 pass in English & Maths

A 9-4 pass at GCSE is the equivalent of an A to C pass. For the latest year available (2022), the percentage of children in need receiving a 9-4 pass in English & Maths was 15.8%, across all Torbay pupils the rate was 66.3%, it should be noted that pass rates for this group fluctuate significantly from year to year due to the relatively low numbers involved. For the last 2 years, rates for Torbay have fallen and were below statistical neighbours, South West and England, they had been higher in 3 of the previous 4 years (Fig 69). Rates across the last 5 years have always been less than half those of the whole school population (Fig 70).

Fig 67: Percentage of Cared for Children with an EHCP (2017 to 2022)

Source: Department for Education - Outcomes for children in need, including children looked after

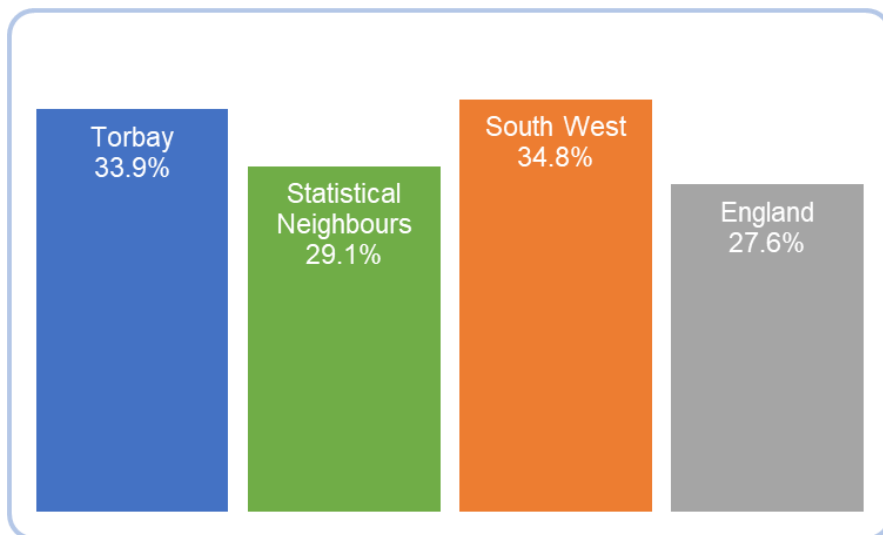


Fig 69: Percentage of Children in Need achieving a 9-4 pass in English & Maths

Source: Department for Education - Outcomes for children in need, including children looked after

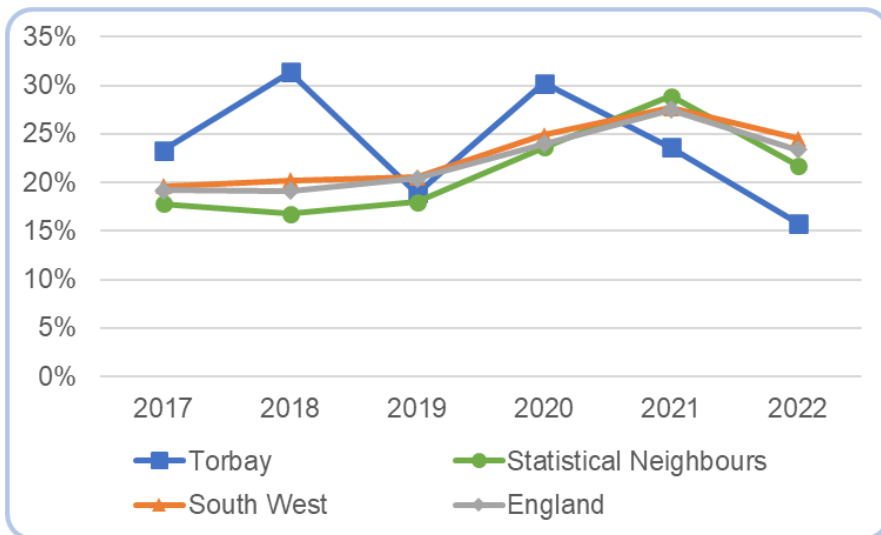
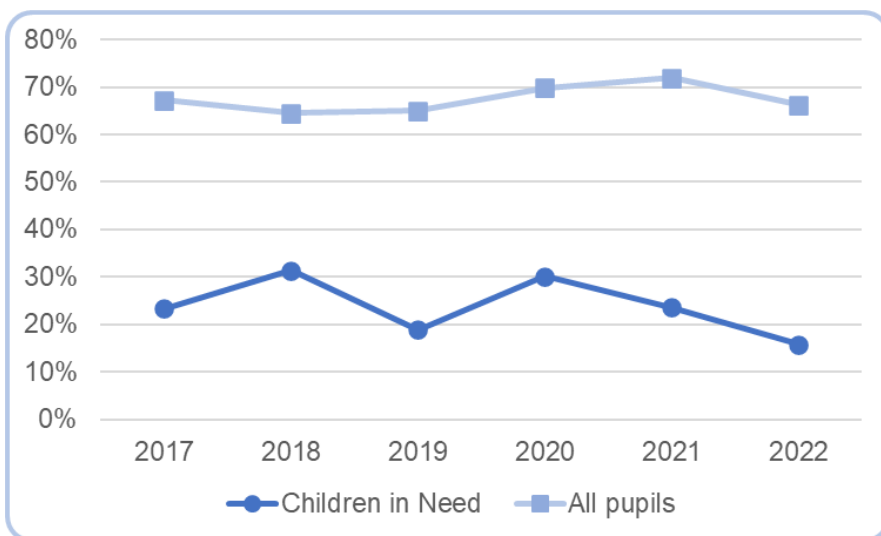


Fig 70: Percentage of Torbay children achieving a 9-4 pass in English and Maths (Children in Need and All pupils)

Source: LAIT



Persistent Absentees – Children in Need & Child Protection Plans

A child is defined as being a persistent absentee if they miss 10% or more of their possible sessions. Rates of persistent absenteeism are much higher among Children in Need & Children with Protection Plans than the general school population.

Rates of persistent absence among Children in Need have risen significantly over the last 2 years. In Torbay, persistent absence has almost doubled from 28.7% in 2016/17 to 57.0% in 2021/22 (Fig 71). During 2021/22, the percentage of those with a Child Protection Plan who were persistently absent was 71.1% which continues the rise of previous years (Fig 72) although the smaller size of that population lends volatility to the figures.

Among the general state school population, persistent absence was 28.8% for 2021/22 which is a very substantial increase on previous years.

Fig 71: Percentage of Children in Need who were persistently absent (No data for 2019/20)

Source: Department for Education - Outcomes for children in need, including children looked after

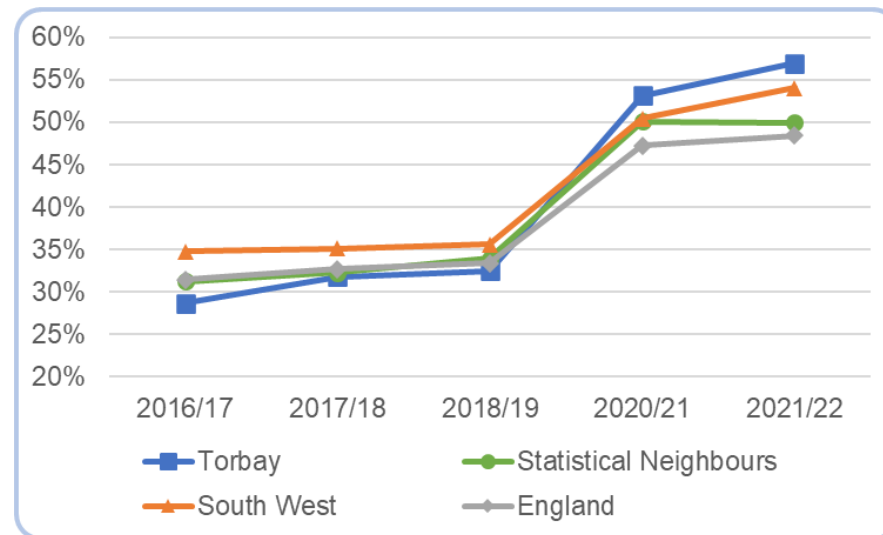


Fig 72: Percentage of those with a Child Protection Plan who were persistently absent (No data for 2019/20)

Source: Department for Education - Outcomes for children in need, including children looked after

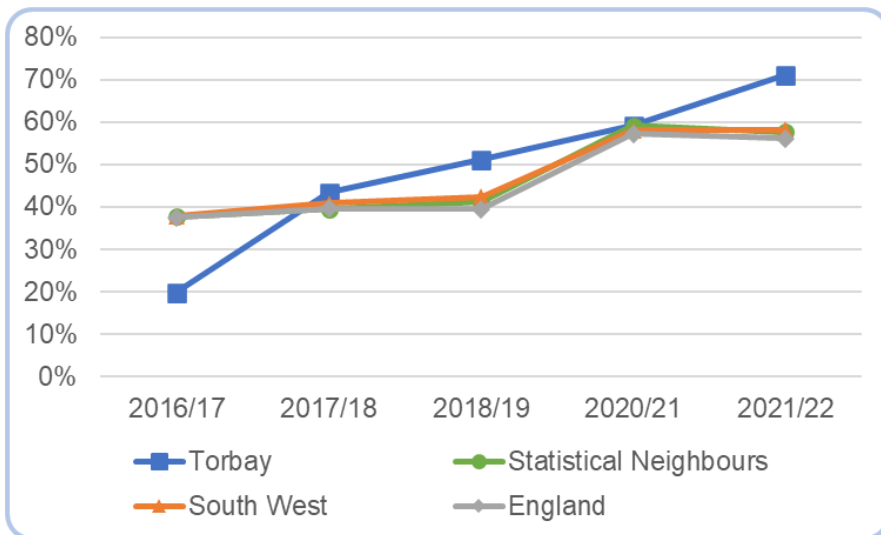


Fig 73: 10 most common factors in Children in Need assessment for Torbay (2019 to 2023)

Source: Department for Education – Characteristics of children in need

Factor	How often recorded
Mental Health	5,658
Domestic Abuse	4,892
Alcohol Misuse	2,337
Drug Misuse	2,215
Emotional Abuse	1,977
Neglect	1,609
Learning Disability	1,517
Physical Disability	1,266
Physical Abuse	842
Socially unacceptable behaviour	809

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Children in Need Assessment Factors

When a child receives an assessment, a number of factors are often identified at the end of that assessment. During the period 2019 to 2023 there were 8,484 episodes with an assessment factor for Torbay children, each episode can have multiple factors recorded, the 10 most commonly recorded factors are shown below, the factors can relate to the parent/carer or child (Fig 73).

A good source of further information around Children’s Social Care is the Local Authority Interactive Tool (LAIT) at [Local authority interactive tool \(LAIT\) - GOV.UK \(www.gov.uk\)](http://www.gov.uk).

Please note LAIT figures may differ very slightly for some measures due to population estimates being updated after LAIT extracted the data.

Indicator	Measure	Torbay	Comparator Group	South West	England	RAG compared to England (Latest Year)	Direction of travel compared to previous period
Cared for Children (2023)	Rate per 10,000	125	93	63	71	●	↑
Children who are subject to a Child Protection Plan (2023)	Rate per 10,000	61	57	40	43	●	↑
Children in Need (2023)	Rate per 10,000	649	380	310	339	●	↑
Section 47 referrals started during year (2023)	Rate per 10,000	378	251	175	190	●	↑
Referrals (2023)	Rate per 10,000	846	591	492	539	●	↑
Cared for Children with an EHCP (2017 to 2022)	%	34%	29%	35%	28%	●	↑
Children in Need achieving a 9-4 pass in English & Maths (2017 to 2022)	%	23%	22%	23%	22%	●	↓
Children in Need persistently absent (2021/22)	%	57%	50%	54%	48%	●	↑
Child Protection Plan persistently absent (2021/22)	%	71%	58%	58%	56%	●	↑

Adult Social Care

Overview

- Torbay is an outlier in needing to support higher levels of need in the 18 to 64 year population.

Source: Adult Social Care Activity & Finance Report

- Rate of support requests for new clients remained significantly higher than England during 2022/23.

Source: Adult Social Care Activity & Finance Report

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- The rate of long-term support being met by permanent admission to residential and nursing homes remained significantly higher than England during 2022/23.

Source: Adult Social Care Activity & Finance Report

- During 2022/23, 1,160 safeguarding concerns raised and those instigated 310 Section 42 safeguarding enquiries, highest levels in the last 5 years.

Source: Safeguarding Adults Return

- 89% of people who used services stated that those services make them feel safe and secure.

Source: Adult Social Care Activity & Finance Report

- 34% of carers and 46% of users felt that they had as much social contact as they would like according to the latest survey.

Source: Adult Social Care Activity & Finance Report

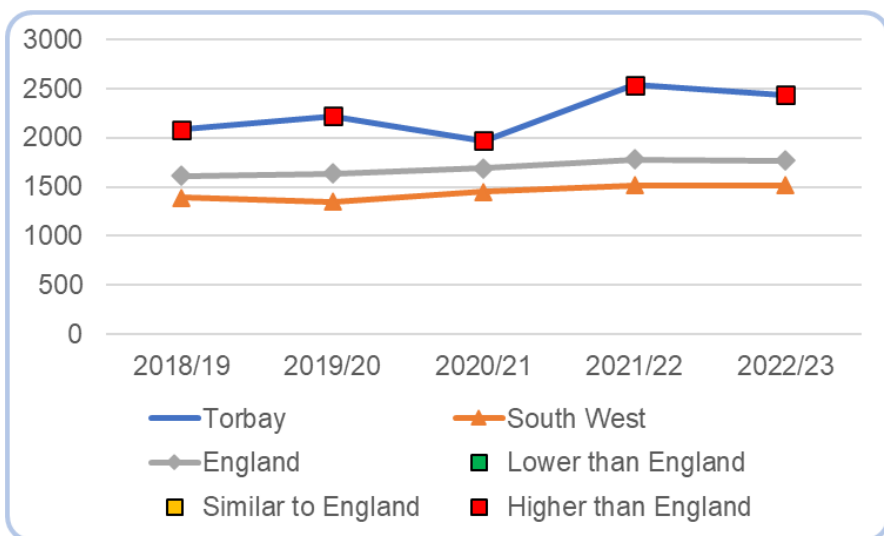
Adult social care is provided to adults with physical, mental and learning difficulties. This can be provided through helping someone to wash, get dressed or cleaning the living areas. It can be provided in the home or in residential care and nursing homes.

There are a number of documents related to Adult Social Care in Torbay at [Adult Social Care in Torbay - Torbay and South Devon NHS Foundation Trust](#)

Requests for support for new clients

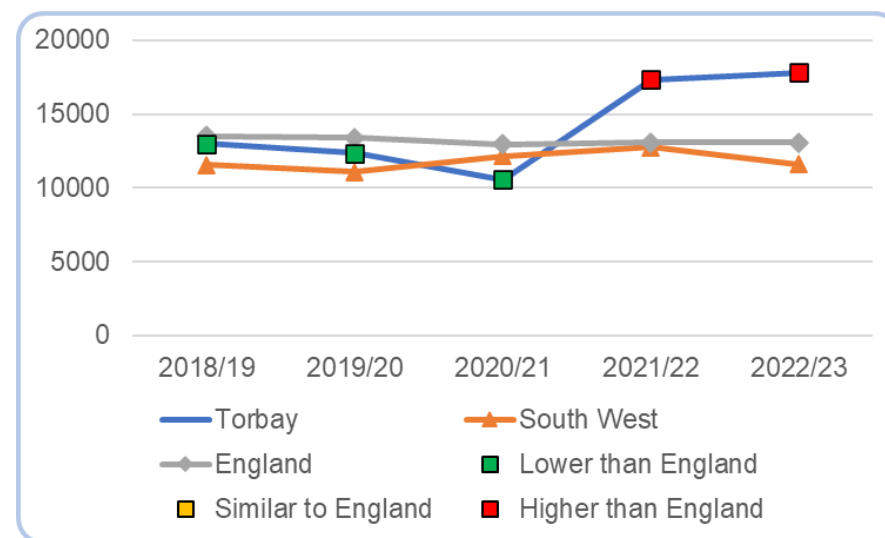
Torbay has a rate of requests for adult social care support for new clients aged 18 to 64 over the last 5 years that were consistently significantly higher than England, 33% higher over 5 years (Fig 74). Rates were also much higher than the South West although slightly lower than our statistical comparators. In the last 5 years there were 8,835 of these requests for Torbay residents aged 18 to 64.

Fig 74: Rate of requests for adult social care support for new clients aged 18 to 64 per 100,000
Source: Adult Social Care Activity & Finance Report



For those aged 65 and over, rates were slightly lower than England for the 3 years before a large uplift in 2021/22 (Fig 75). Rates were higher than the South West over the last 5 years as a whole. Compared to our statistical comparators, Torbay has been significantly higher over the last 2 years whereas for the 3 years previously rates had been significantly lower. In the last 5 years, there were approximately 26,200 of these requests for Torbay residents aged 65 and over.

Fig 75: Rate of requests for adult social care support for new clients aged 65+ per 100,000
Source: Adult Social Care Activity & Finance Report



Long-term support – 18 to 64

Rates of long-term support for those funded by Torbay Adult Social Care are significantly higher for those aged 18 to 64 than the England average over the last 5 years (Fig 76). Over the last 5 years the rate has been 81% higher for Torbay than England, it is also significantly higher than the South West and our statistical comparators.

Among those aged 18 to 64, the largest primary support reason is Learning Disability (62% higher than England), followed by Physical Personal Care (160% higher than England) and Mental Health (84% higher than England). They are also significantly higher than the South West (Fig 77). Over the last 5 years, Mental Health and Learning Disability rates have increased and Physical Personal Care rates have decreased.

Fig 76: Rate of long-term support for those aged 18 to 64 per 100,000

Source: Adult Social Care Activity & Finance Report

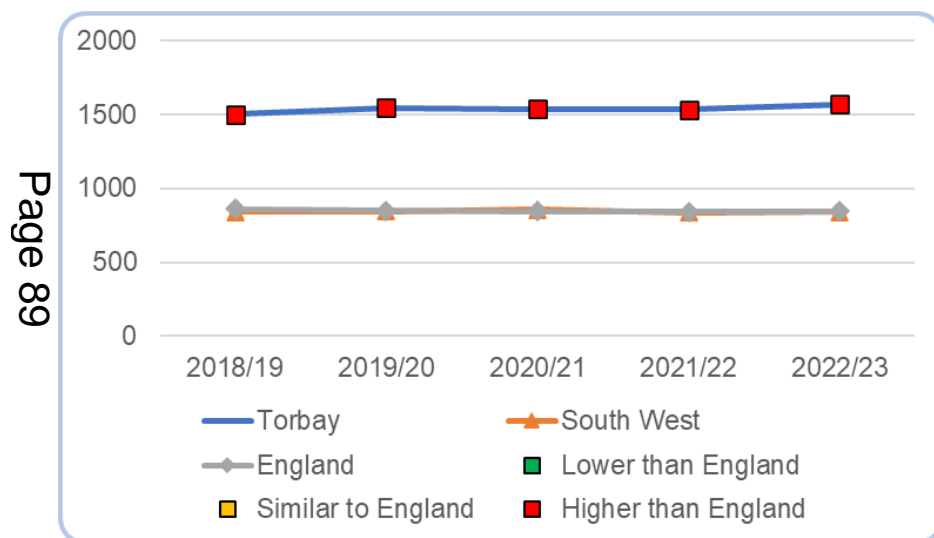
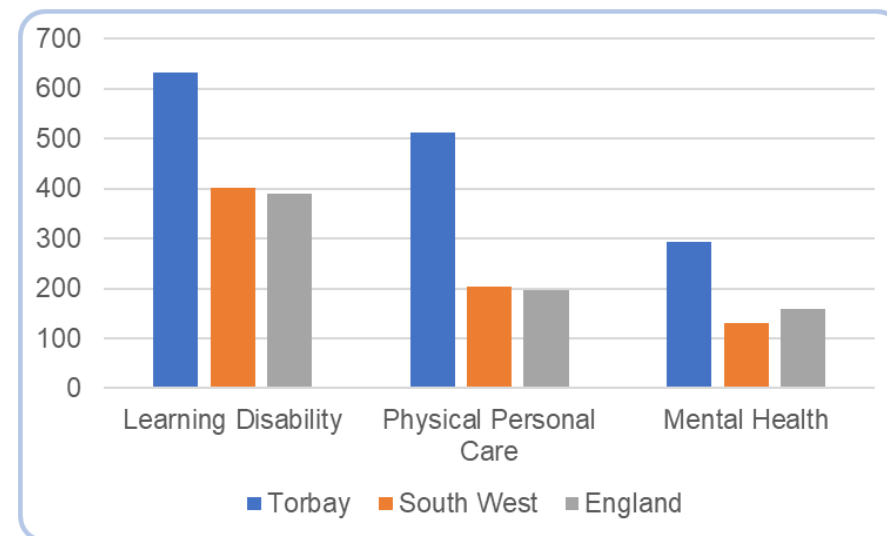


Fig 77: Rate of long-term support by 3 most prevalent primary support reasons for those aged 18 to 64 per 100,000

Source: Adult Social Care Activity & Finance Report

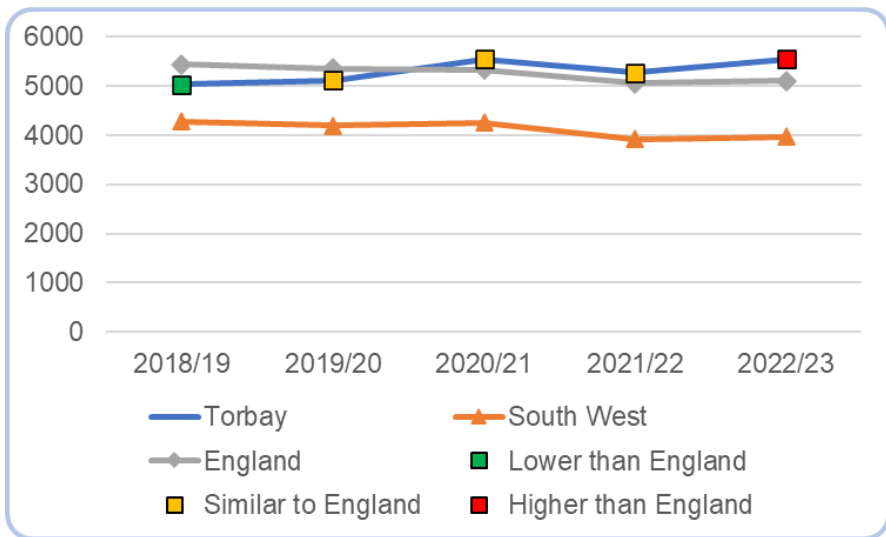


Long-term support – 65+

Rates of long-term support for those funded by Torbay Adult Social Care have been broadly similar for those aged 65+ when compared to the England average over the last 5 years, although rates are significantly higher than England for the latest year (Fig 78). Rates are significantly higher than the South West but significantly lower than our statistical comparators.

Among those aged 65+, the largest primary support reason by far is Personal Physical Care (12% higher than England). They are also significantly higher than the South West (Fig 79). Over the last 5 years, Mental Health rates have increased significantly whilst Learning Disability rates have fallen.

Fig 78: Rate of long-term support for those aged 65+ per 100,000
Source: Adult Social Care Activity & Finance Report



For rates of long-term support being met by permanent admission to residential and care homes for those aged 65 and over, Torbay had broadly lower rates than England until 2021/22 (Fig 80). For 2021/22 and 2022/23, an average of 287 older people were permanently admitted annually, this is more than 100 above the average of the previous 3 years.

Whilst numbers of permanent admissions to residential and care homes are much smaller for the 18 to 64 year population, rates in Torbay for the 5 year period 2018/19 to 2022/23 are significantly higher than England, South West and statistical comparators.

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Fig 79: Rate of long-term support by 3 most prevalent primary support reasons for those aged 65+ per 100,000
Source: Adult Social Care Activity & Finance Report

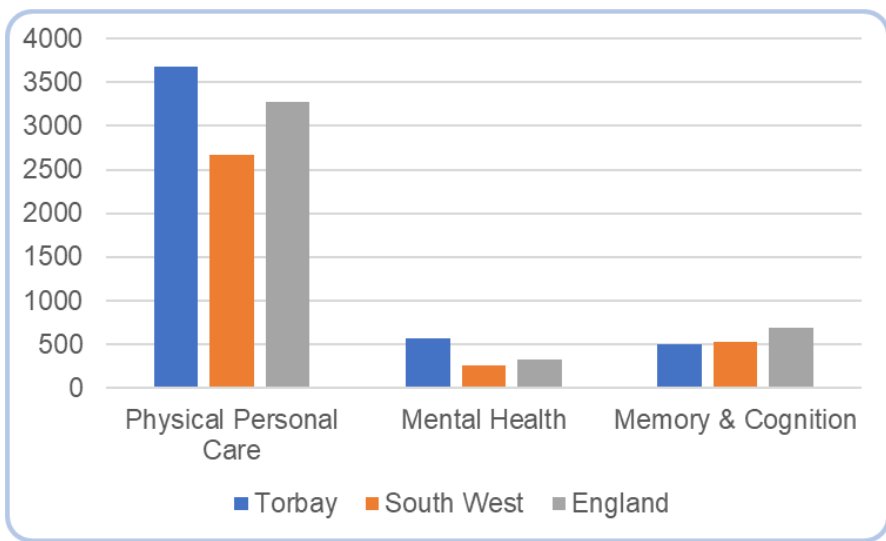
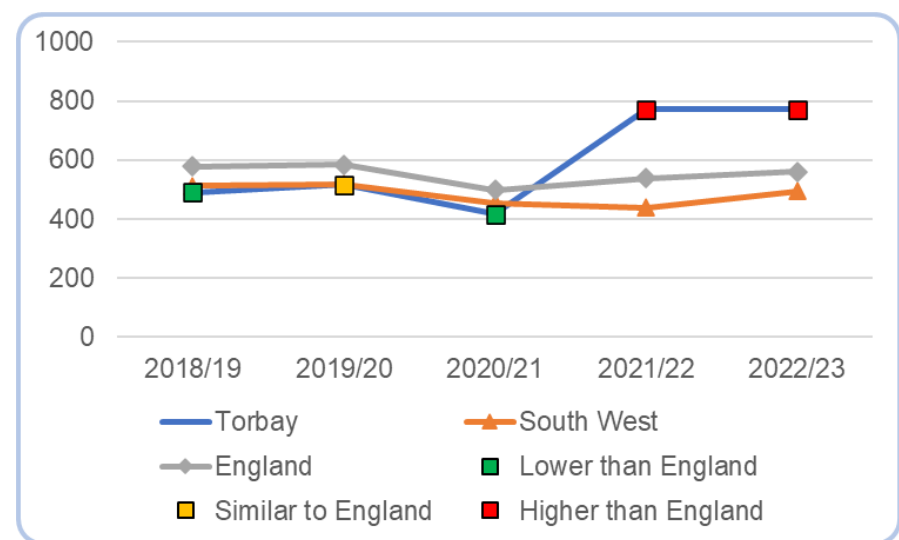


Fig 80: Rate of long-term support met by permanent admission to residential & nursing care homes aged 65+ per 100,000
Source: Adult Social Care Activity & Finance Report



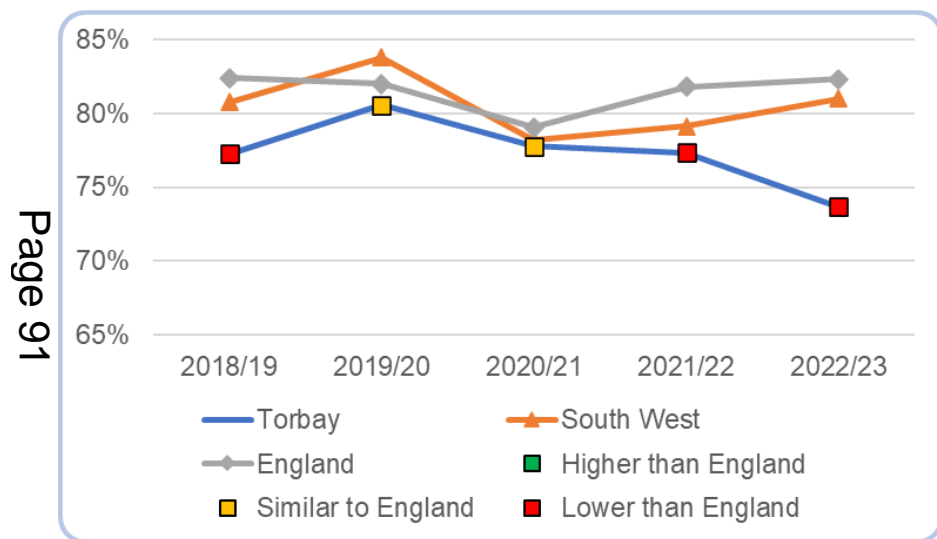
Still at home 91 days after discharge – 65+

Over the last 5 years, Torbay has broadly had a lower rate of older people (65+) still at home 91 days after discharge from hospital into reablement and rehabilitation, although the trend until 2021/22 had

been closing (Fig 81). Rates are also significantly lower than the South West and our statistical comparators. For 2022/23, of the 380 older people offered rehabilitation following discharge from a hospital, 280 remained at home 91 days later (73.7%). Numbers during 2020/21 were approximately half of the other 4 years due to COVID-19.

Fig 81: Percentage still at home 91 days after discharge from hospital into reablement/rehabilitation services, aged 65+

Source: Adult Social Care Activity & Finance Report



Carers and users feedback

For 2022/23, the number of carers supported by Torbay Council during the year was 1,330, this was a decrease of 100 from the year before which had been the highest number in the last 5 years. While 94% of these Torbay carers were aged 26 and over, Torbay has significantly higher rates of carers aged 25 and under than England.

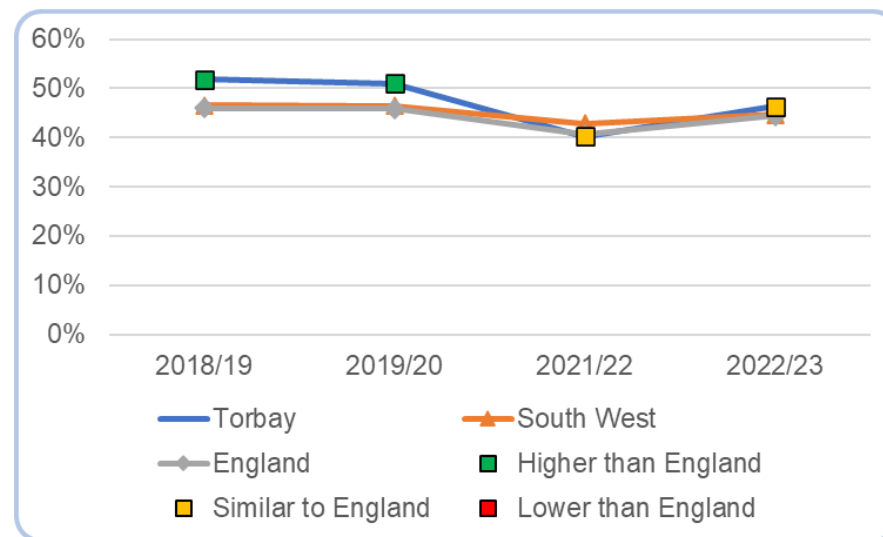
2021/22 was the first time since 2018/19 that carers reported whether they had as much social contact as they would like in the

Adult Social Care Activity & Finance Report. 34% of Torbay carers stated they had as much social contact as they would like which was broadly in line with the last survey in 2018/19. Rates were higher than England and much higher than the South West figure of 24%. Data around the Personal Social Services Survey of Adult Carers in England, 2021-22 is included in the Unpaid carers chapter of this document. [Personal Social Services Survey of Adult Carers, 2021/22](#)

Adult Social Care users were also asked if they had as much social contact as they would like. For Torbay, 46% said Yes, this was higher than last year but significantly down on figures in 2018/19 and 2019/20 when rates were just over 50%. Rates were broadly in line with England and the South West (Fig 82). Very few authorities collected figures for the 2020/21 return so that year has been removed from the graph.

Fig 82: Percentage of adult social care users who have as much social contact as they would like (No data for 2020/21)

Source: Adult Social Care Activity & Finance Report



The proportion of people who used services who said that those services made them feel safe and secure was 89% in Torbay during 2022/23. This is part of an improvement in this measure since 2018/19. For 2022/23, rates were higher than England and broadly in line with the South West and our statistical comparators (Fig 83).

During 2022/23, 1,160 safeguarding concerns were raised and those instigated 310 Section 42 safeguarding enquiries (Fig 84).

Fig 83: Percentage of people who use services who say those services have made them feel safe and secure (No data for 2020/21)
 Source: Adult Social Care Activity & Finance Report

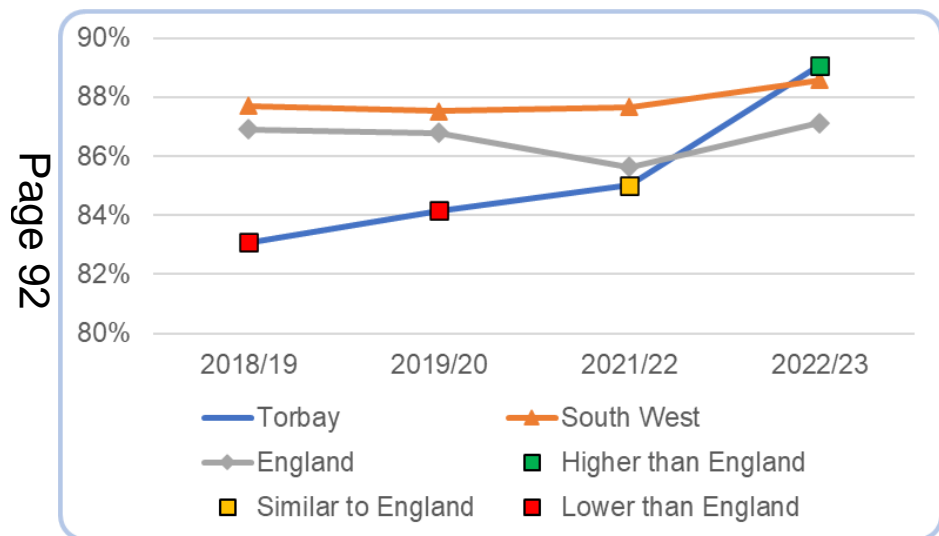
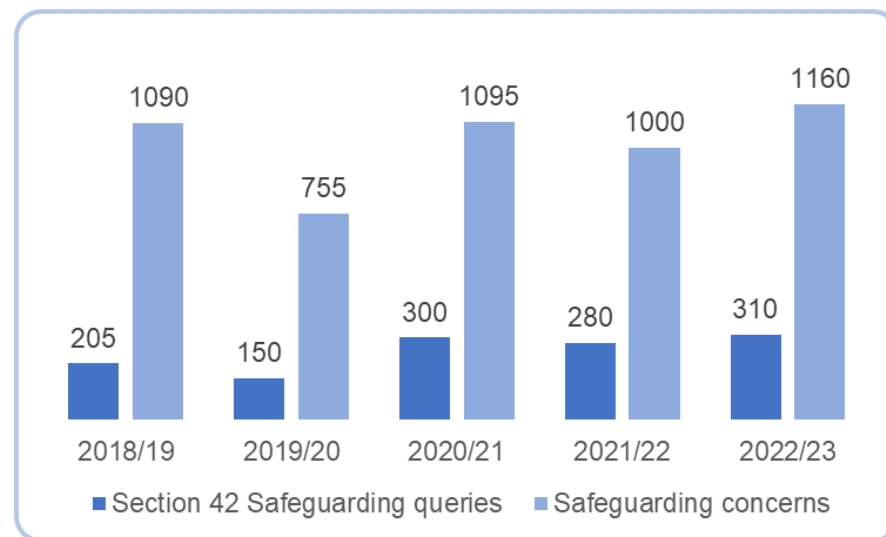


Fig 84: Number of safeguarding concerns and Section 42 enquiries – Torbay
 Source: Safeguarding Adults Return



Indicator	Measure	Torbay	Comparator Group	South West	England	RAG compared to England (Latest Year)	Direction of travel compared to previous period
Requests for support for new clients - 18 to 64 (22/23)	Rate per 100,000	2,437	2,214	1,517	1,768	●	↓
Requests for support for new clients - 65+ (22/23)	Rate per 100,000	17,814	14,103	11,580	13,081	●	↑
Long term support - 18 to 64 (22/23)	Rate per 100,000	1,570	974	840	846	●	↑
Long term support - 65+ (22/23)	Rate per 100,000	5,544	5,886	3,964	5,104	●	↑
Long term support met by permanent admission to nursing & residential homes - 65+ (22/23)	Rate per 100,000	772	636	495	561	●	↓
At home 91 days after discharge into reablement/rehabilitation services - 65+ (22/23)	%	74%	82%	81%	82%	●	↓
Adult social care users who have as much social contact as they would like (22/23)	%	46%	48%	45%	44%	●	↑
Carers who have as much social contact as they would like (21/22)	%	34%	30%	24%	28%	●	↑
Services have made them feel safe and secure (2022/23)	%	89%	90%	89%	87%	●	↑

Women's Health

Overview

- Hospital admission rates for self-harm and eating disorders are higher in females and are both consistently higher in Torbay than the England female average.

Source: Fingertips and Hospital Episode Statistics

- Hospital admissions for endometriosis in Torbay are significantly higher than the England rate for all the years shown but on a decreasing trend.

Source: Hospital Episode Statistics

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- Torbay's chlamydia detection rate in females aged 15 to 24 has more than doubled in 2022 from the previous year and is far higher than the 2022 England rate after a previously decreasing trend. It is a measure of control activity, not morbidity.

Source: Fingertips

- The percentage of females providing unpaid care in Torbay is higher than the England average as well as higher than for males.

Source: 2021 Census

- Torbay has a significantly higher rate of abortion than England in the last decade.

Source: Department of Health & Social Care abortion statistics, Fingertips, ONS mid-year population estimates

- Cervical screening of 50 to 64 year olds has been on a generally decreasing trend for over a decade and is significantly lower than England for 5 of the last 6 years.

Source: Fingertips

The female population in Torbay makes up 51.3% of the total population (Fig 85). There are much higher proportions of females than males from the age of 80 and over. Torbay has larger proportions of females and of males aged 50 and over than England and smaller proportions aged under 50.

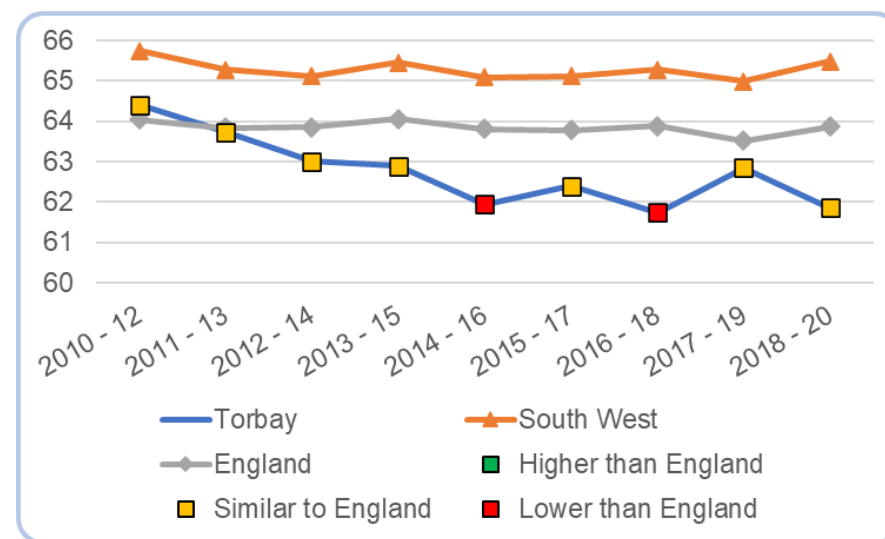
Fig 85: Sex by age group - Torbay
Source: ONS mid-year population estimates 2022

Age Band	Female population	Female %	Male %
0 to 9	6,378	49.0%	51.0%
10 to 19	7,050	48.2%	51.8%
20 to 29	6,421	50.0%	50.0%
30 to 39	7,843	51.7%	48.3%
40 to 49	7,904	51.8%	48.2%
50 to 59	10,593	50.8%	49.2%
60 to 69	9,942	51.1%	48.9%
70 to 79	9,169	51.8%	48.2%
80 to 89	4,834	56.7%	43.3%
90+	1,429	68.9%	31.1%
ALL AGES	71,563	51.3%	48.7%

Females in Torbay have a life expectancy at birth of approximately 4 years more than males over the last decade. However, female healthy life expectancy- the age to which they can expect to live in

good health (rather than with a disability or in poor health)- is broadly similar to males over the same period in Torbay. This implies that females live for longer but not necessarily in good health. In 2018-20 Torbay females could expect to live for 20 years not in good health whilst for males it would be approximately 14. Female healthy life expectancy (Fig 86) is mostly similar to England but significantly lower for 2 of the last 5 periods.

Fig 86: Healthy life expectancy at birth - Females
Source: Fingertips



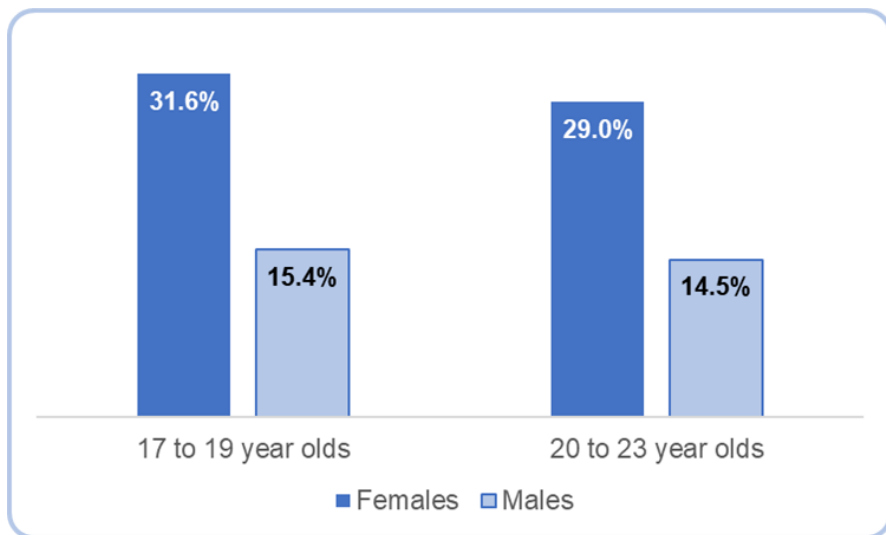
Looking at deprivation shows that females born in the most deprived quintile in Torbay in the years 2018 to 2022 combined have a life expectancy at birth of 80.2 years, 6 years less than those born in the least deprived quintile, whilst males have an 11 year gap in life expectancy between the most and least deprived quintiles.

Mental health

A 2023 survey of the mental health of children and young people identifies that the percentage of young women having a probable

mental disorder is much higher than the percentage of young men (Fig 87). This is the also the trend for the previous years of 2021 and 2022.

Fig 87: Percentage of young people with a probable mental disorder – England (2023)
 Source: NHS England – Mental Health of Children and Young People in England, 2023, using the Strengths and Difficulties Questionnaire



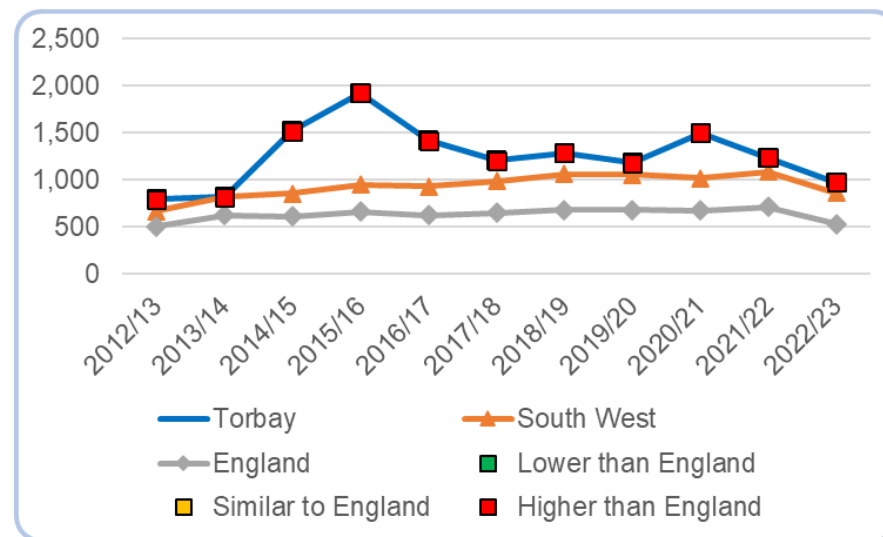
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Hospital admissions for self-harm are used as a proxy for the prevalence of severe self-harm and are only the tip of the iceberg in terms of self-harm taking place.

Data is for admissions not individuals so will be influenced by people who are admitted more than once, sometimes several or many times. Torbay’s 10 to 24 year old female admissions number on average around 135 a year over the last decade with Torbay’s rate per 100,000 consistently significantly higher than England (Fig 88). Admissions for self-harm are more prevalent in young people and there is a large difference between females and males. England rates for 10 to 24 year olds are consistently between 3 to 4 times

higher for females than males. This difference is seen in Torbay where the number of admissions of 10 to 24 year old females is almost 5 times higher than males over the 5 year period of 2018/19 to 2022/23.

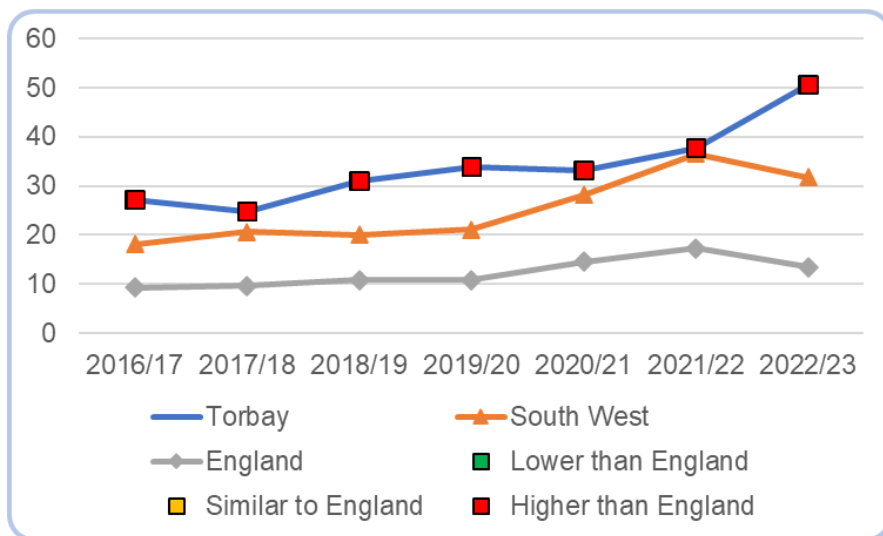
Fig 88: Rate of female hospital admissions as a result of self-harm, aged 10 to 24, per 100,000 females (Age standardised)
 Source: Fingertips



Eating disorders are more much more common in females than males but only the most severe cases end up in hospital. The number of female hospital admissions with a primary diagnosis of anorexia, bulimia or other eating disorders in Torbay is small (under 30 a year) but is a consistently significantly higher rate per 100,000 than England (Fig 89). It is showing an upward trend. More than 9 out of 10 Torbay admissions are female in the 7 years of 2016/17 to 2022/23 combined and 2 out of 3 of these female admissions are aged under 18.

Fig 89: Rate of female hospital admissions due to a primary diagnosis of an eating disorder, per 100,000 females (Age standardised)

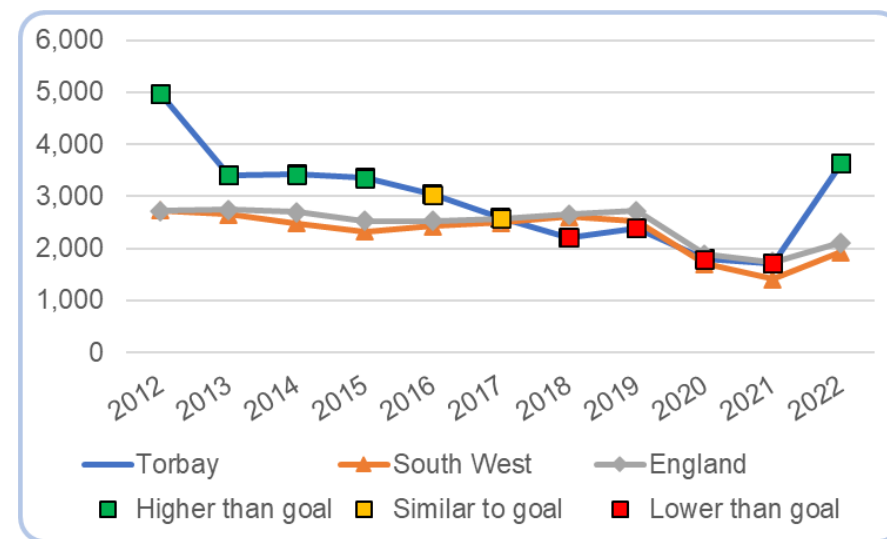
Source: Hospital Episode Statistics



The National Chlamydia Screening Programme targets under 25s with a focus on reducing reproductive harm. The UK Health Security Agency recommends working towards a detection rate of at least 3,250 per 100,000 female population aged 15 to 24. Torbay exceeded this in 2022 with a rate of 3,640, the target was not reached nationally.

Fig 90: Chlamydia female detection rate, aged 15 to 24, per 100,000 females

Source: Fingertips



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Chlamydia

Chlamydia causes avoidable sexual and reproductive ill health and rates are higher in young adults than in other age groups (OHID Sexual and Reproductive Health profiles). Rates are also much higher in females.

The chlamydia detection rate (Fig 90) is a measure of control activity (i.e. screening) in the population not morbidity. A higher detection rate is indicative of higher levels of control activity. Torbay’s female detection rate has more than doubled in 2022 from the year before and is much higher than the 2022 England figure. Torbay was previously on a reducing trend and significantly below England for several years. This encompasses young women accessing sexual health services and community-based settings.

Pelvic inflammatory disease

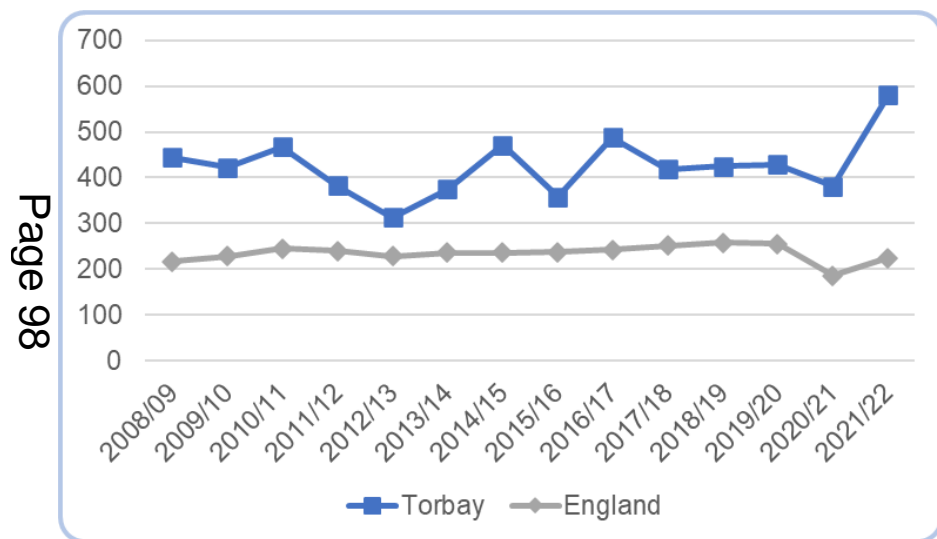
Chlamydial infection and other sexually transmitted infections are considered major causes of pelvic inflammatory disease which can lead to ectopic pregnancy and infertility. Increased identification of chlamydia through screening and then successful treatment should lead to a decrease in this condition. Pelvic inflammatory disease may need a hospital admission but can be treated through primary care and outpatient settings so Fig 91 does not give a full picture of

numbers with the condition. (OHID Sexual and Reproductive Health Profiles)

Torbay’s hospital admissions rate has been much higher than the England average for the 14 years shown (Fig 7). There was a sharp increase in 2021/22 which was 2 ½ times the England rate equating to around 125 Torbay admissions in the year.

Fig 91: Rate of hospital admissions for pelvic inflammatory disease, aged 15 to 44, per 100,000 females

Source: Fingertips



Human Papillomavirus (HPV)

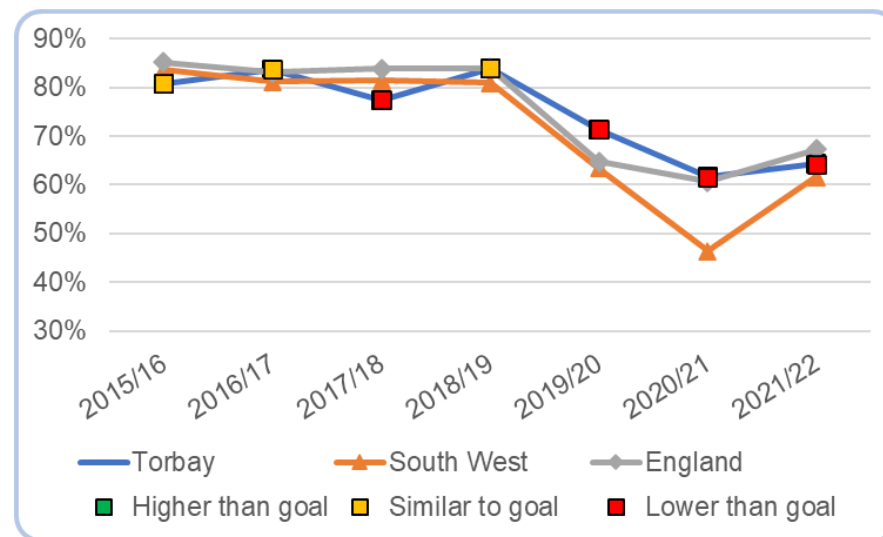
HPV is usually asymptomatic. Some types however can lead to genital warts. High risk types of HPV can cause some cancers including cervical cancer.

A two-dose immunisation programme is offered to 12 to 14 year olds, initially for females but extended to males from 2019. Due to the COVID-19 pandemic there were impacts on coverage in the 2019/20 and 2020/21 academic years across England. Torbay, the South

West and England saw decreases in these years for females receiving 2 doses (Fig 92) and have not got back to pre COVID levels. All 3 areas have been below the target of 90% coverage for all the years shown. Torbay is statistically similar to England in coverage in 2021/22 at 64% (England- 67%).

Fig 92: HPV vaccine, females, percentage receiving 2 doses, aged 13 to 14 years

Source: Fingertips

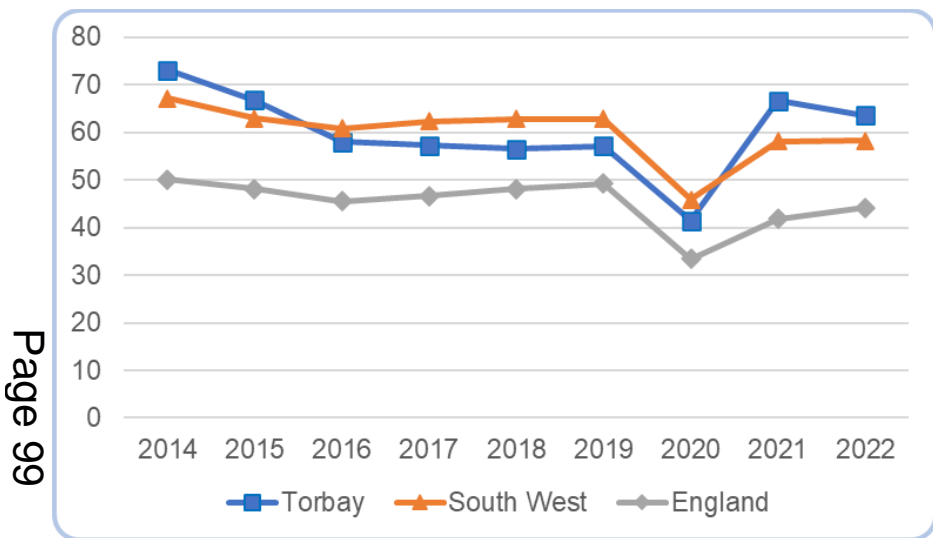


Contraception

Long-acting reversible contraception (LARC) methods do not rely on daily compliance and include injections, implants, the intrauterine device and the intrauterine system. A higher level of LARC provision is used as a proxy measure for wider access to the range of contraceptive methods available. Rates of prescribing of LARC excluding injections (this is prescribing by GPs and sexual and reproductive health services) in Torbay (Fig 93) are significantly higher than England in all the years shown. The rate was quite level for several years until the drop in 2020- from April 2020 during the

COVID-19 pandemic there was less provision of LARC in England which will have impacted the figures. In 2021 rates increased sharply and 2021 and 2022 both see the highest rates for several years.

Fig 93: Rate of prescribed LARC (excluding injections), all ages, per 100,000 females aged 15 to 44
Source: Fingertips



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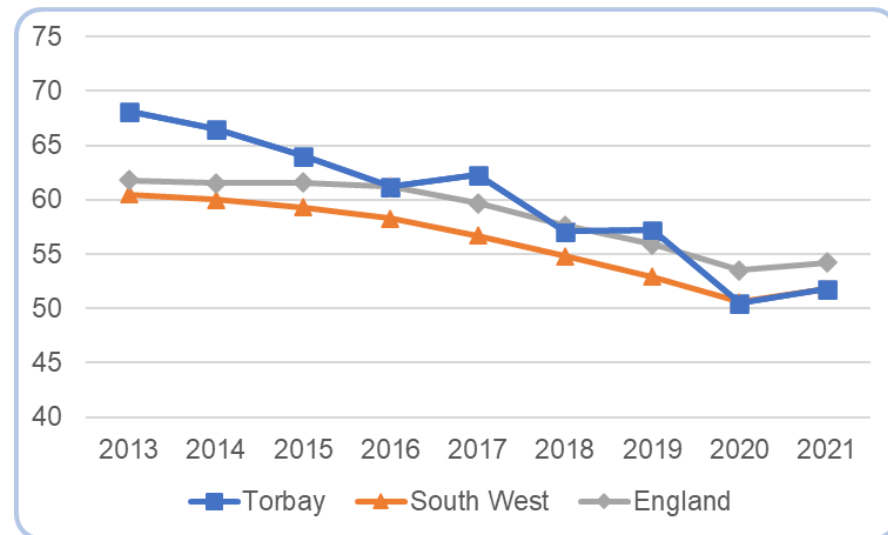
In Torbay the rate of GP prescribed LARC (excluding injections) has been decreasing for 8 years and has been significantly below the England average for 6 years. On the other hand, the rate of sexual and reproductive health services prescribed LARC (excluding injections) has been on an increasing trend, except for the expected drop in 2020, and has been significantly above the England average for 8 years. This shows the location of LARC provision moving away from local GP settings and more into specialist settings in Torbay.

Fertility and conceptions

Torbay’s general fertility rate (Fig 94) is on a downward trend in the years from 2013 to 2021, generally following the England and South

West trends. This is the number of live births per 1,000 female population aged 15 to 44.

Fig 94: General fertility rate
Source: NOMIS (ONS)



Inequality in health and education is a cause and consequence of teenage pregnancy for young parents and their children, and children of teenage mothers are more likely to live in poverty ([UK Health Security Agency](#)).

Under 18s conception rates (Fig 95) include pregnancies that result in 1 or more live or still births or a legal abortion. The national trend is of a falling under 18s conception rate and Torbay has followed this trend since the peak in 2008. Although Torbay is significantly higher than the England average in 2022 the general trend is downwards. The majority of under 18s conceptions are in 16 and 17 year olds- for example- under 16s represented 5 of the 43 under 18s conceptions in 2021.

Fig 95: Under 18s conception rate per 1,000 females aged 15 to 17
Source: Fingertips

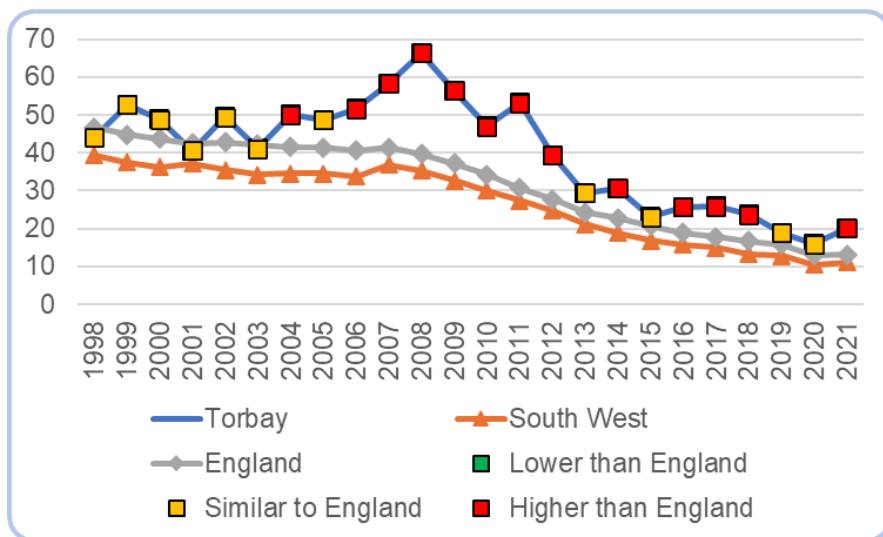
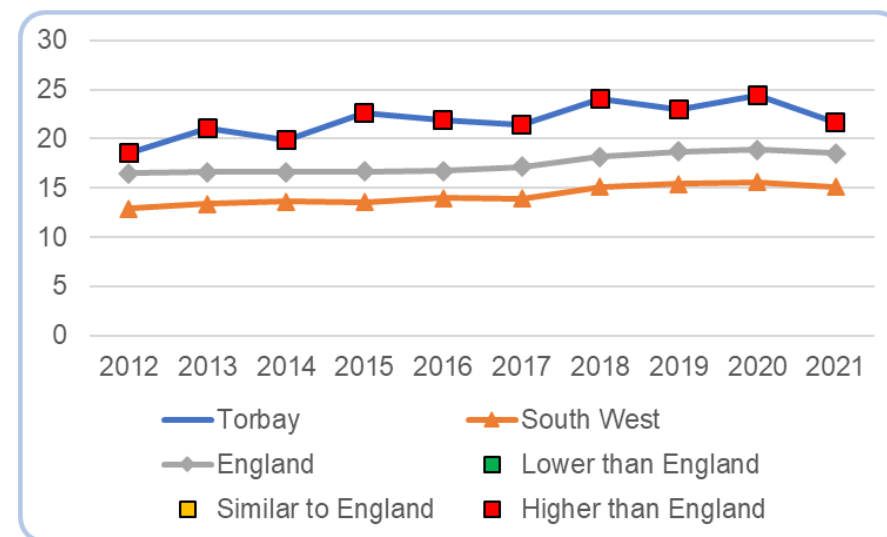


Fig 96: Abortion rate, all ages, per 1,000 females aged 15 to 44
Source: Department of Health and Social Care abortion statistics, Fingertips, ONS mid-year population estimates



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Abortions

Torbay has consistently had significantly higher rates of abortion than the England average for at least 10 years (Fig 96).

Abortion rates, along with conception rates, in under 18s are decreasing nationally and Torbay follows this trend although for several years under 18s abortion numbers in Torbay have remained broadly constant.

Abortion rates are much higher in England's most deprived areas than in the least deprived areas and there is an increasing trend as deprivation increases.

Infant 6 to 8 week review

This measures whether a review by a health visitor has taken place by the time a baby is 8 weeks old. This review can assess the mother's mental health, provide support with breastfeeding where required, ensure the mother has had a 6 week postnatal check, ensure the baby has received the infant physical examination, discuss vaccinations and entitled benefits etc. Torbay has had a significantly higher proportion than England and the South West of babies receiving the 6 to 8 week review before they reach 8 weeks old, in all but 1 year (Fig 97).

Fig 97: Percentage of infants who received a 6 to 8 week review

Source: Fingertips

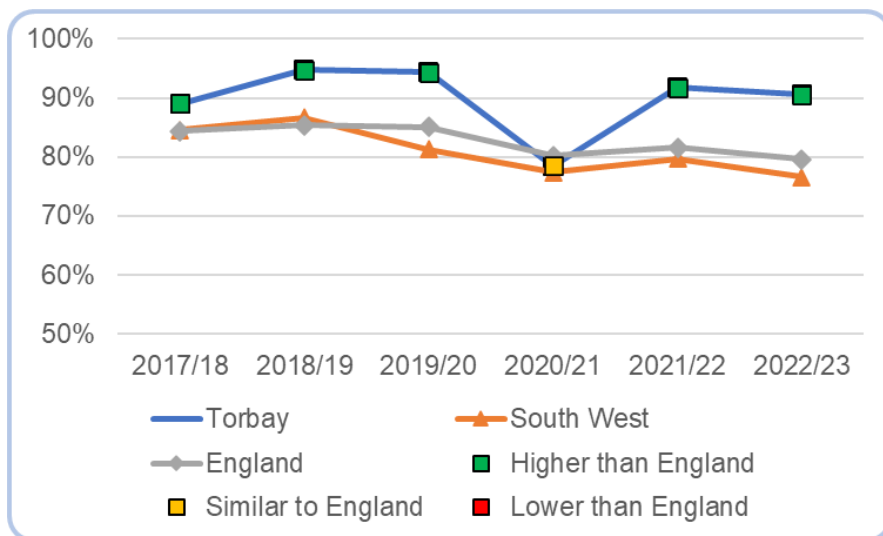


Fig 98: Prevalence of sexual assault (including attempts) among adults aged 16+ since the age of 16 – England and Wales (Year to March 2022)

Source: ONS Crime Survey for England and Wales

	Female	Male	All
Any sexual assault (including attempts)	27.0%	5.7%	16.6%
Rape or assault by penetration (including attempts)	8.7%	0.4%	4.7%
Indecent exposure	13.0%	1.0%	7.1%
Unwanted sexual touching	20.8%	4.9%	13.0%

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Sexual assault and domestic abuse

The health impacts of violence against women and girls is a priority in the [Women's Health Strategy for England](#) (Department for Health and Social Care, 2022). Responses to the call for evidence for the Strategy highlighted that the health impacts of violence and abuse, including domestic abuse, are extensive and wide ranging and can have long term impacts on mental and physical health.

In 2022, in the Crime Survey for England and Wales, 27.0% of women and 5.7% of men reported that they had experienced at least 1 sexual assault (including attempts) since the age of 16 (Fig 98). This is over 4 times the percentage of women than men. It found that 1 in 5 women had experienced unwanted sexual touching and over 1 in 8 had been subjected to indecent exposure.

The Crime Survey for England and Wales in 2023 (data was available for 2023 relating to domestic abuse, for sexual assault above, those figures had not yet been released for 2023) defines domestic abuse as partner or family non-physical abuse, threats, force, sexual assault or stalking. In the survey 27.0% of females and 13.9% of males aged 16+ said that they had experienced domestic abuse at least once since the age of 16 (Fig 99). This is twice as high for women than it is for men. If these figures were applied directly to Torbay’s 2022 population, approximately 16,400 women aged 16+ will have been subjected to domestic abuse at some point since the age of 16.

Partners rather than family were more likely to be the perpetrators of abuse and women were much more likely to experience it- 7.9% of women experienced sexual assault (including attempts) by a partner compared to 1% of men. Regarding non-sexual abuse- 18.8% of women experienced it from a partner compared to 8.3% from family.

Domestic stalking (by partners, ex-partners or family members) was experienced by almost 1 in 10 women (9.2%). This was much more likely to involve a partner or ex-partner than a family member.

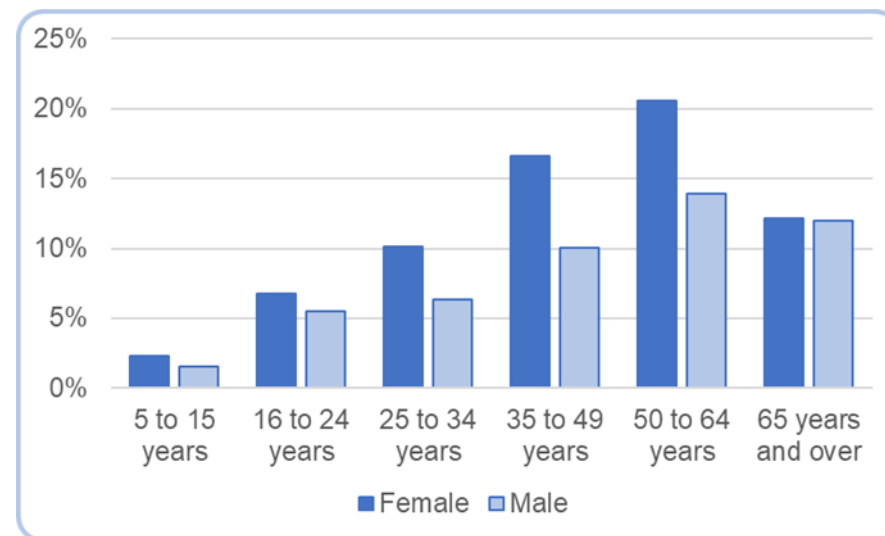
Fig 99: Prevalence of domestic abuse among adults aged 16+ since the age of 16 – England and Wales (Year to March 2023)
Source: ONS Crime Survey for England and Wales

	Female	Male	All
Any domestic abuse	27.0%	13.9%	20.5%
Any sexual assault (including attempts) by a partner	7.9%	1.0%	4.5%
Any sexual assault (including attempts) by a family member	2.4%	0.2%	1.3%
Domestic stalking	9.2%	3.0%	6.1%
Non-sexual domestic abuse	23.5%	13.0%	18.3%

Unpaid care

The 2021 census shows that unpaid carers are significantly more likely to be female with 13.0% of usually resident females providing unpaid care in Torbay compared to 9.5% of males. The difference is most significant in the 35 to 49 year age group where 1 in 6 females and 1 in 10 males undertake some unpaid care in relation to long-term physical or mental health conditions or illnesses, or problems related to old age (Fig 100). Torbay is significantly higher than England as a whole in all age groups in relation to the proportion of females providing unpaid care.

Fig 100: Percentage of unpaid carers, by age group, by sex - Torbay
Source: Census 2021



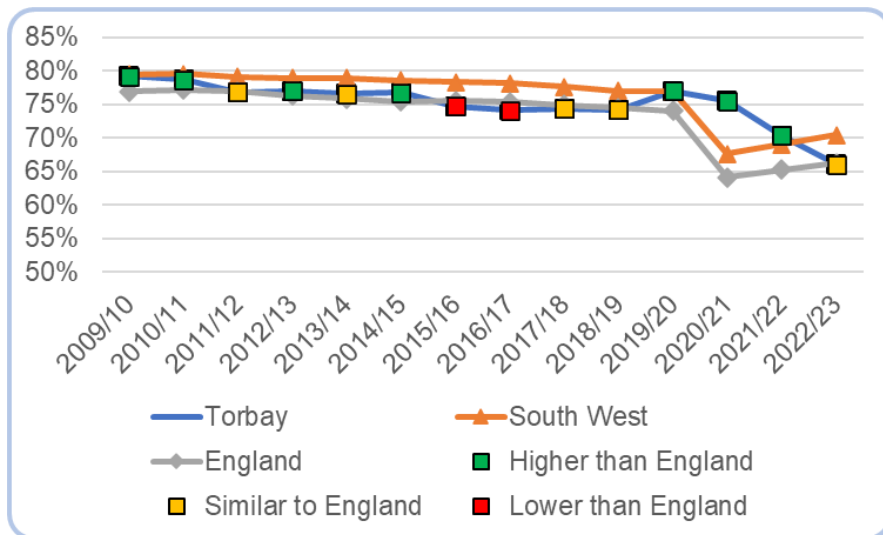
Cancer

The percentage of eligible women screened for breast cancer at least once in the previous 3 years has reduced steeply in Torbay in the last 2 years (Fig 101), from 75.5% in 2021 to 66.1% in 2023. England decreased sharply between 2020 and 2021 by 10 percentage points and has been slightly increasing since. It must be noted that COVID-19 restrictions will have affected figures. In the 14 years Torbay, England and the South West have been on generally decreasing trends.

Urgent suspected cancer referrals are referrals to secondary care when cancer is suspected although may not be subsequently diagnosed. Fig 102 shows an increasing trend in urgent suspected referrals for breast cancer over the 14 years as is the case in England. This measures the rate per 100,000 registered with a GP practice whereas Fig 101 measures the proportion of the resident Torbay population.

Fig 101: Percentage of women eligible for breast screening who have had a test in the previous 3 years – Aged 53 to 70 years

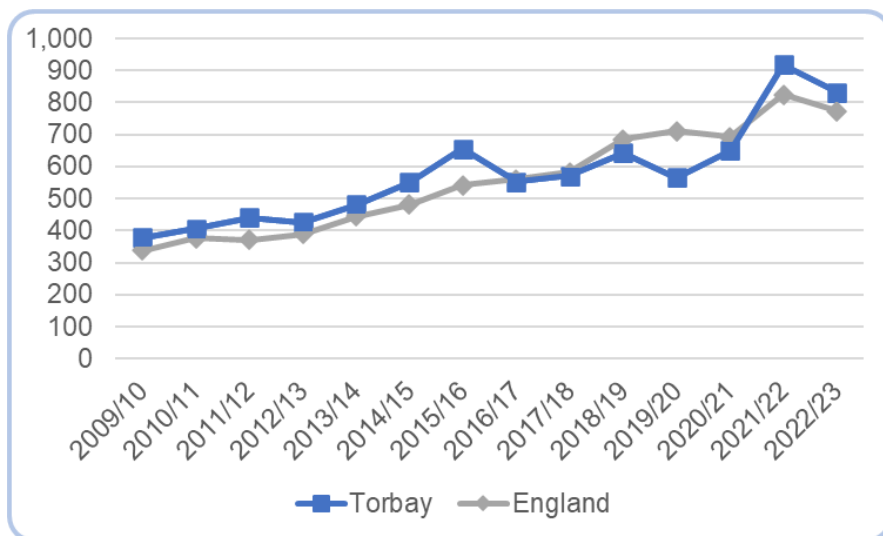
Source: Fingertips



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Fig 102: Breast cancer – rate of urgent suspected cancer referrals, per 100,000 GP practice population

Source: Fingertips



Torbay’s mortality rate from breast cancer of those aged under 75 years is on a general decline over the last 2 decades as is the case in England. Torbay is broadly in line with England during this time apart from significantly lower than the England average in 1 period (2017-19).

In the 5 years combined of 2017 to 2021 the cancer that most women under the age of 75 died from was bronchus/lung cancer, followed by breast, pancreas and brain. Further information can be found in a profile: [Premature Death in Torbay](#).

Gynaecological cancers include ovarian, womb, cervical, vaginal and vulval. Fig 103 relates to cervical cancer, showing the percentage of eligible women aged 25 to 49 screened for cervical cancer in the previous 3 ½ years. For Torbay this is significantly higher than the England percentage for all 14 years. As with England, however, the last few years show a decreasing trend.

Fig 104 shows those aged 50 to 64 screened within the previous 5 ½ years. In this case Torbay is significantly lower than the England percentage for 5 of the last 6 years and is on a stepped decline over the 1 ½ decades shown. This decline follows the trend of the South West and England.

It must be noted that cervical screening coverage will have been impacted by COVID-19 restrictions.

Fig 103: Percentage of women eligible for cervical cancer screening who have had a test in the previous 3½ years – Aged 25 to 49
Source: Fingertips

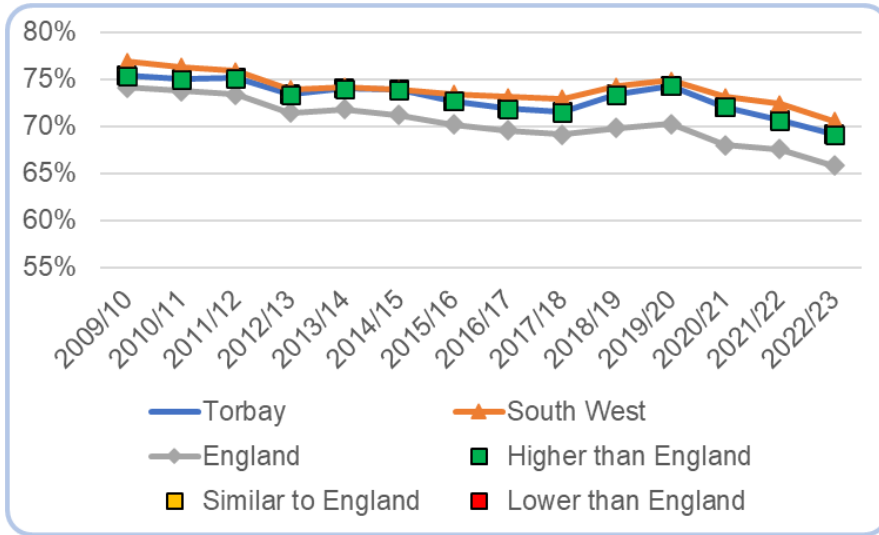
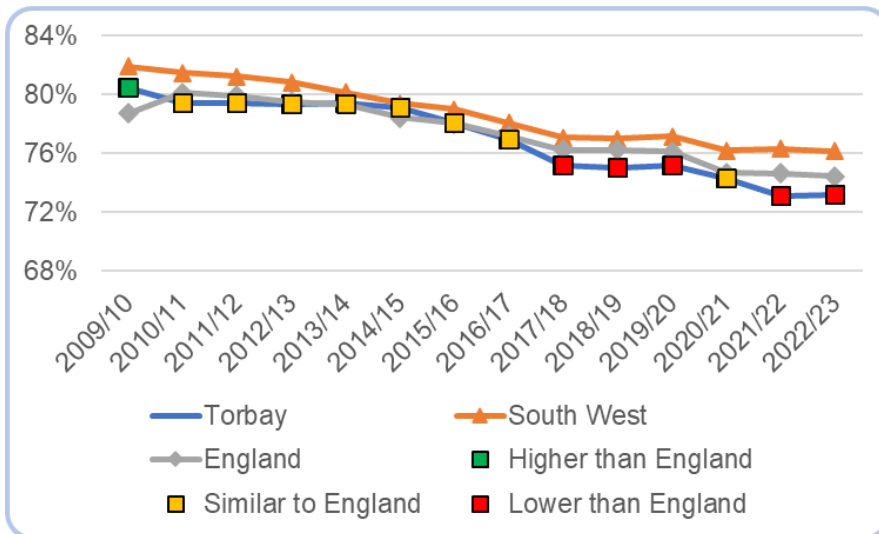


Fig 104: Percentage of women eligible for cervical cancer screening who have had a test in the previous 5½ years – Aged 50 to 64
Source: Fingertips

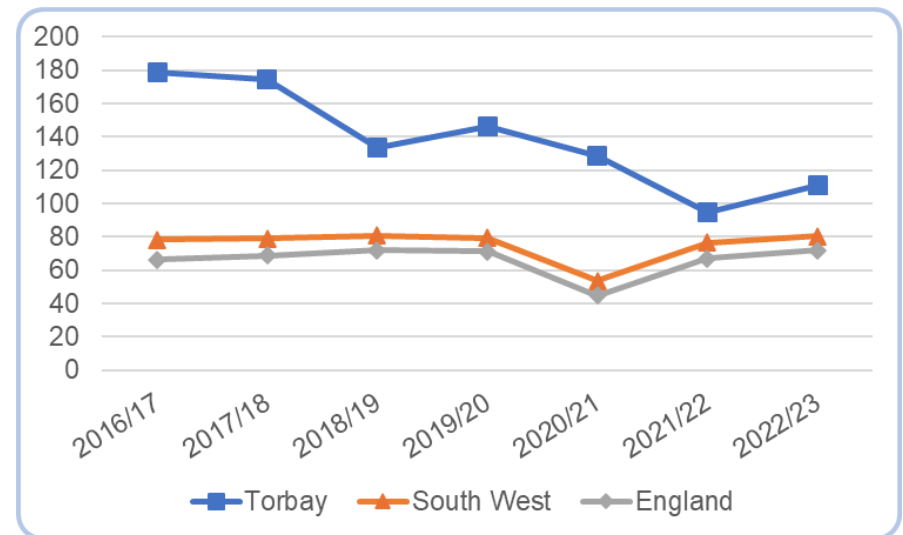


Endometriosis

This condition is where tissue similar to the lining of the womb grows in other places such as the fallopian tubes, ovaries and pelvis. It can affect women of all ages. The [Women's Health Strategy for England](#) (2022) reports that not enough is known about this condition and others that affect only women. Many women told them that it took years for them to receive a diagnosis for conditions such as endometriosis. (Department for Health and Social Care)

Endometriosis can be treated outside of hospital but some women require admission to hospital for treatment. Torbay has had significantly higher rates of admissions than the England average for at least the last 7 years, and significantly higher than the South West for all years except 2021/22 (Fig 105). Torbay is showing a reducing trend over the 7 years. Numbers of admissions range from around 55 to just over 100 a year.

Fig 105: Rate of hospital admissions due to a primary diagnosis of endometriosis, per 100,000 females (Age standardised)
Source: Hospital Episode Statistics



Menopause

The menopause is when women stop having periods and can no longer get pregnant naturally. It is normally experienced between the ages of 45 and 55. The [Women's Health Strategy for England](#) (2022) reports that women told them of difficulty in accessing appropriate menopause care, reported as due to a lack of recognition of menopause symptoms by both women and healthcare professionals. (Department for Health and Social Care)

A 2016 survey found that half of women aged 45 to 65 who had experienced the menopause in the previous 10 years had not accessed healthcare professionals about symptoms. This is despite the surveyed women reporting an average of 7 symptoms and 42% saying symptoms were worse or much worse than expected. Half said menopause symptoms affected their home life, over a third reported their work life impacted and 36% said symptoms impacted their social life. (Ipsos MORI survey on behalf of the British Menopause Society)

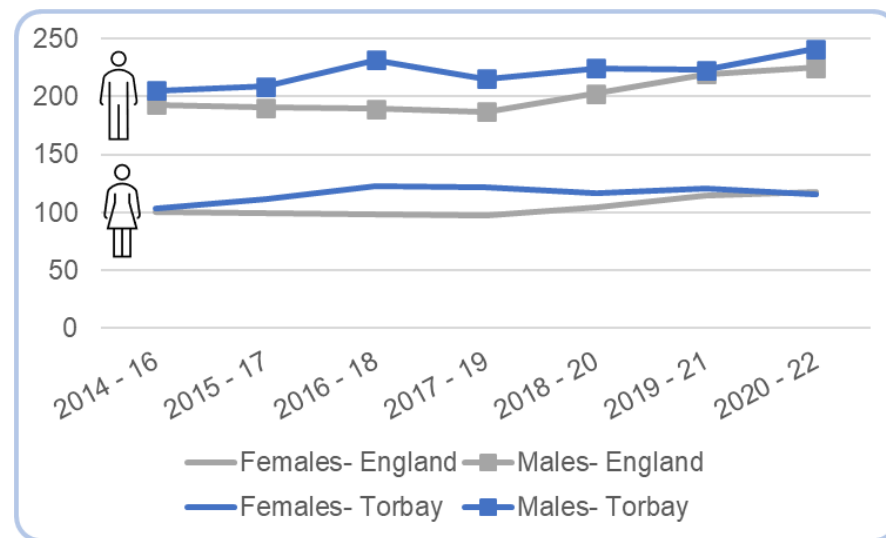
Preventable mortality

OHID defines preventable mortality as relating to deaths that are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause could mainly be avoided through effective public health and primary prevention interventions. The deaths are limited to those who died before they reached the age of 75.

Torbay females have had significantly lower rates of preventable mortality than males in each period, as in England (Fig 106). Female rates are around half of male rates. The Torbay female rate is similar to the England rate in the last 3 periods but significantly higher than England in 2016-18 and 2017-19. Torbay female rates are much higher than the South West in the 7 periods shown. In England the rate of preventable deaths for both females and males are much

higher in deprived areas than in less deprived areas and there is an increasing trend as deprivation increases.

Fig 106: Under 75 mortality rate from causes considered preventable, by sex, per 100,000 (Age standardised)
Source: Fingertips



In 2020-22, 41% of deaths of Torbay females aged under 75 were considered preventable which is in line with the England figure.

The main causes of preventable mortality in under 75 year old females:

- Cancers- 38% of Torbay's preventable deaths are from cancers in 2020-22. The rate per 100,000 has been pretty steady over the last decade and similar to England. The Torbay female rate is lower than males throughout (2020-22- females- 42.6 per 100,000, males 66.5).
- Respiratory disease- 17% of Torbay's preventable deaths in 2020-22, lower than males but statistically similar throughout the last decade. The female rate is broadly in line with England with

- no discernible trend (2020-22- females- 18.2 per 100,000, males- 23.6).
- Liver disease- 14% of Torbay's preventable deaths in 2020-22. Since the middle of the last decade the rates have been higher with 3 of the last 5 periods significantly higher than England. England is gradually increasing. Torbay male rates are higher than females (2020-22- females- 18.2 per 100,000, males- 31.2).
 - Circulatory disease- 12% of Torbay's preventable deaths in 2020-22. Torbay rates are broadly in line with England over the last decade. As in England, male rates are more than double the female rates in Torbay over the last decade, and in 2020-22 Torbay's male rate is more than triple the female rate (2020-22- females- 12.9 per 100,000, males- 45.9).

Further information can be found at:

[Women's Health Strategy for England](#) (Department for Health and Social Care, 2022)

Indicator	Measure	Torbay	Comparator Group	South West	England	RAG compared to England (Latest Year)	Direction of travel compared to previous period
Healthy life expectancy at birth - Female (2018 - 20)	Years	62	62	65	64	●	↓
Hospital admissions as a result of self-harm, aged 10 to 24 - Female (2022/23)	DSR per 100,000	978	790	861	531	●	↓
Hospital admissions for eating disorders - Female (2022/23)	DSR per 100,000	51	18	32	13	●	↑
Chlamydia detection rate, aged 15 to 24 - Female (2022)	Rate per 100,000	3640	2166	1929	2110	●	↑
Abortion rate (2021)	Rate per 1,000	22	19	15	19	●	↓
Unpaid carers aged 5 and above - Female (2021)	%	13.0%	11.9%	10.7%	10.3%	●	Not comparable
Breast screening coverage, aged 53 to 70 (2022/23)	%	66%	69%	70%	66%	●	↓
Cervical screening coverage, aged 50 to 64 (2022/23)	%	73%	75%	76%	74%	●	↑
Hospital admissions due to endometriosis (2022/23)	DSR per 100,000	111	73	80	72	Not relevant	↑

Economy and Employment

Overview

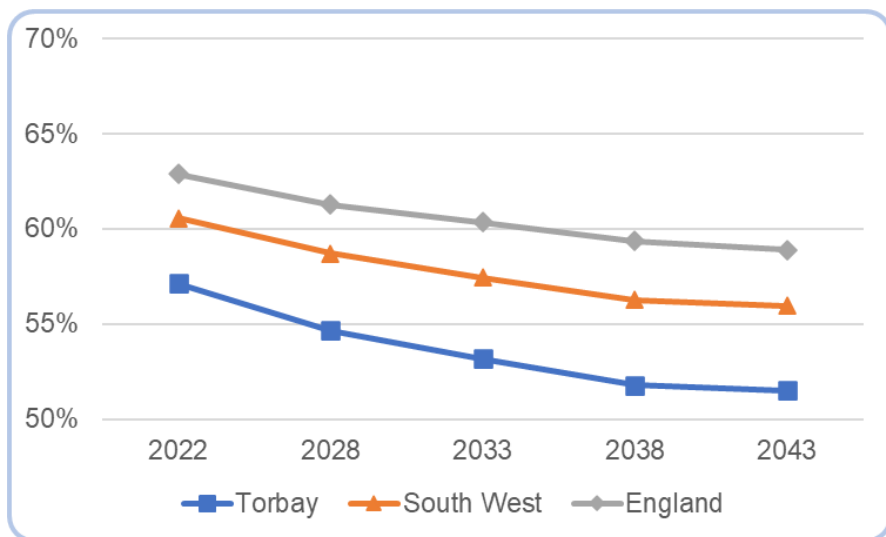
- Torbay has a lower proportion of working age people compared to England and this is forecast to fall over the next 20 years to approximately 50% of the population.
Source: NOMIS (ONS population estimates and projections)
- Lower level of economically active 16 to 64 years olds than England and South West.
Source: NOMIS (Annual Population Survey)
- Lower level of unemployment claimants than England average.
Source: NOMIS (Claimant Count)
- Average earnings significantly lower than regional and national average.
Source: NOMIS (Annual Survey of Hours and Earnings)
- More of the workforce is in a part-time job compared to England and South West.
Source: NOMIS (Business Register and Employment Survey)
- Fewer residents hold a degree level qualification than England and South West.
Source: Census 2021
- Better Full Fibre and Ultrafast coverage than England average.
Source: Ofcom Connected Nations

The levels and quality of employment underpin a community. A person who cannot find adequate employment which pays them enough to live without overwhelming financial worries is likely to have an increased risk of physical and mental ill health. Those with higher incomes can expect to have a higher life expectancy and more of that will be in good health.

Demographics

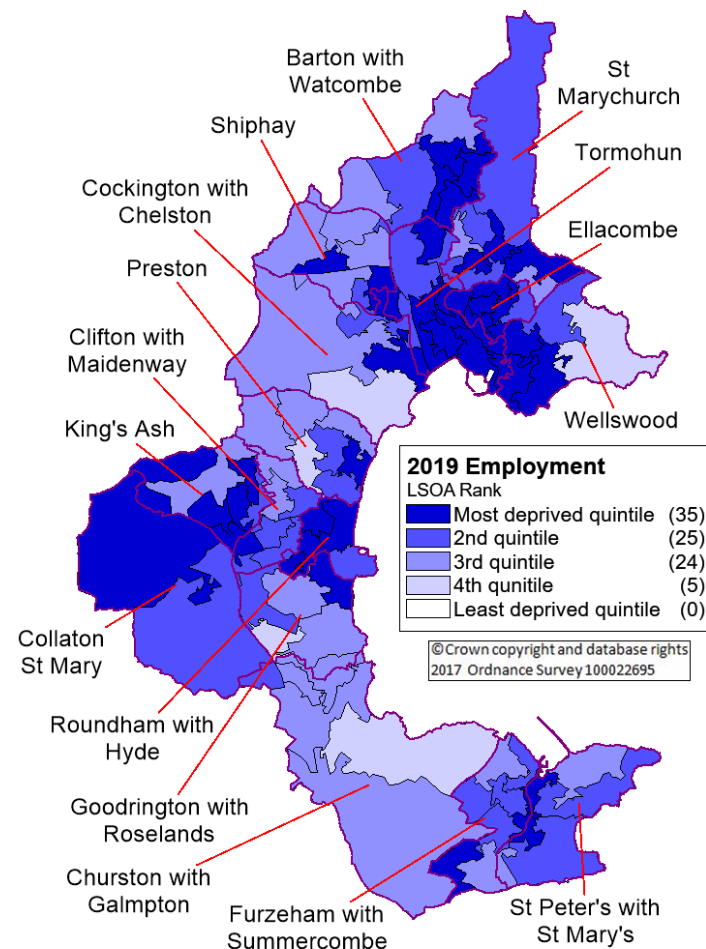
The 2022 ONS mid-year population estimates show approximately 57% (a slight rise from 2020 due to significant one-off migration of working age people during the COVID-19 pandemic in the ‘race for space’) of Torbay’s population is aged between 16 and 64, this is significantly lower than the England average of 63%. Current projections indicate that Torbay’s 16 to 64 year old population is set to fall to approximately 52% by 2043 (Fig 107). This wider fall in the working age population could potentially exacerbate worker shortages and have an adverse effect on tax receipts.

Fig 107: 16 to 64 population as a share of total population
Source: NOMIS (ONS Population estimates & projections)



Employment Deprivation from the 2019 Index of Multiple Deprivation measures the proportion of the working age population involuntarily excluded from the labour market (sickness, unemployment, disability or caring responsibilities). At 11th worst in England this was Torbay’s worst performing sub-domain (Fig 108).

Fig 108: Rank of Employment Deprivation
Source: English Indices of Deprivation 2019

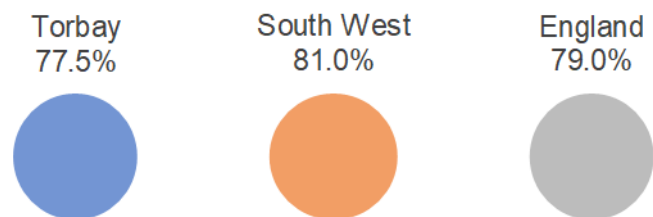


Economic activity

Over the last 5 years, the proportion of those aged 16 to 64 classified as being economically active (in employment or actively seeking employment) has been lower than the South West, England and our statistical comparators by a statistically significant margin (Fig 109). Male economic activity is a little higher than female economic activity in Torbay, but male rates are below England male rates whilst female rates are slightly higher than England female rates. The percentage of those aged 16 to 64 who are economically active has fallen by approximately 1 percentage point across Torbay and England from 2018/19 to 2022/23.

Fig 109: Percentage of 16 to 64 economically active (July 2018 to June 2023)
Source: NOMIS (Annual Population Survey)

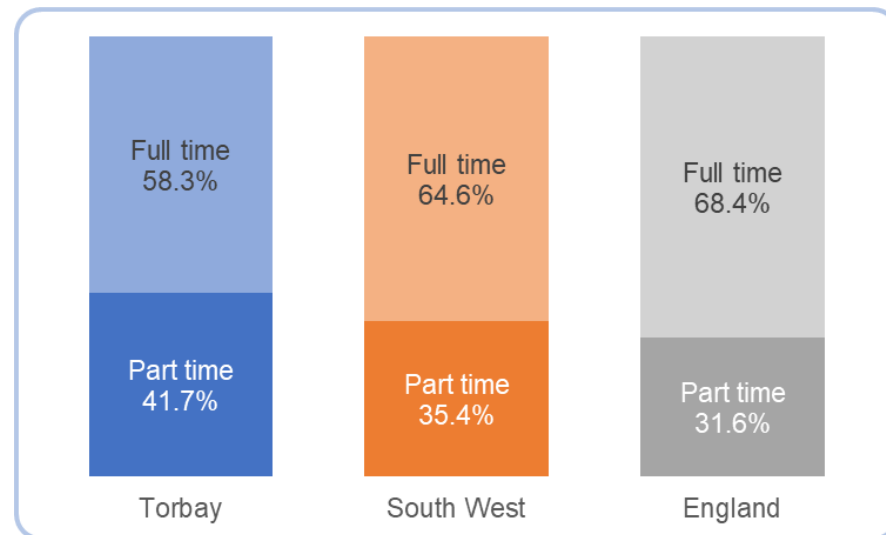
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The Office for National Statistics conducts a Business Register & Employment Survey. This shows significantly lower proportions of workers engaged in full-time (30 hours or more) as opposed to part-time employment for Torbay over the last 5 years when compared to England (Fig 110). The 2021 Census showed higher rates of full-time employment, however the difference is due to the Census asking workers how many hours they work, the Business survey asks businesses about employee hours. Also, the Census asks all employees including the self-employed rather than a sample of businesses.

Fig 110: Percentage of full-time and part-time workers (2018 to 2022)

Source: NOMIS (Business Register and Employment Survey)

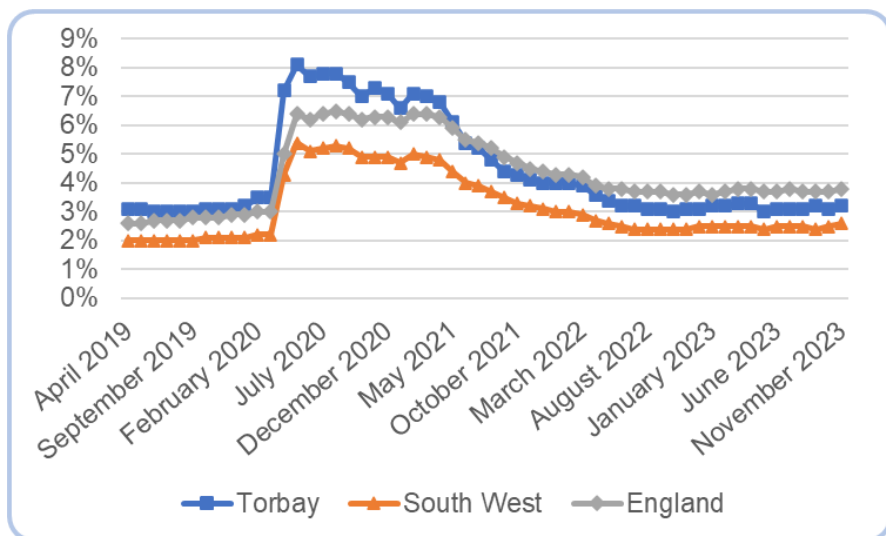


The unemployment claimant rate in Torbay rose significantly along with the rest of the country during 2020, rates have broadly halved from their 2020 peak to current periods (late 2023). Rates for Torbay remain lower than England but above the South West average (Fig 111). The unemployment count does not show the broader picture of those who would like to find paid employment but are unable to because of caring responsibilities, sickness or disability. As of November 2023, 2,550 people in Torbay were claiming unemployment benefit.

During 2023, approximately 11,800 households each month were claiming Universal Credit which equates to over 1 in 6 households (Source: Stat Xplore). Universal Credit is still in the process of being fully 'rolled out' to the population, within the next couple of years it is hoped that Universal Credit will be fully rolled out and will replace the

individual legacy benefits. This will allow for full comparison across geographies and from year to year.

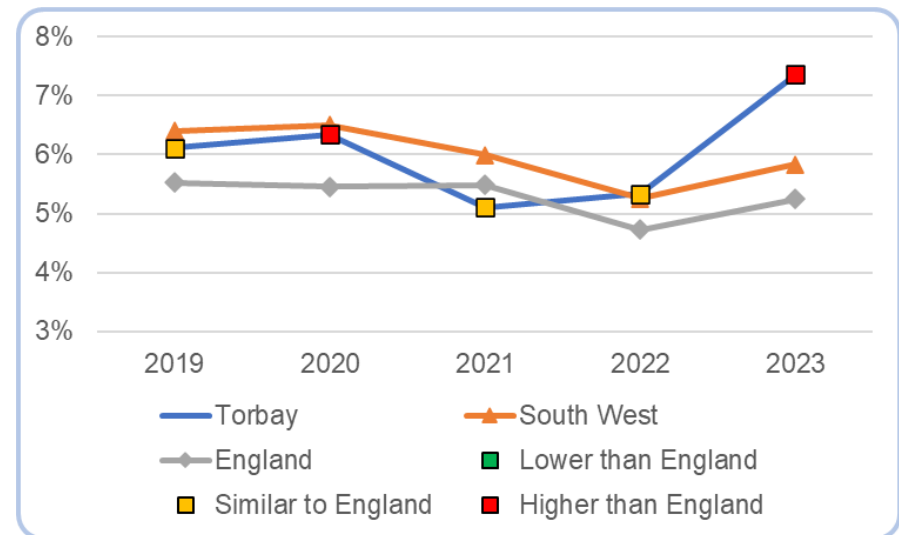
Fig 111: Percentage of those claiming unemployment benefit as a proportion of residents aged 16 to 64
Source: NOMIS (Claimant Count)



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Young people who are not in education, employment or training (NEET) are at greater risk of poor health, depression or early parenthood. It is required that all young people remain in education, employment or training until the end of the academic year in which they turn 17. For 2023, numbers of 16 to 17 year olds classified as NEET rose substantially from 2022. 225 (7.4%) of Torbay 16 to 17 year olds were classified as NEET, this is significantly higher than the regional and national averages (Fig 112).

Fig 112: Percentage of 16 and 17 year olds not in education, employment or training
Source: Explore Education Statistics.gov.uk



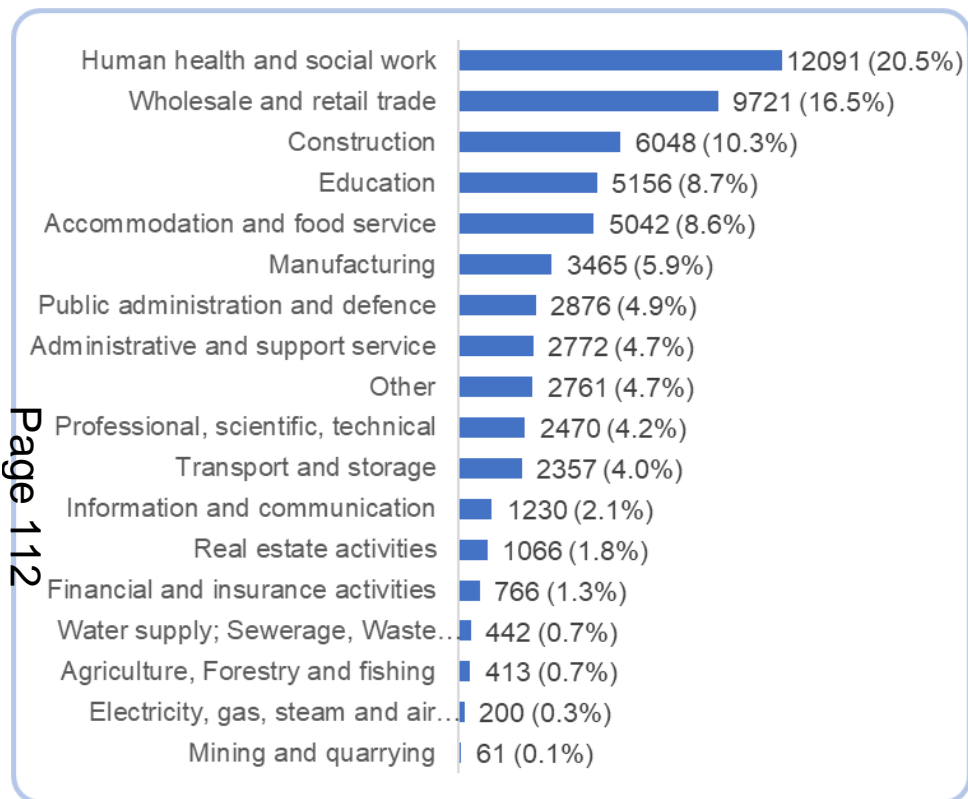
Workforce

The 2021 Census asked about a person’s employment and information is derived about the economic sector in which someone works. Numbers may differ from the Annual Population Survey, however given the that it is a survey it does not give numbers for all sectors as the sample size is too small, so for this document we will use the 2021 Census figures (Fig 113). The largest employment sector is Human health and social work (20.5%) followed by the Wholesale and retail trade (16.5%), Construction (10.3%), Education (8.7%) and Accommodation and food service (8.6%). Compared to the 2011 Census, the most significant rises in employment were in Human health & social work from 9,874 to 12,091 and Construction from 5,116 to 6,048. The most significant fall was in Accommodation and food service which fell from 5,837 to 5,042. It should be noted

that accommodation and food service businesses were very significantly affected by the COVID-19 pandemic.

Fig 113: Workforce within each employment sector (2021)

Source: Census 2021



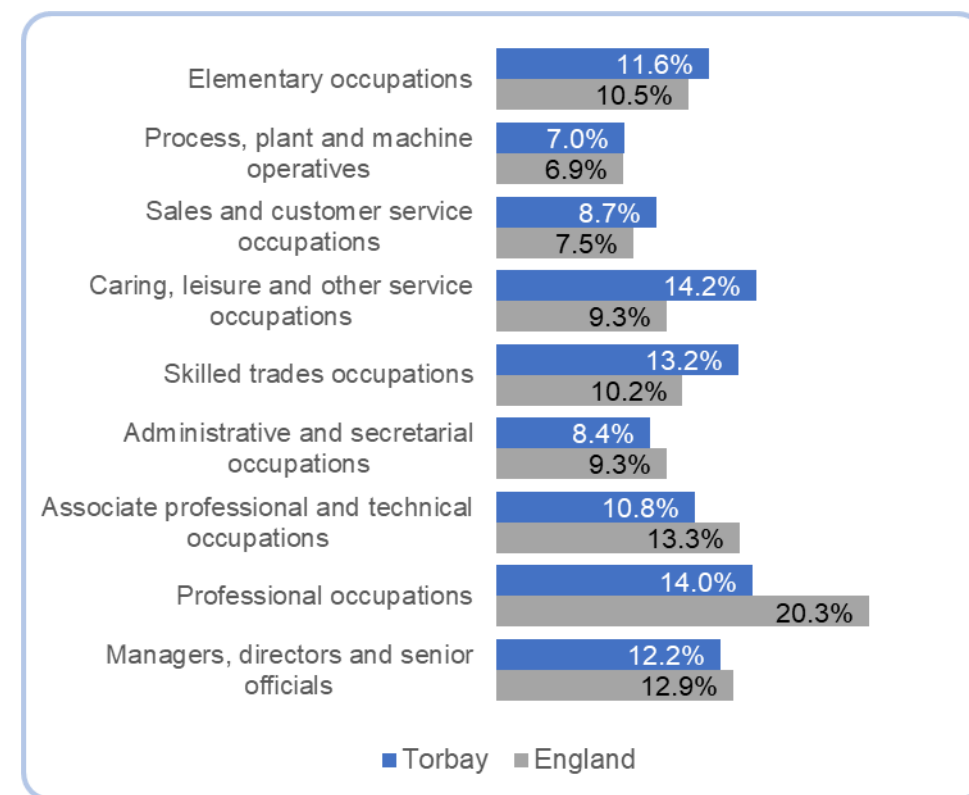
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The 2021 Census was also used to derive data relating to the occupational groups that people belonged to (Fig 114). The largest proportion belonged to ‘Caring, leisure and other service occupations’ at 14.2%, this was significantly higher than the England average of 9.3%. The second highest proportion related to ‘Professional occupations’ at 14.0%, this was significantly lower than the England average of 20.3%. All these groups were further divided into sub-groups, the largest of these were those in ‘Caring Personal

Services’ with 5,261 which equates to 8.9% of Torbay’s workforce, followed by ‘Sales Assistants and Retail Cashiers’ (5.8%) and ‘Construction and Building Trades’ (4.4%)

Fig 114: Workforce within each occupation group (2021)

Source: Census 2021



Torbay has consistently had lower average salaries than the national and regional average. The results of the 2023 annual survey of hours and earnings showed that median full-time annual salaries in England were 19.1% higher than those for **Torbay residents** (Fig 115) and 29.5% higher in England than those for people who **worked in Torbay** (Fig 117). The South West average was 15.4%

higher than those for Torbay residents and 23.4% higher than for those people who worked in Torbay.

The hourly rate of pay for full-time workers was significantly higher in England and the South West when compared to Torbay, there was less difference to England and the South West in relation to part-time workers (Figs 116 and 118).

Fig 118: Average (Median) Hourly Rate (2023) - Workplace
Source: NOMIS (Annual Survey of Hours and Earnings)

Area	All workers	Full-time	Part-time
Torbay	£12.87	£13.67	£12.12
South West	£15.07	£16.60	£12.22
England	£15.96	£17.54	£12.03

The Labour Force Survey asks questions around the number of working days lost due to absence in the previous week. Since the middle of the last decade, Torbay has seen significant reported falls in the percentage of working days lost to sickness (Fig 119). The latest data available for Torbay showed a rate of 0.17% which is the 2nd lowest rate of recorded sickness absence by local authority in England.

Fig 115: Average (Median) Full-time salary (2023) - Residents
Source: NOMIS (Annual Survey of Hours and Earnings)

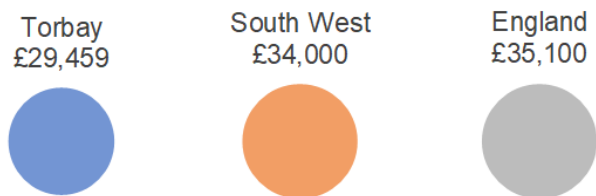


Fig 116: Average (Median) Hourly Rate (2023) - Residents
Source: NOMIS (Annual Survey of Hours and Earnings)

Area	All workers	Full-time	Part-time
Torbay	£13.55	£14.95	£11.81
South West	£15.38	£16.87	£12.26
England	£15.95	£17.54	£12.03

Fig 117: Average (Median) Full-time salary (2023) - Workplace
Source: NOMIS (Annual Survey of Hours and Earnings)

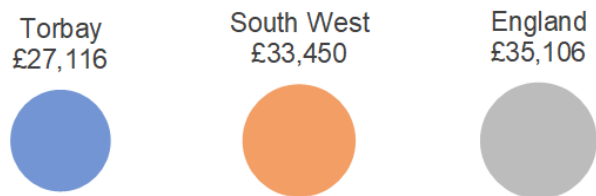
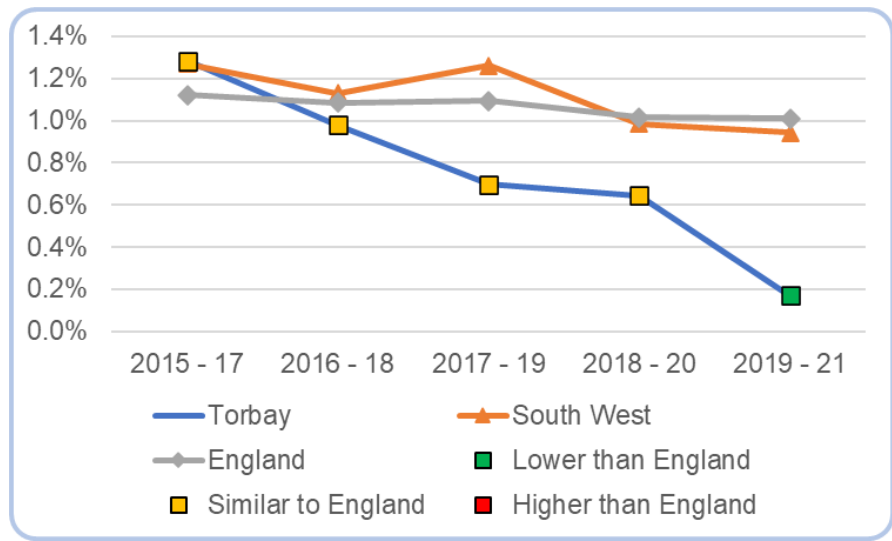


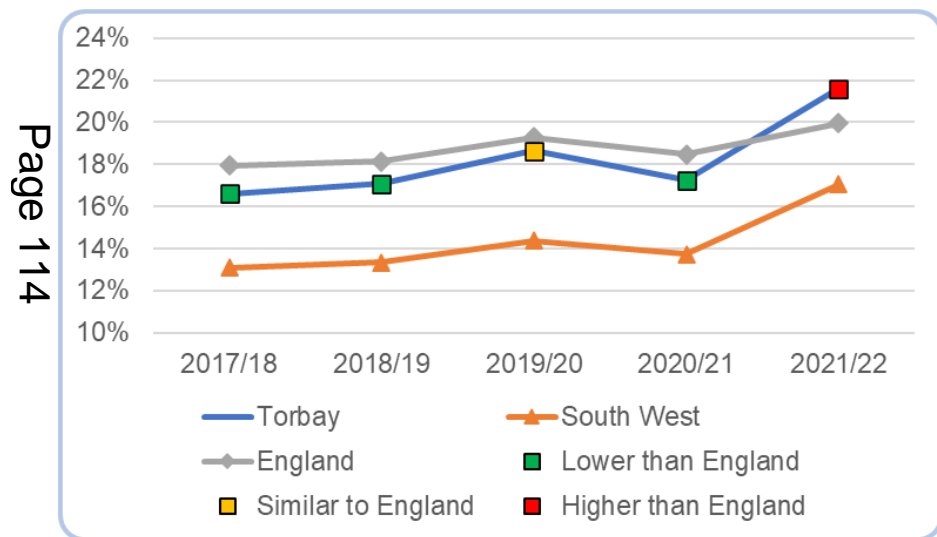
Fig 119: Percentage of working days lost due to sickness absence
Source: Fingertips



Rates of Torbay children under 16 living in low-income families rose significantly in 2021/22 compared to the year before. Over 1 in 5 Torbay children under 16 lived in a low income family during 2021/22, the rate was significantly higher than England and the South West (Fig 120). A family must have income less than 60% of median income (adjusted for family size and composition), have claimed Child Benefit and one or more of Universal Credit, Tax Credits or Housing Benefit to be classified as low income. The statistics do not take housing costs into account.

Fig 120: Children in relative low income families

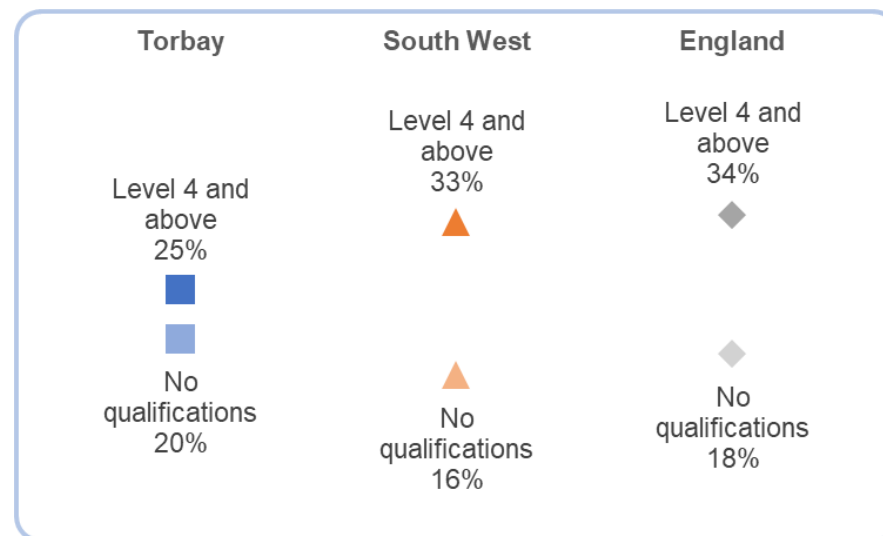
Source: Fingertips



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Fig 121: Highest level of qualification (2021)

Source: Census 2021



There continue to be significant gaps amongst those aged 16 to 64 in the overall employment rate and those with a physical or mental long term health condition which was 7.4 percentage points in 2022/23 (Fig 122), and Learning Disabilities which was 68.8 percentage points in 2021/22 (Fig 123). The physical or mental long term health condition gap is broadly similar to England, the Learning Disability gap has been broadly in line or better than the England average over the last 4 years but remains large.

The 2021 Census asked for the highest qualification level of those aged 16 and over. 20% of Torbay residents had no qualifications which was higher than South West and England averages. Torbay also had a significantly lower proportion of residents with a Level 4 qualification (degree level) or above (Fig 121). These gaps are broadly similar to the gaps seen in the Annual Population Survey of 16 to 64 year olds.

Fig 122: Gap in employment rate between those with a physical or mental long term health condition and the overall employment rate – Percentage points
Source: Fingertips

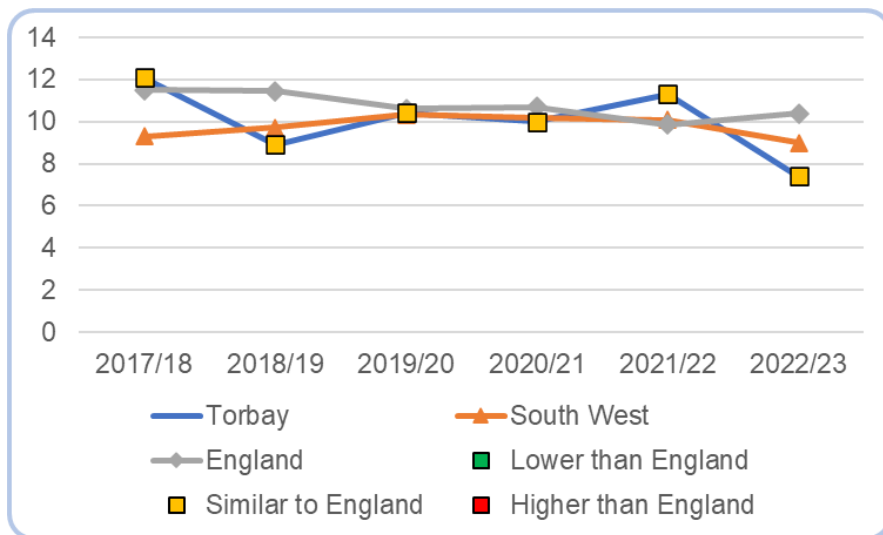
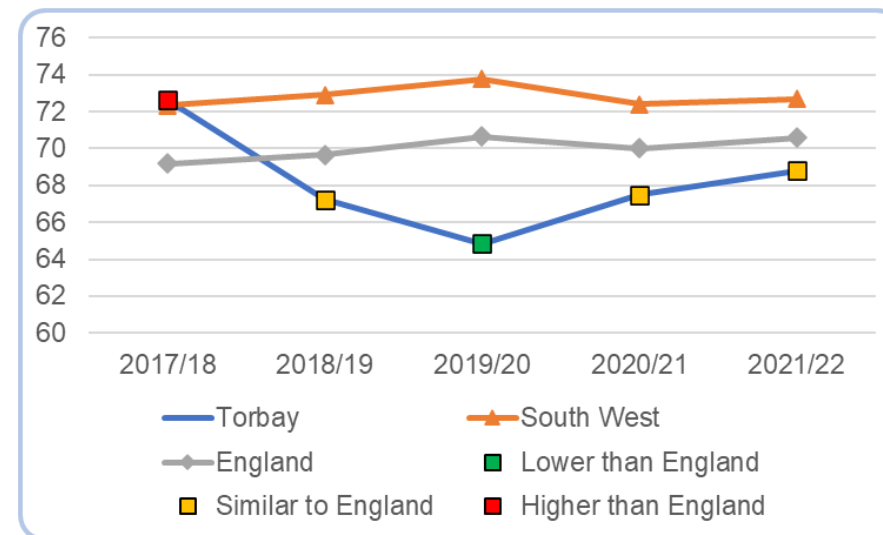


Fig 123: Gap in employment rate between those in receipt of long term support for a learning disability and the overall employment rate – Percentage points
Source: Fingertips



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Business, Broadband Connectivity and Insolvencies

The number of active business enterprises in Torbay stood at 4,545 for 2022, this has risen steadily from 4,360 in 2018. There were 530 births and 525 deaths of new enterprises within 2022, this is higher for births and deaths than any of the previous 5 years (Fig 124). For the 485 new Torbay enterprises born in 2017, 225 (46.4%) survived for 5 years, this is a better rate of survival than England (39.4%) and the South West (45.0%).

Gross Value added is an economic productivity metric that measures the contribution to the economy of each sector (for our purposes, each local authority district). It is the value of the amount of goods and services that have been produced, less the cost of all inputs and raw materials that are directly attributable to that production. For the last 3 years available (2019, 2020 and 2021), Gross Value added per

filled job for Torbay has been amongst the lowest in England with only 2 local authorities having a lower GVA per filled job in England for 2021 (Torridge, West Devon).

The GVA data was taken from [Subregional productivity: labour productivity indices by local authority district - Office for National Statistics \(ons.gov.uk\)](#) and relates to Current price (smoothed) GVA (B) per filled job.

Fig 124: Torbay enterprises (2022)
Source: Business Demography (ONS)



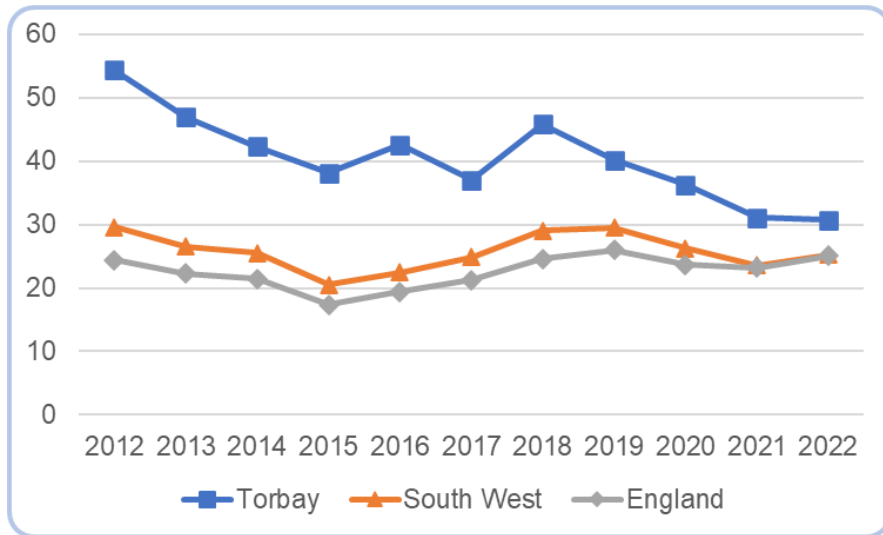
As more of our leisure and work is conducted on-line, good broadband connectivity is essential to serve both customers and workers. The latest Connected Nations September 2023 data from Ofcom shows that 98% of Torbay residences have Superfast broadband availability, 86% Ultrafast broadband availability and 78% full-fibre availability. Torbay has a significantly higher proportion of residential premises able to connect to Ultrafast (UK 78%) and Full Fibre (UK 57%). It is a similar story with Commercial premises with Torbay having significantly higher levels of availability of Ultrafast (71% to 55%) and Full fibre (58% to 37%) compared to UK (Fig 125).

Fig 125: Broadband connectivity availability (September 2023)
Source: Ofcom Connected Nations

Residential	Torbay	UK
Full Fibre	78%	57%
Ultrafast	86%	78%
Superfast	98%	97%
Unable to receive decent broadband	<1%	1%
Commercial	Torbay	UK
Full Fibre	58%	37%
Ultrafast	71%	55%
Superfast	88%	87%
Unable to receive decent broadband	5%	5%

The rate of Individual Insolvencies per 10,000 adults in Torbay reached its lowest level in the last decade during 2022, this is the continuation of a trend over the decade with a drop from 580 Individual Insolvencies in 2012 to 351 in 2022. However, rates are still significantly higher than the South West and England (Fig 126). The make-up of Individual Insolvencies has changed significantly since 2012 with a significant increase in Individual Voluntary Arrangements but falls in Debt relief orders and bankruptcies.

Fig 126: Individual Insolvency Rates per 10,000 adults
Source: Insolvency Service



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You may find documents held at the following site useful:-

[Economic Regeneration and Tourism - Torbay Council](#)

Indicator	Measure	Torbay	Comparator Group	South West	England	RAG compared to England (Latest Year)	Direction of travel compared to previous period
16 to 64 year old population (2022)	%	57%	60%	61%	63%	●	↓
16 to 64 year olds who are economically active (July 2018 to June 2023)	%	77%	78%	81%	79%	●	↓
Of those employed, in full-time employment (2018 to 2022)	%	58%	65%	65%	68%	●	↓
Unemployment (Nov 2023)	%	3.2%	3.6%	2.5%	3.8%	●	↑
16 and 17 year olds not in education, employment or training (2023)	%	7.4%	5.0%	5.8%	5.2%	●	↑
Median full-time salary - Residents (2023)	£	£29,459	£32,920	£34,000	£35,100	●	Not relevant
Level 4+ Qualification (2021)	%	25%	29%	33%	34%	●	↑
Children in relative low income families (2021/22)	%	22%	21%	17%	20%	●	↑
Individual Insolvency Rate (2022)	Rate per 10,000	31	32	25	25	●	↓

Housing

Overview

- More than 1 in 4 (27%) Torbay households privately rent which is significantly higher than England. This is combined with the lowest level of socially rented accommodation in the South West.

Source: Census 2021

- Significant house price rises have exacerbated affordability issues.

Source: Office for National Statistics

- Page 119
- Since the start of 2020, 42% of Torbay dwellings had an Energy Performance Certificate (EPC) rating of C or better.

Source: Department for Levelling Up, Housing & Communities

- Notable rise in the number of households experiencing fuel poverty in Torbay.

Source: Fingertips

- Rate of homelessness has been consistently higher in Torbay when compared to England.

Source: Fingertips

- On average, 150 households were in temporary accommodation each quarter between October 2022 and September 2023.

Source: Department for Levelling Up, Housing & Communities

Many parts of the UK have a significant problem in relation to the affordability, availability and quality of their housing stock. Torbay also has significant issues in relation to the points above, these issues will be particularly pronounced among younger and less affluent members of our community.

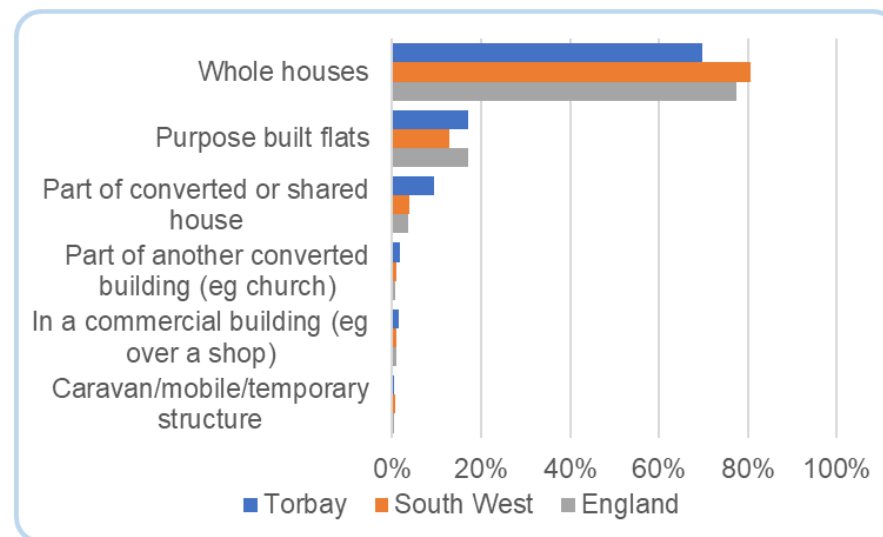
Households and housing mix

In the 2021 Census, Torbay had just under 63,000 households. 70% of these households lived in a whole house which was significantly lower than the South West and England (Fig 127). Torbay had significantly higher numbers of people who lived in part of a converted or shared house, including bedsits which accounted for 9.3% of households (South West 3.8%, England 3.5%). There were very significant differences between wards, for instance just over 1 in 5 (21%) households in Roundham with Hyde lived in a converted or shared house including bedsits compared to less than 1% in Churston with Galmpton, Collaton St Mary and Barton with Watcombe.

The 2021 Census showed that just over 1 in 3 (35%) of Torbay households consisted of 1 person, this is slightly higher than the South West and England (30%). Just over 1 in 6 (18%) are one person households aged 66 years or over with the highest concentration of 1 in 4 in Wellswood. Tormohun (31%) in central Torquay and Roundham with Hyde (28%) have the most significant proportion of one person households aged 65 and under. Just under 1 in 4 (23%) households in Torbay have dependent children, in King’s Ash and Barton with Watcombe this rate is approximately 1 in 3 households. Just over 1 in 20 (5.4%) of Torbay households consisted of 5 or more people, the most significant concentration was in King’s Ash (8.6%), Collaton St Mary (8.4%), Barton with Watcombe (7.5%) and Shiphay (6.8%).

Fig 127: Accommodation type of households (2021)

Source: Census 2021



Torbay, in line with England had 69% of its properties classified as underoccupied. Half of Torbay’s wards have at least 75% of households underoccupied, rates of under occupation range from 49% of households in Tormohun to 87% in Churston with Galmpton.

Tormohun has the highest rate of over occupation with 228 households (3.6%) being 1 bedroom overoccupied and a further 35 households (0.6%) being 2 or more bedrooms overoccupied.

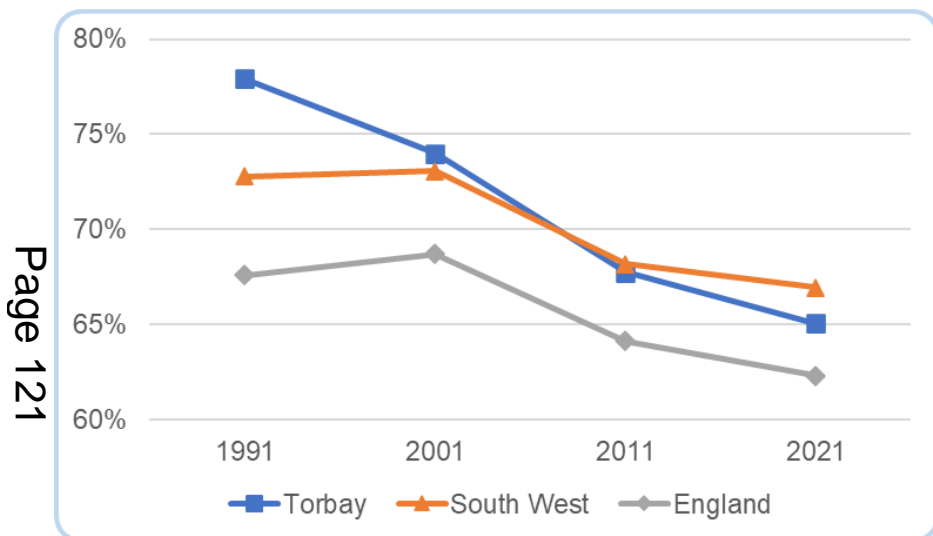
Almost 2 in 3 households own their property, either outright or with a mortgage. This rate of home ownership in Torbay has been on a steady decline from 78% of Torbay households in 1991 to 65% in 2021. There has been a decline in home ownership across the South West and England but the rate of decline is shallower (Fig 128).

Torbay has high rates of privately rented accommodation, 27% of Torbay households live in the privately rented sector (Fig 129) which

is significantly higher than the South West and England rates of 20%. Roundham with Hyde (47%), Tormohun (45%) and Ellacombe (40%) have the highest rates of households living in privately rented accommodation. Conversely, Torbay has low rates of households living in socially rented accommodation at 8%, this is the lowest rate in the South West.

Fig 128: Percentage of households who own their own home

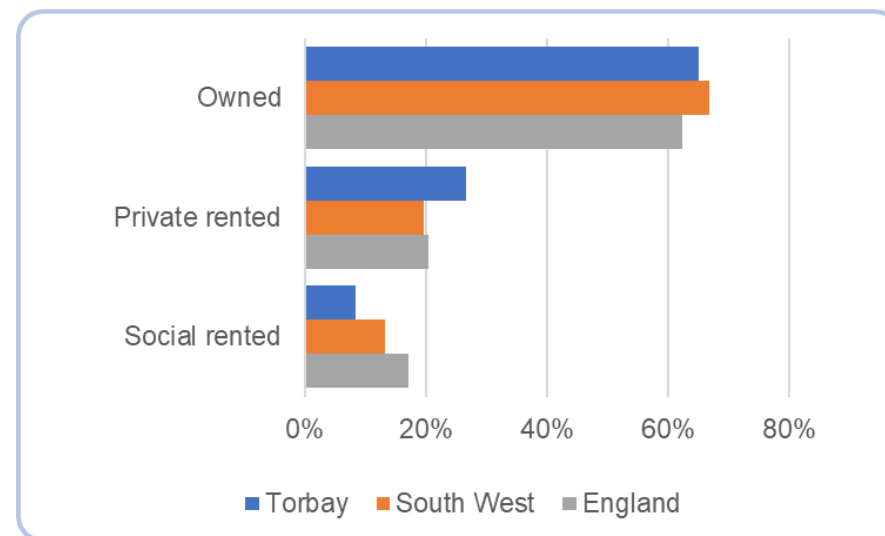
Source: Census



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Fig 129: Housing Tenure (2021)

Source: Census 2021



House prices and rents

Over the last 20 years, the median house price (including flats) in Torbay has risen at a slightly lower rate than the South West and England. For the year ended September 2022, the median house price in Torbay was £245,000 which was a 21% rise when compared to 2 years before as prices rose after the 2020 COVID-19 lockdowns. The lower quartile house price for the year ended September 2022 was £170,000 in Torbay, lower quartile refers to median of the lower half of house prices. These prices have risen 10% over the previous 2 years. Within Torbay, the lower quartile prices have risen slightly slower than median prices over the last 20 years (Fig 130).

Fig 130: Median and lower quartile house prices (£, year ending September)

Source: Office for National Statistics

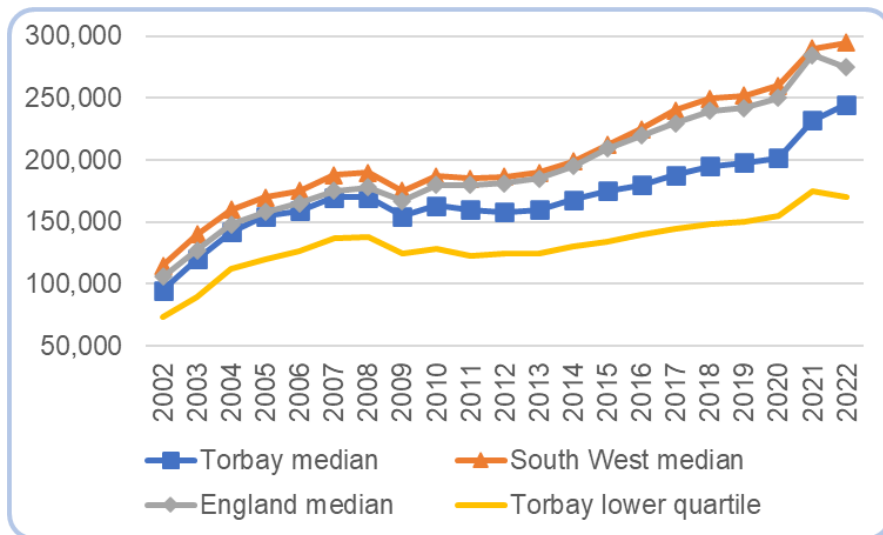
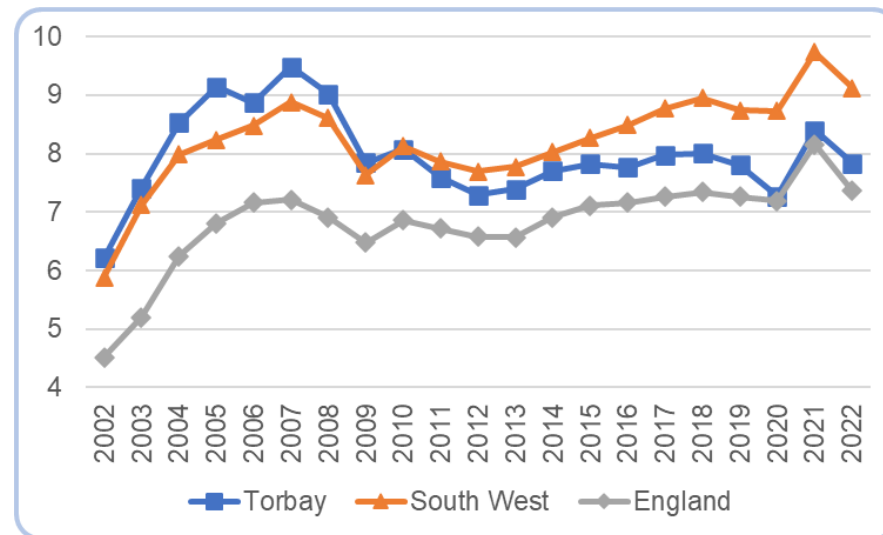


Fig 131: Ratio of lower quartile house price to lower quartile gross annual residence-based full-time earnings

Source: Office for National Statistics



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House prices by themselves only tell part of the story around housing affordability. A measure of affordability lies in the ratio of lower quartile house prices to lower quartile earnings of residents.

Although Torbay house prices are lower when compared to England, wages are also lower in Torbay which means that over the last 20 years, affordability has been a more significant issue than across England. However, over the last few years affordability has been closer to England but significantly better than the South West (Fig 131). For the year ended September 2022, the ratio of lower quartile house price to lower quartile residence-based full-time earnings was 7.84 (South West – 9.12, England – 7.36). It should be noted that these ratios are calculated against those in full-time employment, for a large amount of those who are employed part-time these ratios will be significantly worse.

For many people, buying a house is not currently or is unlikely to ever be a choice they can make due to the affordability of property. 27% of Torbay households currently rent privately which is significantly higher than the South West and England. Whilst overall rents are lower in Torbay compared to the South West and England, it should also be noted that wages are lower. Whilst lower quartile rents were lower in Torbay for rooms, studio and 1 bed properties when compared to England, they were broadly in line or higher with respect to 2 and 3 bed properties which when combined with lower Torbay wages made these 2 and 3 bed properties less affordable than England (Fig 132). Overall, Torbay lower quartile monthly rents increased by 5.2% from the previous year.

Fig 132: Lower quartile monthly rents (October 2022 to September 2023)

Source: Office for National Statistics Private rental statistics

Area	Torbay	South West	England
Room	£390	£435	£422
Studio	£425	£495	£525
1 bed	£475	£575	£575
2 bed	£625	£725	£650
3 bed	£775	£860	£735
4+ bed	£1,025	£1,300	£1,175

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Housing quality and efficiency

Cold and damp homes can worsen asthma and respiratory conditions. Cold homes can worsen musculoskeletal conditions such as arthritis. Cold or damp conditions can also have a significant impact on mental health. Higher levels of depression and anxiety are more common among people living in these conditions

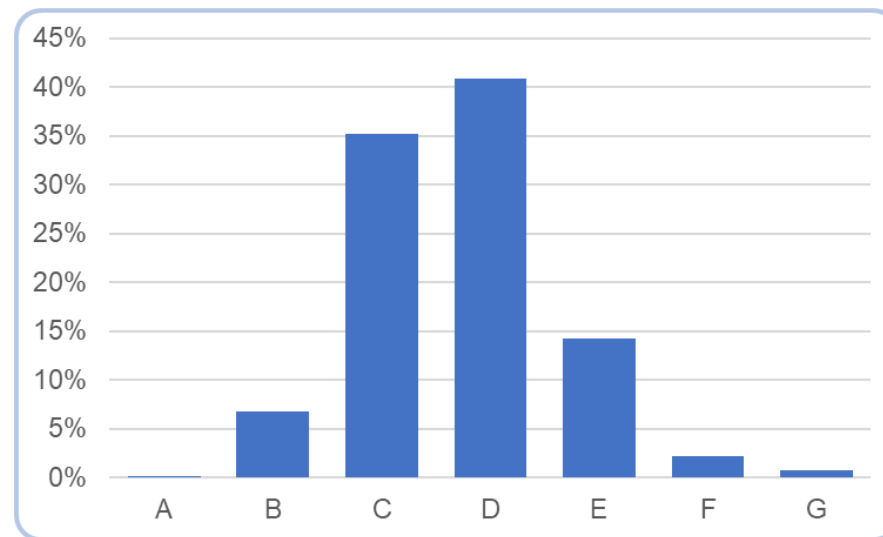
[Health inequalities: Cold or damp homes - House of Commons Library \(parliament.uk\).](#)

An Energy Performance Certificate (EPC) measures how energy efficient a property is, these are needed for new-build properties and if you wish to sell your property. An EPC is graded from A for the most energy efficient properties to G for the least energy efficient. As well as the environmental need for more energy efficient houses, there is a financial imperative in the face of higher energy bills. Grades A to C are seen as the target to reach, although this can be particularly difficult in older properties. For the period January 2020

to September 2023 (data collection started in late 2008), 42% of Torbay dwellings were rated as EPC Band C or better (Fig 133). Rates were significantly better in flats than houses, and 94% of new properties were rated A to C. By comparison, 39% of existing dwellings since January 2020 were Band C or better. Energy efficiency for existing dwellings has improved when compared to the 29% achieving Band C or better since 2008 but it is still the case that only the minority of existing dwellings meet this target. Socially rented properties were more than twice as likely to be Band C or higher than privately rented or owner occupied. Latest data for the number of EPC lodgements during the period January 2020 to September 2023 is shown in Fig 133, over 40% of Torbay lodgements returned a Band D.

Fig 133: Percentage of grades for EPC lodgements - Torbay (January 2020 to September 2023)

Source: Department for Levelling Up, Housing & Communities

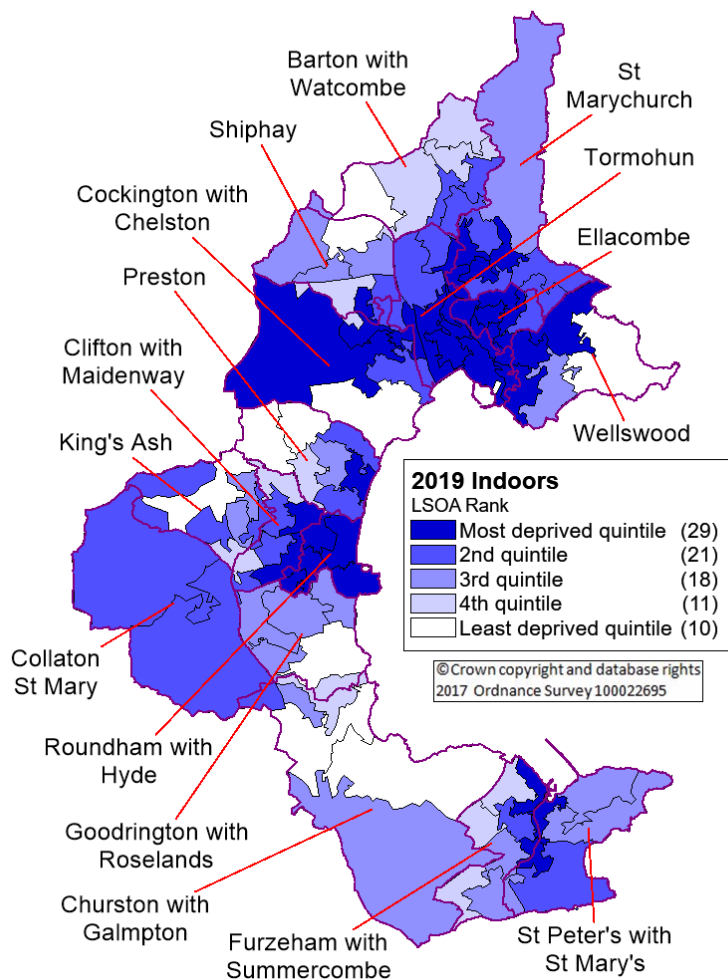


Indoor deprivation is a sub-section of the Index of Multiple Deprivation 2019. Indoor deprivation measures the quality of

housing, specifically the proportion of houses that do not have central heating or fail to meet the Decent Homes standard. There are significant concentrations of indoor deprivation in the central areas of Torquay, Paignton and Brixham (Fig 134)

Fig 134: Rank of Indoor Deprivation

Source: English Indices of Deprivation 2019



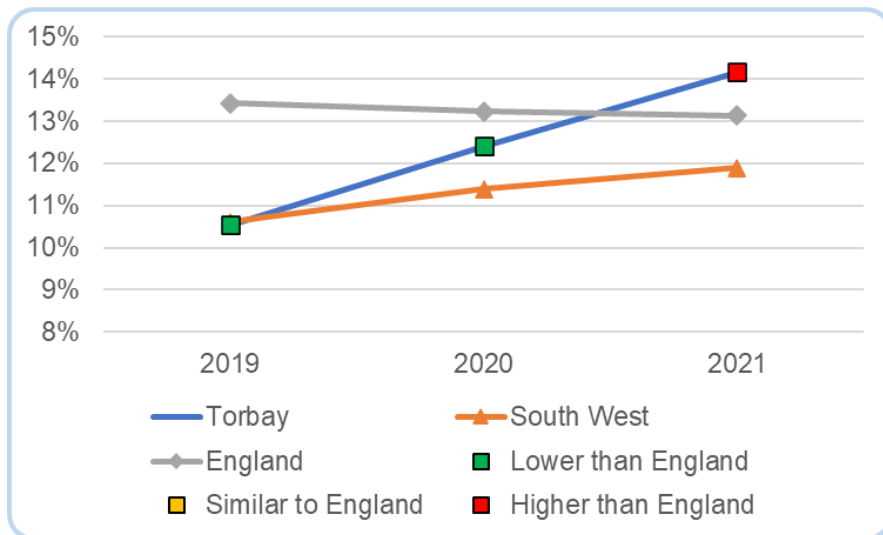
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1,420 households in Torbay had no central heating according to the 2021 Census. This equates to 2.3% of households (England 1.5%) and has fallen from 2,925 households in 2011. Rates were highest in Tormohun (4.4%) and Roundham with Hyde (3.8%).

The Department for Business, Energy and Industrial Strategy uses the low income, low energy efficiency methodology to measure fuel poverty. Under this, a household is considered to be fuel poor if they are living in a property with an EPC rating of Band D or worse and when they spend the required amount to heat their home, they are left with a residual income below the official poverty line (less than 60% of median disposable income).

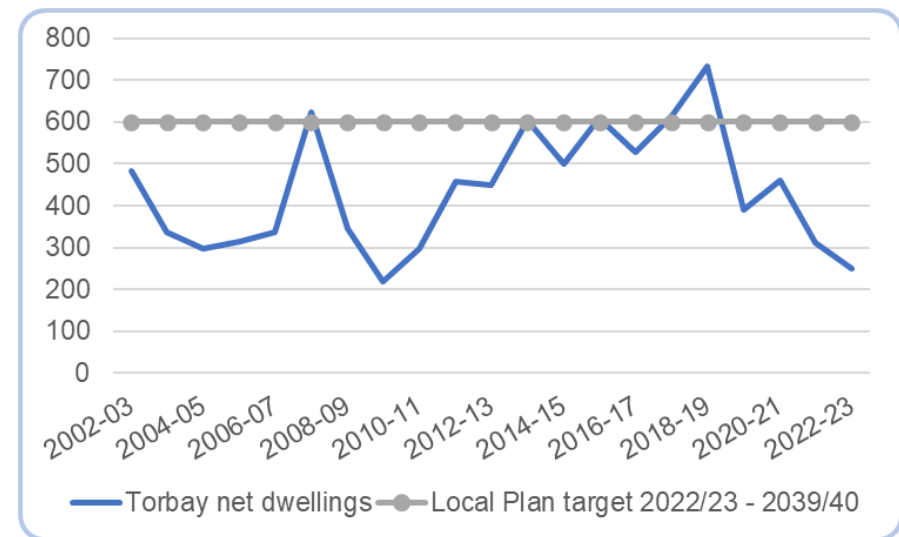
As of mid-March 2024, there were no available records at local authority level beyond 2021 which means the available data for Torbay does not take into full account the surges in fuel prices that started in late 2021. As of 2021, 1 in 7 of Torbay’s households was in fuel poverty which was higher than the South West and England (Fig 135). This is a significant rise from the figure of less than 1 in 9 Torbay households from 2019. Across England, fuel poverty is significantly more prevalent amongst those with dependent children than those without. Updates to fuel poverty statistics will be published at [Fuel poverty statistics - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/fuel-poverty-statistics).

Fig 135: Percentage of households in fuel poverty (Low income, low energy efficiency methodology)
Source: Fingertips



500 respectively. Torbay had been set a target by central government of the minimum number of homes that should be built in Torbay, this figure is 600 dwellings a years, or 10,800 new homes by 2040 [Local Plan Update - Torbay Council](#). This is a significant challenge for Torbay as 600 net additional dwellings in a year has occurred only 4 times in the last 10 years (Fig 136). There continue to be significant revisions around national planning policy and the 600 net additional dwellings target may be revised or removed.

Fig 136: Torbay net additional dwellings
Source: Department for Levelling Up, Housing and Communities



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Housing needs and homelessness

On 31st March 2023, Torbay Council had 1,674 households on its housing waiting lists, this is a significant increase compared to 31st March 2019 when there were 1,045 households on the list. However, rates are much lower than the beginning and middle of the last decade. Of the 1,674 households, 868 required 1 bedroom, 393 required 2 bedrooms, 272 required 3 bedrooms and 141 required more than 3 bedrooms. The housing waiting list equates to 2.7% of Torbay households compared to the England rate of 5.5%.

Statistics around net additional dwellings for the period 2011-12 to 2020-21 have been significantly revised after the release of the 2021 Census, leading to a significant uplift in the number of net additional dwellings in Torbay during this period. The number of net additional dwellings added to Torbay housing stock during 2022/23 was 251, this is significantly below the 5 year and 10 year averages of 429 and

The Department for Levelling Up, Housing and Communities together with the Ministry of Housing, Communities and Local Government provide data in relation to the additional annual supply of affordable housing. For the 8 years 2015/16 to 2022/23, 429 additional affordable units were completed in Torbay, most of these relating to affordable rent or shared ownership (Fig 137). These statistics consist almost exclusively of those funded through Homes England funded providers or a Section 106 nil grant.

Fig 137: Affordable housing completions – Torbay (2015/16 to 2022/23)

Source: Department for Levelling Up, Housing and Communities

Affordable housing completions type	Number
Affordable Home Ownership	15
Affordable Rent	176
Shared Ownership	181
Social Rent	57
TOTAL	429

As of October 2023, Torbay had 2,834 vacant dwellings, 1,237 of these have been vacant for at least 6 months which is classified as long-term. Torbay Council Tax base for October 2023 showed 68,434 dwellings on the valuation list, this indicates that 1.8% of Torbay dwellings were long-term vacants, this compares to 1.0% for England. Until 2022, vacancy rates in Torbay had been on a general downward trend (Fig 138).

Torbay has consistently had a significantly higher number of households who have been owed a duty under the Homelessness Reduction Act when compared to the South West and England (Fig 139). Among the groups who have significantly higher rates in Torbay when compared to England are those who have dependent children and those where the main applicant is aged 16 to 24 years.

Fig 138: Vacant dwellings – Torbay

Source: Council Tax base statistics Table 615

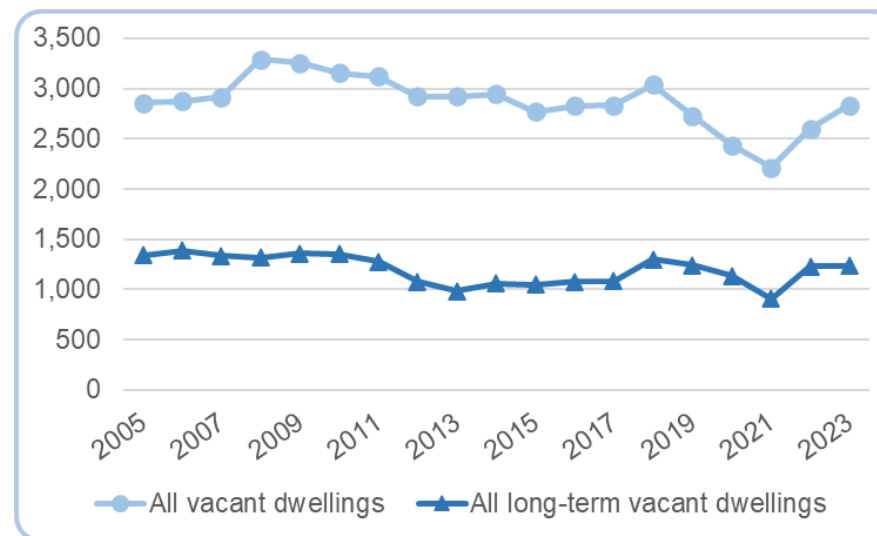
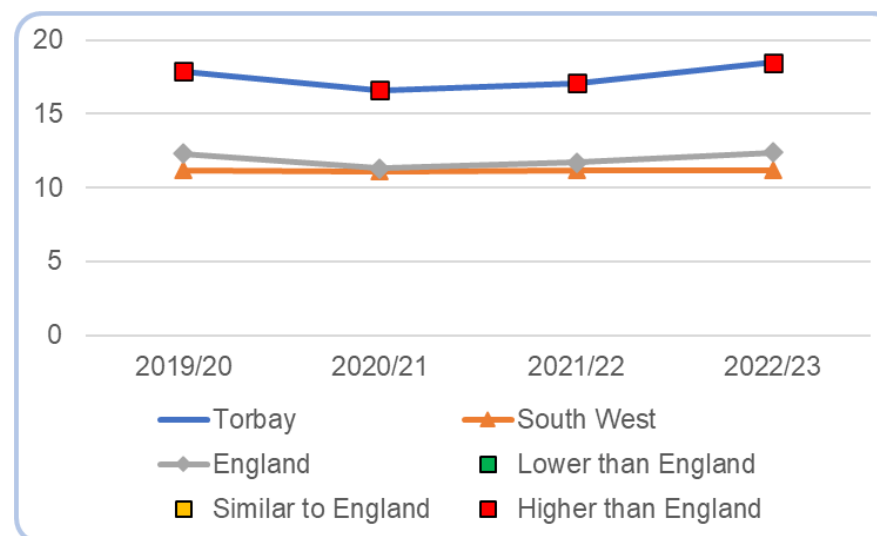


Fig 139: Homelessness: Rate of households owed a duty under the Homelessness Reduction Act, per 1,000

Source: Fingertips



For 2022/23, 1,188 out of the 1,194 Torbay households assessed were owed a homelessness duty, including 706 households owed a relief duty (because they were already homeless), and 482 threatened with homelessness who were owed a prevention duty. Figures were taken from the homelessness tables held at [Tables on homelessness - GOV.UK \(www.gov.uk\)](https://www.gov.uk).

The main reasons for the loss of their last settled home for those owed a *relief duty* were:

- End of private rented tenancy (assured shorthold) – 28%
- Friends or family no longer willing or able to accommodate – 20%
- Domestic Abuse – 17%
- Non-violent relationship breakdown with partner – 12%

For those owed a *prevention duty* the main reason for the threat of loss of last settled home was the end of a private rented assured shorthold tenancy (66%). This is much higher than the England average which is around 39%.

For 2022/23, 73% of Torbay households owed a duty had support needs, in many cases multiple support needs, this was significantly higher than the rate of 53% across England over the same period. Of all Torbay households owed a duty the 5 most common support needs were:

- History of mental health problems – 49%
- Physical ill health and disability – 35%
- At risk of or had experienced domestic abuse – 22%
- History of repeat homelessness – 19%
- Learning Disability – 16%

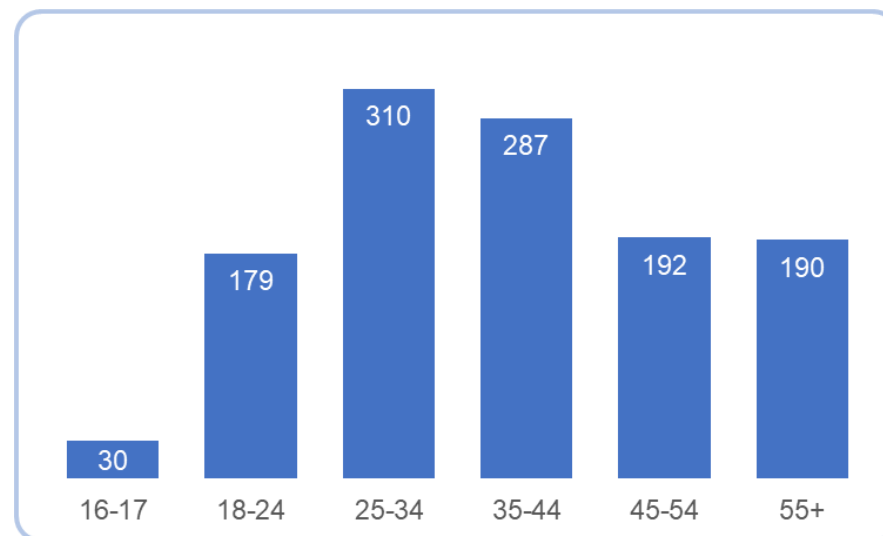
All of these support needs were more common in Torbay than across England over the same period, for instance 27% had a history of

mental health problems across England, 18% experienced physical ill health and disability.

Just over half of the main applicants during 2022/23 owed a prevention or relief duty were between 25 and 44 years old (Fig 140).

Fig 140: Age breakdown of those owed a homelessness duty – Torbay (2022/23)

Source: Department for Levelling Up, Housing and Communities



Just over 3 out of 4 people owed a *relief duty* during 2022/23 (already homeless) were either single males (55%) or single females (22%). 18% of people owed a relief duty had dependent children (11% were single mothers, 3% single fathers, 3% couples).

For those owed a *prevention duty* the main groups consisted of 45% who were single adults (28% male, 17% female), 23% single female parents with dependent children, 15% couples with dependent children and 11% couples/two adults without dependent children.

The average number of households in temporary accommodation in Torbay (averaged over 4 quarters from 3 months to 31st December

2022 – 3 months to 30th September 2023) was 150, of these, on average, 65 were households with children. The most common form of temporary accommodation was private sector accommodation which accounted for 56% of temporary accommodation, followed by bed and breakfast hotels (20%) and hostels (19%). For those households with children, they were most likely to be placed in private sector accommodation (68%), followed by hostels (20%) and local authority/housing association stock (9%).

Every year, there is a snapshot taken in the Autumn of the number of rough sleepers throughout England on 1 particular night. Over the period 2018 to 2022 the number of rough sleepers counted in Torbay had varied between 16 and 20. For 2023, that number rose to 27.

There are a number of documents that provide more detail around Housing in Torbay:-

[Local Plan Update - Torbay Council](#)

[Housing Strategy - Torbay Council](#)

[Ending rough sleeping for good - GOV.UK \(www.gov.uk\)](#)

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Environment and Climate Change

Overview

- Torbay’s population (in 2020) is on average closer to the nearest park, public garden and playing field than the England average but these greenspaces (within a 1,000 metre radius) are of a smaller combined size.

Source: ONS (Ordnance Survey Greenspace)

- Torbay’s percentage of household waste sent for reuse, recycling or composting has been on a reducing trend for the last few years with a slight increase in the most recent year of 2021/22, Torbay is lower than the South West and England.

Source: Defra

- Torbay’s greenhouse gas emissions are on a reducing trend and remain considerably lower than England, with the domestic sector as the highest emitter.

Source: Department for Energy Security and Net Zero

- Torbay has much energy inefficient housing, 37% of dwellings with Energy Performance Certificates are in the higher bands of A to C in 2023, joint 42nd from bottom out of 331 local authority districts.

Source: Department for Levelling Up, Housing and Communities

- Torbay’s urban forest report, 2022, estimates 18.2% of Torbay as tree canopy cover, compared to 11.8% in 2010 despite a reduction in the number of trees.

Source: Torbay’s urban forest: Assessing urban forest effects and values, survey 2. Treeconomics, using the i-Tree Eco model

Torbay is a coastal area with a beautiful natural environment. Being outside in greenspaces can positively affect health and wellbeing. Climate change is a global, national and local issue with serious health, social and financial risks and impacts. Deprived groups are more likely to be adversely impacted by lack of decent green and natural space and by climate change.

Greenspace

It is evidenced that being in green environments can help with health and wellbeing, promoting good health and helping with managing health problems and illness recovery. Greenspaces are associated with improvements in mental health and quality of life, as well as promoting community cohesion, reducing loneliness and mitigating the impacts of heat, flooding, noise and air pollution. There is less good quality public greenspace in areas that are the most economically deprived, so people living in deprived areas are less able to gain these health and social benefits. ([Public Health England, 2020](#))

Access to blue space (coastline, lakes, rivers, canals etc) can also benefit physical and mental health. This is particularly relevant to Torbay as a coastal area.

Access to Greenspace

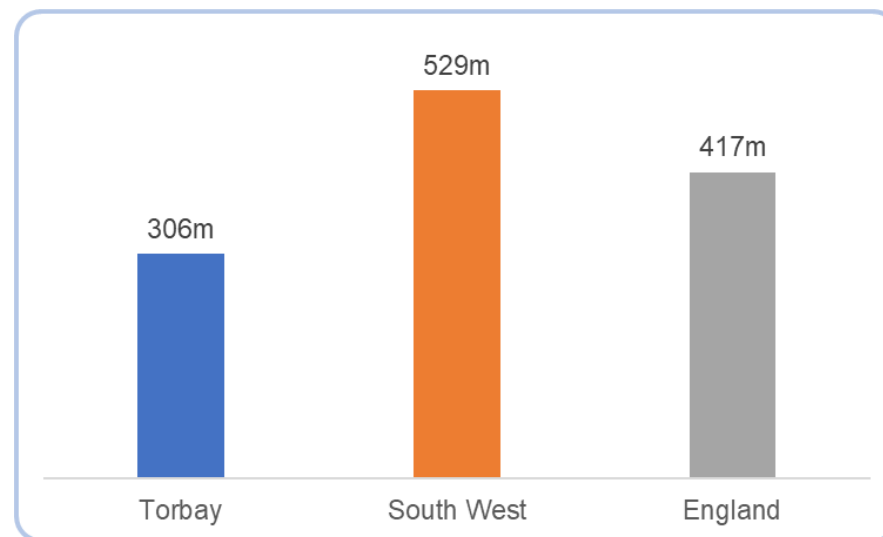
The proximity of the population to, and the size of parks, public gardens and playing fields are shown in Figs 141 and 142. Parks and public gardens are very likely publicly accessible but it is possible that playing fields may be private. The data does not include other types of publicly accessible greenspace. The data is weighted by population.

Torbay’s population is on average considerably closer to the nearest park, public garden or playing field than the South West and England (Fig 141).

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Fig 141: Average distance to the nearest park, public garden or playing field (metres), 2020

Source: ONS (Ordnance Survey Greenspace)



Torbay has less population per park, public garden or playing field than the England average- around 5,300 Torbay residents per park, public garden or playing field compared to England- around 9,100 people. It follows that the average number of parks, public gardens and playing fields within a 1,000 metre radius is higher in Torbay at 6.3 (3.7 in the South West and 4.4 in England). However, the average combined size of these greenspaces within 1,000 metre radius (Fig 142) is smaller in Torbay, under half the England average combined size. Therefore, it can be said that Torbay’s population is on average closer to the nearest park, public garden and playing field than the England average but these greenspaces (within a 1,000 metre radius) are of a smaller combined size.

Fig 142: Average combined size of parks, public gardens and playing fields within 1,000 metre radius (metres²), 2020
Source: ONS (Ordnance Survey Greenspace)

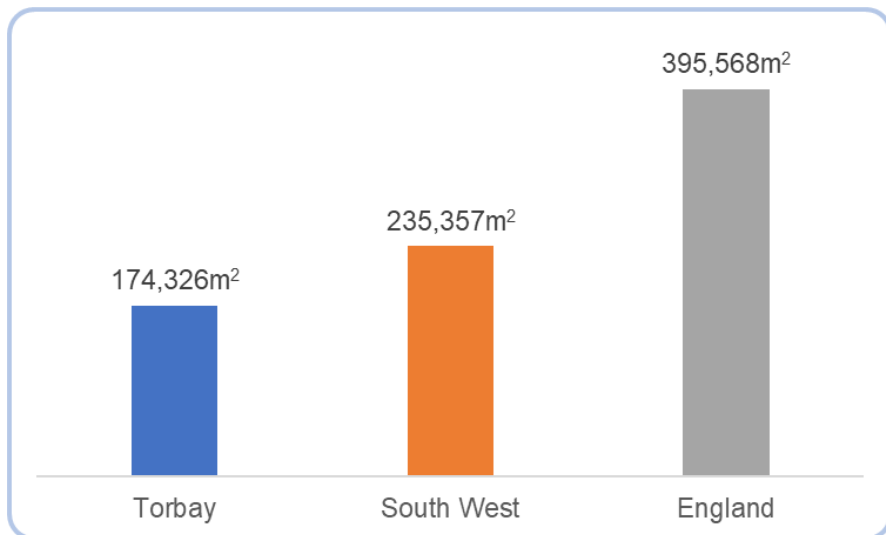
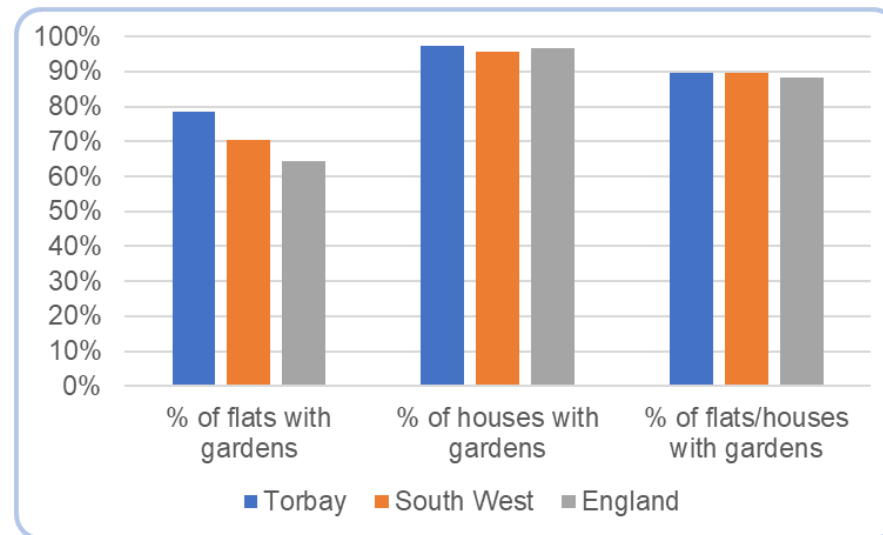


Fig 143: Percentage of houses and flats with a garden, 2020
Source: ONS (Ordnance Survey Greenspace)



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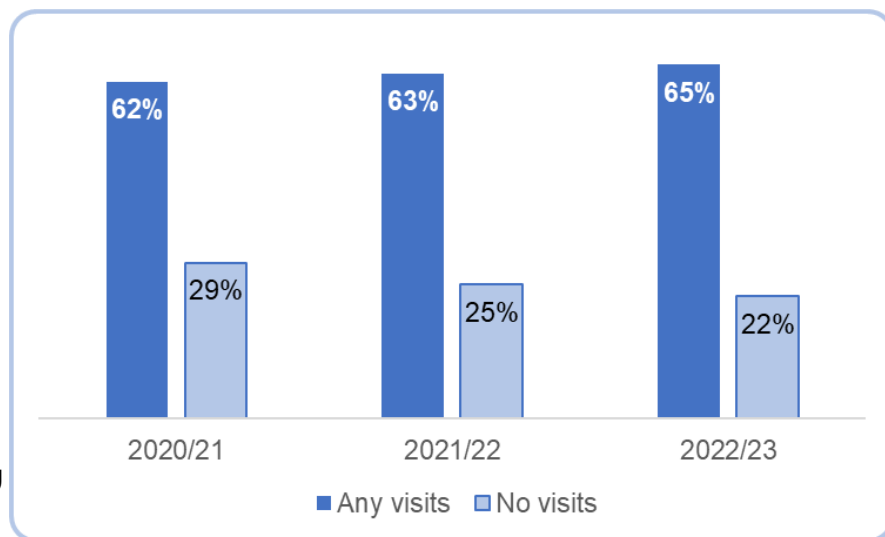
Homes with gardens

As has been noted, access to outdoor greenspace is associated with benefits to health and wellbeing. Torbay has a higher percentage of flats with gardens (Fig 143) than the South West and England- 78.5% in 2020 (70.4% in the South West, 64.5% in England). Relating to houses, 97.4% of Torbay’s houses have gardens. Combining houses and flats shows that 89.6% have access to a garden which is very slightly higher than the England average which is 88.4%.

Visits to green and natural spaces

The Adults’ People and Nature Survey for England collects information on people’s experiences of and views about the natural environment. Fig 144 shows 65% of people said they visited green and natural spaces in the last 14 days in 2022/23 compared to 63% the year before. The percentages don’t sum to 100% as some respondents stated they didn’t know or preferred not to say. Of those who visited green and natural spaces in the last 14 days more than 9 in 10 said it was good for their physical health (92%) and almost the same amount of people said it was good for their mental health (91%).

Fig 144: Percentage who had visited green and natural spaces in the last 14 days
 Source: Adults' People and Nature Survey for England, Natural England



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Those who had not visited green and natural spaces in the last 14 days were asked if they were concerned and worried about certain issues. In 2022/23, the highest number had no concerns and issues- 32.5%. The biggest concerns/worries were: lack of facilities (toilets, benches, baby changing etc)- 24.1%, visiting after dark- 23.8% and anti-social behaviour- 23.6%. This is the same top 4, in the same order, as the previous year.

Nature and biodiversity

The [State of Nature report](#) measures the status of the UK's biodiversity using biological monitoring and recording schemes. It is a collaboration of a wide variety of conservation and research organisations. The 2023 report concludes that the UK's wildlife is continuing to decline and that the UK is now one of the most nature-depleted countries on Earth.

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Some key findings from the report include:

- The abundance (number of individuals) of the 753 terrestrial and freshwater species measured has on average fallen by 19% across the UK since 1970
- The UK distributions (proportion of sites occupied) of the 4,979 invertebrate species measured have on average decreased by 13% since 1970
- Of 10,008 species assessed in Great Britain (excludes Northern Ireland), 16% are threatened with extinction from Great Britain

The declines in UK nature and biodiversity in the last 50 years are linked in the report mainly to agricultural land management, climate change, marine development and unsustainable fishing, continuing from 'centuries of habitat loss, development and persecution'.

The UK is party to the Global Biodiversity Framework agreed in 2022. This has targets to halt and reverse the loss of nature by 2030 and achieve recovery by 2050. The State of Nature report notes the UK's ambitious targets to address nature loss set through the Framework saying that 'although our knowledge of how to do this is excellent, the size of the response and investment remains far from what is needed given the scale and pace of the crisis.'

Waste and recycling

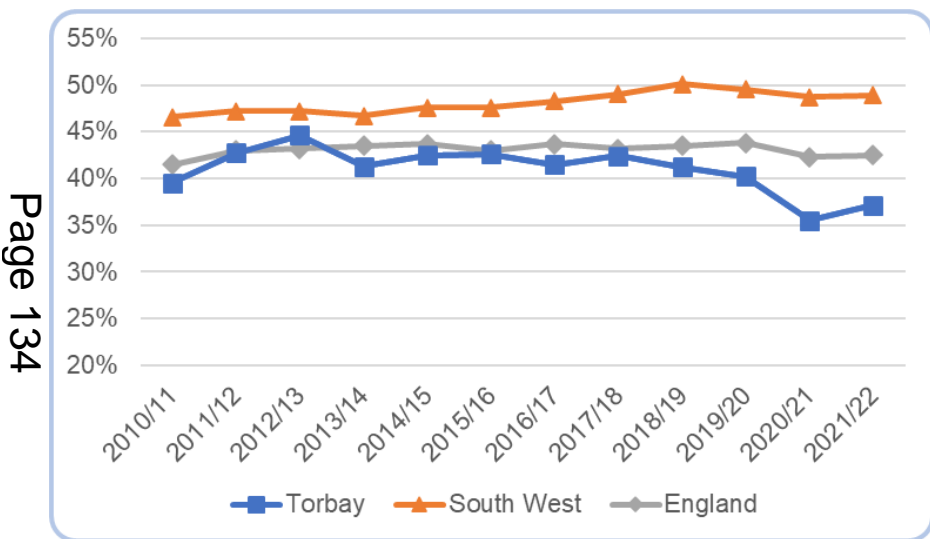
Torbay's percentage of household waste sent for reuse, recycling or composting has been on a reducing trend in the last few years with a slight increase in the most recent year- 2021/22- to 37.1% from 35.5% the year before (Fig 145). This is lower than the South West and England figures.

Torbay household waste collected (ex BVPI 84a measure) is on a reducing trend at 418kg per person in 2021/22, down from 428kg the year before. Torbay is level with England in 2021/22 but lower than

the South West. In England and the South West the most recent 2 years of 2020/21 and 2021/22 are higher than the 3 years previous to that.

It should be noted that the disruption caused by the COVID-19 pandemic impacted the generation and collection of waste in 2020/21.

Fig 145: Percentage of household waste sent for reuse, recycling or composting (Ex NI192 measure)
Source: Defra



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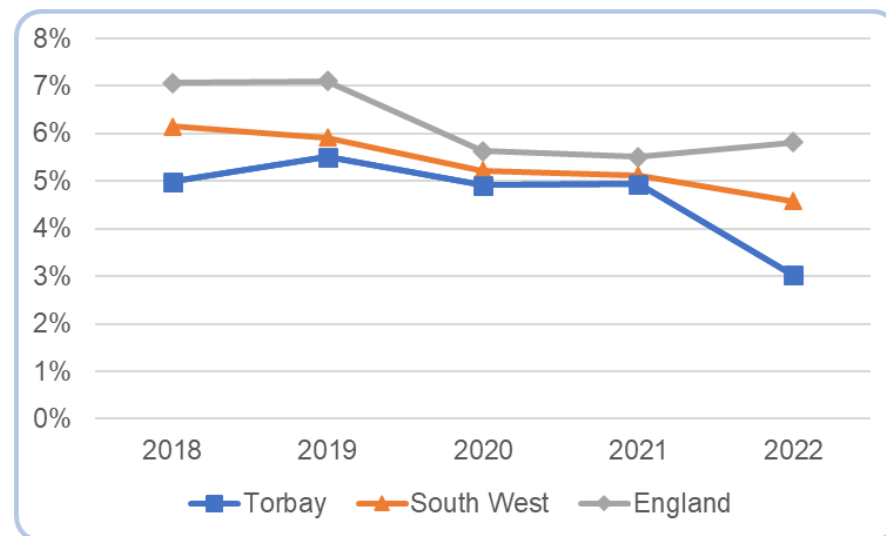
Air pollution

Poor air quality affects physical and mental health. Air pollution can cause or exacerbate health conditions including asthma, stroke, chronic heart disease and chronic bronchitis ([Public Health England, 2020](#)). Those who spend their time in polluted areas, especially those with or susceptible to health conditions associated with air pollution, will be affected more.

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Fig 146 is a modelled percentage of mortality associated with long term exposure to particulate air pollution (fine particulate matter). Torbay has remained pretty level until a drop in the most recent year of 2022, Torbay has been lower than England throughout. It should be noted that mortality data in calculations will have been affected by the COVID-19 pandemic, and air pollution levels year to year will be affected by weather as well as by emissions.

Fig 146: Fraction of mortality attributable to particulate air pollution (new method), age 30+
Source: OHID, Public Health Profiles



Greenhouse gas emissions

The planet is warming, linked by scientific evidence to human induced greenhouse gas emissions. Consequences of climate change include rising sea levels and increased likelihood of severe weather events such as storms, heatwaves, drought and wildfires. It has been agreed that avoiding global warming of over 1.5°C above pre-industrial levels would avoid the worst effects of climate change.

Globally, last year (2023) has been confirmed as the warmest year on record as well as CO₂ emissions from fossil fuels being at their highest ever level. At COP28 (the United Nations Climate Change Conference, 2023), a Global Stocktake of progress since the 2015 Paris Agreement (the legally binding international treaty on climate change) concluded that progress has been made but actions at a global level remain far behind what is urgently needed relating to emissions reduction, adaptation, and the finance required to underpin these. ([Climate Change Committee, Jan 2024](#))

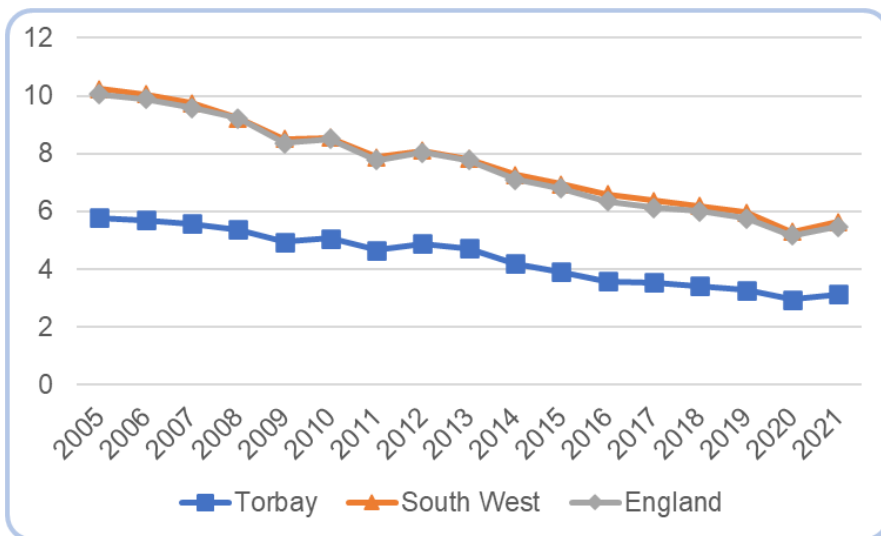
The UK has a target of net zero emissions by 2050, laid out in the Government’s 2021 [Net Zero Strategy: Build Back Greener](#)

emissions since 2005 with Torbay having lower emissions throughout. COVID-19 pandemic restrictions impacted 2020 emissions with an increase seen in 2021 in Torbay, the South West and England.

The sector emitting the biggest proportion of Torbay’s emissions for 2021 (Fig 148) is the domestic sector (energy consumption in and around the home) at 40%, followed by transport at 30%. Compared to the South West and England, Torbay has a far higher proportion of emissions that are domestic, with the public sector (13%) also notably proportionally higher. Industry (7%), waste management (2%) and agriculture (2%) are considerably lower proportionally than the South West and England. Land use, land use change and forestry (LULUCF) are net emissions at -0.04% in Torbay.

Fig 147: Greenhouse gas emissions – tonnes of CO₂e per capita (per person)

Source: Department for Energy Security and Net Zero



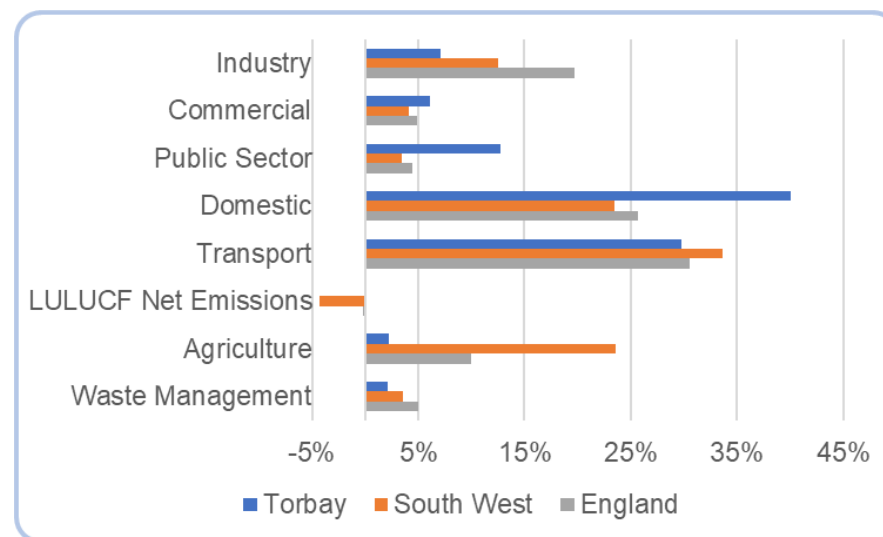
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Please note: Figures cannot be compared to the UK Greenhouse Gas Inventory due to minor methodological differences and exclusions

Greenhouse gases in Fig 147 are carbon dioxide, methane and nitrous oxide. This shows a reducing trend in greenhouse gas

Fig 148: Percentage of greenhouse gas emissions allocated to each sector, 2021

Source: Department for Energy Security and Net Zero



Please note: Figures cannot be compared to the UK Greenhouse Gas Inventory due to minor methodological differences and exclusions.

Transport

The second largest emitter of greenhouse gases in Torbay (and the highest in England) is transport (Fig 148).

The annual average daily flow of motor vehicles is the number estimated to pass a given point. In Torbay, numbers were relatively level for a few years with a steep drop in 2020 before rising steadily in 2021 and 2022. As is the trend in England, Torbay's 2022 figure (3,496 vehicles) is below but close to previous levels in 2019.

[\(Department for Transport\)](#)

Using public transport rather than a motor vehicle where possible reduces emissions. Provisional data shows that the number of passenger journeys on local buses per head of population in Torbay dropped steeply in the year ending March 2021 before rising in 2022 and again in 2023. The 2023 figure (41.0) is still much lower than the decade before the COVID-19 pandemic, as is the case in England [\(Department for Transport\)](#).

Torbay is lower than England for both motor vehicle and local bus usage figures. From 2020 during the period of the COVID-19 pandemic, figures will have been impacted by restrictions, guidance and public concern.

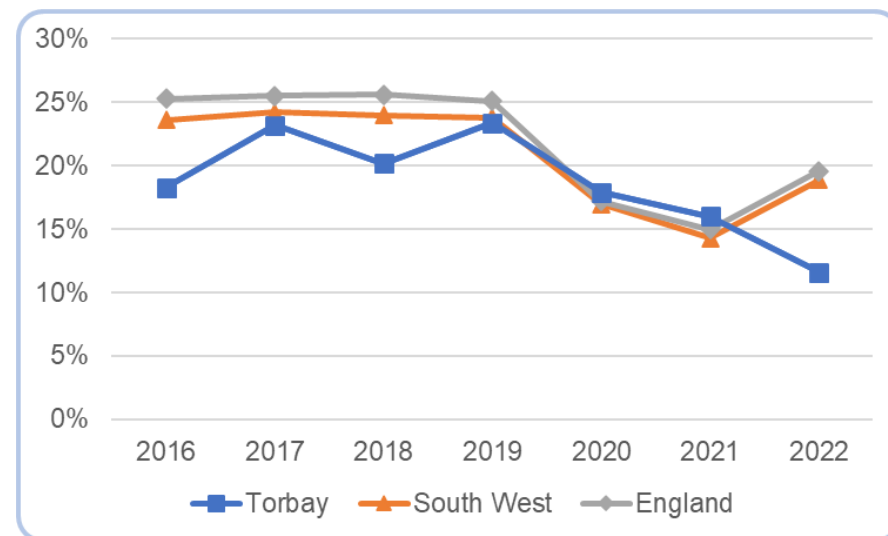
Walking and cycling

Walking and cycling are good for physical and mental health and the climate. Fig 149 shows that the percentage of Torbay residents walking or cycling for travel at least 3 times a week has been on a steady decline since 2019. Figures will have been impacted from 2020 during COVID-19 restrictions but in contrast to the South West and England, Torbay has decreased in 2022 rather than increased. Figures for just walking (cycling figures are not available) show a similar pattern with Torbay continuing to decrease and the other 2 areas seeing an increase. The figures for 2023 will indicate whether

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Torbay has started to increase and follow the England and South West trend and if 2022 is an anomaly.

Fig 149: Percentage of residents walking or cycling for travel at least 3 times a week, age 16+
 Source: Department for Transport (Active Lives Survey – Sport England)



Housing

Poor energy efficiency in housing contributes to climate change, fuel poverty and the poor health linked to cold and damp homes. Healthy good quality housing benefits health, income, and wellbeing as well as reducing emissions.

Energy Performance Certificates (EPCs) are required when buildings are constructed, sold or let and measure how energy efficient they are. EPCs are valid for 10 years. Ratings range from A (best) to G (worst). In March 2023, 37.0% of EPCs for dwellings in Torbay were in the higher bands of A to C (Fig 150) which is joint 42nd from the bottom out of 331 Local Authority districts. As would be expected, older properties are far less energy efficient than newer properties-

less than 1 in 5 (18.9%) pre 1930 properties with EPCs were in Band C or above compared to nearly all (99.2%) of those built from 2012 onwards.

Fig 150: Percentage of housing with Energy Performance Certificates at Band C or above, 10 years to March 2023 - Torbay
 Source: Department for Levelling Up, Housing and Communities, ONS

Type of dwelling with EPC	% at Band C or above
All dwellings	37.0%
Existing dwellings	31.4%
New dwellings	97.8%
Detached	26.6%
Semi-detached	30.9%
Terraced	34.8%
Flats/maisonettes	47.6%

Renewable electricity

The use of renewable electricity sources contributes to reducing greenhouse gas emissions. At the end of 2022, Torbay’s main renewable electricity installation type was photovoltaics (solar) which is the case for the UK as a whole. Torbay had 2,470 photovoltaic installations and 2 onshore wind installations at this point. In the UK, onshore wind followed by photovoltaics provided the most installed capacity at the end of 2022, and offshore wind followed by onshore wind and then plant biomass generated the most renewable electricity during 2022. ([Department for Energy Security and Net Zero](#))

The following databases are updated quarterly and track projects from inception, through planning, construction, operation and decommissioning:

- The [Renewable Energy Planning Database](#) - UK renewable electricity projects and electricity storage projects
- The [Heat Networks Planning Database](#) - UK communal and district heat networks

Trees and woodland

Trees absorb carbon dioxide so are a tool against climate change. Part of the UK’s strategy to reach net zero by 2050 is the target to increase tree planting rates to at least 30,000 hectares a year across the UK from 2025 onwards.

Trees absorb air pollution so can prevent ill health. Some other benefits include providing shade against excess heat, helping to reduce flooding, and providing habitat for wildlife. Spending time in nature and greenspaces can improve health and wellbeing, mood and quality of life.

Woodland covered an estimated 9.13% of Torbay in 2019 ([Forest Research \(Forestry Commission\), ONS](#))- using the National Forest Inventory woodland map which covers woodland of at least 0.5 hectares. National Statistics on forestry released in 2023 by [Forest Research](#) estimates woodland to cover 10% of total land area in England.

Torbay has carried out 2 urban forest studies, just over a decade apart. The second study, published in 2022, estimated 18.2% of Torbay as tree canopy cover compared to 11.8% in 2010 despite a reduction in the number of trees (Fig 151). This encompasses trees of over 7.5cm trunk diameter at breast height and over 3 metres tall. It is estimated that the ecosystem services provided by the trees of

carbon storage, pollution removal and avoided run-off has increased while carbon sequestration has decreased.

Fig 151: Figures from Torbay’s urban forest surveys, 2010 and 2022

Source: Torbay’s urban forest: Assessing urban forest effects and values, survey 2, Treeconomics, using the i-Tree Eco model

Measure	2010	2022
Number of trees (estimate)	692,000	459,000
Tree canopy cover	11.8%	18.2%
Shrub cover	6.4%	10.8%
Carbon storage	154,000 tonnes	172,000 tonnes
Annual carbon sequestration	5,680 tonnes	4,910 tonnes
Annual pollution removal	57 tonnes	67 tonnes
Annual avoided runoff	158,000m ³	195,000m ³

Please note: tree canopy cover and shrub cover can overlap in some areas

Further information relating to Torbay on topics in this section can be found in:

[Torbay climate pack](#), Met Office, 2022

[Torbay's urban forest: assessing urban forest effects and values 2](#), Vaughan-Johncey C., Rogers, K., Hampston, T.J. Treeconomics, 2022

Torbay Council website: [Open spaces](#), [Waste management](#), [Climate change](#), [Transport](#), [Active travel](#), [Energy efficiency](#), [Flooding and extreme weather](#)

Further information at a national level can be found in:

[Improving access to greenspace: 2020 review](#), Public Health England (now OHID)

[Climate and health: applying All Our Health](#), OHID, 2022

[COP28: Key outcomes and next steps for the UK](#), Climate Change Committee, January 2024

[State of nature 2023](#), Burns, F., Mordue, S., al Fulaij, N., et al. the State of Nature Partnership

Websites of the [Climate Change Committee](#) and [United Nations-Climate change](#)

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Sexual and Reproductive Health

Overview

- The all new sexually transmitted infection diagnosis rate and the testing positivity rate have sharply increased in Torbay for 2022 after previously decreasing trends.

Source: Fingertips – Sexual and Reproductive Health Profiles

- Torbay’s chlamydia detection rate in 15 to 24 year olds has more than doubled in 2022 from the year before and is double the 2022 England rate after a previously decreasing trend. The detection rate is a measure of control activity (i.e. screening), not morbidity.

Source: Fingertips – Sexual and Reproductive Health Profiles

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- Torbay’s HIV new diagnosis rates fluctuate as numbers are very low, as are late diagnoses of those first diagnosed in the UK.

Source: Fingertips – Sexual and Reproductive Health Profiles

- The rate of provision of long acting reversible contraception (LARC) in Torbay has been higher than England for all the years shown.

Source: Fingertips – Sexual and Reproductive Health Profiles

- Torbay has significantly higher rates of abortion than England for the 10 years shown.

Source: Department of Health & Social Care abortion statistics, Fingertips – Sexual and Reproductive Health Profiles, ONS mid-year population estimate

This section gives an overall picture of what sexual and reproductive health looks like in Torbay.

It should be noted that figures in the source data may change and be backdated with new information each time the source data is updated.

Further local information on sexual and reproductive health can be found in the [Torbay sexual and reproductive health needs assessment](#), December 2022, and the [Summary profile of local authority sexual health, Torbay](#), UK Health Security Agency, February 2024

Sexually transmitted infections (STIs)

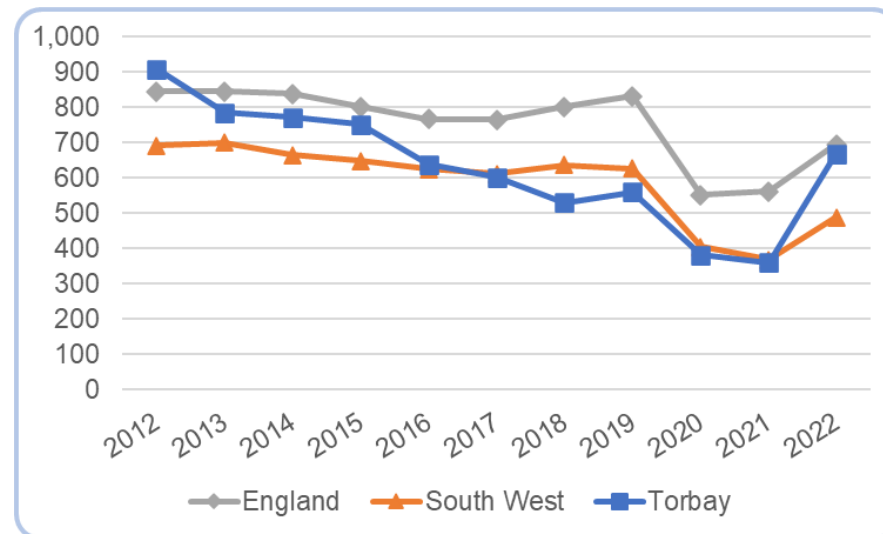
STIs can have serious longer-term consequences such as ectopic pregnancy and infertility. Therefore, early detection and treatment is important.

The delivery of local sexual health services was reconfigured in 2020 in response to and across the duration of the COVID-19 pandemic responses. This included the use of clinician initiated STI home testing and screening kits. Responses to COVID-19 will be reflected in 2020 and 2021 figures.

Torbay’s diagnosis rate of STIs among people accessing sexual health services was on a decreasing trend and was significantly below England for 9 years until a sharp increase of not far off double in 2022 (Fig 152). The rate is now similar to the England average and is 668 per 100,000 as opposed to 359 per 100,000 in 2021.

Fig 152: All new STI diagnosis rate, all ages, per 100,000

Source: Fingertips - Sexual and Reproductive Health Profiles



The diagnosis rate of new STIs (but excluding chlamydia in those aged under 25- the age group targeted by the National Chlamydia Screening Programme) has also been on a reducing trend until a significant rise in 2022. It has not risen as steeply, however, as Fig 152, and has not surpassed 2019 levels. This follows the England trend although Torbay remains significantly lower than England for the time period.

Fig 153 encompasses tests for syphilis, HIV, gonorrhoea and chlamydia (excluding chlamydia in under 25 year olds) among people accessing sexual health services. The indicator measures the total number of people tested for one or more of these infections at a new attendance. Torbay has had a significantly lower testing rate than England throughout but is on an increasing trend with 2022 being the highest rate in the last decade.

Fig 153: STI testing rate (excluding chlamydia aged under 25), per 100,000 aged 15 to 64

Source: Fingertips - Sexual and Reproductive Health Profiles

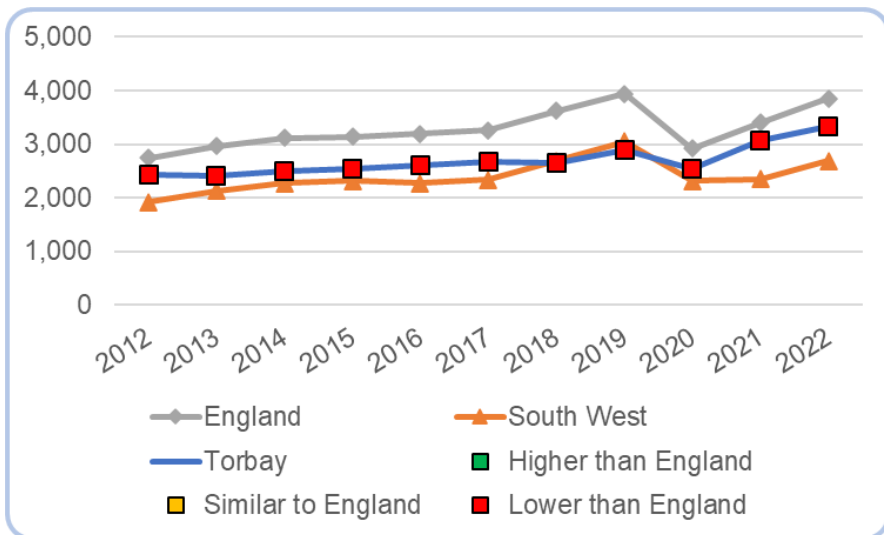
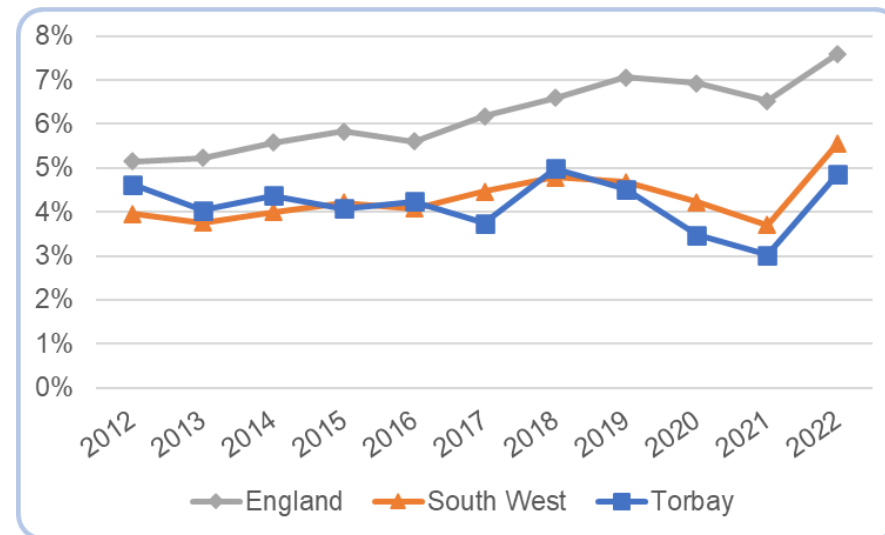


Fig 154: Percentage of STI testing positivity (excluding chlamydia aged under 25)

Source: Fingertips - Sexual and Reproductive Health Profiles



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Fig 154, as in Fig 153, includes syphilis, HIV, gonorrhoea and chlamydia (excluding chlamydia in under 25 year olds). These are the standard tests recommended for people attending for a new episode of STI related care if indicated by sexual history (OHID Sexual and reproductive health (SRH) profiles). The indicator measures the percentage of new diagnoses amongst those accessing sexual health services as a percentage of people tested for one or more of these infections at a new attendance.

Torbay has been significantly lower than the England value for the last decade but in 2022 has increased sharply from 3.0% in 2021 to 4.9% in 2022 after 3 years of decreasing. A higher positivity rate can indicate higher levels of STIs or could suggest that more of those most likely to have infections- in the most at risk groups- are being tested.

Specific STIs (amongst people accessing sexual health services):

- Gonorrhoea- Torbay’s number of diagnoses- 88- has more than doubled from the previous year. The rate per 100,000 has been far lower than England for at least 11 years. England has also increased in 2022.
- Genital herpes (first episode)- Torbay’s rate per 100,000 fluctuates over the years equating to 68 diagnoses in 2022. Torbay’s rate is similar to England from 2018 with a steep drop in 2020, figures have not gone back to pre COVID-19 levels.
- Genital warts (first episode)- Torbay is on a decreasing trend to 39 diagnoses in 2022. Torbay’s rate per 100,000 is significantly lower than England after being similar for the previous 3 years. England is also decreasing.
- Syphilis (all infectious syphilis- primary, secondary and early latent)- Numbers are low- 8 diagnoses in 2022- and rates per

100,000 have fluctuated over the years. Torbay’s rate has been significantly below England for the last 5 years. England is on an increasing trend.

Chlamydia

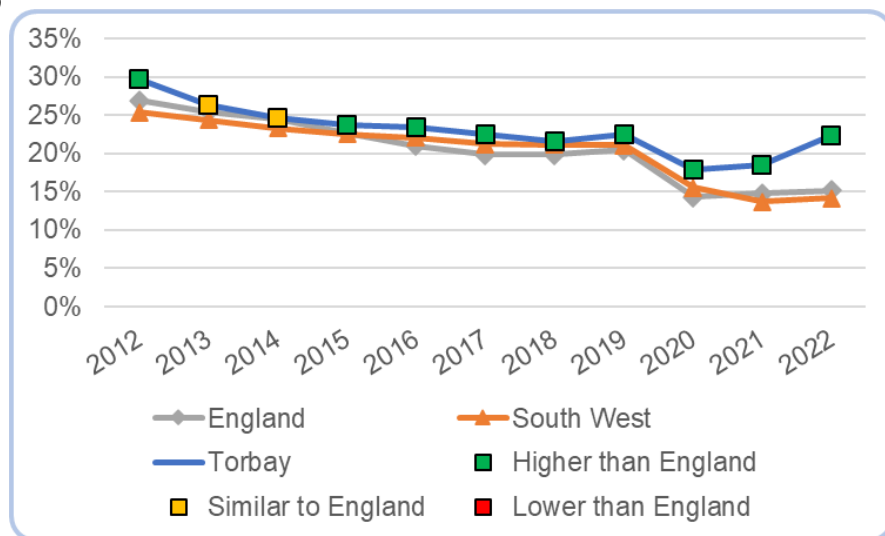
Chlamydia causes avoidable sexual and reproductive ill health and rates are higher in young adults than in other age groups (OHID SRH profiles).

The proportion of 15-24 year olds screened for chlamydia (asymptomatic screens and symptomatic tests) measures tests rather than people, as a percentage of the population. This encompasses young people accessing sexual health services and community-based settings. Torbay’s percentage (Fig 155) remains significantly higher than England in 2022 as it has for the last 8 years, beginning to rise after the drop in 2020- the COVID-19 pandemic will have affected figures.

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Fig 155: Chlamydia- proportion of 15 to 24 year olds screened

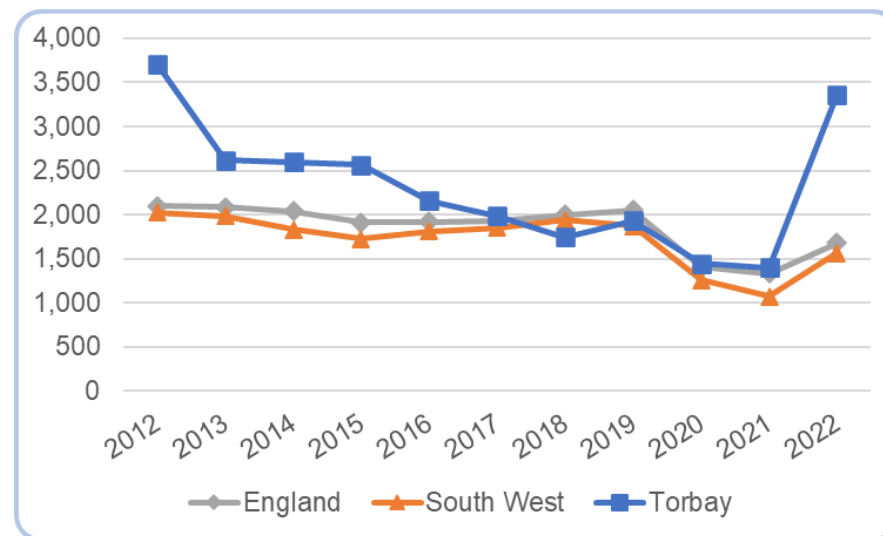
Source: Fingertips - Sexual and Reproductive Health Profiles



The chlamydia detection rate (Fig 156) is a measure of control activity (i.e. screening) in the population not morbidity. A higher detection rate is indicative of higher levels of control activity. Torbay’s detection rate has more than doubled in 2022 from the year before and is double the 2022 England figure. Torbay’s 2022 rate is the highest in 10 years with a previously reducing trend. This equates to 440 diagnoses compared to 183 in 2021. This encompasses young people accessing sexual health services and community-based settings.

Fig 156: Chlamydia detection rate, aged 15 to 24, per 100,000

Source: Fingertips - Sexual and Reproductive Health Profiles



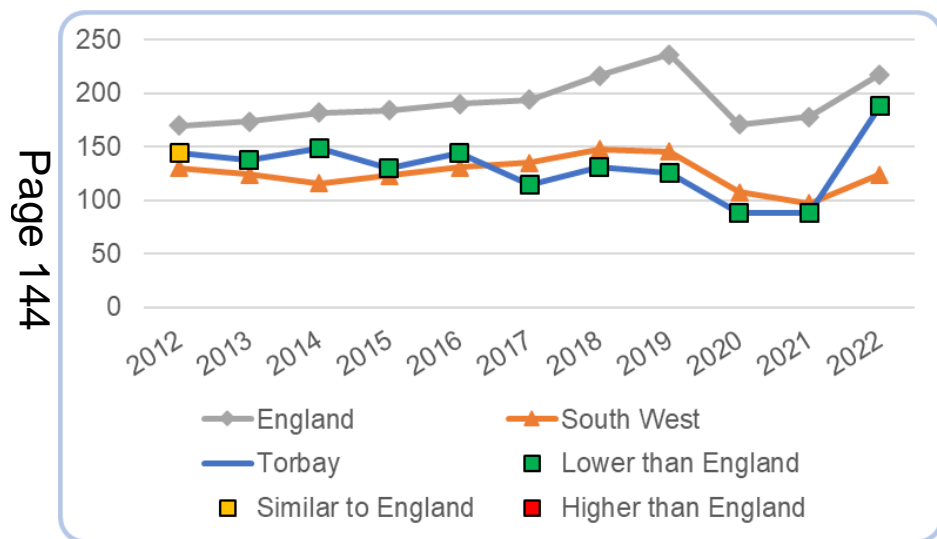
Females have a higher detection rate than males, as in England. In Torbay both sexes saw a steep rise in 2022 that more than doubled in number and rate from the previous year. The UK Health Security Agency recommends working towards a detection rate of at least 3,250 per 100,000 in the 15-24 year old female population, reflecting the National Chlamydia Screening Programme’s focus on reducing reproductive harm. Torbay exceeded this in 2022 at 3,640 per

100,000 15-24 year old females, the target was not reached nationally (England- 2,110 per 100,000).

The screening programme goes up to the age of 24 but chlamydia also effects people aged 25 and over. Fig 157 shows the diagnostic rate of those aged 25+ who accessed sexual health services. Torbay has been significantly lower than the England rate for a decade but, as with 15-24 year olds, has more than doubled in 2022 from the previous year.

Fig 157: Chlamydia diagnostic rate, aged 25+, per 100,000

Source: Fingertips - Sexual and Reproductive Health Profiles



Pelvic inflammatory disease

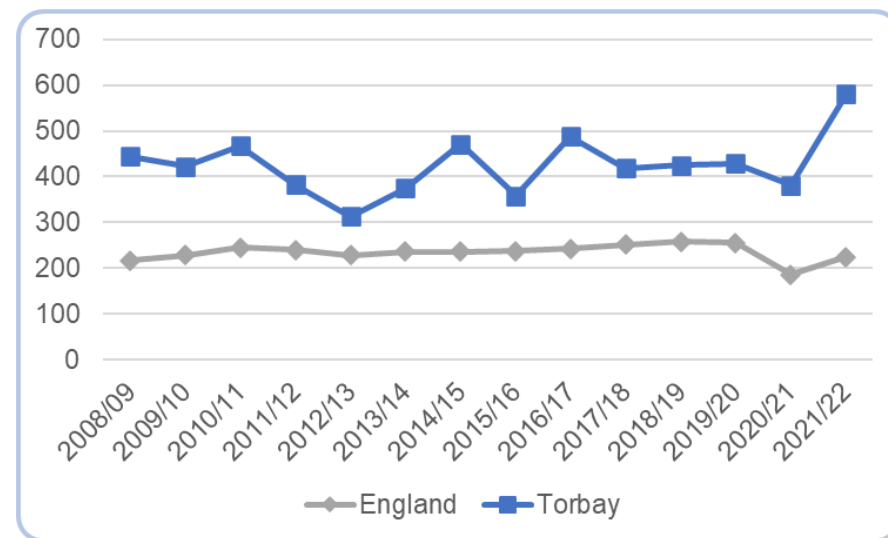
Chlamydial infection and other STIs are considered major causes of pelvic inflammatory disease (PID) which can lead to ectopic pregnancy and infertility. Increased identification of chlamydia through screening and then successful treatment should lead to a decrease in this condition. PID may need a hospital admission but can be treated through primary care and outpatient settings so Fig

158 does not give a full picture of numbers with the condition. (OHID SRH profiles).

Torbay’s hospital admissions rate has been much higher than the England average for the 14 years shown (Fig 158). There was a sharp increase in 2021/22 which was 2 ½ times the England rate equating to around 125 Torbay admissions in the year.

Fig 158: Pelvic inflammatory disease hospital admissions rate, aged 15 to 44, per 100,000 females

Source: Fingertips - Sexual and Reproductive Health Profiles



Human Papillomavirus (HPV)

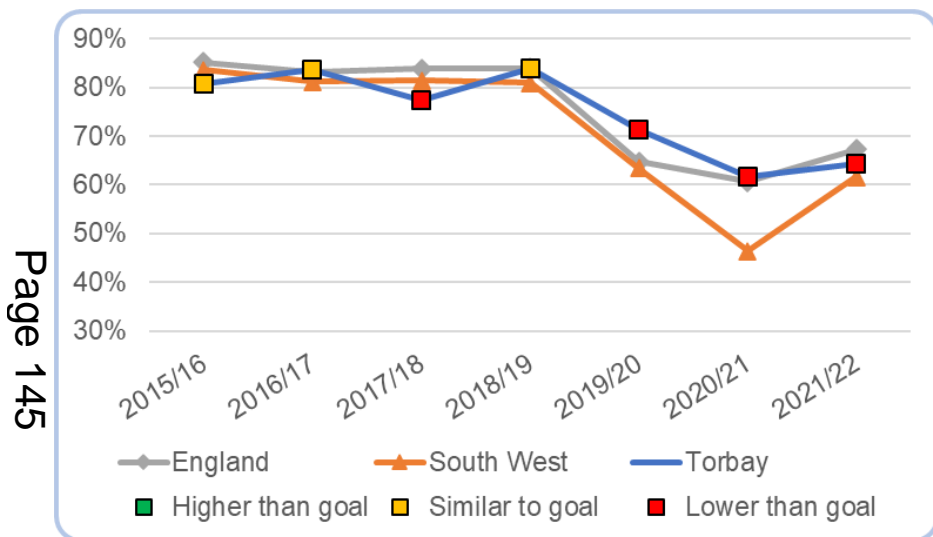
HPV is usually asymptomatic. Some types, however, can lead to genital warts. High risk types of HPV can cause some cancers including cervical cancer. (NHS- [HPV](#)).

A two-dose immunisation programme is offered to 12–14-year-olds, initially for females but extended to males from 2019. Due to the COVID-19 pandemic there were impacts on coverage in the 2019/20 and 2020/21 academic years across England. Torbay, the South

West and England saw decreases in these years for females receiving 2 doses (Fig 159) and have not got back to pre COVID levels. All 3 areas have been below the target of 90% coverage for all the years shown. Torbay is statistically similar to England in coverage in 2021/22 at 64% (England- 67%).

Fig 159: Percentage receiving the HPV vaccine for two doses, females aged 13 to 14 years

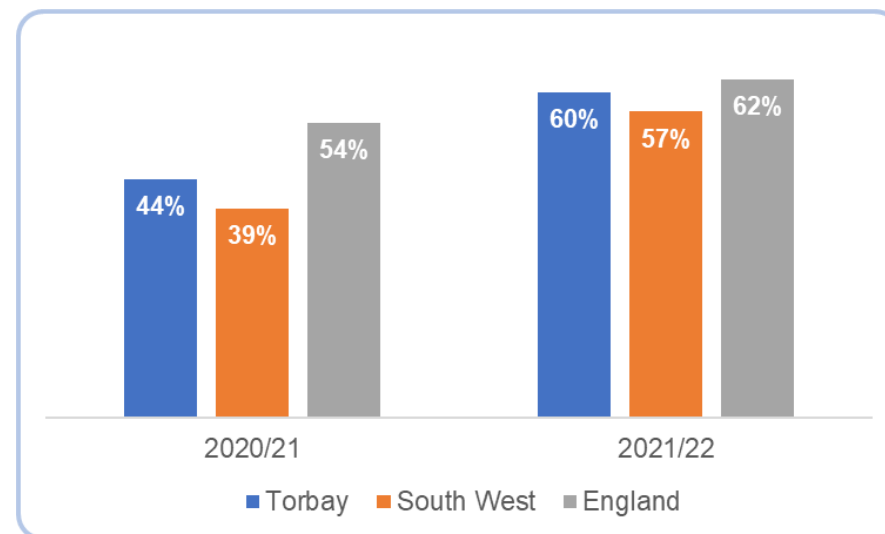
Source: Fingertips



From September 2019, boys were offered the HPV vaccine. Coverage has significantly increased between the years for Torbay, the South West and England (Fig 160). Torbay is similar to England’s coverage in 2021/22. All 3 areas are below the target of 90% coverage.

Fig 160: Percentage receiving the HPV vaccine for two doses, males aged 13 to 14 years

Source: Fingertips



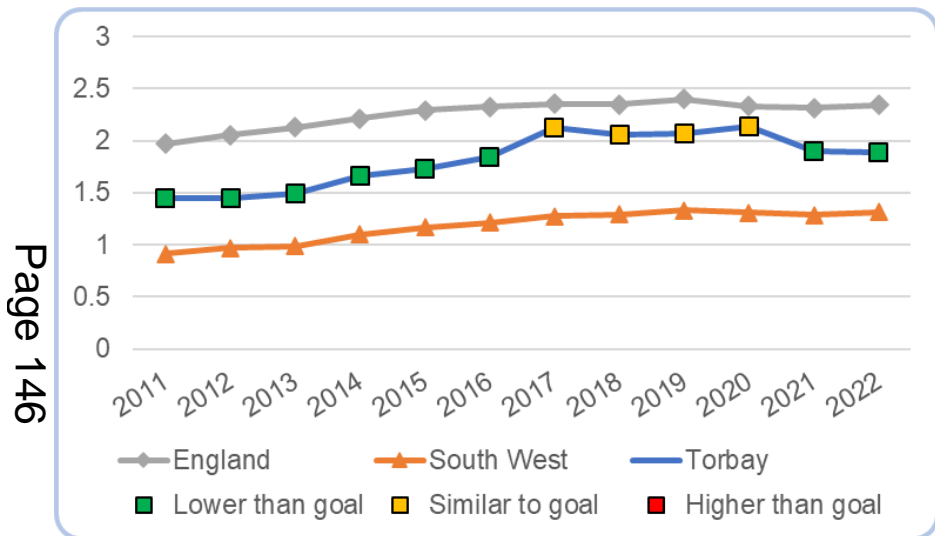
Human Immunodeficiency Virus (HIV)

The reconfiguration of sexual health services during the COVID-19 pandemic will have affected 2020 and 2021 data relating to HIV.

High prevalence of HIV is defined by NICE (National Institute for Health and Care Excellence) guidance [HIV testing: increasing uptake among people who may have undiagnosed HIV](#), 2016, as local authorities with a diagnosed HIV prevalence of between 2 and 5 per 1,000 people aged 15 to 59 years while extremely high prevalence is defined as those with a diagnosed HIV prevalence of 5 or more per 1,000 people aged 15 to 59 years. Increased life expectancy as well as factors such as testing and diagnosis rates mean that lower diagnosed prevalence rates are not necessarily better than higher rates and need to be interpreted alongside other information.

Torbay’s diagnosed prevalence rate of those aged 15-59 (Fig 161) is 1.89 per 1,000 in 2022 so slightly below the definition of high prevalence (2 to 5), as well as lower than the England rate. In Torbay this equates to 135 people. There are 190 Torbay residents of all ages living with diagnosed HIV which reflects that people with HIV are living longer lives.

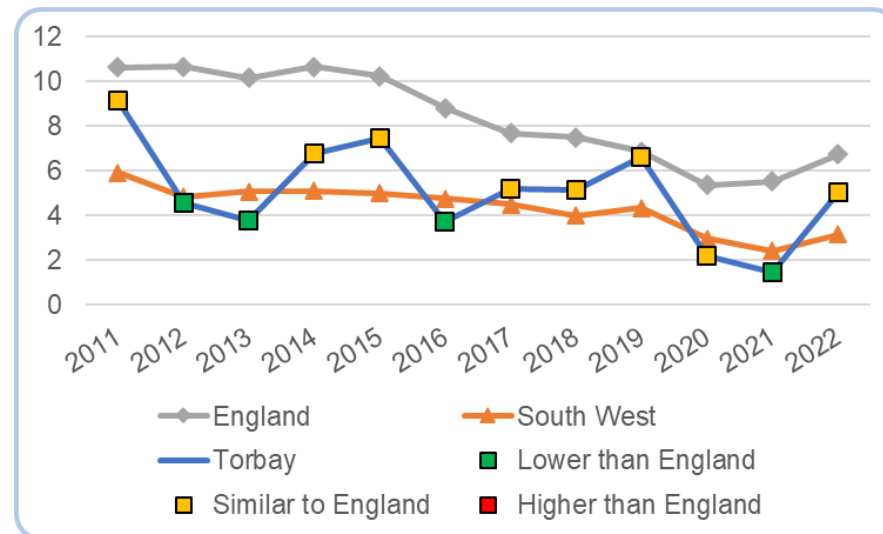
Fig 161: HIV diagnosed prevalence rate, aged 15 to 59, per 1,000
Source: Fingertips - Sexual and Reproductive Health Profiles



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Diagnoses of HIV made in the UK, including those who were previously diagnosed abroad, are shown in Fig 162. Diagnoses have fluctuated as numbers are very low. The count for Torbay is 7 in 2022 and below 5 in the previous 2 years. Torbay fluctuates between significantly lower than and similar to England. If only those first diagnosed in the UK are included then the Torbay count in 2022 reduces further but remains the same in 2021, both under 5.

Fig 162: New HIV diagnoses rate, all ages, per 100,000
Source: Fingertips - Sexual and Reproductive Health Profiles



Reducing late diagnoses of HIV reduces morbidity and mortality. Fig 163 shows late diagnoses and by excluding those previously diagnosed outside of the UK it measures the extent that UK HIV testing is identifying late stage infections. Percentages fluctuate as numbers are very low- Torbay in 2020-22 (3 years combined) equates to under 5 people late diagnosed which is 40.0% of new diagnoses made in the UK of Torbay residents. The goal is that less than 25% of new diagnoses in the UK are late.

Fig 163: Percentage of late HIV diagnoses in people first diagnosed with HIV in the UK, aged 15+

Source: Fingertips - Sexual and Reproductive Health Profiles

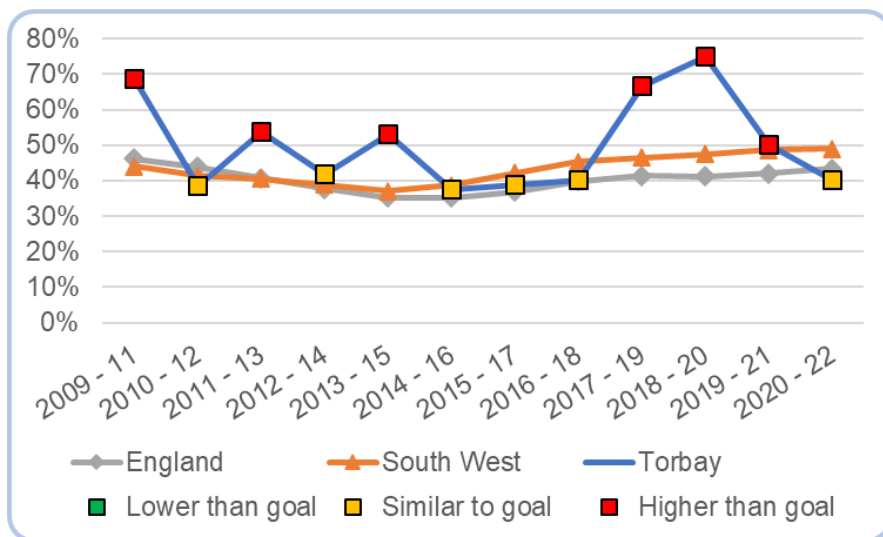
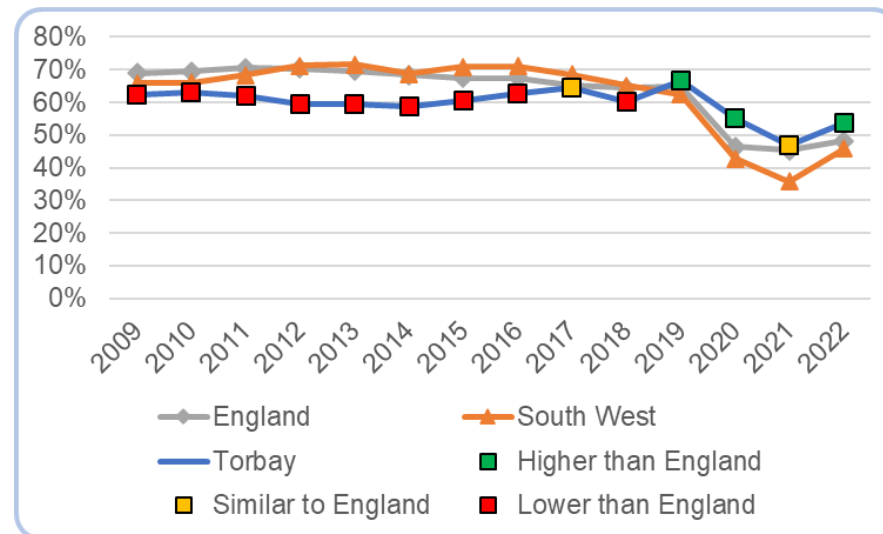


Fig 164: Percentage of HIV testing coverage, all ages

Source: Fingertips - Sexual and Reproductive Health Profiles



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Fig 164 shows the percentage of eligible attendees of specialist sexual health services who accepted a test. Percentages dropped in 2020, likely affected by the COVID-19 pandemic. Torbay rose in 2022 and is significantly higher than England in this year but lower than 2019 and the preceding decade. Splitting this into groups: amongst gay, bisexual and other men who have sex with men who were eligible for a test- 86% were tested in 2022, as well as 48% of women and 72% of men.

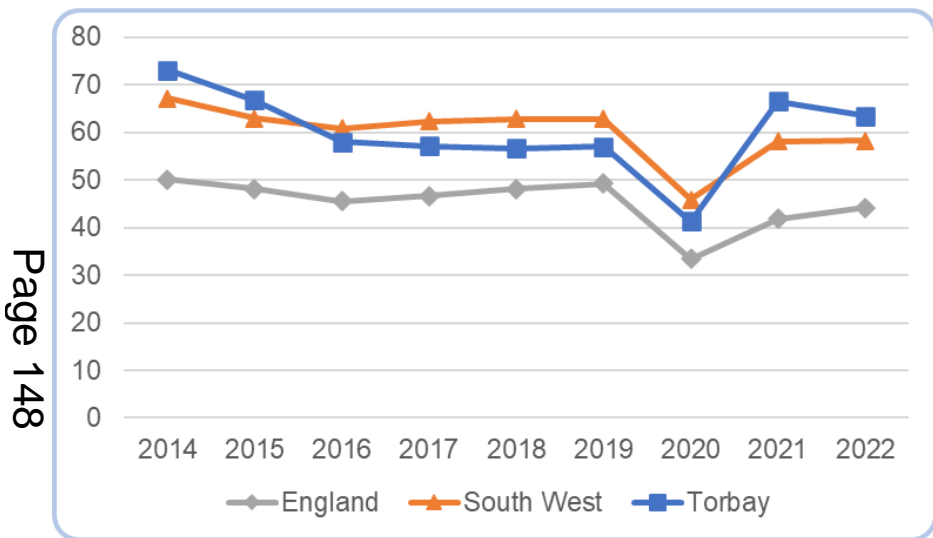
[NICE guidance, HIV testing: increasing uptake among people who may have undiagnosed HIV](#), 2016, recommends that men who have sex with men should have HIV and sexually transmitted infection tests at least annually, and every 3 months if they are having unprotected sex with new or casual partners. The percentage of repeat HIV testing in gay, bisexual and other men who have sex with men has become significantly higher than England at 55% in 2022, this is out of those who have tested.

Contraception

Long-acting reversible contraception (LARC) methods do not rely on daily compliance and include injections, implants, the intrauterine device and the intrauterine system. A higher level of LARC provision is used as a proxy measure for wider access to the range of contraceptive methods available. Rates of prescribing of LARC excluding injections (this is prescribing by GPs and Sexual and Reproductive Health services) in Torbay (Fig 165) are significantly

higher than England in all the years shown. The rate was quite level for several years until the drop in 2020- from April 2020 during the COVID-19 pandemic there was less provision of LARC in England which will have impacted the figures. In 2021 rates increased sharply and 2021 and 2022 both see the highest rates for several years.

Fig 165: Rate of prescribed LARC (excluding injections), all ages, per 1,000 female population aged 15 to 44
 Source: Fingertips - Sexual and Reproductive Health Profiles



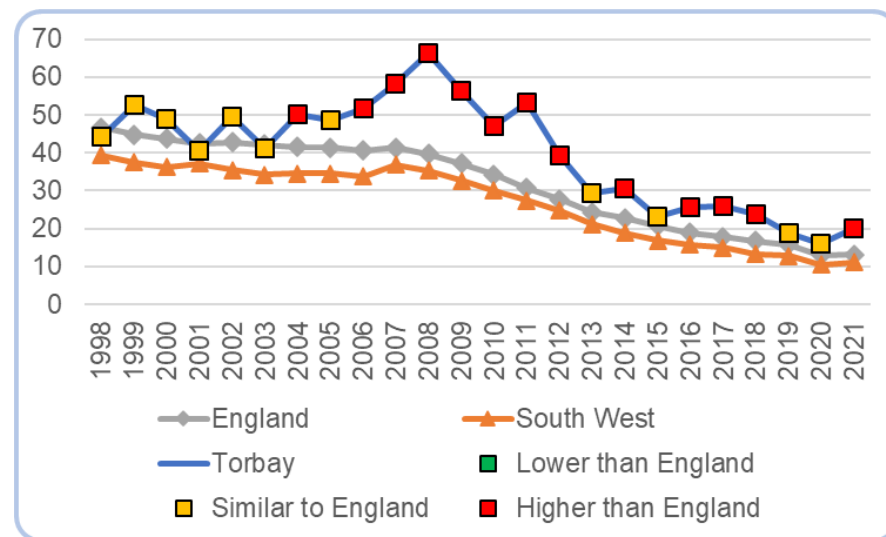
In Torbay the rate of GP prescribed LARC (excluding injections) has been decreasing for 8 years and has been significantly below the England average for 6 years. On the other hand, the rate of Sexual and Reproductive Health services prescribed LARC (excluding injections) has been on an increasing trend, except for the expected drop in 2020, and has been significantly above the England average for 8 years. This shows the location of LARC provision moving away from local GP settings and more into specialist settings in Torbay.

Under 18s conceptions

Inequality in health and education is a cause and consequence of teenage pregnancy for young parents and their children, and children of teenage mothers are more likely to live in poverty (UK Health and Security Agency).

Under 18s conception rates (Fig 166) include pregnancies that result in one or more live or still births or a legal abortion. The national trend is of a falling under 18s conception rate and Torbay has followed this trend since the peak in 2008. Although Torbay is significantly higher than the England average in 2022 the general trend is downwards. The majority of under 18s conceptions are in 16 and 17 year olds- for example- under 16s represented 5 of the 43 under 18s conceptions in 2021.

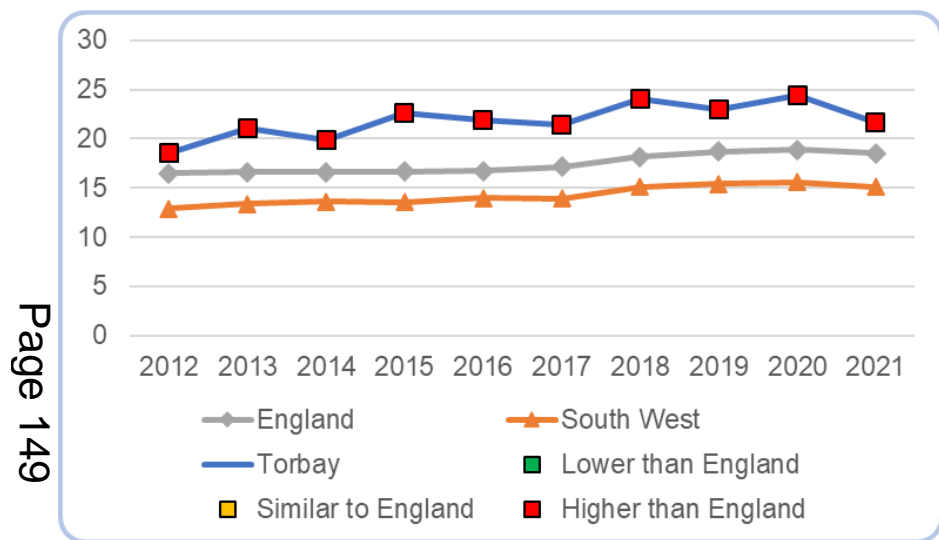
Fig 166: Under 18s conception rate per 1,000 female population aged 15 to 17
 Source: Fingertips - Sexual and Reproductive Health Profiles



Abortions

Torbay has consistently had significantly higher rates of abortion than the England average for at least 10 years (Fig 167).

Fig 167: Abortion rate, all ages, per 1,000 female population aged 15 to 44
 Source: Department of Health & Social Care abortion statistics, Fingertips - Sexual and Reproductive Health Profiles, ONS mid-year population estimates



Abortion rates are much higher in England’s most deprived areas than in the least deprived areas and there is an increasing trend as deprivation increases.

Abortion rates (along with conception rates) in under 18s are decreasing nationally and Torbay follows this trend although for several years under 18s abortion numbers in Torbay have remained broadly constant.

The proportion of abortions in those aged under 25 that were repeat abortions has also dropped in Torbay from 34% in 2020 to 27% in 2021. This is lower than the England figure in 2021 which is 30%. However, the change in Torbay between 2020 and 2021 is not statistically significant and neither is the difference between Torbay and England in 2021.

Indicator	Measure	Torbay	Comparator Group	South West	England	RAG compared to England or target (Latest Year)	Direction of travel compared to previous period
All new STI diagnosis rate (2022)	Rate per 100,000	668	531	489	694	Not relevant	↑
STI testing rate (exc chlamydia under 25), aged 15 to 64 (2022)	Rate per 100,000	3332	2763	2692	3856	●	↑
Chlamydia screening coverage - 15 to 24 (2022)	%	22.3%	14.3%	14.2%	15.2%	●	↑
HPV doses HPV coverage - Females aged 13 to 14 (2021/22)	%	64.2%	68.3%	61.6%	67.3%	●	↑
HIV diagnosed prevalence - 15 to 59 (2022)	Rate per 1,000	1.9	1.4	1.3	2.3	●	↓
HIV testing coverage (2022)	%	53.7%	42.0%	45.9%	48.2%	●	↑
Prescribed LARC (excluding injections) (2022)	Rate per 1,000	63.4	45.9	58.3	44.1	Not relevant	↓
Under 18s conception rate (2021)	Rate per 1,000	20.2	17.3	11.1	13.1	●	↑
Abortion rate (2021)	Rate per 1,000	21.7	19.2	15.1	18.5	●	↓

Substance Misuse, Gambling and Dependency

Overview

- Prevalence of smoking has risen in last 2 years after falls over the last decade.
Source: Fingertips (Annual Population Survey)
- Tobacco use in England has fallen significantly among children over the last 2 decades. 15 year olds are 3 times more likely to be regular users of e-cigarettes than tobacco.
Source: Smoking, Drinking and Drug Use Among Young People in England (SDD) survey
- Torbay has consistently had higher hospital admission rates than England or the South West in relation to alcohol.
Source: Fingertips, Hospital Episode Statistics
- Torbay has had a higher percentage of people successfully complete structured alcohol treatment over the last decade than England or South West.
Source: Fingertips
- Torbay has a higher percentage of estimated opiate and/or crack cocaine users in treatment than England or South West.
Source: National Drug Treatment Monitoring System
- Since the middle of the last decade there has been a significant rise in the number of drug misuse deaths in Torbay.
Source: Office for National Statistics

Smoking, Alcohol, Drugs and Gambling are covered within this section, whether this is prevalence, the numbers of people admitted to hospital due to these factors, mortality and levels of dependency and treatment within the community.

Tobacco

Smoking tobacco is the leading cause of preventable illness and premature deaths in the UK (OHID). It is also one of the most important drivers of health inequalities. Most related deaths are from lung cancer, chronic obstructive pulmonary disease (COPD) and coronary heart disease. Smoking also increases the risk of developing other conditions including some cancers. The negative impact of passive smoking and smoking in pregnancy is well recognised.

The prevalence of adult smokers in Torbay according to the Annual Population Survey was 18.4% for 2022 which is significantly higher than England for the first time since 2014, rates had been declining significantly since 2014 in Torbay but have risen over the last 2 years (Fig 168). Rates were higher during 2022 for adult males at 19.7% when compared to adult females at 17.2%, this difference is broadly reflected across the South West and England.

There are also significant differences within Torbay around smoking prevalence dependent on the broad socio-economic group you are in. Those who have never worked, are long-term unemployed or work in routine and manual occupations generally have higher smoking rates. These rates have been falling over the last decade but 2022 saw a large spike among those who have never worked or are long term unemployed, it should be noted that the relatively small sample size can lead to significant volatility from year to year. Those in groups classified as Intermediate or Managerial and Professional are generally less likely to smoke (Fig 169).

Fig 168: Smoking Prevalence in adults – Annual Population Survey

Source: Fingertips

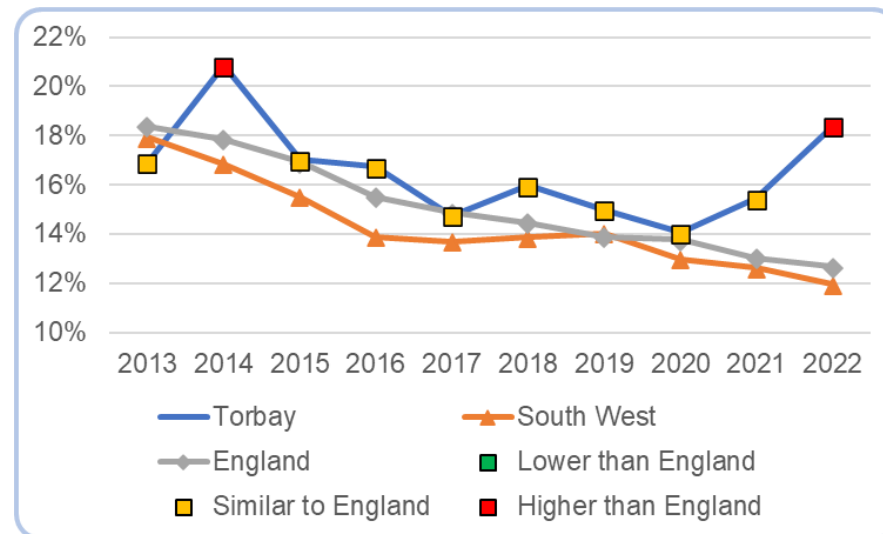
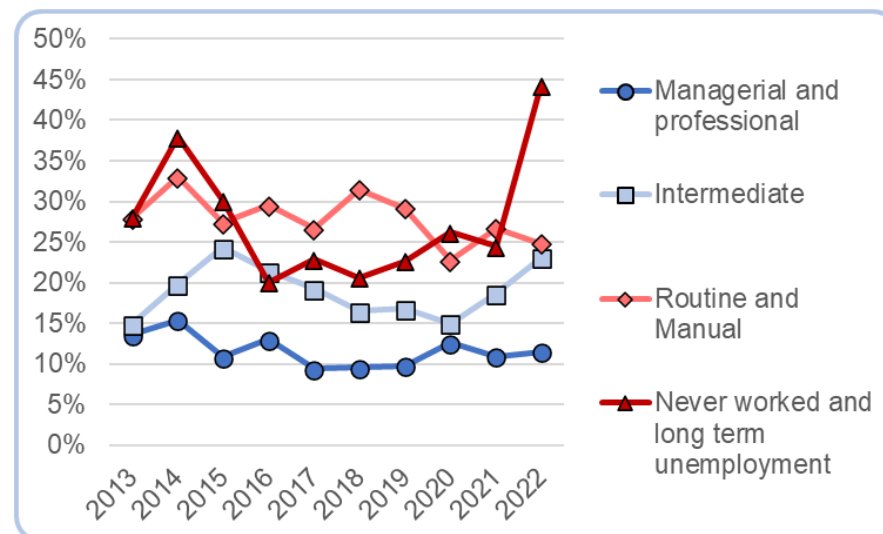


Fig 169: Smoking Prevalence in adults by socio-economic group – Annual Population Survey (Torbay)

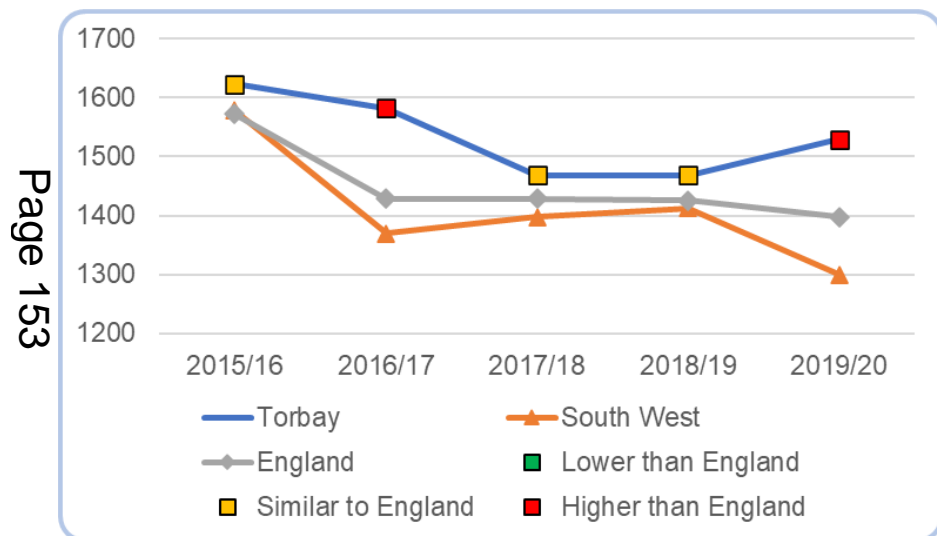
Source: Fingertips



Smoking attributable admissions to hospital (adjusted to take account of differing areas' age profile) for Torbay have consistently been higher than the South West and England. For the latest data available which is 2019/20 they were significantly higher (Fig 170). Across England, rates of smoking attributable admissions are twice as high in the 10% most deprived areas of England when compared to the 10% least deprived.

Fig 170: Rate of smoking attributable hospital admissions per 100,000 (Age-standardised)

Source: Fingertips

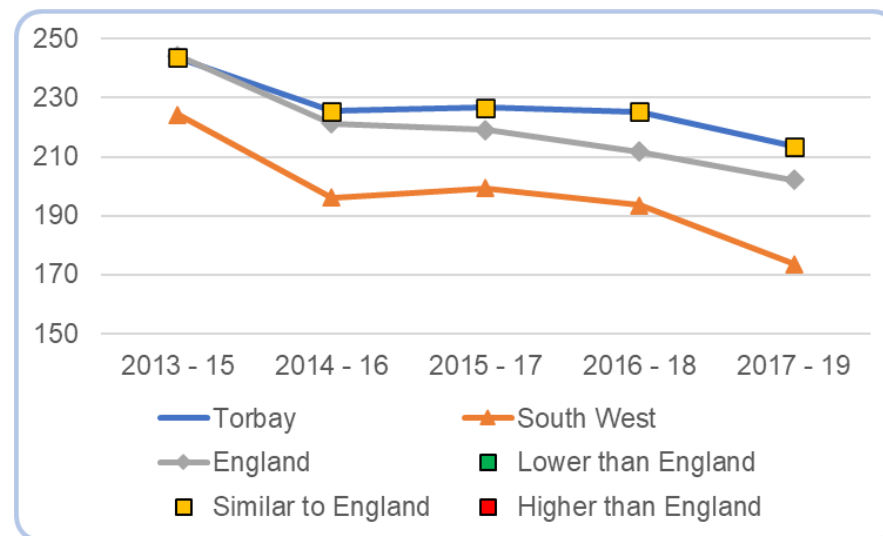


Smoking attributable mortality (adjusted to take account of differing areas' age profile) for Torbay has been broadly in line with England but significantly above the South West; rates have been falling over the last decade (Fig 171). As with smoking attributable hospital admissions, there is a very significant difference across England depending on the deprivation level of the area that you live in. Smoking attributable mortality rates are more than twice as high in

the 10% most deprived areas of England compared to the 10% least deprived. The latest data available was for 2017 to 2019.

Fig 171: Rate of smoking attributable mortality per 100,000 (Age-standardised)

Source: Fingertips



Attempting to stop smoking tobacco can be very difficult and there are a number of 'Stop Smoking' services to help people quit. Some people who have quit smoking will have this status validated by having a test for the level of carbon monoxide (CO) in their bloodstream 4 weeks after quitting. Torbay has a lower rate of CO validated quitters than England. Rates of CO validated quitters as a rate of all estimated smokers have fallen across Torbay, South West and England over the last decade (Fig 172). This trend is also reflected in the number of self-reported quitters who were not CO validated. The falling rate of smokers quitting is likely to be related to the smaller number of people who smoke, services may now be concentrated on those who have found it more difficult to quit. The latest data available was for 2019/20.

Fig 172: Rate of smokers who have successfully quit at 4 weeks, CO validated per 100,000 smokers (16+)
Source: Fingertips

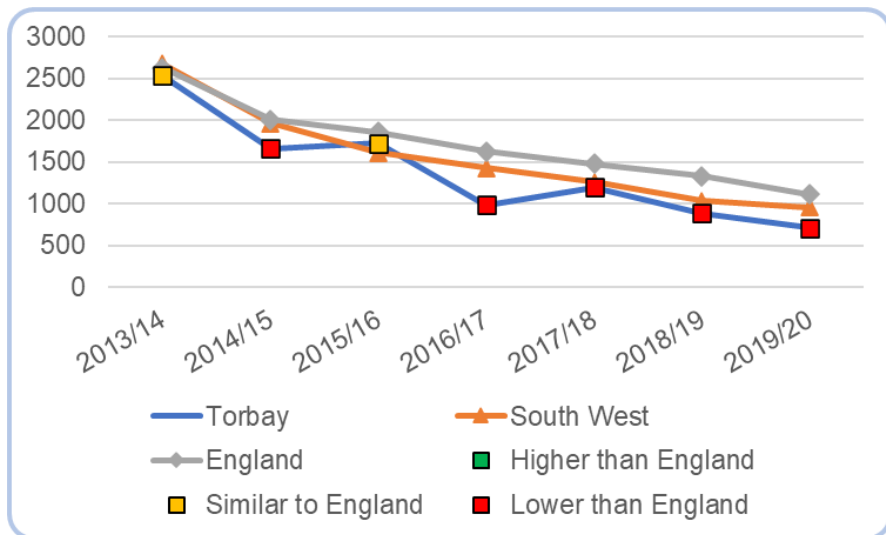
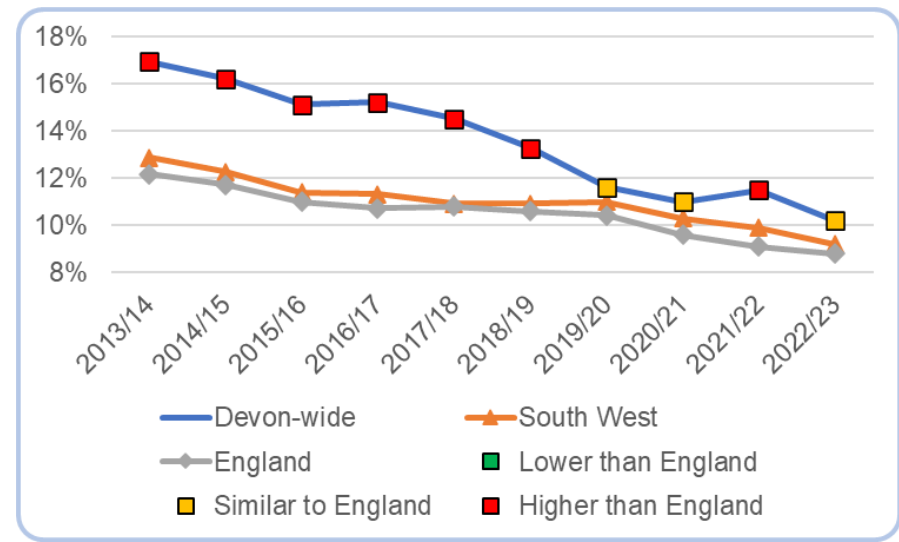


Fig 173: Percentage of women smoking at time of delivery
Source: Fingertips



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Smoking during pregnancy has significant well known detrimental effects for the growth of the baby and health of the mother. Rates given are for Devon (local authorities of Devon, Torbay & Plymouth combined), this data is no longer available at Torbay level. The percentage of women smoking at the time of delivery has fallen significantly over the last decade in Devon from 16.9% in 2013/14 to 10.2% in 2022/23 (Fig 173). Across England, mothers who live in the most deprived areas are almost 70% more likely to smoke at the time of delivery than those who live in least deprived areas.

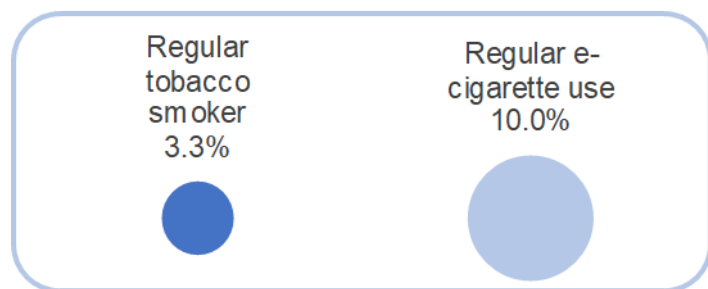
The Smoking, Drinking and Drug Use Among Young People in England (SDD) survey asked a sample of 15 year olds in England if they are regular or occasional tobacco smokers. For 2021 across England, 3.3% said that they were regular smokers which compares to 21% when the survey was undertaken in 2004, those who occasionally smoke have fallen in the same period from 9% to 5.5%. In the 2021 survey, regular smoking was broadly similar amongst 15 year old boys and girls, occasional smoking was more prevalent amongst 15 year old girls. Regular tobacco smoking is now significantly less common among 15 year olds than e-cigarettes (Fig 174).

An e-cigarette is a device that allows you to inhale nicotine in a vapour rather than smoke and are sometimes used to help manage nicotine cravings without tobacco. There is some initial evidence that taken together with face-to-face support it could be a more effective way than other nicotine replacement products to quit

smoking ([Using e-cigarettes to stop smoking - NHS \(www.nhs.uk\)](https://www.nhs.uk)). The long-term effects of e-cigarettes are not known.

The SDD survey for 2021 indicates that 10% of 15 year olds are a regular user of e-cigarettes (Boys – 9%, Girls – 12%). 61% of 15 year olds said they had never used an e-cigarette (Boys – 64%, Girls – 58%). When looking at all ages in the SDD survey from 11 to 15 years, e-cigarette use (ever used an e-cigarette) has remained static between 2014 and 2021 at 22%, for boys the rate has fallen from 23% to 19%, for girls it has risen from 20% to 25% over that time period.

Fig 174: Percentage of 15 year olds who regularly smoke tobacco or regularly use e-cigarettes – England (2021)
 Source: SDD – NHS Digital



The Opinions and Lifestyle Survey conducted by the Office for National Statistics for 2022 indicates that 5.0% of people aged 16 and over are a daily user of e-cigarettes (Men – 5.7%, Women – 4.4%), the largest daily user age groups are 25 to 34 and 35 to 49 with 6.5%. Half of all cigarette smokers have used an e-cigarette at least once, ex-smokers are slightly more likely to be daily users of e-cigarettes than cigarette smokers. Just 0.6% of people who have never smoked are daily users of e-cigarettes.

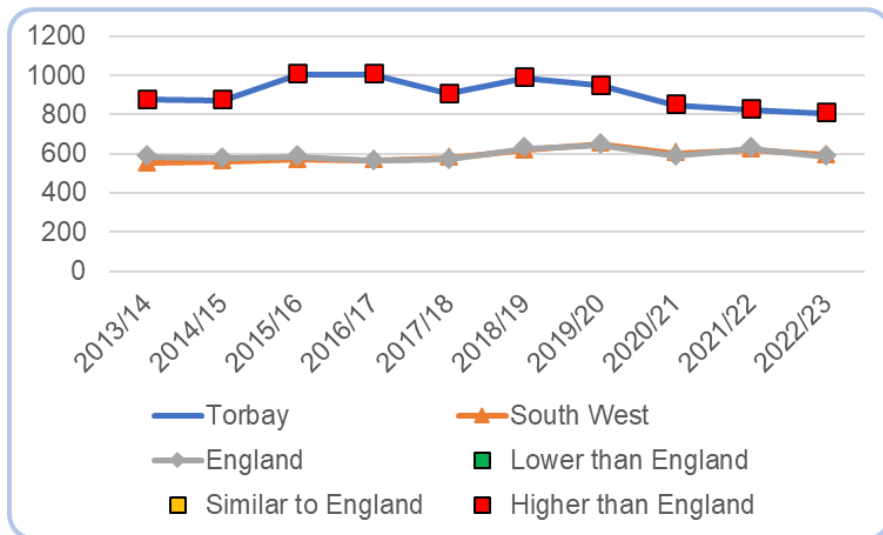
Alcohol

Alcohol misuse increases the risk of serious medical conditions such as cirrhosis of the liver, heart disease, various cancers, strokes and depression. It can lead to family breakdown, domestic abuse and financial problems. It can often stem from poor mental health. The health and social consequences affect not only the individual but those around them and the wider community.

An alcohol-specific condition is when the primary diagnosis or any of the secondary diagnoses is wholly attributable to alcohol. Torbay has consistently had higher level of admissions to hospital in relation to alcohol-specific conditions (adjusted to take account of differing areas' age profile) than the South West & England (Fig 175). Rates for males in Torbay are approximately double the rate for females. Across England, those who live in the most deprived areas are almost twice as likely to be admitted to hospital for an alcohol-specific condition than those who live in the least deprived areas. Torbay also has a much higher rate of admissions for alcohol-specific conditions amongst its under 18 population with rates currently double the England average, although rates have fallen over the last few years. Amongst the under 18 population in Torbay, admission rates are much higher for females when compared to males, although overall numbers are relatively small with 25 admissions for females and 15 for males over the 3 year period 2020/21 – 2022/23 (Fig 176).

Fig 175: Rate of admission episodes for alcohol-specific conditions per 100,000 (Age Standardised)

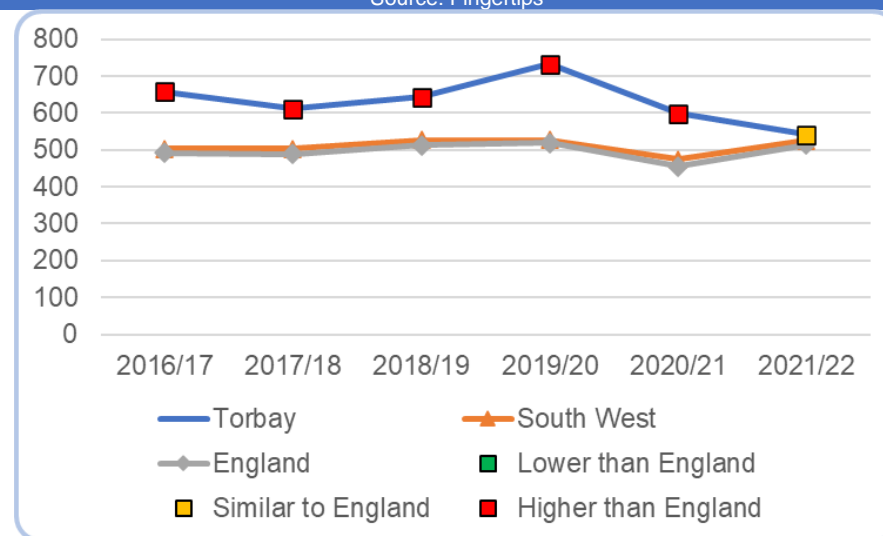
Source: Fingertips, Hospital Episode Statistics for 2022/23



Torbay has historically had a significantly higher rate of alcohol-related admissions to hospital (Fig 177). For 2021/22, the number of alcohol-related admissions was broadly in line with England and the South West for the first time since the current method of calculation was used in 2016/17. The fall in the Torbay rate for 2021/22 when compared to the previous year is almost entirely within the female population. Rates are significantly higher in males when compared to females, for 2021/22 they are more than double female rates. The definition used here is that the primary diagnosis is an alcohol-attributable condition or a secondary diagnosis is an alcohol-attributable external cause code.

Fig 177: Rate of admission episodes for alcohol-related conditions (Narrow) per 100,000 (Age Standardised)

Source: Fingertips



Alcohol-specific mortality in Torbay (adjusted for differing areas' age profile) has been on a steady upward trajectory and is significantly higher than England for 3 of the last 5 years (Fig 178). Torbay also has a significantly higher level of under 75 mortality from alcoholic liver disease than the South West and England.

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Fig 176: Rate of admission episodes for alcohol-specific conditions for Under 18s per 100,000

Source: Fingertips, Hospital Episode Statistics for 2021/22 and 2022/23

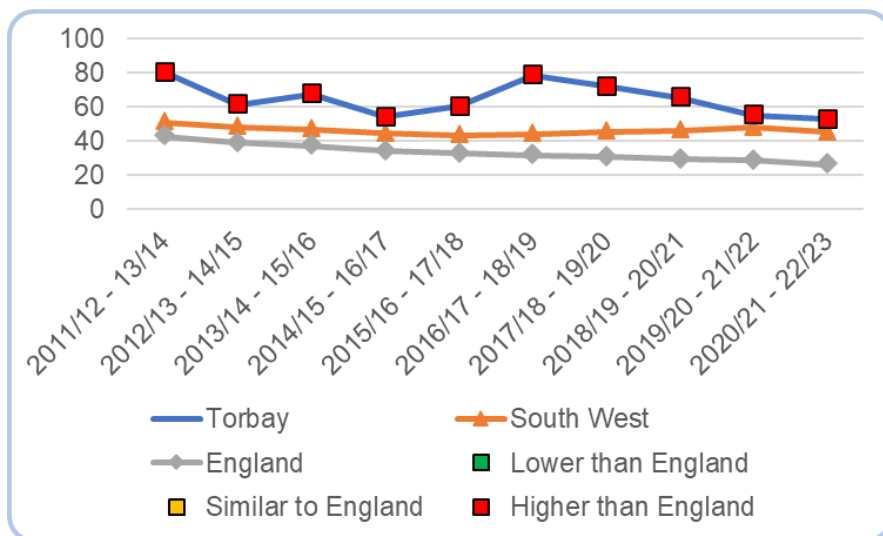
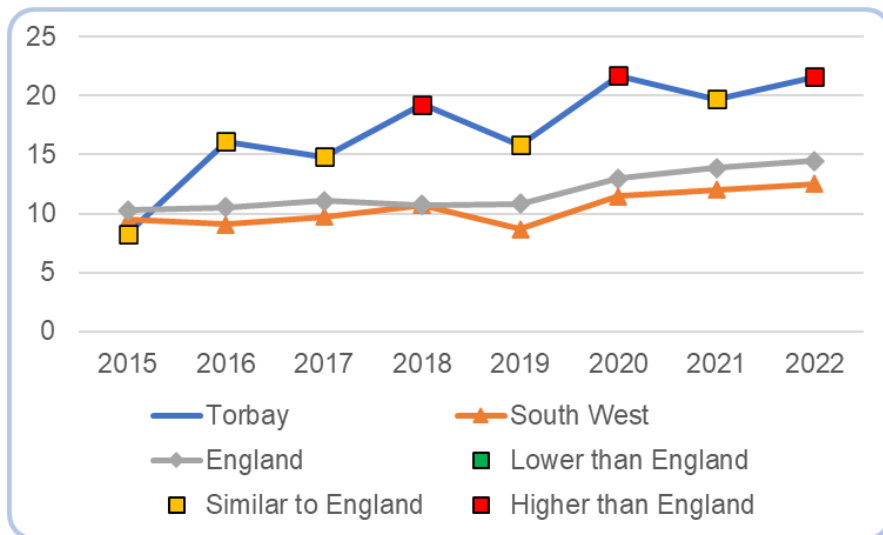


Fig 178: Rate of alcohol-specific mortality per 100,000 (Age Standardised)
Source: Fingertips



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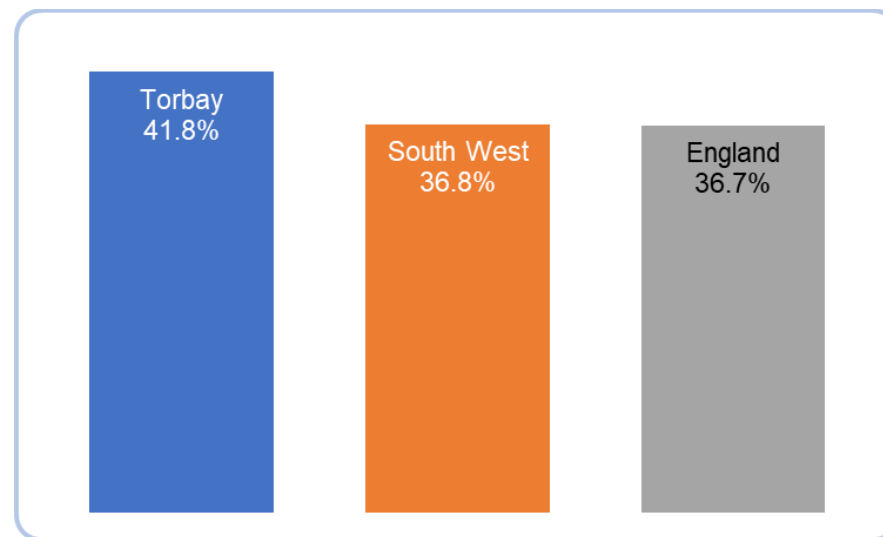
Over the period 2010 to 2022, Torbay had a higher proportion of alcohol users that left structured treatment free of alcohol dependence who do not then re-present to treatment within 6 months than the South West and England (Fig 179). Over the period, this equates to 2,227 successful treatments.

The University of Sheffield made estimates in 2019/20 that there were approximately 1,634 adults (75% male, 25% female) in Torbay with alcohol dependency. Close to half of these people are estimated to be aged between 35 and 54 years. It should be noted that this was an estimate with lower and higher bounds of 1,313 adults and 2,084 adults, rates of those with alcohol dependency were estimated as slightly higher than the South West and England.

The estimated number of adults with alcohol dependency has been used as the basis to estimate the proportion of dependent drinkers who are not in treatment. Using treatment information from the

National Drug Treatment Monitoring System it has been estimated that for 2020/21, significantly more dependent drinkers were in treatment in Torbay (33%) when compared to England (18%).

Fig 179: Percentage of successful structured alcohol treatment – 2010 to 2022
Source: Fingertips



As an urban area, Torbay has a significantly higher density of premises licensed to sell alcohol per square kilometre. For 2021/22, there were 710 premises licensed to sell alcohol which is a density of just over 11 premises per square kilometre, across England it is 1.3 premises per square kilometre (OHID Public Health Profiles).

Drugs

Opiates are a wide range of drugs that contain amongst others; Heroin, Morphine, Codeine, Opium and Fentanyl. Rates of successful treatment for opiate users are relatively low when compared to alcohol and non-opiate drugs. Rates of successful treatment (leaving drug free and do not re-present within 6 months)

have broadly fallen in Torbay, South West and England over the last decade (Fig 180). Torbay has remained broadly in line with England but 2021 and 2022 saw a recovery in successful treatment rates from 2020 which may have been due to COVID-19 and its disturbance of drug treatment regimes in that year.

Successful treatment for non-opiates is significantly higher than opiates and Torbay remains broadly in line with the South West and England; since 2018 successful treatments rates have been approximately 1 in 3 (Fig 181).

During 2020/21, the estimated proportion of opiates and/or crack cocaine users not in treatment was much lower in Torbay (34%) than the South West (47%) and England (52%) (Fig 182). This is based on data held by the National Drug Treatment Monitoring System and estimates of opiate or crack cocaine users produced by Liverpool John Moores University.

Fig 181: Percentage of successful structured drug treatment – Non opiate user
Source: Fingertips

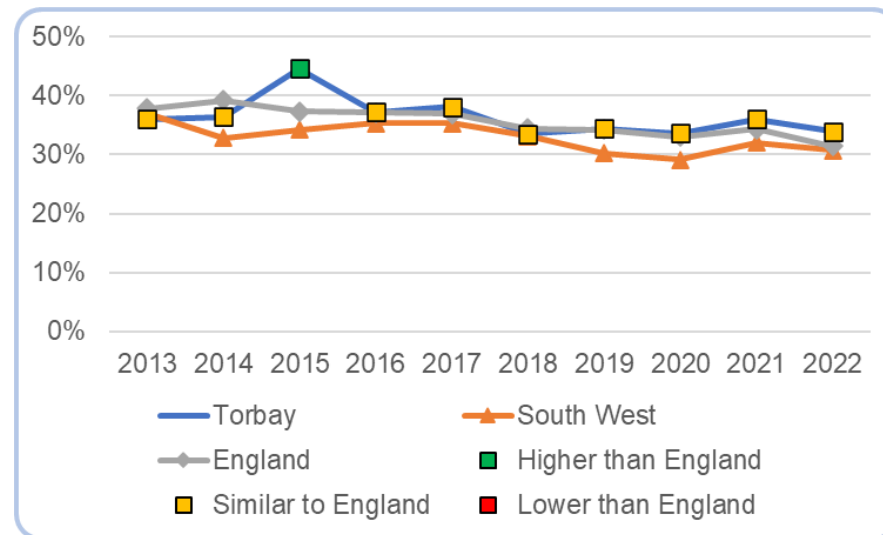


Fig 182: Estimated percentage of opiate and/or crack cocaine users not in treatment (2020/21)
Source: Fingertips

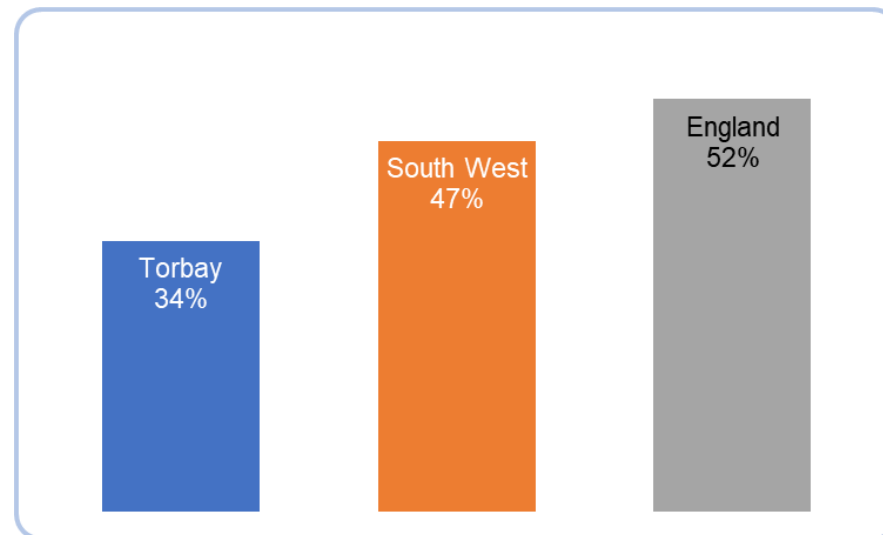
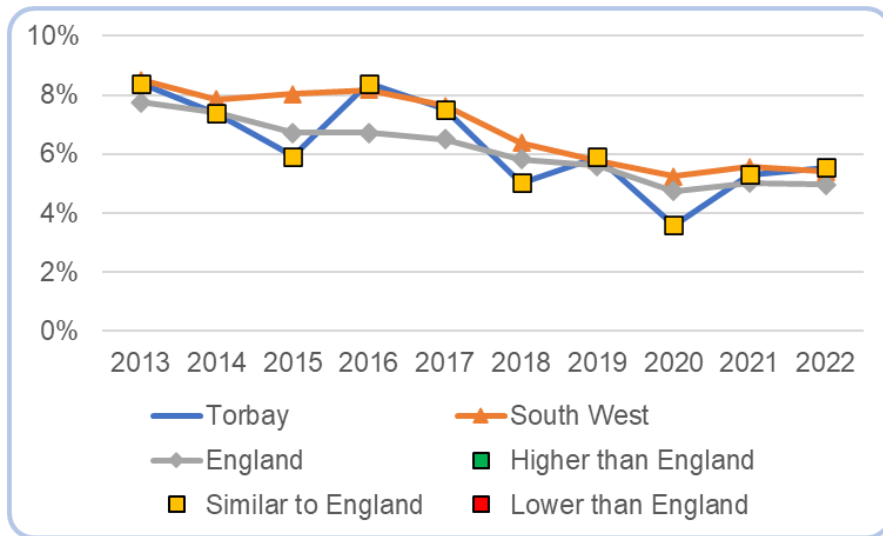


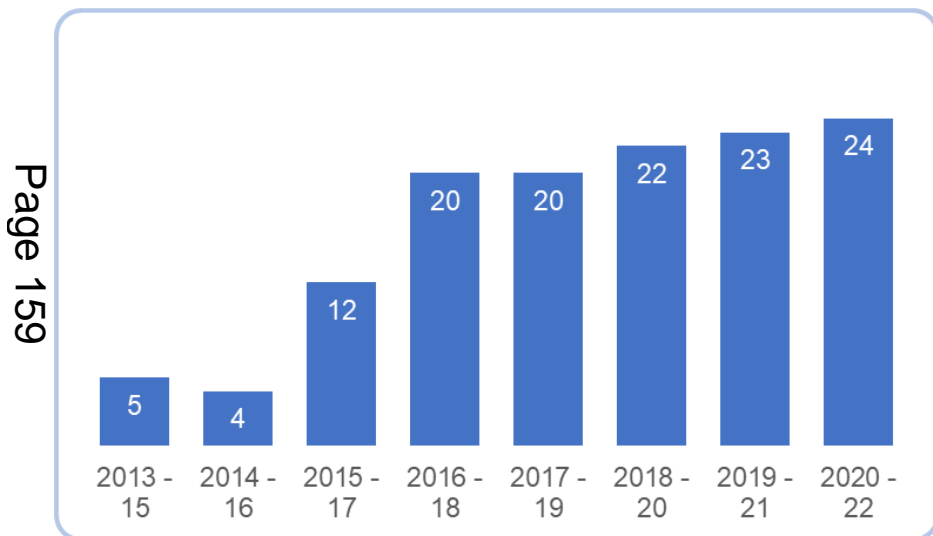
Fig 180: Percentage of successful structured drug treatment – Opiate user
Source: Fingertips



Drug misuse is a significant cause of premature mortality in the UK, particularly amongst those under 50 years. The rate of deaths from drug misuse in Torbay is broadly in line with England, Torbay has seen a rise in recorded deaths from drug misuse since the middle of the last decade with 24 deaths for 2020 to 2022 (Fig 183). Of the 44 deaths between 2017 and 2022, 30 were male and 14 were female. The number of drug deaths is likely to be an underestimate as they are calculated using a very specific criteria.

Fig 183: Number of deaths from drug misuse - Torbay

Source: Office for National Statistics



Gambling

Since the Gambling Act 2005 liberalised gambling, including activities such as allowing gambling companies to advertise on television and radio, there has been a ‘boom’ in gambling, the 2022 Gambling commission survey indicated 44% of those aged 16 and over had gambled in the previous 4 weeks. When you excluded the National Lottery, the rate was 29%. Excluding the National Lottery, rates were higher among males than females (31% to 27%) with the

peak prevalence rate of 33% among the 16 to 24 year old and 25 to 34 year old population. If you include the National Lottery, then 45 to 54 year olds had the highest prevalence rate at 50%.

The House of Lords Select Committee on the Social and Economic Impact of the Gambling Industry estimated that approximately a third of a million UK citizens are what would be termed as ‘problem gamblers’. Problem Gambling was defined by the Gambling Commission as ‘behaviour related to gambling which causes harm to the gambler and those around them. This may include family, friends and others who know them or care for them’.

The Gambling commission’s survey of young people ‘Young People and Gambling Survey 2019: a research study among 11-16 year olds in Great Britain’ showed that 55,000 (1.7%) of 11 to 16 year olds, are classified as ‘problem gamblers’, it also suggested a variation by sex with boys more likely to be defined as ‘problem gamblers’ than girls. There appeared to be little difference between 11 to 13 year olds and 14 to 16 year olds. For both girls and boys, the rate of problem gambling was higher among 11 to 16 year olds than adults.

The Gross Gambling Yield (GGY) which is the difference between what customers gamble minus the amount customers win, was £15.1 billion for 2022/23 across the UK. For comparison, the GGY in 2008/09 was £8.4 billion. It should be noted that this is not the same as profit as it does not take staffing, premises, IT costs into account.

On-line casinos had 26.7% of GGY for 2022/23 at just over £4 billion (Fig 184), this is an increase from 2015/16 when it was £2.4 billion. 80% of the £4 billion related to on-line slot machines. Notably, in-person betting which involves places such as betting shops and racecourses had a higher GGY than online betting. However, the trend in online betting is rising compared to falls among in-person betting.

Fig 184: Gross Gambling Yield by Sector (£million) – UK (2022/23)
 Source: Gambling Commission Industry Statistics 2023

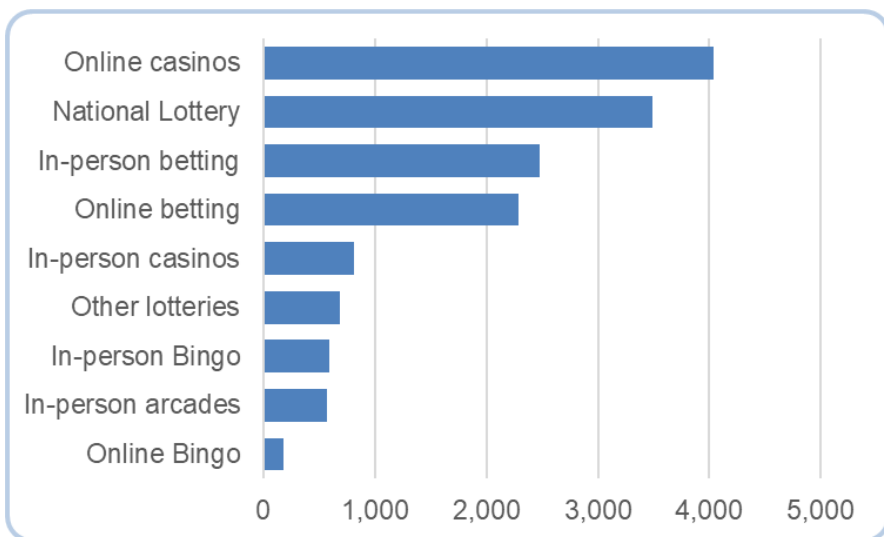
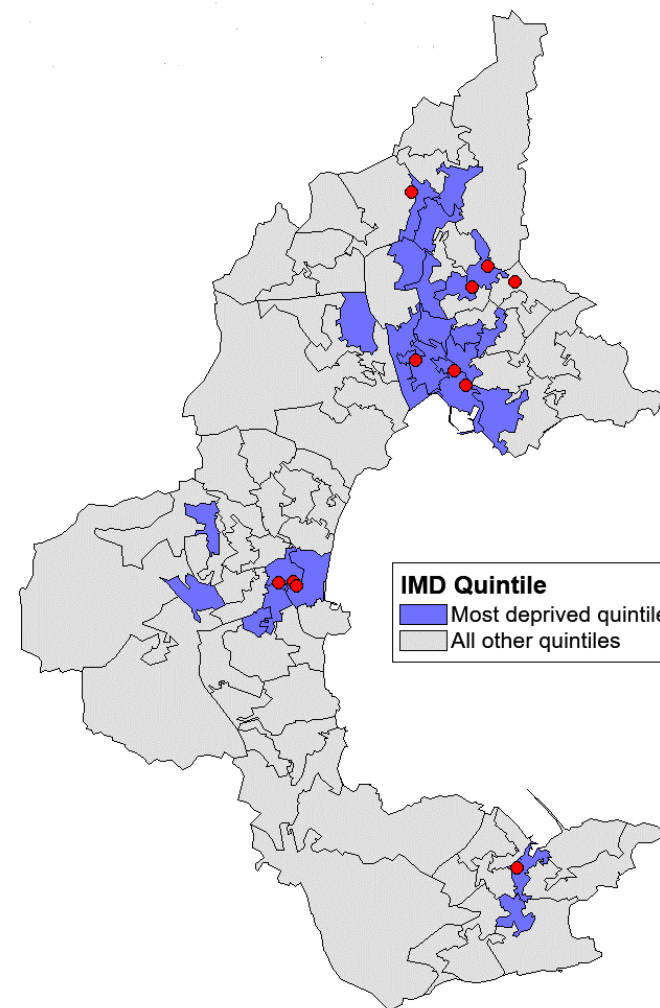


Fig 185: Open Betting Shops in Torbay – November 2023
 Source: Torbay Council Gambling Register Search



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Despite the rise of on-line betting, physical betting shops still make significant sums for the gambling industry. Evidence given to the House of Lord’s select committee from the ‘Estates Gazette’ showed that 56% of the big four’s betting shops are located in the top 30% most deprived areas in England thus leading to a concentration of these establishments in areas where comparatively moderate losses could be very problematic. This is likely to be due to town centres with the best footfall often being more deprived areas than the average area.

When you look at Torbay betting shops that were open as of November 2023 (Fig 185), of the 11 betting premises, 9 (the red dots indicate betting shop locations) are in areas of Torbay classified as being amongst the 20% most deprived in England. All 10 open Adult Gaming Centres are within areas of Torbay classified as amongst the 20% most deprived in England.

Documents you may find useful are listed below:-

[NHS England » NHS Long Term Plan will help problem drinkers and smokers](#)

[The Smokefree 2030 ambition for England - House of Commons Library \(parliament.uk\)](#)

[From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK \(www.gov.uk\)](#)

[Smoke-free generation: tobacco control plan for England - GOV.UK \(www.gov.uk\)](#)

[Gambling Harm— Time for Action \(parliament.uk\)](#)

Indicator	Measure	Torbay *	Comparator Group	South West	England	RAG compared to England (Latest Year)	Direction of travel compared to previous period
Smoking Prevalence (APS) (2022)	%	18.4%	11.8%	11.9%	12.7%	●	↑
Smoking attributable hospital admissions (2019/20)	DSR per 100,000	1529	1699	1300	1398	●	↑
Smoking attributable mortality (2017 - 19)	DSR per 100,000	214	229	174	202	●	↓
Mothers smoking at time of delivery (2022/23) *	%	10.2%	11.3%	9.2%	8.8%	●	↓
Alcohol admissions for Under 18s (Specific) (2020/21 - 22/23)	Rate per 100,000	53	44	45	26	●	↓
Alcohol related admissions (Narrow) (2021/22)	DSR per 100,000	507	626	498	494	●	↓
Alcohol specific mortality (2022)	DSR per 100,000	21.6	19.4	12.5	14.5	●	↑
Successful drug treatment - Opiates (2022)	%	5.6%	4.2%	5.4%	5.0%	●	↑
Successful drug treatment - Non Opiates (2022)	%	33.9%	26.2%	30.7%	31.4%	●	↓

*Torbay percentage for mothers smoking at time of delivery is a Devon-wide figure.

Crime, Domestic Abuse and Anti-Social Behaviour

Overview

- 11,064 crimes and 2,787 anti-social behaviour incidents in Torbay reported to police during 2022/23.

Source: Torbay Community Safety Partnership

- Rates of reported violent crime are higher in Torbay than England, the gap is narrowing largely due to a rise across England.

Source: Fingertips

- Page 163
- Levels of reported acquisitive crime in Torbay such as burglary, theft and shoplifting have broadly fallen over the last 5 years.

Source: Torbay Community Safety Partnership

- In line with national trends, far fewer children are entering the youth justice system.

Source: Youth Justice Board for England and Wales

- National Crime Survey data indicates that 27.0% of women and 13.9% of men have experienced domestic abuse at some time since the age of 16.

Source: Crime Survey for England and Wales

Crime, Domestic Abuse and Anti-Social Behaviour (ASB) can have significant effects on the individuals involved, and the families and communities around them. When we talk about the police data surrounding these issues, we are talking about reported levels, for instance it is acknowledged that domestic abuse and wider sexual crime is very significantly underreported to authorities, and this will lead us to use national survey data as well as reported figures to gather a better idea of prevalence.

Crime and Anti-Social Behaviour

The number of reported crimes in Torbay is lower than 5 years ago (Fig 186). There has been a significant reduction in reported levels of anti-social behaviour, and acquisitive crime, that is crimes such as burglary, robbery, theft, shoplifting and vehicle crime. It should be noted that shoplifting increased significantly in 2022/23 compared to 2021/22.

Fig 186: Crime and Anti-Social Behaviour (ASB) numbers reported to police - Torbay
Source: Torbay Community Safety Partnership

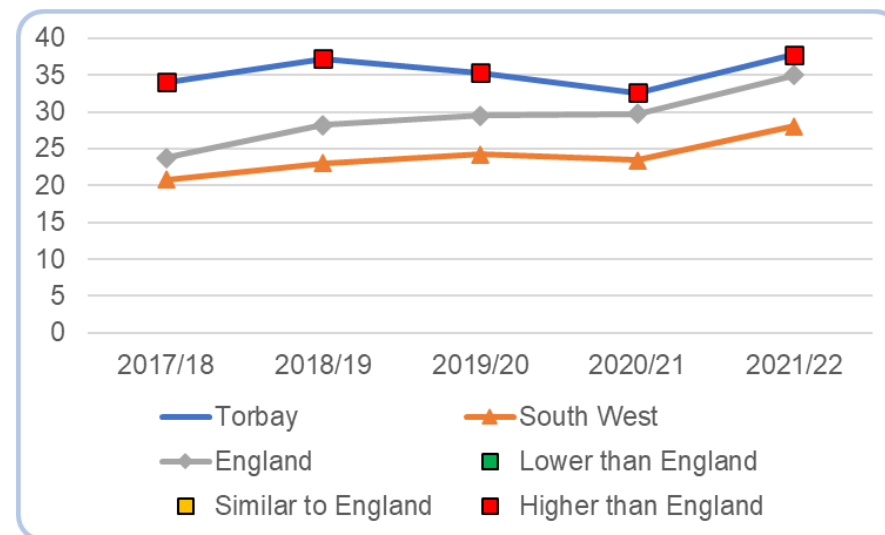
	2018/19	2019/20	2020/21	2021/22	2022/23
All Crime	12,241	11,319	10,470	11,323	11,064
All ASB	4,210	3,714	4,600	3,480	2,787
Sexual offences	442	431	364	430	454
Drug Offences	487	505	573	470	484
Acquisitive Crime	3,386	2,931	2,500	2,450	2,633

Violence is frequently used within a recorded crime. Counts of violent crime from the Community Safety Partnership over the period in question had a change in methodology which doesn't allow for meaningful comparison over the 5 year period, however there are some nationally provided data sets that show Torbay's comparative level. Across England, reported violent and sexual offences are significantly more likely to occur in the most deprived areas than the least deprived areas. Torbay data for 2022/23 was unavailable due to issues with the implementation of a new IT system at Devon & Cornwall Police in November 2022.

Torbay has a significantly higher level of reported crimes classified as violence against the person when compared to England (Fig 187), sexual offences are counted separately.

Fig 187: Rate of Violence Offences per 1,000 population

Source: Fingertips

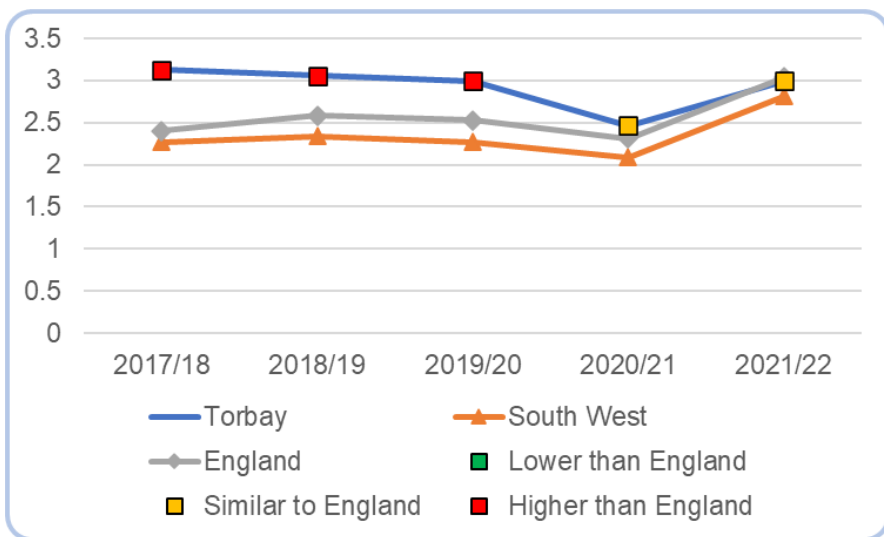


In respect of reported sexual offences, Torbay's rate is broadly in line with England and the South West (Fig 188), reported numbers fell significantly during 2020/21 in which there were multiple lockdowns

due to the COVID-19 pandemic which left people more isolated from others in society. This may have led to a fall in the chance and available support to report these offences.

Fig 188: Rate of Sexual Offences per 1,000 population

Source: Fingertips



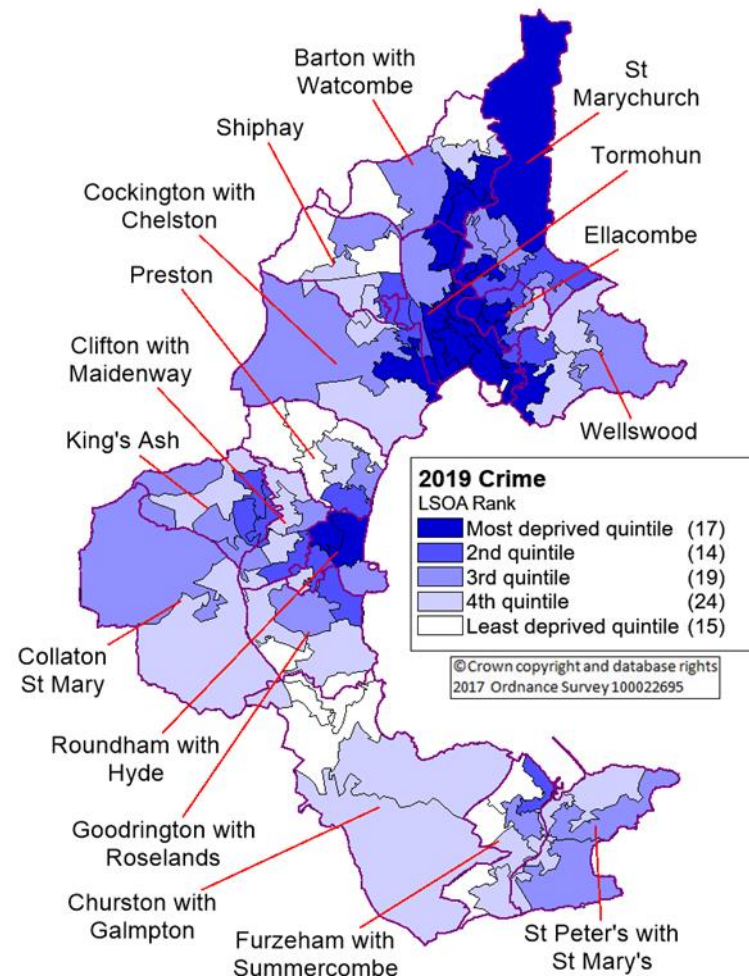
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The Index of Multiple Deprivation produces a Crime Deprivation rating for small areas to give a guide to how areas are affected by crime. Although the data that it is based on relates to information gleaned in the last decade it is still a useful indicator of where levels of crime are likely to have the most impact.

The Crime sub-domain relates to the rate of violence, burglary, theft and criminal damage. The most Crime deprived areas indicated by dark blue relate to Torquay and central Paignton (Fig 189). Town centres will have higher levels of recorded crime due to the concentration of licensed premises. The areas in dark blue were ranked amongst the 20% most deprived in relation to Crime in England.

Fig 189: Rank of Crime Deprivation

Source: English Indices of Deprivation 2019



Those within the Youth Justice system are known to be amongst the most vulnerable in society. The number of 10 to 17 year olds in Torbay entering the Youth Justice system has fallen from 105 in 2013/14 to 35 in 2022/23. This is in line with reductions across

England in the numbers of children entering the Youth Justice system (Fig 190). A House of Commons committee report from November 2020 on ‘How has the youth justice population changed’ attributes these falls to the success of schemes that divert children and young people from court, such as formal youth cautions, youth conditional cautions and the informal community resolution.

Over the same period, a similar pattern of falling rates locally and across England can be seen in relation to the number of first time offenders (of any age), these are offenders recorded as having received their first conviction, caution or youth caution.

Levels of proven reoffending within Torbay have been broadly in line with England (Fig 191), in general this has been following a downward trend. Data relates to offenders released from custody who committed a reoffence leading to a court conviction, caution, warning or warning within 1 year; a further 6 month period is added to this to allow offences to be proven in court.

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Fig 190: Rate of children (10 to 17 yrs) entering the youth justice system per 1,000 population

Source: Youth Justice Board for England and Wales

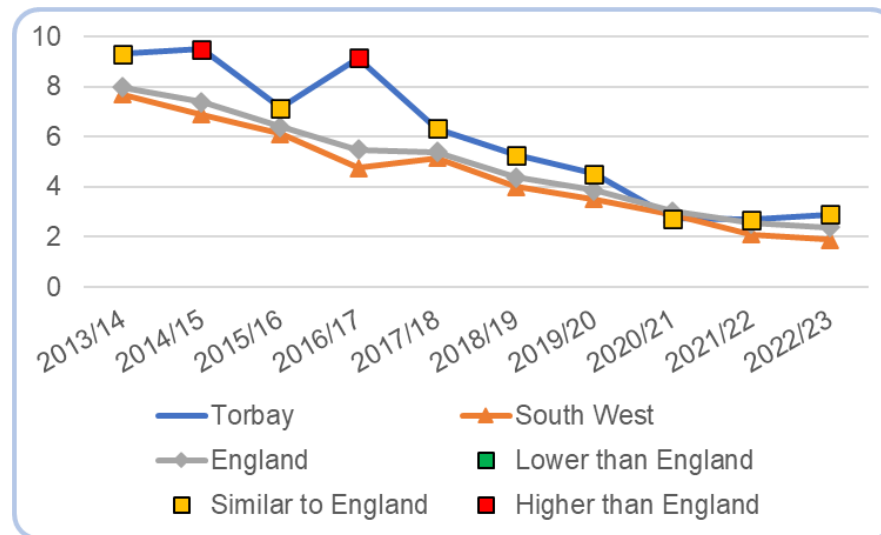
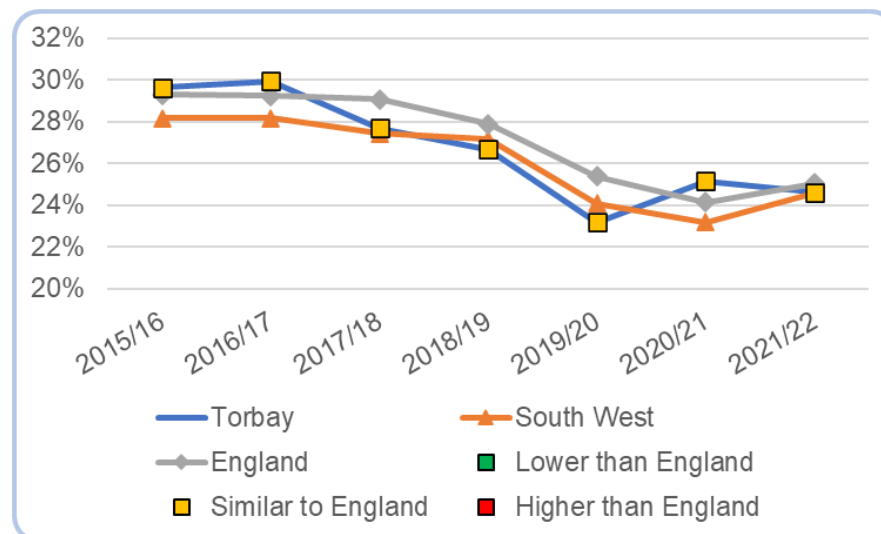


Fig 191: Percentage of proven reoffending

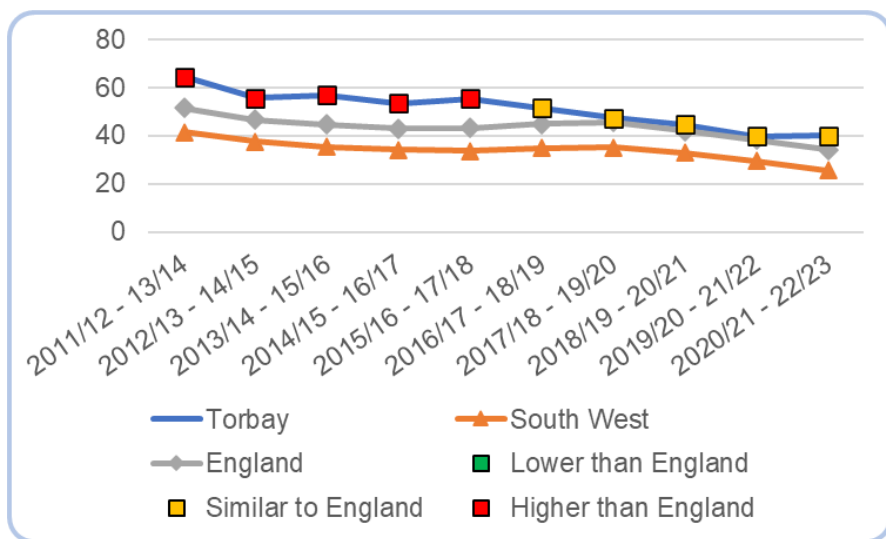
Source: Ministry of Justice



Hospital admissions for violence which includes sexual violence have gradually fallen over the last 10 years in Torbay and have been broadly in line with England rates over the last 5 time periods. However, rates remain significantly higher than the South West average (Fig 192). The rates have been adjusted to take account of differing geographies' age structures.

Fig 192: Rate of hospital admissions for violence (including sexual violence) per 100,000 (Age Standardised)

Source: Fingertips, 2019/20 – 21/22 and 2020/21 – 22/23 – Hospital Episode Statistics



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Domestic Abuse

The United Nations defines domestic abuse as ‘a pattern of behaviour in any relationship that is used to gain or maintain power and control over an intimate partner. Abuse is physical, sexual, emotional, economic or psychological actions or threats of actions that influence another person. This includes any behaviours that frighten, intimidate, terrorize, manipulate, hurt, humiliate, blame, injure or wound someone’.

Levels of domestic abuse are known to be under recognised and under reported. Levels of reported domestic abuse recorded in police figures for Torbay have remained relatively static over the last 5 years, for 2021/22 the reported figures were 3,494 (Fig 193). Torbay data for 2022/23 in relation to Domestic Abuse is not yet fully available due to issues with the implementation of a new IT system at Devon & Cornwall Police in November 2022.

Fig 193: Domestic Abuse numbers recorded by police - Torbay

Source: Torbay Community Safety Partnership

	2017/18	2018/19	2019/20	2020/21	2021/22
Domestic Abuse	3,533	3,712	3,645	3,507	3,494

The Crime Survey for England and Wales asks people aged 16 and over about a number of subjects related to crime, this includes domestic abuse and stalking.

For the year ended March 2023, participants were asked if they had been subjected to any domestic abuse since the age of 16, this would include partner or family non-physical abuse, threats, force, sexual assault or stalking. 20.5% of people stated that they had been victims of this once or more since the age of 16 (Fig 194). Rates were twice as high for women as men (27.0% for women, 13.9% for men). If these figures were applied directly to Torbay’s 2022 population, approximately 16,400 women and 7,900 men aged 16 and over will have been subjected to domestic abuse at some point since the age of 16.

The survey found that it was more likely that people would have experienced abuse when they were aged 16 and over from partners rather than family, again it was much more likely that women would experience this abuse (Fig 194). 7.9% of women were subject to a

sexual assault (including attempts) by a partner, 1% of males had been subjected to a sexual assault (including attempts) by a partner.

There were also figures relating to being subjected to stalking by partners, ex-partners or family members since the age of 16. Almost 1 in 10 women (9.2%) had experienced this domestic stalking, as had 3.0% of men (Fig 194). This domestic stalking was much more likely to involve a partner/ex-partner than a family member.

Fig 194: Domestic Abuse Prevalence among adults aged 16 and over since the age of 16 (Year to March 2023) – England and Wales
 Source: Crime Survey for England and Wales

	Female	Male	All
Any domestic abuse	27.0%	13.9%	20.5%
Any sexual assault (including attempts) by a partner	7.9%	1.0%	4.5%
Any sexual assault (including attempts) by a family member	2.4%	0.2%	1.3%
Domestic Stalking	9.2%	3.0%	6.1%
Non-sexual domestic abuse	23.5%	13.0%	18.3%

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Weight, Exercise and Diet

Overview

- Approximately 1 in 4 Reception and 1 in 3 Year 6 pupils in Torbay are either overweight or obese.

Source: Fingertips

- More than 6 in 10 Torbay adults are either overweight or obese.

Source: Fingertips

- 41% of Torbay adult residents walk for 10 consecutive minutes or more, at least 3 times a week, this is broadly in line with England.

Source: Department for Transport

- More than 7 in 10 children are physically active or fairly active, just under 7 in 10 adults are physically active.

Source: Active Lives Children's Survey and Fingertips

- Torbay has consistently higher rates of hospital admissions for eating disorders than England.

Source: Hospital Episode Statistics

- The gap in healthy life expectancy between the most and least deprived areas in England was 18.8 years for females and 18.2 years for males.

Source: Fingertips

In adults, those with a physically active lifestyle have a 20% to 35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle ([OHID](#)). Studies tracking child obesity into adulthood have found that the probability of overweight or obese children becoming overweight or obese adults increases with age, it has also been noted that attitudes towards sport and physical activity are often shaped by experiences in childhood. Diet is also a very important aspect of health, Dr Alison Tedstone who was the chief nutritionist at Public Health England states that a healthy balanced diet is the foundation to good health, eating 5 a day and reducing our intake of calories, sugar and saturated fat is what many of us need to do to reduce the risk of long-term health problems.

Weight

The National Child Measurement Programme aims to measure the height and weight of Reception (aged 4 to 5) and Year 6 (aged 10 to 11) children at English schools.

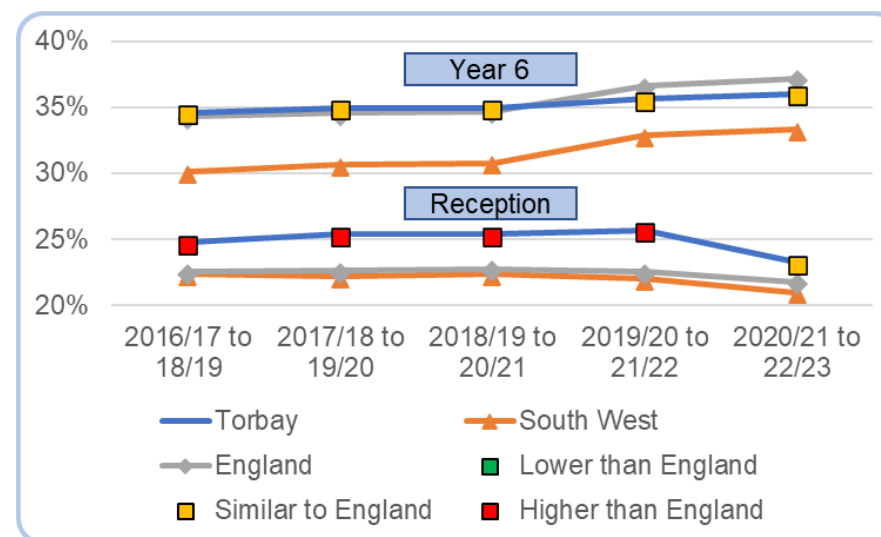
The prevalence of overweight (including obese) Reception aged children in Torbay was approximately 1 in 4 (23.2%). This was the first time during the last 5 time periods that Torbay did not have higher levels than England (Fig 195). For Year 6 children in Torbay, approximately 1 in 3 (36.0%) children were overweight or obese, this rate has been consistent with levels across England but above South West levels (Fig 195). Across England, rates of overweight (including obese) children are significantly higher in more deprived areas. For 2022/23, rates of overweight (including obese) children in the most deprived decile in England were 25.7% and 44.5% for Reception and Year 6 children respectively as opposed to 16.9% and 25.9% in the least deprived decile.

It should be noted that significant numbers of overweight and obese children in Torbay are obese. For those in Reception, 9.9% of

children were obese for the period 2020/21 to 2022/23. In Year 6, 21.5% of children were obese for the period 2020/21 to 2022/23, for Year 6 this means more children were classified as obese than overweight (not obese).

Fig 195: Percentage of overweight (including obese) children

Source: Fingertips



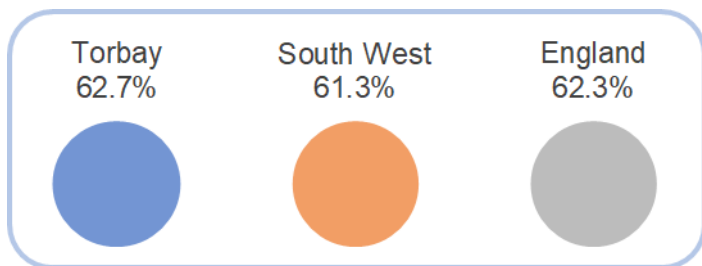
Sport England undertakes an annual 'Active Lives Survey' for those aged 18 and over which asks for height and weight to calculate their BMI.

Looking at the 7 year period from 2015/16 to 2021/22, Torbay has a similar rate of adults classified as overweight when compared to the South West and England at 62.7% (Fig 196). When you look at England figures, the percentage of those who are classified as overweight increases with age until you reach those who are 85 years and older (Fig 197). Across the last 7 years, males are 10 to 13 percentage points more likely to be classified as overweight when compared to females, for 2021/22, 69% of males and 58% of females were classified as overweight across England.

Those who live in more deprived areas are more likely to be classified as overweight when compared to those in the least deprived areas, for 2021/22 across England, 71% of those in the most deprived decile in England were classified as overweight compared to 59% in the least deprived decile.

Fig 196: Percentage of adults classified as overweight or obese (2015/16 to 2021/22)

Source: Fingertips



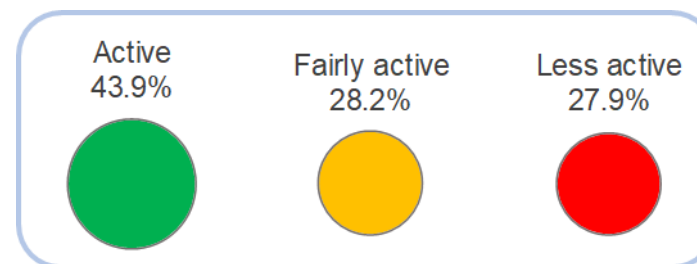
Exercise

The Active Lives Children’s Survey asks a number of questions around children’s level of activity.

One of the questions relates to the daily level of sport and physical activity undertaken by children aged 5 to 16 over the last week. Children can be active (an average of 60+ minutes per day), fairly active (30 to 59 minutes) or less active (less than 30 minutes). Torbay respondents show just under 3 in 4 as active or fairly active and just over 1 in 4 as less active during 2022/23 (Fig 198). These figures are broadly in line with England but there is a significant amount of volatility from year to year at a local level.

Fig 198: Percentage of children aged 5 to 16 by level of physical activity – Torbay (2022/23)

Source: Active Lives Children’s Survey



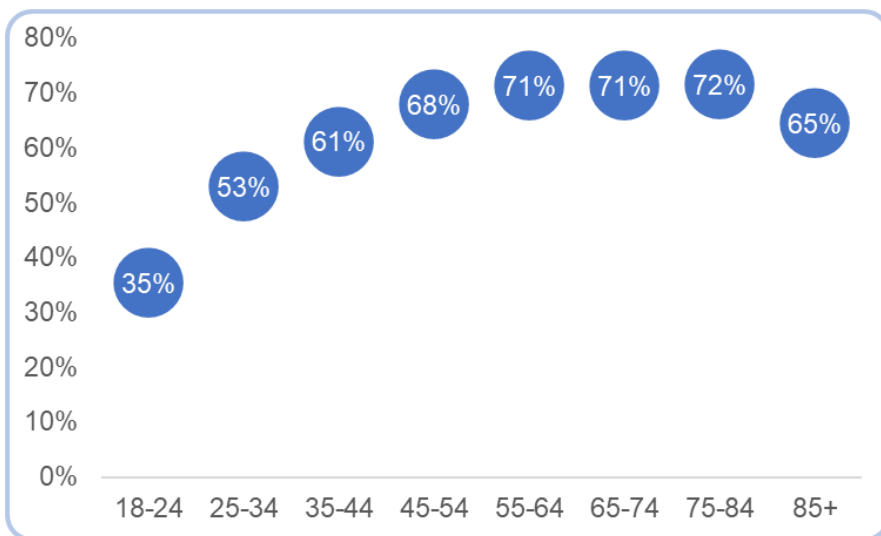
Data from the ‘Active Lives Survey’ for adults undertaken by Sport England asks questions about a person’s level of physical activity over the previous 28 days. 68% of Torbay respondents over the last 7 years said that they were physically active (150 minutes of moderate intensity physical activity per week over the last 28 days), this is higher than England but below the South West (Fig 199). The data was weighted to take account of differing population structures in different local authorities.

Levels of adults who responded as being physically active were higher across England in the least deprived areas when compared to

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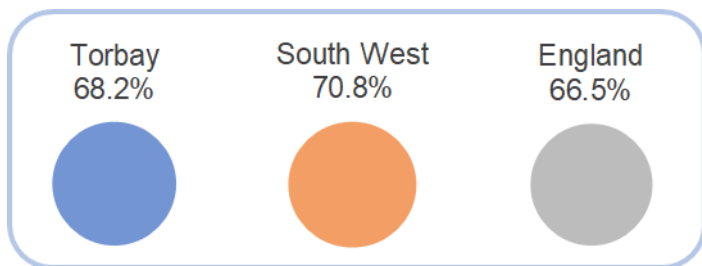
Fig 197: Percentage of adults classified as overweight or obese by age band - England (2015/16 to 2021/22)

Source: Fingertips



the most deprived areas (Fig 200). Rates of being physically active were significantly higher if you were in employment.

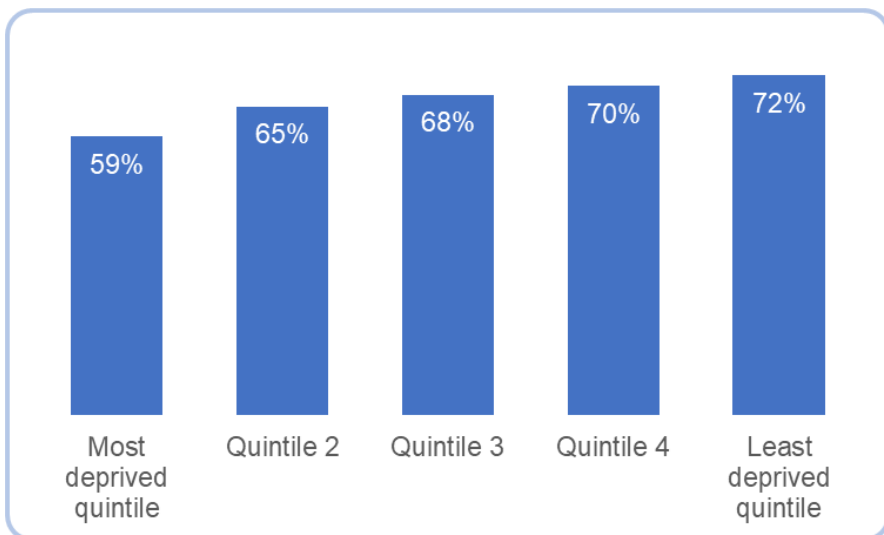
Fig 199: Percentage of adults classified as physically active (2015/16 to 2021/22)
Source: Fingertips



Rates of walking for at least 3 times a week (walk that is at least 10 continuous minutes) amongst adults in Torbay had consistently been higher than England and slightly higher than the South West. However, the rate in Torbay for 2022 dropped to 41% from 50% in 2021, this is based on survey data so some volatility is to be expected and we wait to see if this is a trend (Fig 201). Residents have been more than twice as likely to walk at least 3 times a week for leisure than they were for travel.

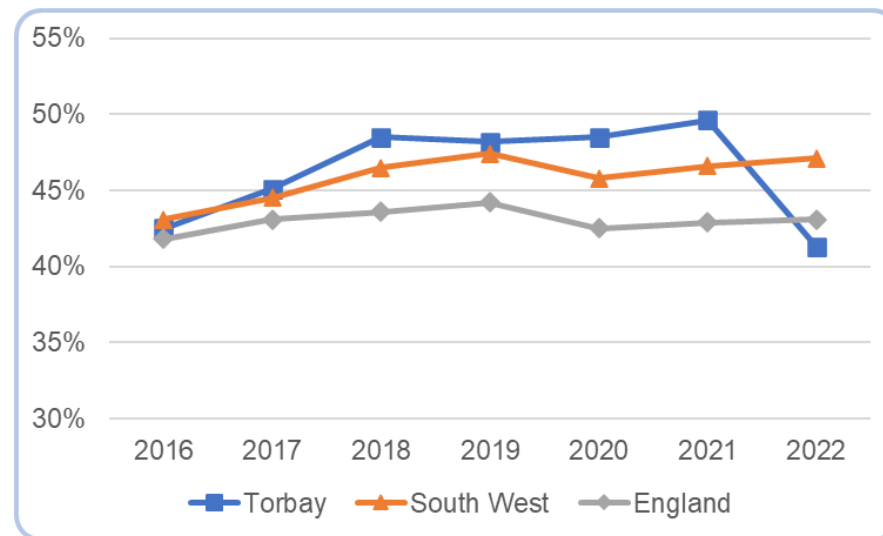
Rates for those cycling at least 3 times a week for Torbay have been suppressed due to a small sample size. There are figures for those Torbay residents who cycle at least once a month, for 2022 this stood at 8%. This is lower than the England rate of 13% and the South West rate of 15%. For all 3 geographical areas mentioned, cycling rates have yet to recover to pre COVID-19 levels.

Fig 200: Percentage of adults classified as physically active by deprivation quintile - England (2015/16 to 2021/22)
Source: Fingertips



Data from the National Travel Survey and Active Lives Survey is brought together by the Department for Transport to calculate rates of walking and cycling among the population.

Fig 201: Percentage of adults who walk at least 3 times a week (10 continuous minutes) for any purpose
Source: Department for Transport Table CW303



Diet

The proportion of those adults eating 5 portions of fruit and vegetables on a 'usual day' as reported by the Active Lives Survey is 35.5% (2020/21 to 2021/22), this is broadly in line with England and the South West (Fig 202). Across England, there are significant differences between the most and least deprived areas, for 2021/22, 22% of those in the most deprived decile in England had their '5-a-day' compared to 39% of those in the least deprived decile.

Rates from 2020/21 onwards are much lower than the rates quoted before 2020/21. This is due to a change in the way that the question was asked. Previously 2 separate questions asked how many portions of fruit did you eat yesterday and how many portions of vegetables did you eat yesterday. From 2020/21, there was the single question of how many portions of fruit and vegetables did you eat yesterday. This had led to falls of around 20 percentage points for those who state that they eat 5 portions of fruit and vegetables a day across England.

Dietary issues are often talked about in terms of being overweight or obese. However, people also suffer from anorexia, bulimia, and other eating disorders. In the most severe cases people may be admitted to hospital, although the number of hospital admissions where the primary diagnosis is an eating disorder are small. Torbay has consistently had a significantly higher rate of admissions than England over the last 7 years and the rate is on an upward trend (Fig 203). Across England over the last 7 years, 91.5% of admissions relate to females and 57.8% of admissions across England relate to females under 18 years. For the 7 years, 2016/17 to 2022/23, 61.8% of admissions of Torbay residents where the primary diagnosis related to an eating disorder were females under the age of 18, this equates to 94 admissions.

Fig 202: Percentage of adults eating 5 portions of fruit and vegetables on a 'usual day' (2020/21 to 2021/22)

Source: Fingertips

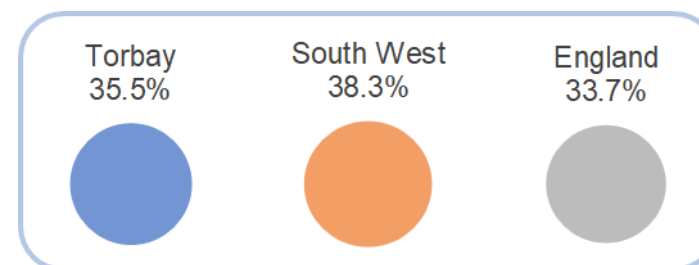
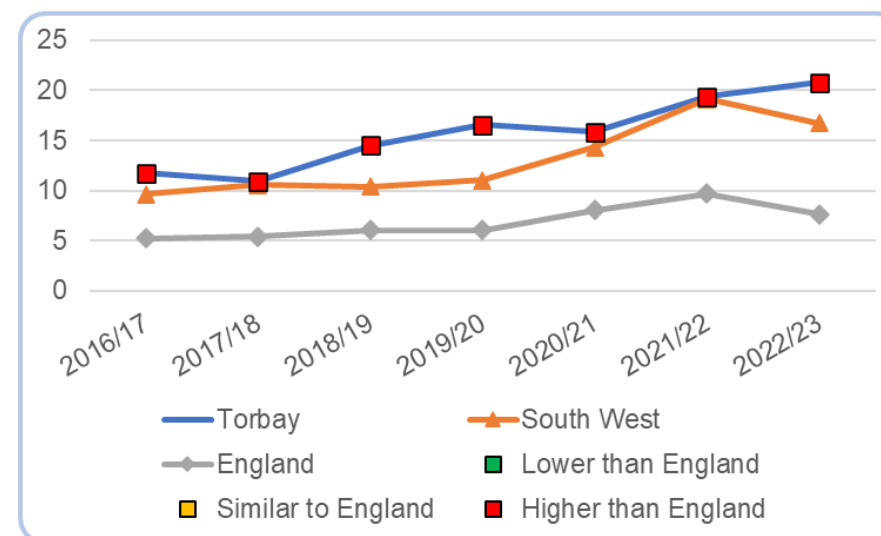


Fig 203: Rate of hospital admissions due to primary diagnosis of an eating disorder, per 100,000

Source: Hospital Episode Statistics



Those in more deprived areas are more likely to lack the options to eat more healthily whether this is through poor access to supermarkets with fresh fruit and vegetables or lack of money to enable themselves to eat well. Food insecurity has been heightened firstly through COVID-19 and then through the Cost of Living crisis. Torbay Food Alliance [Torbay Food Alliance | Food Banks in](#)

Torquay, Paignton and Brixham is a partnership of community organisations, working together to support people who are struggling to afford food. There is information on their website in relation to food banks, social supermarkets and budget cooking.

Healthy life expectancy and mortality

The consequences of obesity, poor diet and lack of exercise contribute to increasing the chances of a poorer level of health and increased levels of mortality.

Data for Healthy life expectancy is based on self-reported good health from the Annual Population Survey and deaths, it is weighted to take into consideration the population structure of different areas. Healthy life expectancy at birth for females in Torbay has been on a downward trend over the last decade from 64.4 years in 2010-2012 to 61.9 years in 2018-2020. Over the last decade, female healthy life expectancy has been consistently below England and South West averages (Fig 204).

Healthy life expectancy at birth for males was at 64.1 years in 2010-2012 and stands at 63.8 years for 2018-2020, it has been broadly in line with the England average but below the South West (Fig 205). It should be noted that the most recent 3 year period for males was a substantial increase of 1.5 years from the previous period, there may be a level of volatility to the indicator given the self-reported nature of good health.

Fig 204: Healthy life expectancy at birth - Females

Source: Fingertips

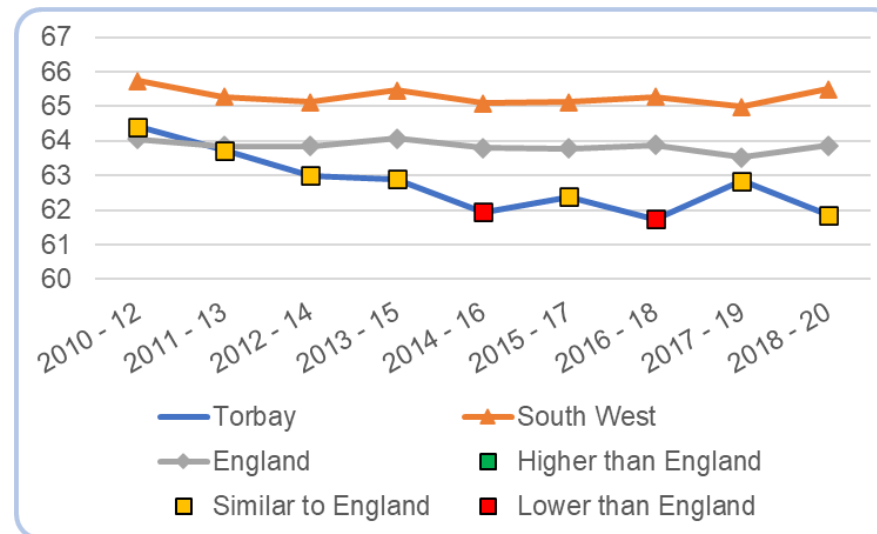
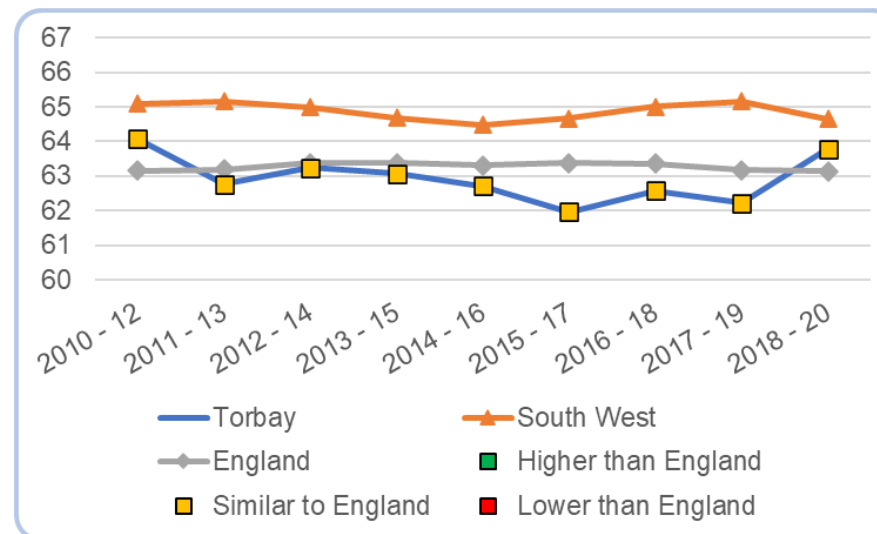


Fig 205: Healthy life expectancy at birth - Males

Source: Fingertips

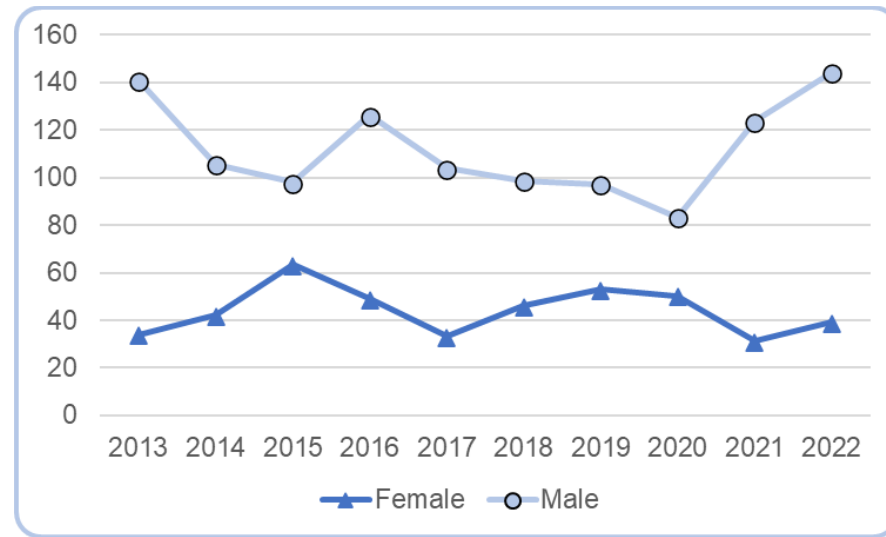
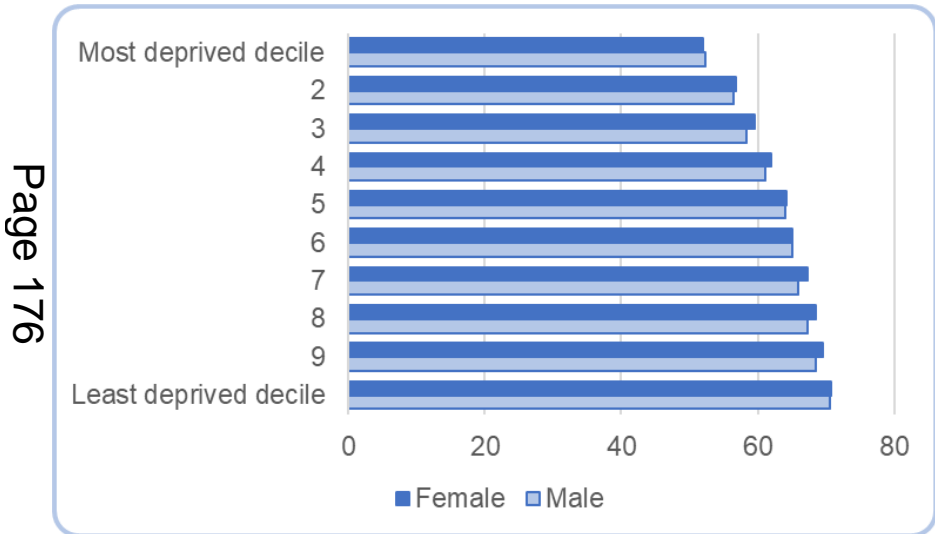


Across England, there are very large differences between those who live in the most deprived and least deprived areas. For the period 2018-2020, the gap between those who live in the most and least deprived deciles was 18.8 years for females and 18.2 years for males. Healthy life expectancy in the most deprived areas was 51.9 and 52.3 years respectively for females and males, in the least deprived areas it was 70.7 and 70.5 years respectively (Fig 206).

before the age of 75 from a circulatory disease. Cardiovascular diseases make up the large majority of the mortality levels of what is contained within circulatory diseases.

Fig 206: Healthy life expectancy at birth by deprivation decile – England (2018 – 20)
Source: Fingertips

Fig 207: Under 75 mortality rate from all circulatory diseases – Torbay
Source: Fingertips



Mortality rates from circulatory diseases includes cardiovascular diseases such as coronary heart disease and strokes. Risks are heightened by high levels of cholesterol, lack of exercise, obesity and hypertension as well as smoking, a family history of cardiovascular disease and your ethnicity. Rates for Torbay are broadly in line with England but there are very substantial differences between females and males over the last decade (Fig 207). Males in Torbay and across England are much more likely than females to die

For further investigation, you may find the following links useful:-

[Active Lives | Children And Young People Activity Data \(sportengland.org\)](https://sportengland.org)

[Active Lives | Sport England](#)

[Torbay Food Alliance | Food Banks in Torquay, Paignton and Brixham](#)

Indicator	Measure	Torbay	Comparator Group	South West	England	RAG compared to England (Latest Year)	Direction of travel compared to previous period
Overweight (inc obese) children - Reception (2020/21 - 22/23)	%	23%	24%	21%	22%	●	↓
Overweight (inc obese) children - Year 6 (2020/21 - 22/23)	%	36%	37%	33%	37%	●	↑
Physically active children (2022/23)	%	44%	51%	51%	47%	●	↓
Physically active adults (2015/16 - 21/22)	%	68%	65%	71%	66%	●	↑
Adults eating their '5-a-day' (2021/22)	%	37%	32%	37%	32%	●	↑
Hospital admissions for eating disorders (2022/23)	Rate per 100,000	20.8	9.5	16.7	7.7	●	↑
Healthy life expectancy - Female (2018 - 20)	Years	61.9	61.7	65.5	63.9	●	↓
Healthy life expectancy - Male (2018 - 20)	Years	63.8	61.3	64.7	63.1	●	↑

Oral Health

Overview

- The percentage of children seen by an NHS dentist in the previous 12 months and adults seen in the previous 2 years (up to June 2023) is increasing in Torbay. Percentages are significantly higher than England.

Source: NHS Dental Statistics – NHS Digital

- Dental decay in 5 year olds is on a decreasing trend in Torbay according to surveys and in 2021/22 is similar to England.

Source: Fingertips, from National Epidemiology Programme surveys

- Rate of hospital tooth extractions due to dental caries in 0-17 year olds has been significantly higher in Torbay for at least the last seven years (2016/17 – 2022/23).

Source: Hospital Episode Statistics, ONS mid-year population estimates

- Rates of hospital tooth extractions due to dental caries are higher in the more deprived areas of Torbay than the less deprived areas for both adults and children.

Source: Hospital Episode Statistics, ONS mid-year population estimates, Index of Multiple Deprivation 2019

- Rates of treatment by NHS dentists involving tooth extractions (all extractions, not just due to dental caries) is significantly higher in Torbay adults than in England for at least the last 4 years (2019/20 – 2022/23).

Source: NHS Dental Statistics – NHS Digital, ONS mid-year population estimates

Poor oral health, oral diseases and dental decay are largely preventable but can severely impact the lives of children and adults, causing pain and infection, affecting eating, sleeping, the ability to go to school or work and leading to low self-esteem and social isolation. A diet with high levels of sugar, the consumption of alcohol and use of tobacco are causes of oral health problems which are also risk factors for poor general health and serious disease.

Inequalities in oral health are a significant problem in England with impacts disproportionately affecting the socially disadvantaged and vulnerable [Inequalities in oral health in England - GOV.UK \(www.gov.uk\)](http://www.gov.uk). People living in more deprived areas are consistently seen to have higher levels of oral health problems than those living in less deprived areas.

Further information on oral health in Torbay can be found in Torbay Council's [Oral health needs assessment](#), November 2022

People seen by an NHS dentist

Torbay has significantly higher levels of children seen by an NHS dentist in the previous 12 months compared with the South West and England, with 65% of children seeing an NHS dentist in the last year (up to June 2023), compared to 53% in England as a whole, which is a steadily increasing trend (Fig 208).

The percentage of adults seen by an NHS dentist in the previous two years (Fig 209) has been increasing in the last one to two years of data. Torbay is significantly higher than the South West and England in this.

Please note that COVID-19 restrictions on dentists will have reduced the number of patients seen from March 2020 for the period of the restrictions.

Fig 208: Percentage of children, aged 0-17, seen by an NHS dentist in the previous year

Source: NHS Dental Statistics – NHS Digital

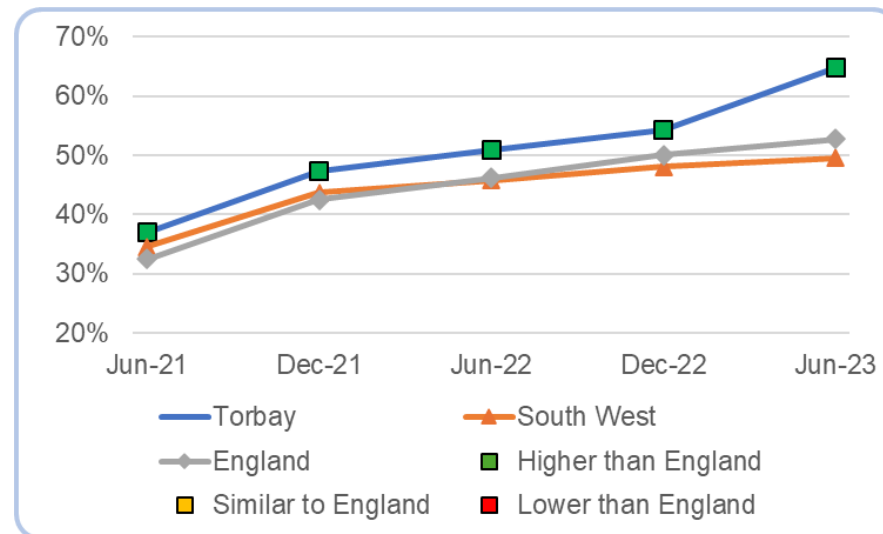
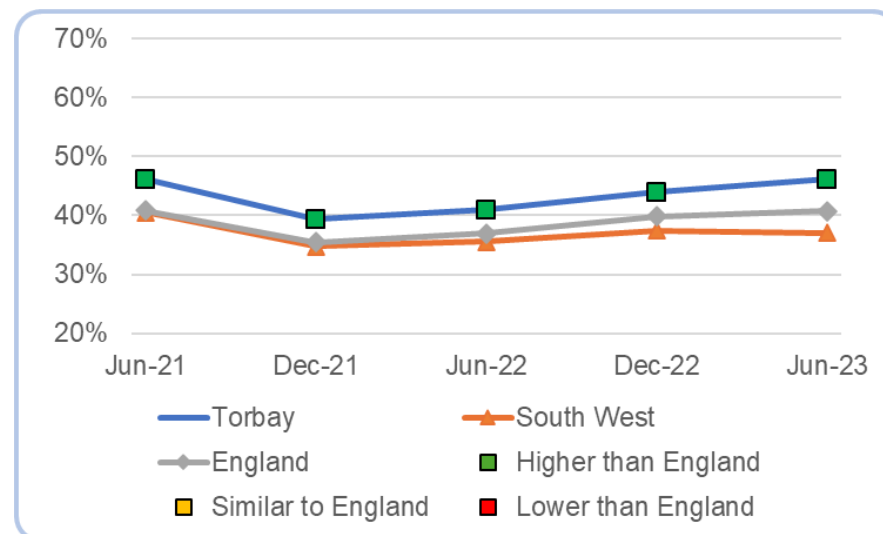


Fig 209: Percentage of adults, aged 18+, seen by an NHS dentist in the previous 2 years

Source: NHS Dental Statistics – NHS Digital



Tooth decay in children aged 3 and 5 years

Torbay’s levels of tooth decay in five year olds is generally decreasing according to National Dental Epidemiology Programme surveys and is similar to England in the latest year of 2021/22 (Fig 210). In this year, 21% have visible dental decay (England- 24%). In England, the last few surveys have shown fairly static levels of visible dental decay. Torbay (Fig 211) had an average of 0.73 decayed, missing or filled teeth per five year old child examined (England- 0.84). This was statistically similar to England in 2021/22. Dental decay has decreased in Torbay since the survey of 2016/17. Please note that surveys were not carried out equal years apart.

Tooth decay in three year olds in Torbay is higher than in England as a whole, as reported by surveys, with an average of 0.56 decayed, missing or filled teeth compared to 0.31 in England in 2019/20 (Fig 212). Please note that a lot of Local Authorities didn’t complete the survey of three year olds in 2019/20 due to COVID-19 restrictions.

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Fig 210: Percentage of 5 year olds with visually obvious dental decay
Source: Public Health Profiles, OHID, from National Epidemiology Programme surveys

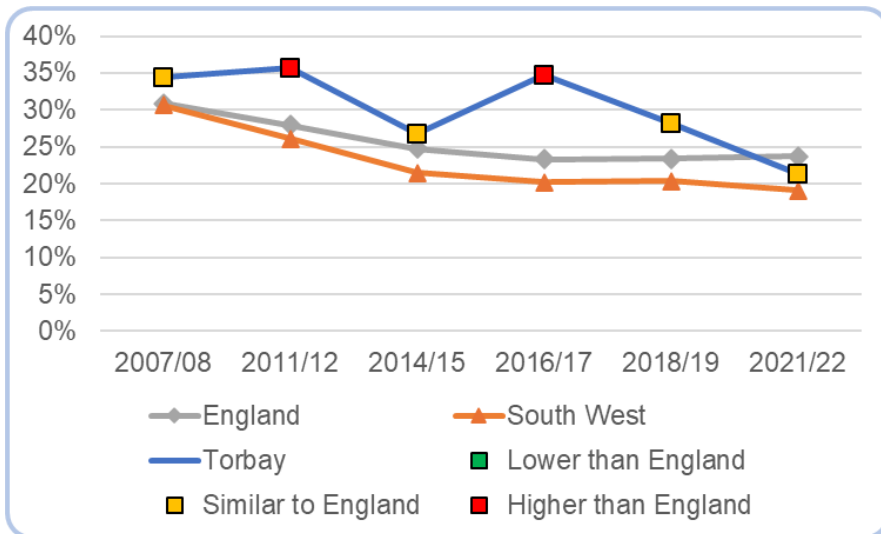


Fig 211: Average decayed, missing or filled teeth in 5 year olds
Source: Public Health Profiles, OHID, from National Epidemiology Programme surveys

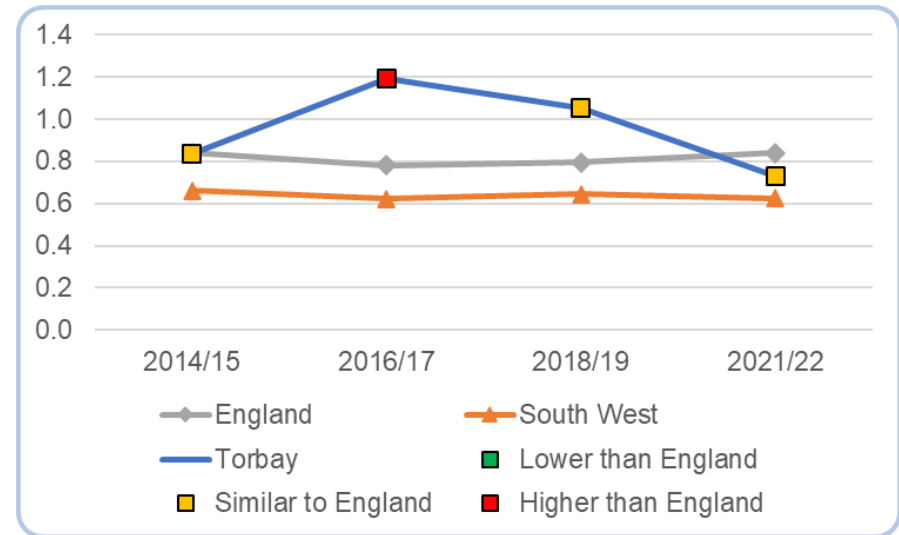
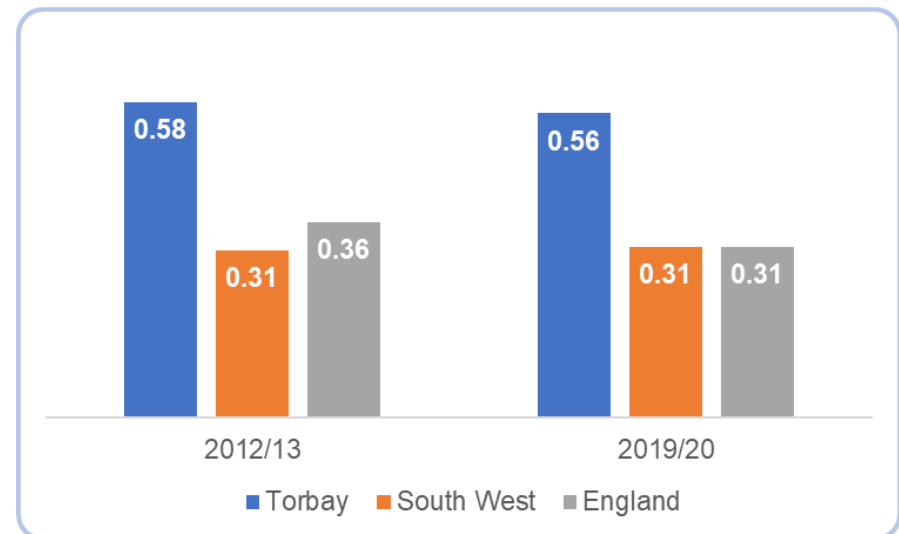


Fig 212: Average decayed, missing or filled teeth in 3 year olds
Source: Public Health Profiles, OHID, from National Epidemiology Programme surveys



Hospital tooth extractions due to dental caries

Torbay has significantly higher rates of hospital tooth extractions due to dental caries in children than both the South West and England averages for the seven years shown (Fig 213). The Torbay rate has slightly risen in 2022/23 (although the rise is not statistically significant) but is far below the peak of 2018/19.

There are higher levels of hospital admissions for dental caries in children who live in more deprived areas with the most deprived area having significantly higher rates of admissions than the other areas (Fig 214). This encompasses the seven years of data combined.

Fig 213: Rate of hospital tooth extractions due to dental caries, aged 0-17, per 100,000
Source: Hospital Episode Statistics, ONS mid-year population estimates

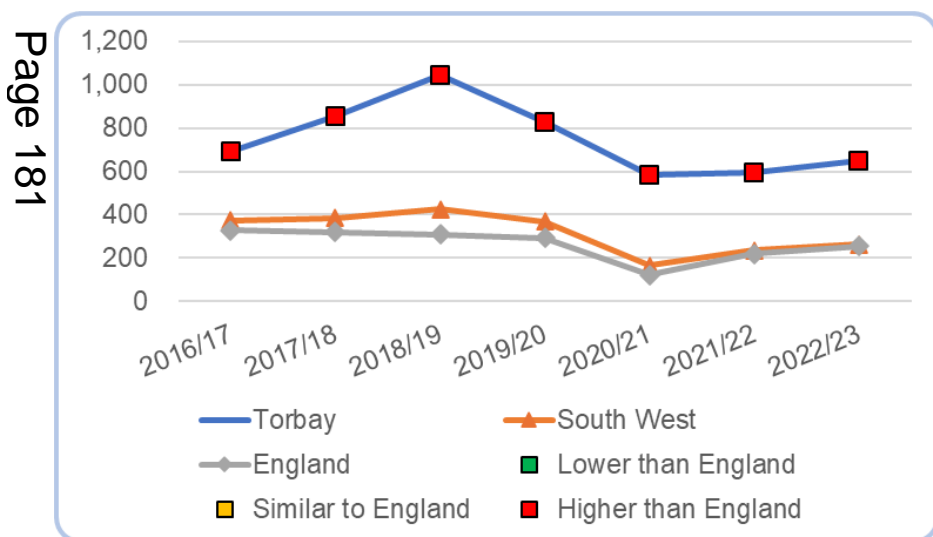
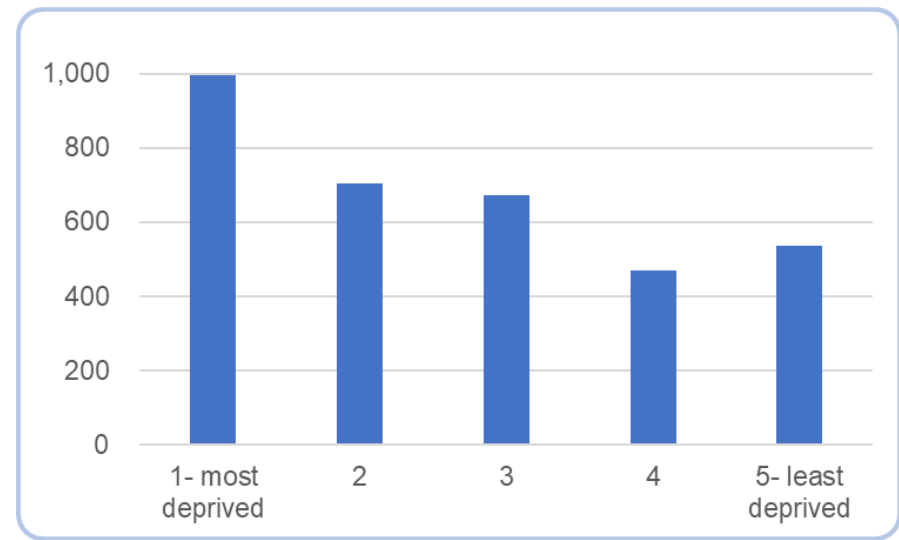


Fig 214: Torbay rates of hospital tooth extractions due to dental caries, aged 0-17, per 100,000, 2016/17–22/23, by deprivation
Source: Hospital Episode Statistics, ONS mid-year population estimates, English Indices of Deprivation 2019



Rates of hospital tooth extractions due to caries for adults have remained similar to England levels for the last three years (2020/21 - 2022/23). Rates are showing a general downward trend over the years (Fig 215).

As seen in children, the highest prevalence of hospital dental extractions for dental caries in adults are found amongst those living in the more deprived areas of Torbay (Fig 216). The most deprived area has significantly higher prevalence than the rest and the chart shows a steady downward gradient of extractions- the less deprived an area the lower the rate of extractions.

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Fig 215: Rate of hospital tooth extractions due to dental caries, aged 18+, per 100,000
 Source: Hospital Episode Statistics, ONS mid-year population estimates

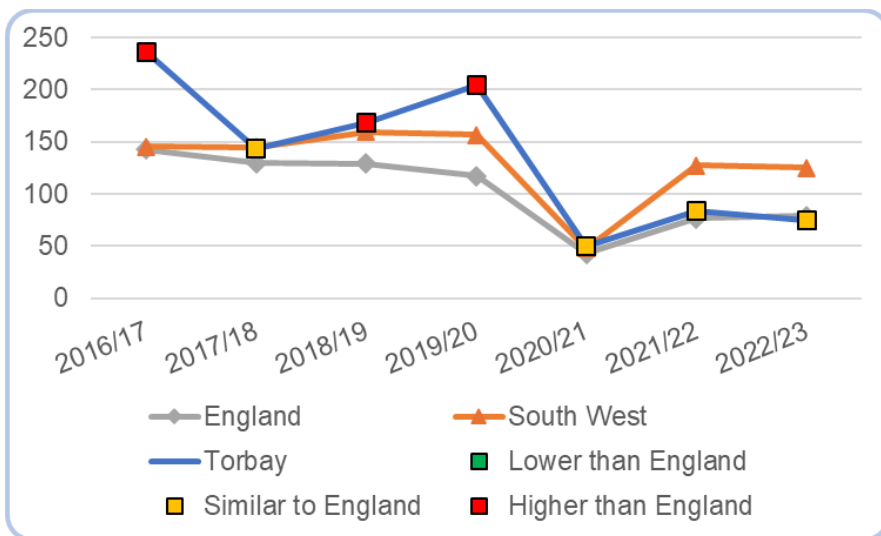
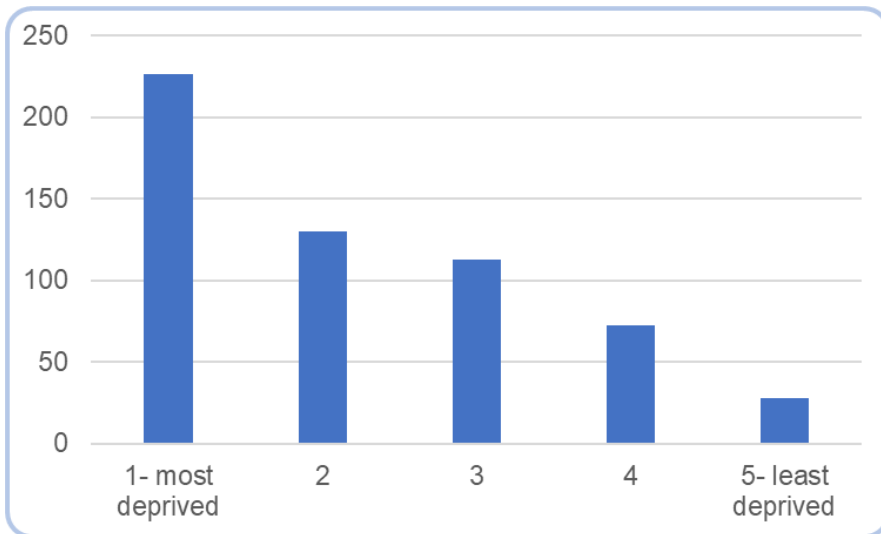


Fig 216: Torbay rates of hospital tooth extractions due to dental caries, aged 18+, per 100,000, 2016/17–22/23, by deprivation
 Source: Hospital Episode Statistics, ONS mid-year pop estimates, English Indices of Deprivation 2019



Tooth extractions by NHS dentists

Figs 217 and 218 show rates per 100,000 of courses of treatment by NHS dentists that contained tooth extractions. These include all extractions, not just those due to dental caries, and also include surgical removal of a buried root, unerupted tooth, impacted tooth or exostosed tooth. COVID-19 restrictions on dentists will have reduced the figures from March 2020 for the period of the restrictions.

Torbay rates (Fig 217) for 0-17 year olds are significantly lower than England rates in the two most recent years of 2021/22 and 2022/23. The two earlier years are slightly lower than England but are statistically similar.

For adults, the rates in Fig 218 are significantly higher than England in all four years. Torbay rates have remained quite static for the most recent two years.

Fig 217: Rate of courses of treatment by NHS dentists that contain tooth extractions, aged 0-17, per 100,000
 Source: NHS Dental Statistics – NHS Digital, ONS mid-year population estimates

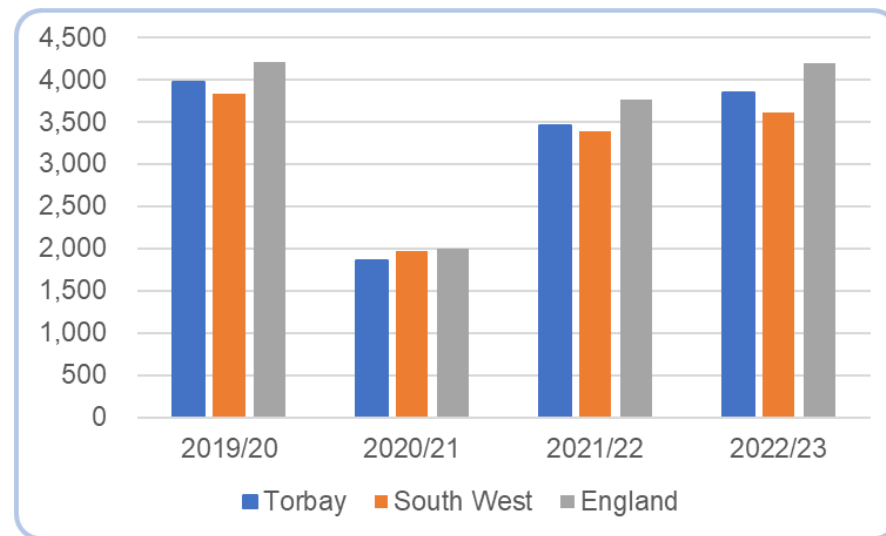


Fig 218: Rate of courses of treatment by NHS dentists that contain tooth extractions, aged 18+, per 100,000

Source: NHS Dental Statistics – NHS Digital, ONS mid-year population estimates

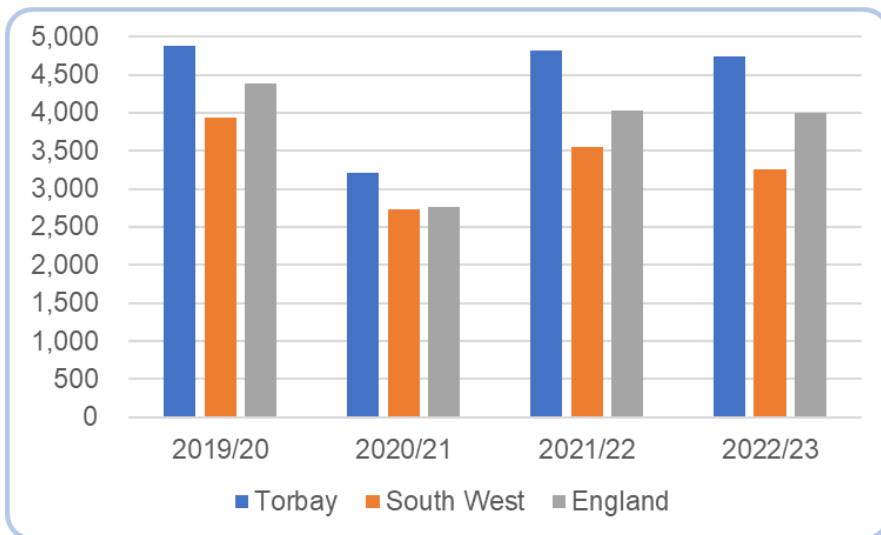
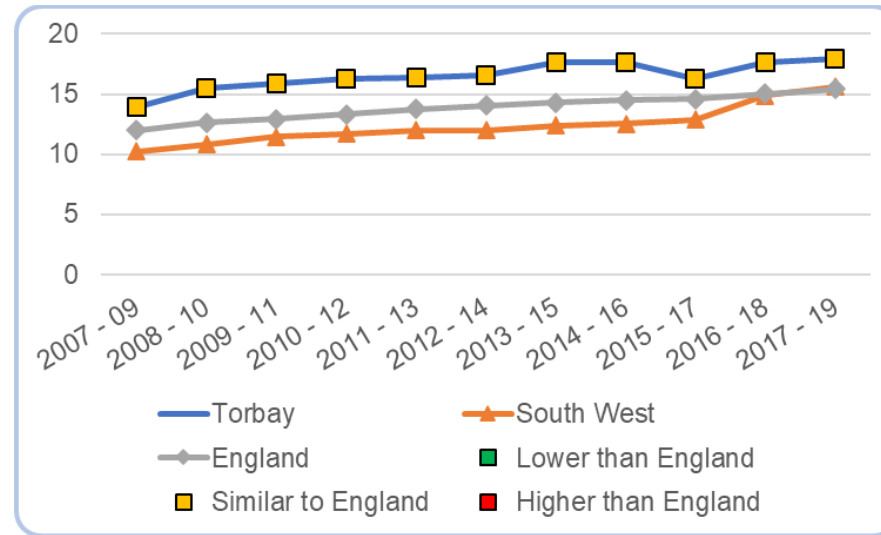


Fig 219: Rate of oral cancer registrations, all ages, per 100,000 (Age Standardised)

Source: Fingertips



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Oral Cancer

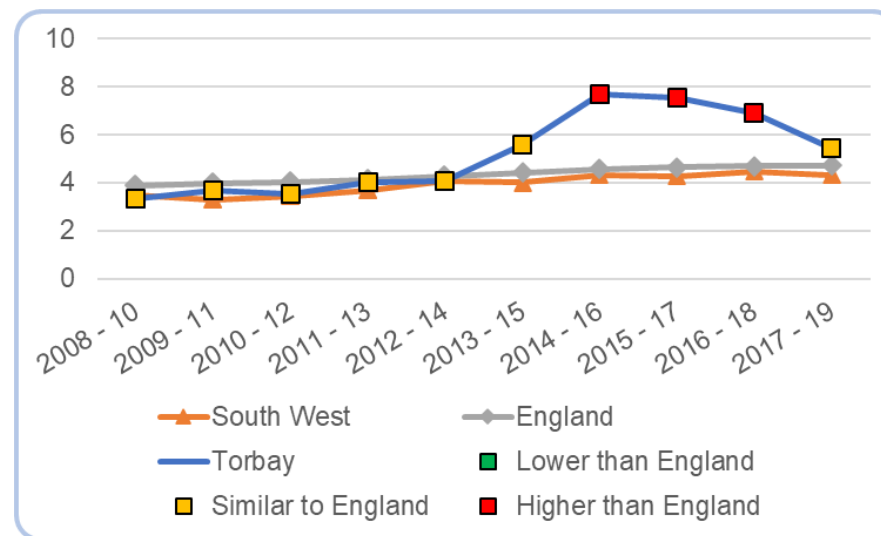
Oral cancer encompasses cancers of the lip, oral cavity, and pharynx. Tobacco and alcohol are main causes of this type of cancer. Most recent publicly available data for Torbay is 2017-19.

Torbay’s rate of registrations for oral cancer has been higher but not significantly different to England figures for the 11 periods shown (Fig 219). In 2017-19 Torbay had 17.9 registrations per 100,000 people (England- 15.4.). This does not include secondary cancers.

Mortality rates (Fig 220) were significantly higher than England for three periods before reducing in 2017-19 to 5.4 per 100,000. These figures do not include secondary cancers or recurrences. Male mortality has remained around double that of females in Torbay which is also the case nationally- in 2017-19 the number of Torbay deaths from oral cancer numbered 18 males and 9 females.

Fig 220: Mortality rate from oral cancer, all ages, per 100,000 (Age Standardised)

Source: Fingertips



Indicator	Measure	Torbay	Comparator Group	South West	England	RAG compared to England (Latest Year)	Direction of travel compared to previous period
Children seen by NHS dentist in last year (June 2023)	%	65%	53%	50%	53%	●	↑
Adults seen by NHS dentist in last 2 years (June 2023)	%	46%	44%	37%	41%	●	↑
5 year olds with visually obvious tooth decay (2021/22)	%	21%	25%	19%	24%	●	↓
Hospital tooth extractions due to dental caries, aged 0 to 17 (2022/23)	Rate per 100,000	649	344	262	255	●	↑
Hospital tooth extractions due to dental caries, aged 18+ (2022/23)	Rate per 100,000	75	73	125	79	●	↓
Tooth extraction treatment (NHS), aged 0 to 17 (2022/23)	Rate per 100,000	3,841	4,165	3,611	4,199	●	↑
Tooth extraction treatment (NHS), aged 18+ (2022/23)	Rate per 100,000	4,747	4,785	3,261	3,991	●	↓
Oral cancer registrations (2017 - 19)	DSR per 100,000	17.9	Cannot calculate	15.6	15.4	●	↑
Mortality from oral cancer (2017 - 19)	DSR per 100,000	5.4	Cannot calculate	4.3	4.7	●	↓

Mental Health

Overview

- Torbay has higher percentages of school pupils with social, emotional and mental health (Special Educational Needs primary need) needs than England average.

Source: Fingertips

- Prevalence of depression and of mental illness (schizophrenia, bipolar affective disorder and other psychoses) of Torbay GP patients is higher than England.

Source: Fingertips

- Rates of Torbay Adult Social Care clients with mental health as a primary support reason who are receiving long term support are significantly higher than England for both 18-64 year olds and those aged 65+.

Source: Adult Social Care Activity & Finance Report

- Self-harm hospital admission rates in young people and self-harm emergency hospital admission rates (all ages) consistently significantly higher than England.

Source: Fingertips and Hospital Episode Statistics

- Premature mortality of adults with severe mental illness is higher than in England.

Source: Fingertips

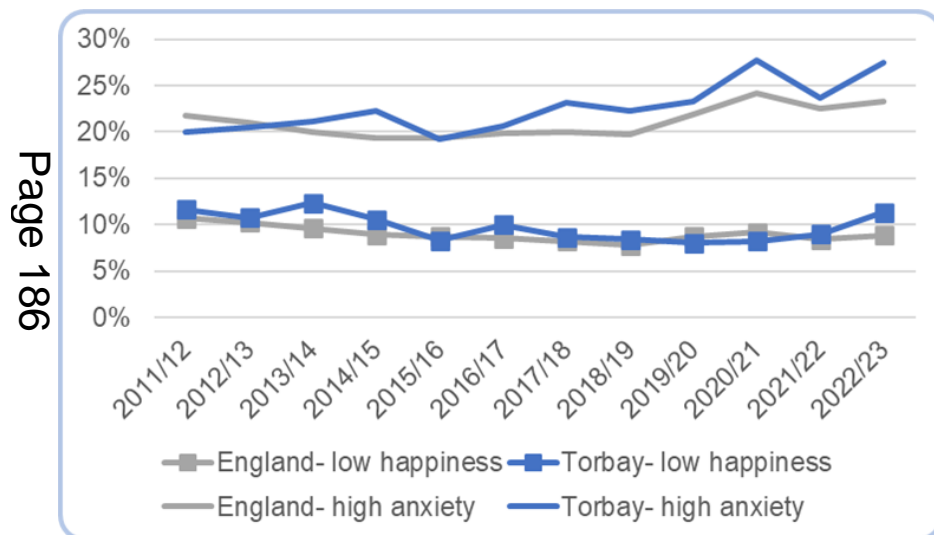
- Torbay suicide rates have been significantly higher than England for the last 7 periods (up to 2020-22). Around 20 suicides registered a year for several years.

Source: Fingertips

Wellbeing

In Torbay, the ONS Annual Population Survey shows that the percentage of people reporting high anxiety is on a generally increasing trend and broadly in line with England (Fig 221). Low happiness was reported by 11.4% of people in 2022/23 (England- 8.9%). The Torbay figure had been between 8% and 9% for the previous 5 years and in line with England.

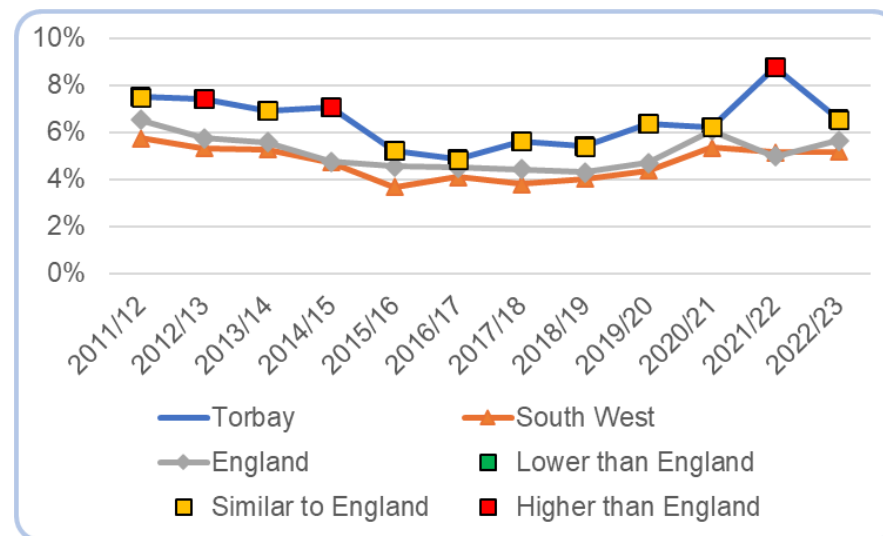
Fig 221: Percentage of people with low happiness and high anxiety scores, aged 16+
Source: Fingertips



The Annual Population Survey asks people how satisfied they are with their lives. In Torbay the percentage in 2022/23 with a low satisfaction score is similar to the England average at 6.6% after being significantly higher than England the year before (Fig 222). People were also asked to what extent they feel the things they do in life are worthwhile. In Torbay the percentage of people with low worthwhile scores fluctuates over the 12 years shown (from around 3% to around 6%) but is broadly in line with England throughout.

[Click here to return to the index](#)

Fig 222: Percentage of people with low satisfaction scores, aged 16+
Source: Fingertips



In England, low happiness and high anxiety levels were seen more in females whereas low worthwhile scores were more prevalent in males.

Children and young people

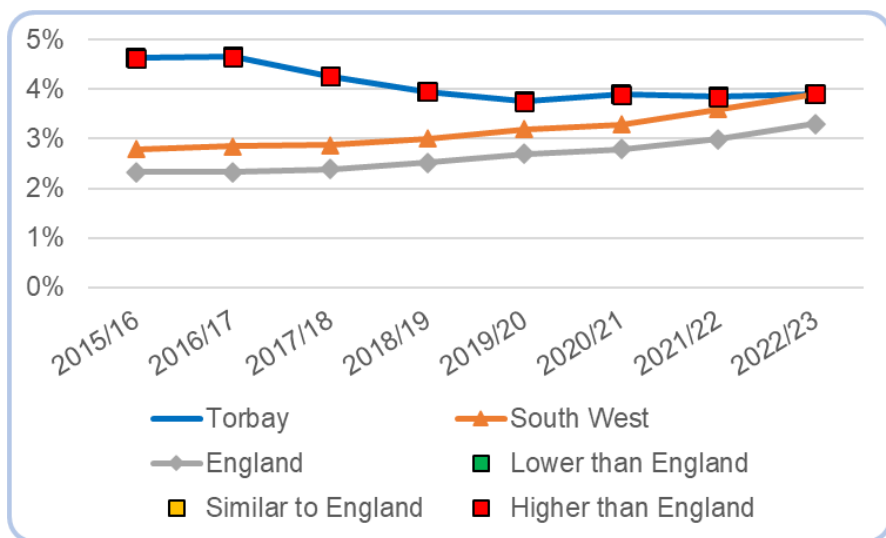
It is well known that a child’s learning and development is affected by their mental health and wellbeing. Poor mental health in childhood can impact into adulthood and untreated mental health problems as a child can severely impact people throughout their lives.

Fig 223 shows the percentage of school children who have Special Educational Needs (SEN) with a primary need of social, emotional and mental health, this is expressed as a percentage of all school pupils- those with and those without SEN. Torbay is significantly higher than England throughout but has decreased and then levelled out over the last few years.

Torbay is significantly higher than England in the percentage of both boys and girls with these needs in the last 3 years- 2020/21 through to 2022/23 (the years reported by OHID). More than double the number of boys than girls were identified with these needs in both Torbay and England.

Fig 223: Percentage of school pupils with social, emotional and mental health needs (as a primary need for Special Educational Needs)

Source: Fingertips

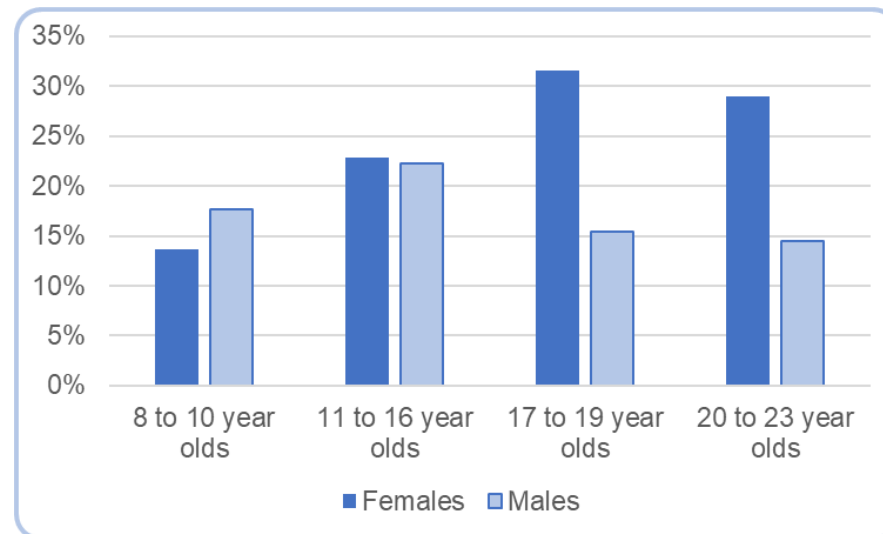


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A 2023 survey shows that amongst 8 to 10 year old children the percentages of boys with a probable mental disorder is higher although statistically similar to the percentages of girls. By the time children reach 17 years old, however, females are much more likely than males to have a probable mental disorder- 31.6% of female 17 to 19 year olds compared to 15.4% of males, and 29.0% of female 20 to 23 year olds compared to 14.5% of males (Fig 224). These are also the trends in the previous 2 years of 2021 and 2022.

Fig 224: Percentage of children/young people with a probable mental disorder, England, 2023

Source: NHS England: Mental Health of Children and Young People in England, 2023, using the Strengths and Difficulties Questionnaire



Mental health on GP registers

The prevalence of depression is the percentage of adult patients recorded on GP registers with a diagnosis of depression, allocated to the local authority of the practice. In Torbay, depression is on an increasing trend as in the South West and England (Fig 225). Torbay has had significantly higher percentages than England from 2015/16 onwards and has been in the 2nd highest quintile in England from 2016/17.

Fig 225: Percentage of patients with depression on GP registers, aged 18+
Source: Fingertips

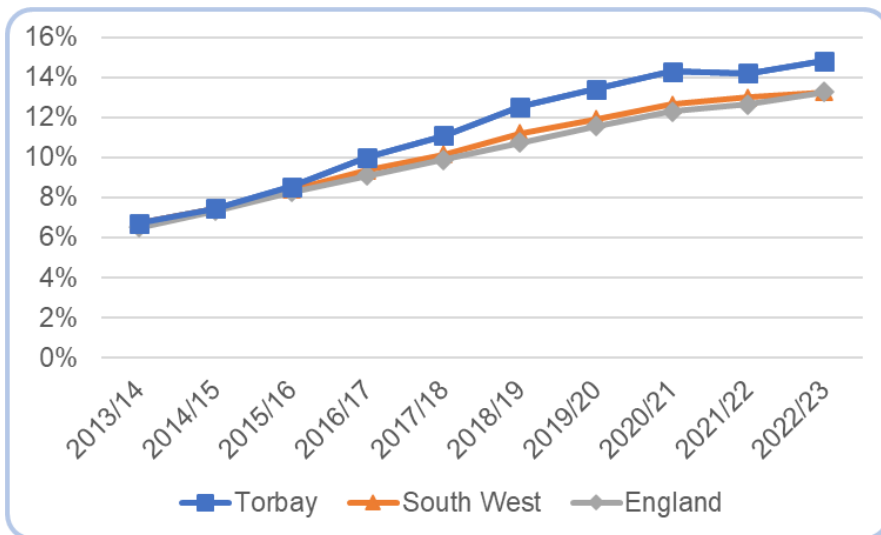
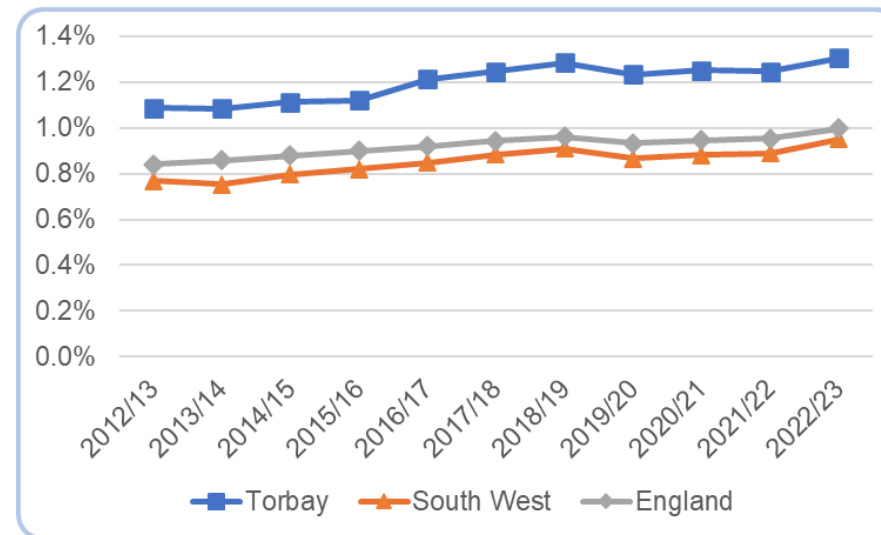


Fig 226: Percentage of patients with schizophrenia, bipolar affective disorder and other psychoses on GP registers
Source: Fingertips



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The percentage of patients on GP registers with schizophrenia, bipolar affective disorder and other psychoses is significantly higher in Torbay than the South West and England for at least the last decade with Torbay in the highest quintile in England throughout this time (Fig 226). Torbay has been on a gradually increasing trend over the last decade with 1.3% of patients in 2022/23 compared to 1% in England. In England as a whole, prevalence levels are generally much higher in more deprived areas than in less deprived areas.

Personal Independence Payments

Fig 227 shows people who are claiming Personal Independence Payments (PIP) with the main reason being mental and behavioural disorders. This benefit helps with some of the extra costs caused by long term ill health or disability or terminal ill health and started to replace the Disability Living Allowance from April 2013.

Torbay’s percentage of 16 to 64 year olds claiming PIP with the main reason of mental and behavioural disorders is significantly higher than the South West and England over the time period. All 3 geographical areas are on an increasing trend.

Fig 227: Percentage of 16 to 64 year olds claiming Personal Independence Payments with main reason of mental and behavioural disorders

Source: DWP Stat-Xplore, ONS mid-year population estimates

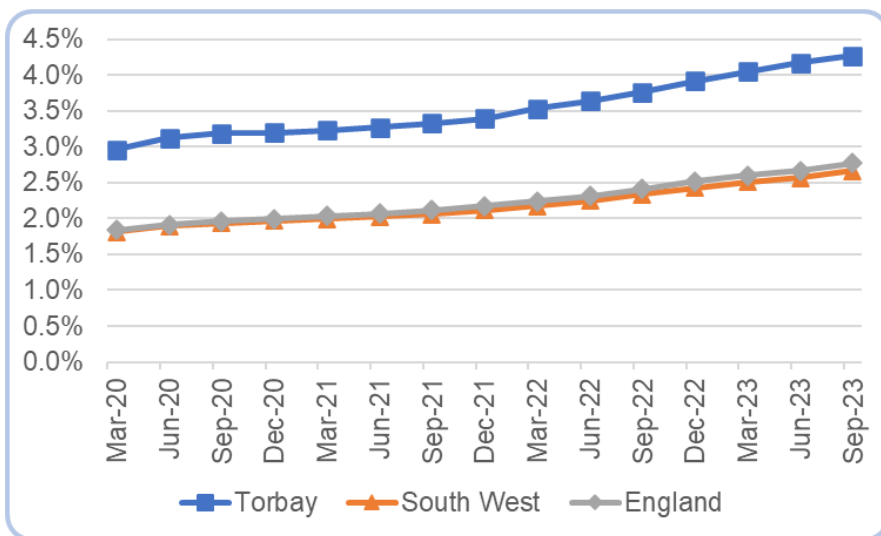
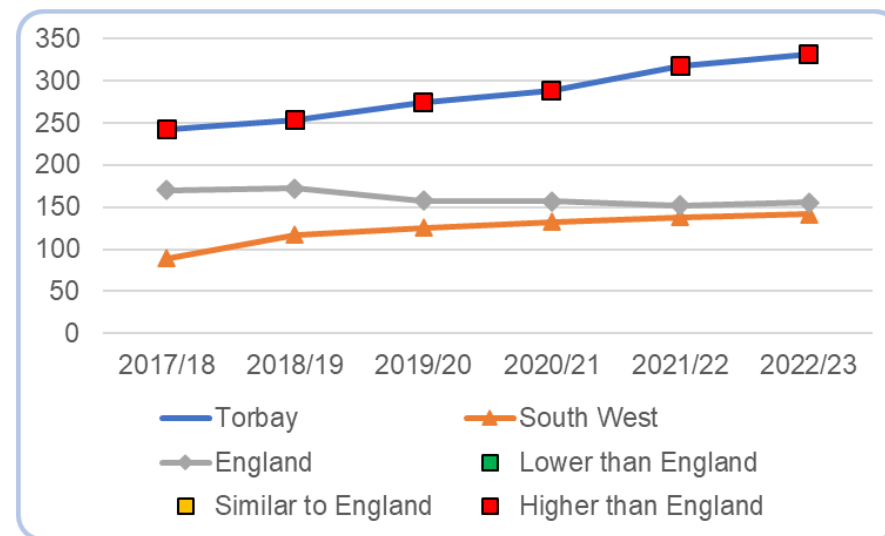


Fig 228: Rate of 18 to 64 year olds with a primary support reason of mental health receiving long term support from Adult Social Care during the year, per 100,000

Source: Source: Adult Social Care Activity & Finance Report



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Adult Social Care

Adult Social Care services help people who are living with an illness or disability. Figs 228 and 229 show those receiving long term support who are funded by Adult Social Care. Fig 228 shows clients aged 18 to 64 years who receive long term support and have a primary support reason of mental health. Torbay has significantly higher rates of 18 to 64 year olds than the South West and England for the 6 years shown. Torbay’s rate has become more than double the England rate in the last couple of years, 332 per 100,000 in 2022/23 compared to 156 in England. Torbay is on an increasing trend.

As with 18 to 64 year olds, Torbay has significantly higher rates than the South West and England of people aged 65+ with a primary support reason of mental health who are receiving long term support (Fig 229). Torbay’s rate has risen over the last few years and is more than double the England rate in 2022/23- Torbay at 691 per 100,000 and England at 322. All 3 geographical areas have higher rates of older people receiving long term support than 18 to 64 year olds.

Fig 229: Rate of people aged 65+ with a primary support reason of mental health receiving long term support from Adult Social Care during the year, per 100,000

Source: Source: Adult Social Care Activity & Finance Report

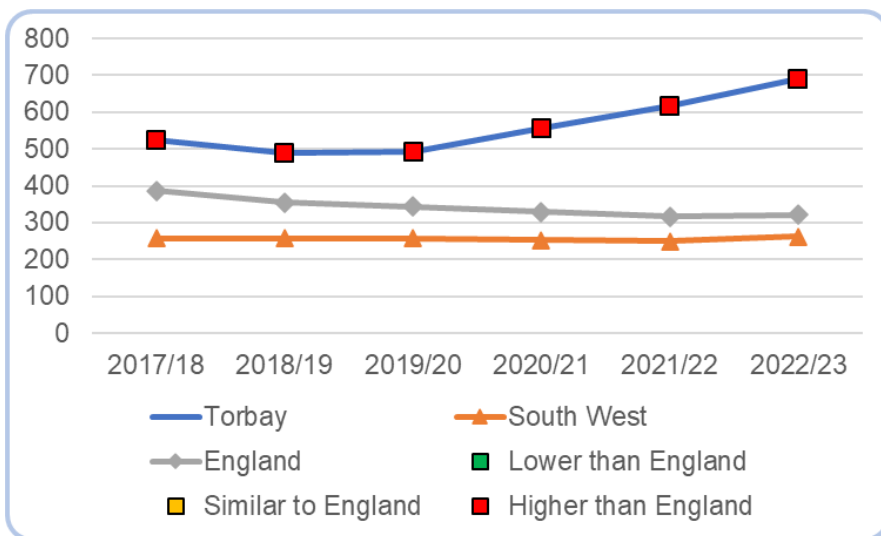
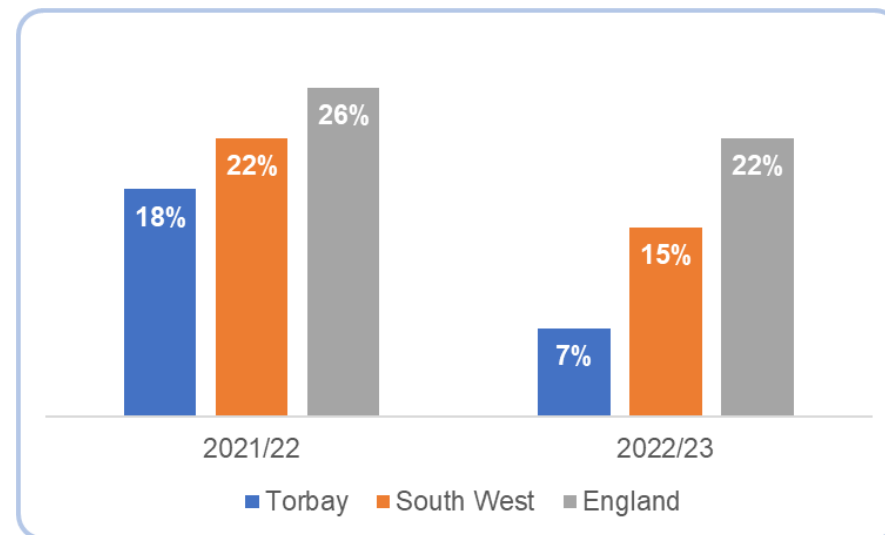


Fig 230: Percentage of adults in contact with secondary mental health services living independently, with or without support, aged 18 to 69

Source: Source: Adult Social Care Outcomes Framework, indicator 1H, (Mental Health Services Data Set)



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Using

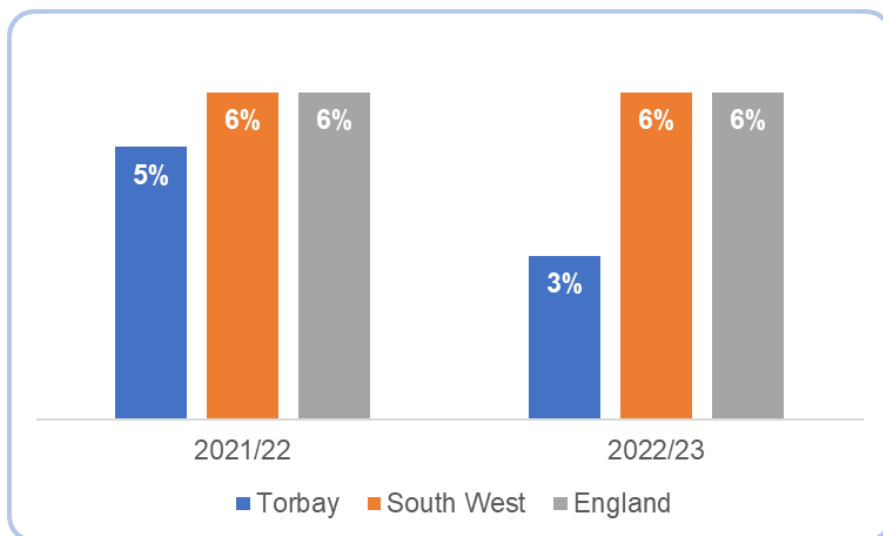
Fig 230 measures the percentage of adults aged 18 to 69 in contact with secondary mental health services who are living independently, with or without support. This means living in accommodation where they have security of tenure or appropriate stability of residence in their usual accommodation in the medium to long term or they are part of a household where the head holds security of tenure/residence. This definition does not include a hospital or care home. In Torbay the percentage reduced to 7% in 2022/23 which is half of the South West figure and a third of the England figure.

Employment

This is the percentage of adults aged 18 to 69 in contact with secondary mental health services who are in paid employment. In Torbay in 2022/23 the percentage is 3% which is half the South West and England values (Fig 231).

Fig 231: Percentage of adults in contact with secondary mental health services in paid employment, aged 18 to 69

Source: Source: Adult Social Care Outcomes Framework, indicator 1F, (Mental Health Services Data Set)



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Self-harm

Self-harm in this section is defined as intentional self-harm or self-poisoning. Hospital admissions for self-harm are used as a proxy of the prevalence of severe self-harm but are only the tip of the iceberg in terms of self-harm taking place.

The data is for admissions not individuals so will be influenced by people who are admitted more than once, sometimes several or many times.

Hospital admissions for self-harm are more prevalent in younger people. Torbay’s admissions of 10 to 24 year olds per 100,000 is consistently significantly higher than England (Fig 232). Torbay admissions for this age group average around 160 a year in number. There is a large difference between females and males with England rates for 10 to 24 year olds consistently between 3 to 4 times higher

for females than males. This difference is seen in Torbay where the number of admissions of 10 to 24 year old females is almost 5 times higher than males over the 5 year period of 2018/19 to 2022/23.

Fig 232: Rate of hospital admissions as a result of self-harm, aged 10 to 24, per 100,000 (Age standardised)

Source: Fingertips

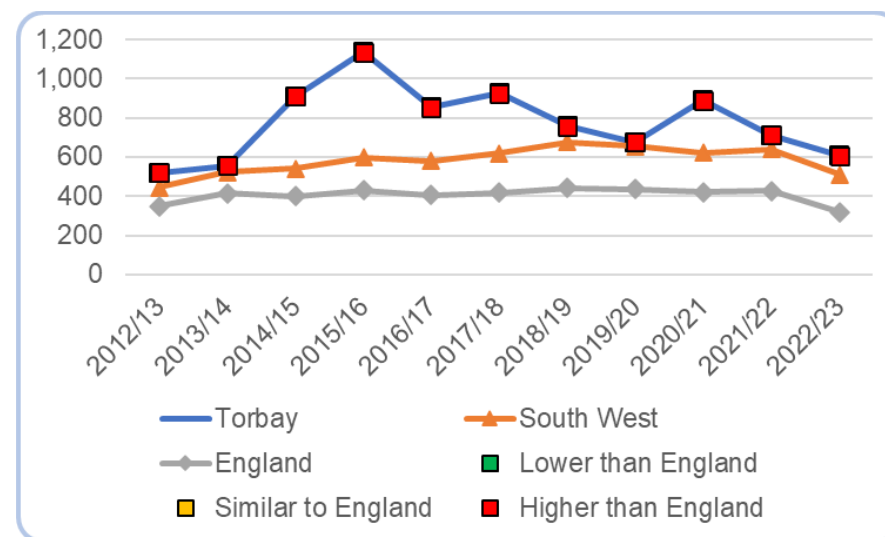


Fig 233 shows emergency hospital admissions for self-harm for all ages (approximately 99% of self-harm admissions are emergencies). Torbay is on a reducing trend over the 7 years but remains significantly higher than England throughout. Admissions are more prevalent in females, in the 7 years combined around 2 out of 3 admissions are of females in Torbay, the South West and England.

Fig 233: Rate of emergency hospital admissions as a result of self-harm, all ages, per 100,000 (Age standardised)

Source: Hospital Episode Statistics

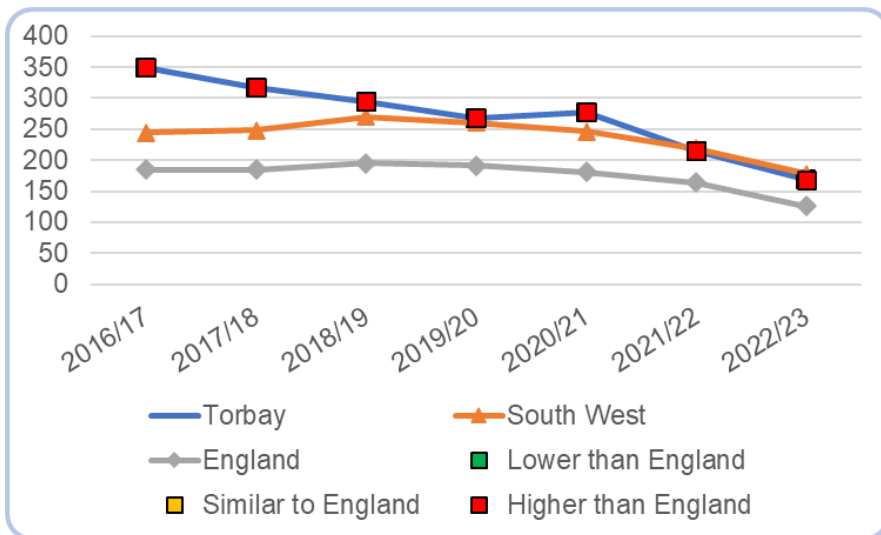
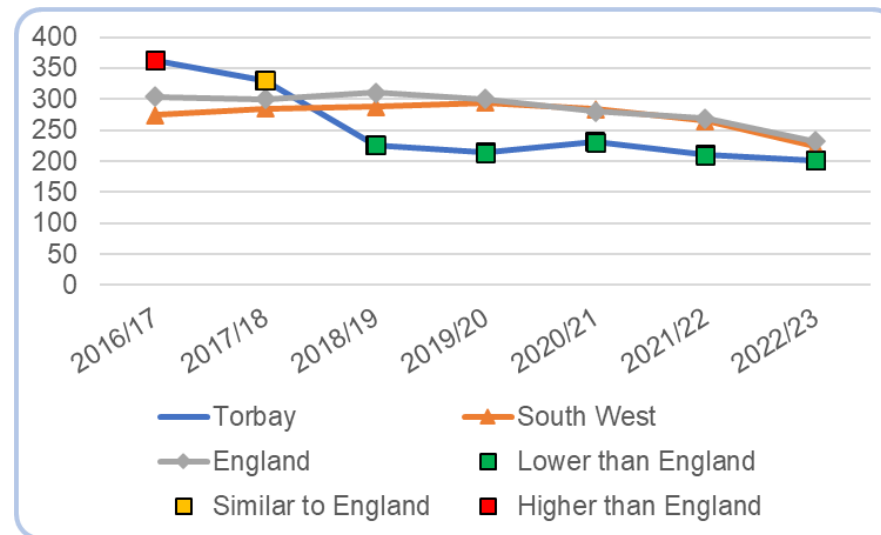


Fig 234: Rate of hospital admissions for mental health conditions, all ages, per 100,000 (Age standardised)

Source: Hospital Episode Statistics



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Mental health hospital admissions

Rates of hospital admissions for mental health disorders have been significantly lower than England for 5 years (Fig 234). Rates do not include admissions for self-harm. For the 7 years of Torbay's admissions combined, around half are made up of 'Delirium, not induced by alcohol and other psychoactive substances' and 'Mental and behavioural disorders due to use of alcohol'.

Premature mortality

Torbay has significantly higher rates of premature mortality of people with severe mental illness than the South West and England for the 4 periods shown (Fig 235). Rates are much higher for men than they are for women in all 3 geographical areas.

This encompasses adults (aged 18 to 74) who have had a referral to secondary mental health services in the 5 years before they died. Access to services will therefore affect rates- areas where few access these services will have lower rates of premature mortality and areas where many access these services will have higher rates.

In England there is a stark difference when it comes to deprivation, with rates much higher in England's most deprived areas than in the least deprived areas with an increasing trend as deprivation increases.

Fig 235: Rate of premature mortality in adults with severe mental illness, aged 18 to 74, per 100,000 (Age standardised)

Source: Fingertips

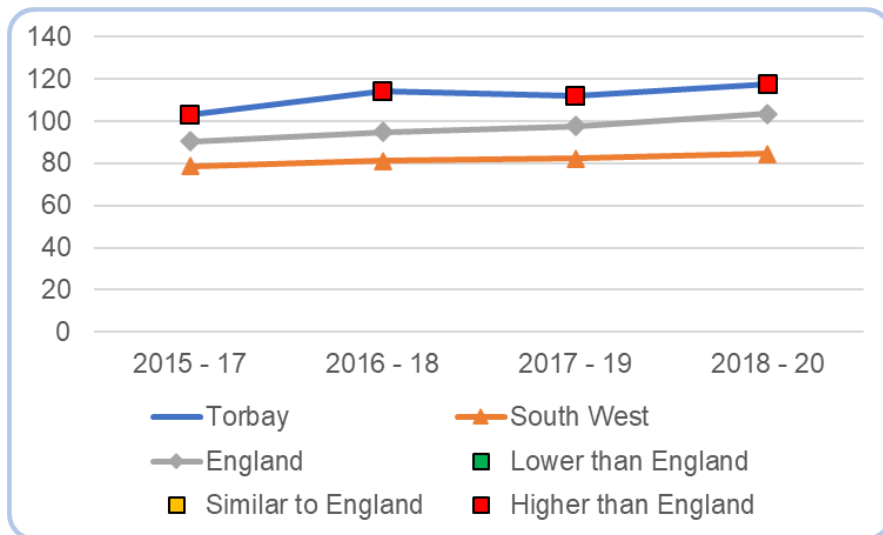
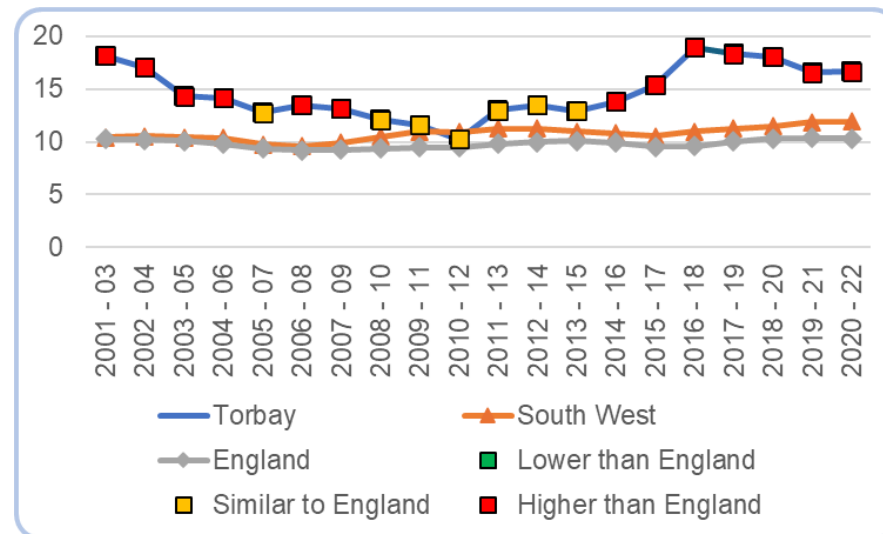


Fig 236: Suicide rate per 100,000 (Age standardised)

Source: Fingertips



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Suicide

Torbay’s mortality rate from suicide (this also includes injury of undetermined intent) is significantly higher than England for the last 7 periods (of rolling 3 years). The most recent period 2020-22 has a rate of 16.6 per 100,000 compared to 10.3 in England. In Torbay this equates to 58 people (Fig 236). There have been around 20 suicides registered a year for a number of years.

Male rates are far higher than female rates in Torbay as in England. In the 3 years combined of 2020-22 the 58 suicides of Torbay residents consisted of 42 males and 16 females.

Documents that provide further information on mental health include the [Torbay Multi-agency Suicide Prevention Plan 2024-2027](#), and at a national level- [Wellbeing and mental health: Applying All Our Health](#), OHID, updated 2022

Indicator	Measure	Torbay	Comparator Group	South West	England	RAG compared to England (Latest Year)	Direction of travel compared to previous period
Pupils with Social, Emotional & Mental Health Needs (2022/23)	%	3.9%	3.9%	3.9%	3.3%	●	↑
People with low satisfaction scores (2022/23)	%	6.6%	5.9%	5.2%	5.6%	●	↓
Depression Prevalence (2022/23)	%	14.8%	15.5%	13.3%	13.2%	●	↑
Primary support reason of mental health receiving long-term care, 18 to 64 (2022/23)	Rate per 100,000	332	165	142	156	●	↑
Primary support reason of mental health receiving long-term care, 65+ (2022/23)	Rate per 100,000	691	360	262	322	●	↑
Hospital admissions as a result of self-harm, aged 10 to 24 (2022/23)	DSR per 100,000	605	485	512	319	●	↓
Hospital admissions for mental health conditions (2022/23)	DSR per 100,000	202	270	223	231	●	↓
Premature mortality in adults with severe mental illness (2018 - 20)	DSR per 100,000	118	122	85	104	●	↑
Suicide rate (2020 - 22)	DSR per 100,000	16.6	12.5	11.9	10.3	●	↑

Older People

Overview

- 65 and over population has risen in Torbay by 17% (just over 5,300 people) between 2012 and 2022.

Source: ONS Mid-year population estimates

- 65 and over share of Torbay population projected to rise from 27% in 2021 to 34% by 2043.

Source: NOMIS

- Healthy life expectancy of 11 years for the 65 and over population in Torbay is in line with England.

Source: Fingertips

- Level of pension credit claimants higher in Torbay than England.

Source: Stat-Xplore

- Flu vaccination rates for those aged 65 and over have been higher than the national target of 75% for the last 3 years.

Source: Fingertips

- Rate of those aged 65 and over receiving long-term support, including permanent admission to residential homes higher than England for 2022/23.

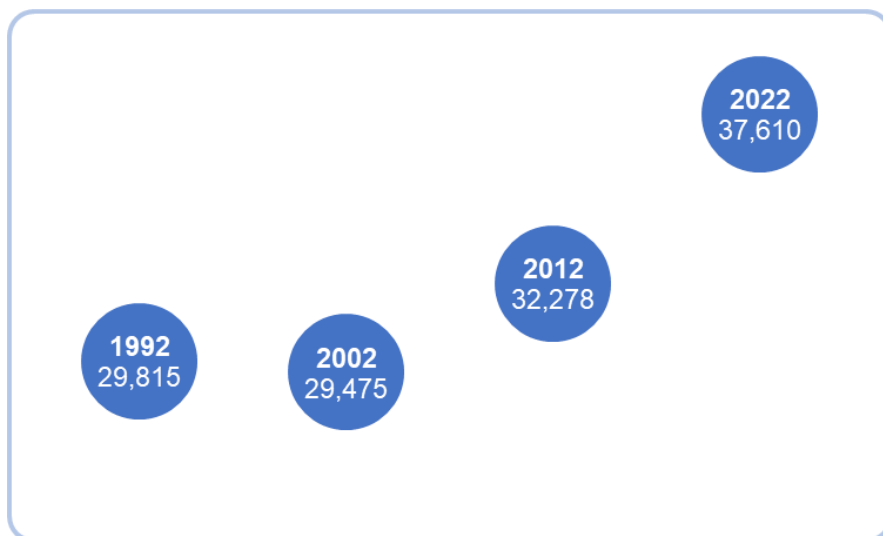
Source: Adult Social Care Activity & Finance Report

Population

An increasing number of Torbay’s population are aged 65 and over. 37,610 Torbay residents are estimated to be aged 65 and over which equates to 27.0% of the population, this is a significant rise from 10 years ago when the estimated figure was 32,278 which equated to 24.5% of the population (Fig 237).

Fig 237: Torbay population aged 65 and over

Source: ONS Mid-year population estimates



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The 2021 Census showed the 65 and older population is not evenly spread across Torbay. Proportions were more than twice as high in wards such as Wellswood and Churston with Galmpton when compared to King’s Ash and Ellacombe (Fig 238).

Torbay’s population is currently projected to rise from 139,322 in the 2021 Census to 153,088 by 2043. It should be noted that projections are likely to be updated over the next year in light of the 2021 Census. The proportion of those aged 65 and over is expected to rise from 27% in the 2021 Census to 34% by 2043 (Fig 239).

Fig 238: Torbay Census population aged 65 and over by ward (2021)

Source: Census 2021

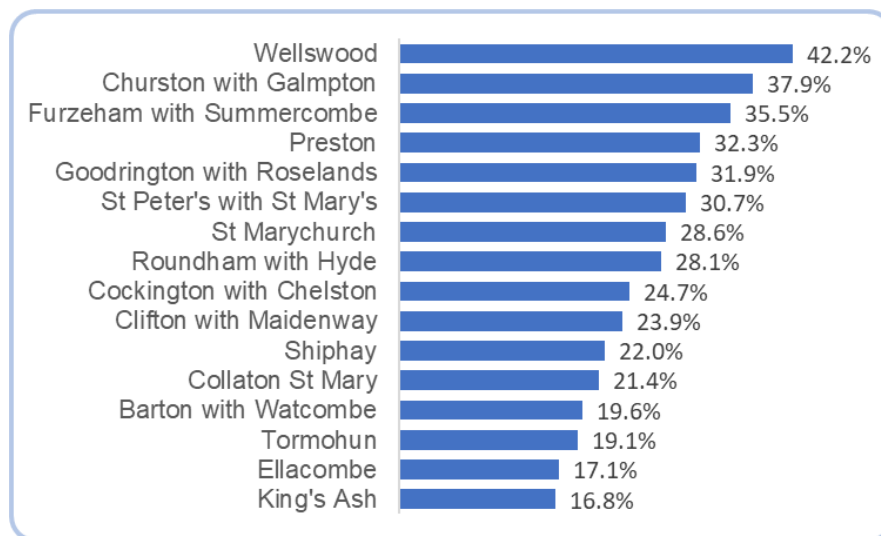
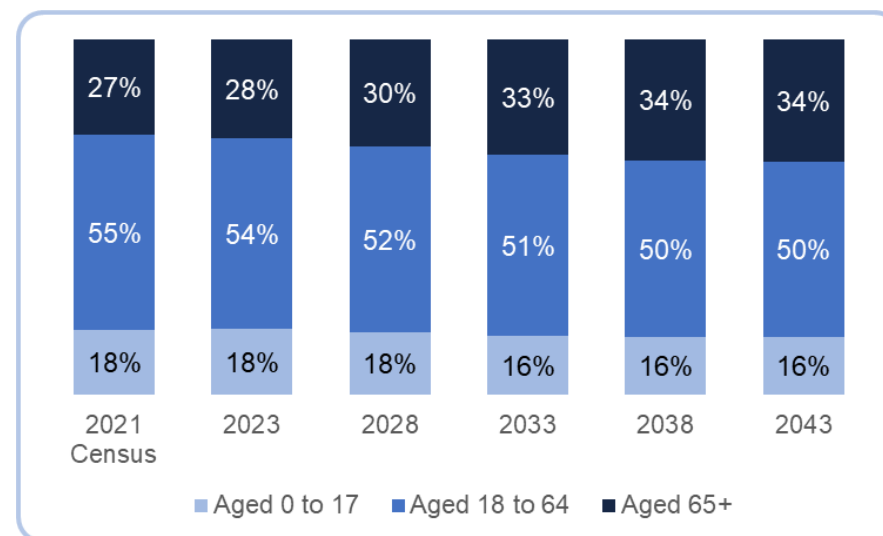


Fig 239: Population projections – Torbay

Source: NOMIS



Life expectancy

Life expectancy and healthy life expectancy are important measures of mortality and ill health showing the trends in different sections of the community. Whilst life expectancy is an important measure, there is also the amount of someone’s life that they spend in a healthy condition and the importance of that to their wellbeing. Significant advances in medicine may keep someone alive for longer but the quality of life enjoyed may be relatively poor.

Life expectancy at 65 for females in Torbay had been broadly in line with England but for the last 3 time periods has been higher (Fig 240). For males it is broadly in line with England for the most recent time period but had been significantly higher for the 2 time periods before (Fig 241). It should be noted that the COVID-19 pandemic will affect life expectancy rates for the last 3 time periods shown.

Those aged 65 and over in the most deprived areas of Torbay have life expectancies of approximately 3 to 4 years less than those who live in the least deprived areas. It should be noted that people in residential care may reside in areas that are very different in relation to deprivation than their lives before entering care.

Healthy life expectancy shows the years that a person can expect to live in good health. For females and males in Torbay over the last decade this has averaged 11 more years of good health at age 65. Data is provided by levels of deprivation across England, there are very substantial differences between those living in the most deprived areas when compared to the least deprived. Those in the least deprived areas can expect to have a healthy life expectancy at age 65 double that of the most deprived (Fig 242).

Fig 240: Life expectancy at age 65 – Female

Source: ONS Life expectancy for local areas

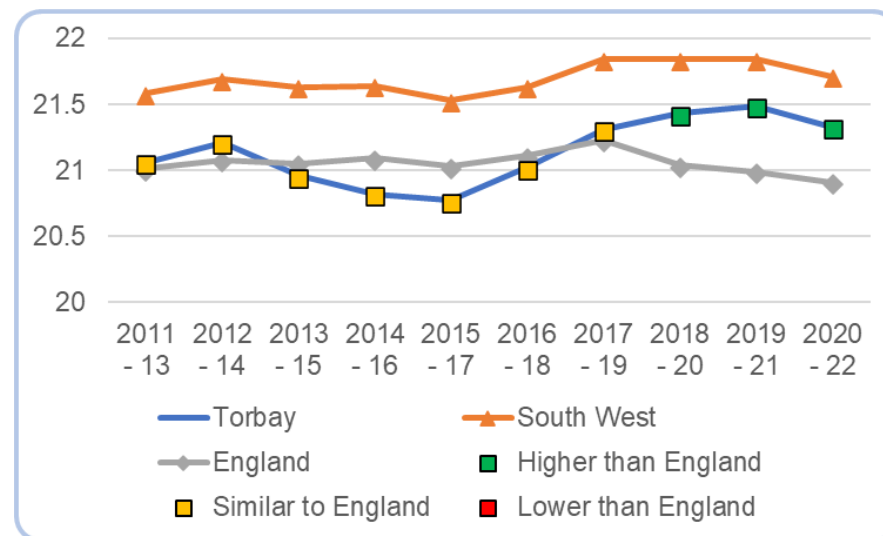


Fig 241: Life expectancy at age 65 – Male

Source: ONS Life expectancy for local areas

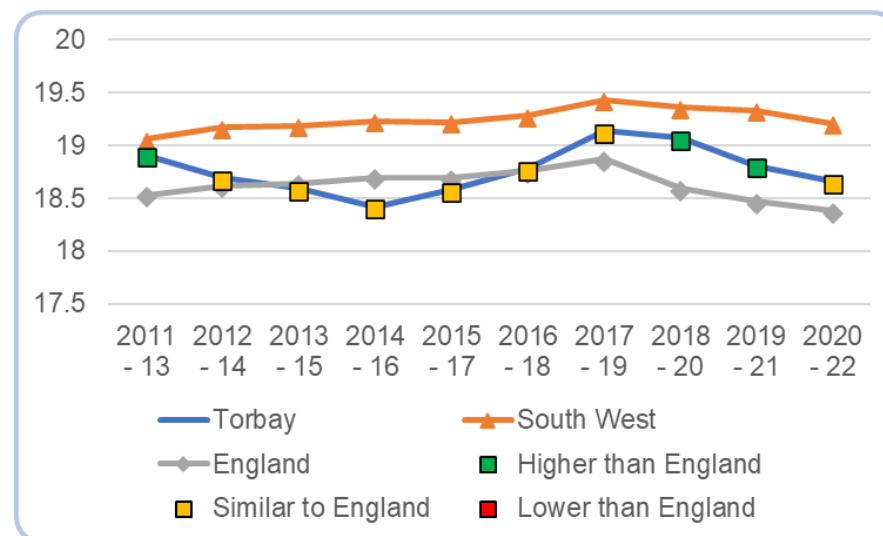


Fig 242: Healthy life expectancy at age 65 by most and least deprived areas (2018 – 2020) – England

Source: Fingertips

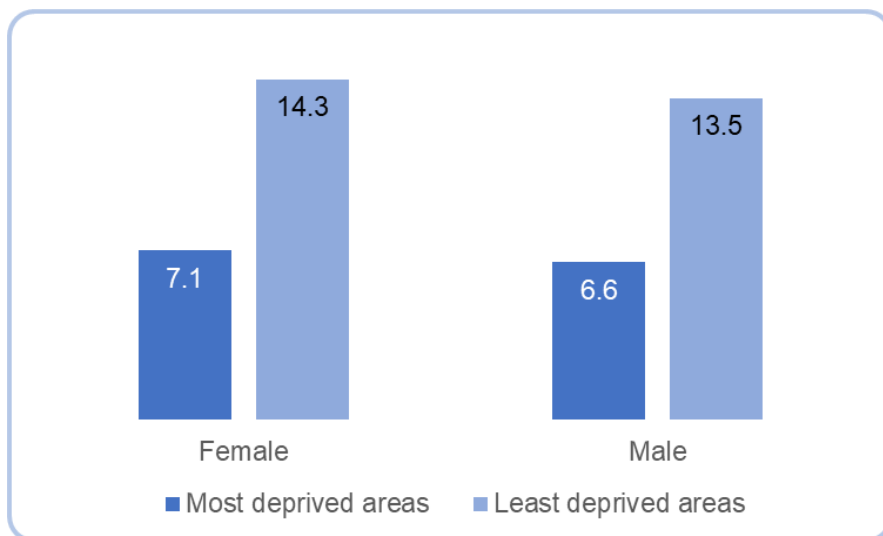


Fig 243: Active Lives Survey score for those aged 65 and over (November 2021 to November 2022) - England

Source: Active Lives Survey

	65 to 74	75 to 84	85+
How satisfied are you with life nowadays	7.46	7.37	6.26
How happy did you feel yesterday	7.58	7.52	6.64
To what extent are the things you do in your life worthwhile	7.68	7.64	6.48
How anxious did you feel yesterday (Low score is good)	2.77	2.82	3.20
Are you lonely often or always	3.3%	3.5%	7.7%

Fig 244: Active Lives Survey score for those aged 16 to 44 (November 2021 to November 2022) - England

Source: Active Lives Survey

	16 to 24	25 to 34	35 to 44
How satisfied are you with life nowadays	6.44	6.76	6.77
How happy did you feel yesterday	6.43	6.80	6.81
To what extent are the things you do in your life worthwhile	6.49	6.85	6.99
How anxious did you feel yesterday (Low score is good)	4.53	4.19	3.86
Are you lonely often or always	12.8%	8.5%	7.2%

[Wellbeing and social contact](#)

The Active Lives Survey asks a number of questions to adults around issues such as life satisfaction, happiness, finding things worthwhile, anxiety and loneliness (Fig 243). They were then asked to give a score of out 10 related to these issues. Those aged 65 to 84 scored better than all other ages across all 5 sectors although it should be noted that along with other age groups, average scores given have fallen from the baseline period of November 2016 to November 2017.

For those aged 85 and over, the sample size was smaller but life satisfaction, happiness and finding things worthwhile scored poorly. Anxiety scored well and loneliness was lower than among young people. As a comparison, figures for those aged 16 to 44 are also given (Fig 244).

For 2022/23, the number of carers supported by Torbay Council during the year was 1,330, this was a decrease of 100 from the year before which had been the highest number in the last 5 years. Torbay’s rate of carer support has been significantly higher than the South West and England over the last 5 years.

2021/22 was the first time since 2018/19 that carers reported whether they had as much social contact as they would like in the Adult Social Care Activity & Finance Report. For Torbay, 33% of carers aged 65 and over stated that they had as much social contact as they would like which was broadly in line with the last survey in 2018/19, but this has fallen considerably nationwide since 2014/15. Rates were broadly in line with the England rate of 29% and significantly higher than the South West rate of 26% in 2021/22 (Fig 245). Please note that for 2014/15, calculations were not available to show whether Torbay was in line with England.

Adult Social Care users aged 65 and over were also asked if they had as much social contact as they would like. For Torbay during 2022/23, 42% said Yes, this was higher than the 2021/22 rate of 35% but lower than figures in 2018/19 and 2019/20 when rates were 52% and 47% respectively. Rates were broadly in line with England and the South West (Fig 246). Very few authorities collected figures for the 2020/21 return so that year has been removed from the graph.

The 2021 Census recorded how many people lived on their own (one-person household), those aged 65 and over in Torbay were far more likely to be living on their own when compared to other age groups with close to 1 in 3 people aged 65 and over living alone (Fig 247). This rate is broadly in line with the South West and England.

Fig 245: Percentage of adult social care carers aged 65 and over who have as much social contact as they would like
Source: Adult Social Care Activity & Finance Report

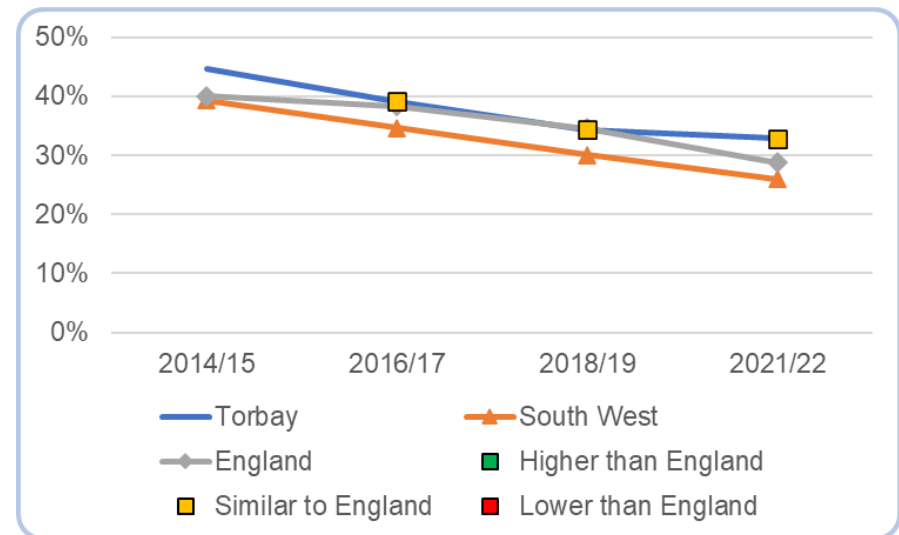


Fig 246: Percentage of adult social care users aged 65 and over who have as much social contact as they would like (No data for 2020/21)
Source: Adult Social Care Activity & Finance Report

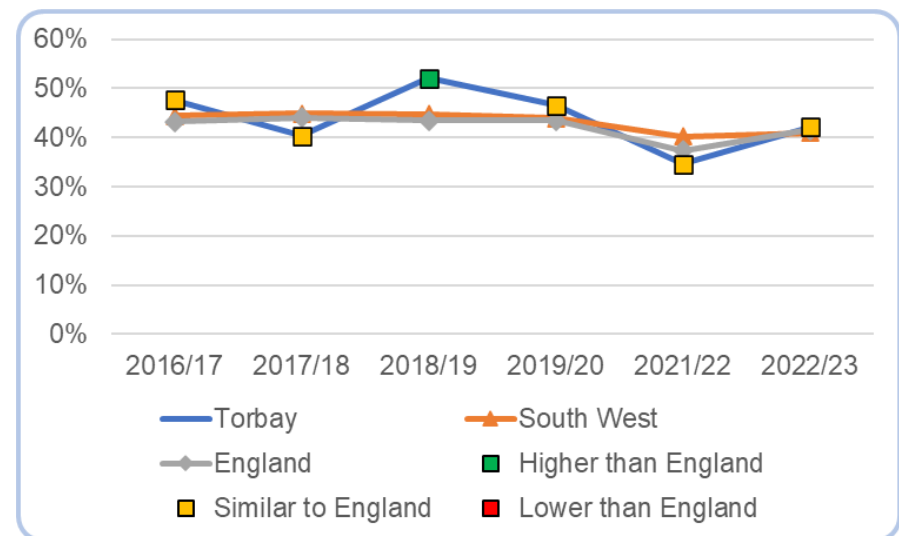


Fig 247: Percentage who live in a 1 person household (2021) – Torbay

Source: Census 2021

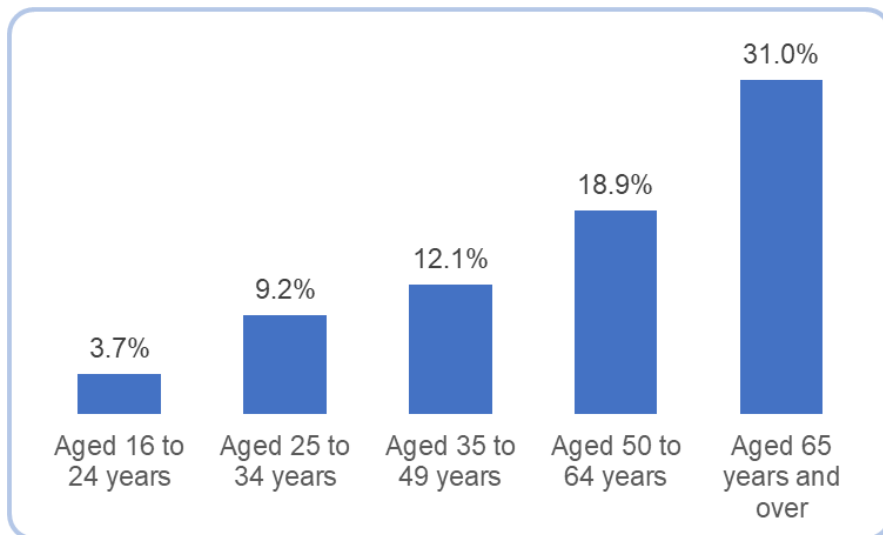
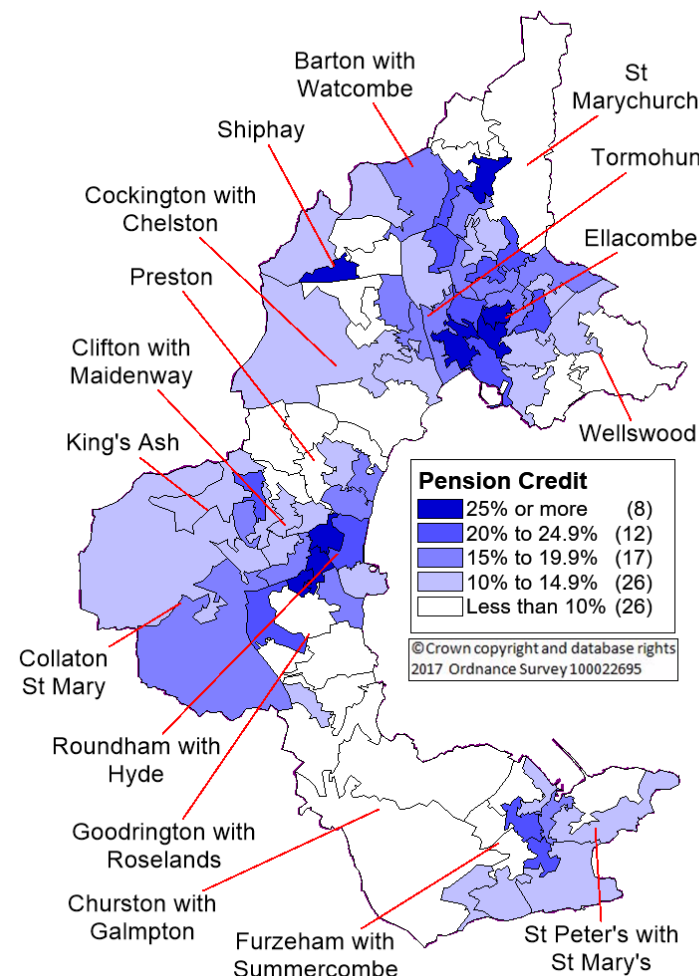


Fig 248: Percentage of those aged 65 and over in receipt of pension credit (August 2022 to May 2023)

Source: Stat-Xplore



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Pension Credit

Pension Credit is there to help with living costs if you are over the State Pension age and on a low income. The level of pension credit claimants has been significantly higher in Torbay than England and the South West. The proportion of the 65+ population claiming pension credit in May 2023 was 13% in Torbay compared to 11% in England and 9% across the South West. It is thought that a significant number of pensioners who are eligible for pension credit have not claimed it. The highest percentage rates of pensioners receiving pension credit are in central Torquay and Paignton (Fig 248).

Homelessness

Homelessness can affect people of any age as their circumstances change. During 2022/23, 78 households where the main applicant was aged 65 or over were owed a homelessness prevention duty (threatened with homelessness within 56 days) or a homelessness relief duty (because they were already homeless) in Torbay. This equated to 6.6% of claims and was significantly higher than the England average of 4.2% although it should be noted that Torbay has a significantly higher population of people aged 65 and over. This was a rise from 44 households in 2019/20.

Health and Care

The 2021 Census showed that 13.1% of Torbay residents aged 65 and over, stated they were in bad or very bad health, this was significantly higher than the South West (11.0%) and England (12.6%), however rates were lower than the 2011 Census when 16.7% of Torbay residents aged 65 and over said they were in bad or very bad health. For the 2021 Census, 56.9% of Torbay residents stated they were in good or very good health while the remaining 30% said they were in fair health. It should be noted that these questions were asked just before lockdown in March 2021 and therefore do not reflect the effect of the COVID-19 pandemic.

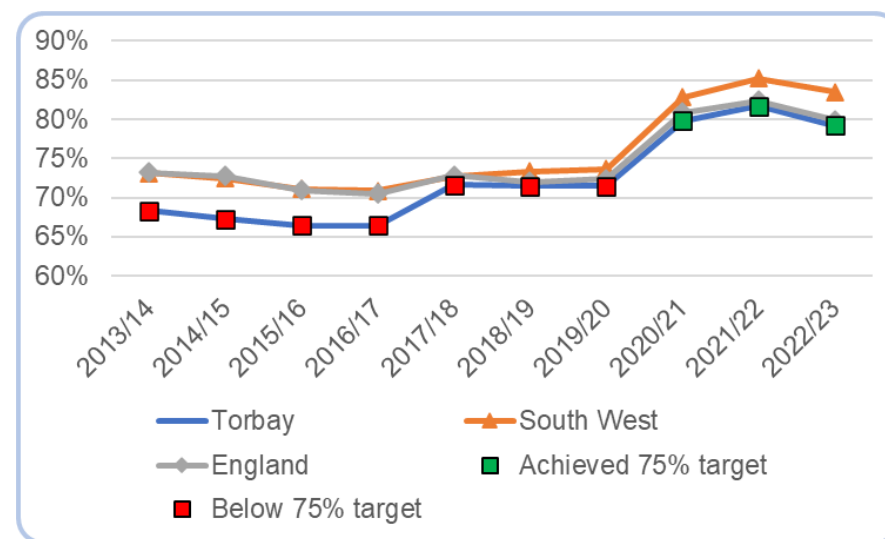
For the 2021 Census, just over 1 in 3 (35.3%) of those aged 65 and over, stated that their day-to day activities were limited a little or a lot by conditions and illnesses which had lasted or were expected to last more than 12 months. This is in line with the disability definition in the Equality Act 2010. This is slightly but significantly higher than England (33.8%).

Flu vaccination rates amongst those aged 65 and over have consistently been lower than the South West and England although the gap has closed considerably in recent years, the latest period had a gap of less than 1% between Torbay and England (Fig 249).

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The World Health Organisation (WHO) target is 75% coverage although the national ambition for 2021 to 2022 was to reach 85% coverage. For the last 3 years, the WHO target was reached but not the 85% national ambition.

Fig 249: Percentage of those aged 65 and over who have received a flu vaccination
Source: Fingertips



Rates for Torbay residents who have received the Shingles vaccination amongst those aged 71 years have remained significantly lower than the goal of 60% and have also been consistently lower than England (Fig 250). You are more likely to get shingles, and it is more likely to lead to serious problems if you are older and this is a programme of making sure as many people aged 70 to 79 have this vaccination. From 1st September 2023, those aged 65 will become eligible for the vaccination [Shingles vaccine - NHS \(www.nhs.uk\)](#).

Fig 250: Percentage of those aged 71 who have received a shingles vaccination
Source: Fingertips

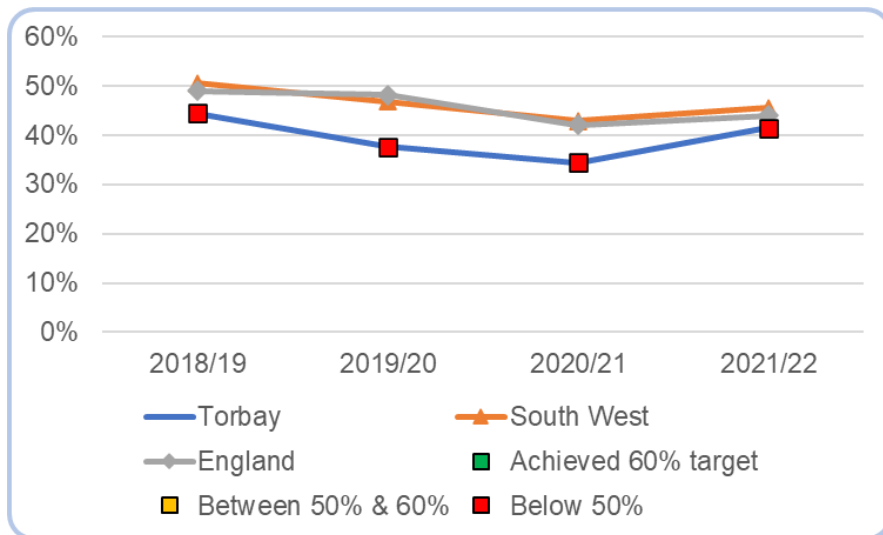
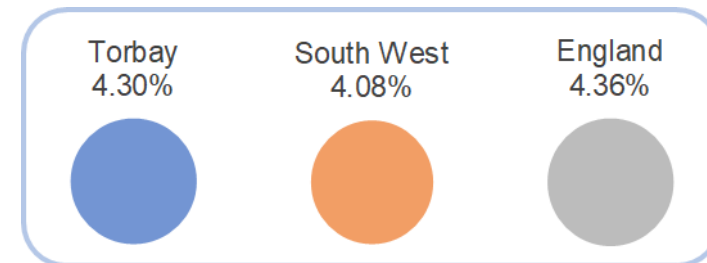


Fig 251: Recorded prevalence of Dementia for those aged 65 and over (December 2023)
Source: NHS Digital Recorded Dementia Diagnoses



Age-related macular degeneration normally first affects people when they are aged in their 50s and 60s. It affects the middle part of vision and can impact everyday activities. Dry AMD is common and worsens gradually- usually over several years. Wet AMD is less common and can worsen quickly, sometimes within days or weeks. [\(NHS\)](#)

The exact cause of AMD is not known. The condition has been linked to the following health and lifestyle issues- smoking, being overweight, high blood pressure and a family history of the condition.

For 2021/22 there were 50 new Certificates of Vision Impairment (CVIs) issued for those aged 65 and over, rates are quite volatile from year to year but there has been a pattern since the middle of the last decade of Torbay having higher rates than the South West and England (Fig 252). As CVIs are voluntary, true numbers may be higher.

Dementia rates for those aged 65 and over are recorded by GP practices, prevalence rates within Torbay are largely in line with national rates at approximately 4.3% (Fig 251). It should be noted that these are cases where dementia has been diagnosed, the figure of 4.3% will be an underestimate. It is estimated that approximately 60% of those aged 65 and over with dementia in Torbay have been diagnosed leaving 40% undiagnosed, these diagnosis rates have been calculated by applying age specific rates from the Cognitive Function and Ageing Study (CFAS II).

As the population ages, recorded dementia prevalence for those aged 65 and over is likely to rise from the current level of 1,616 people (December 2023), requiring an increase in the scale of services needed to provide treatment and support.

Fig 252: Age-related macular degeneration (AMD) – rates of new Certificates of Vision Impairment (CVIs), aged 65+, per 100,000

Source: Fingertips

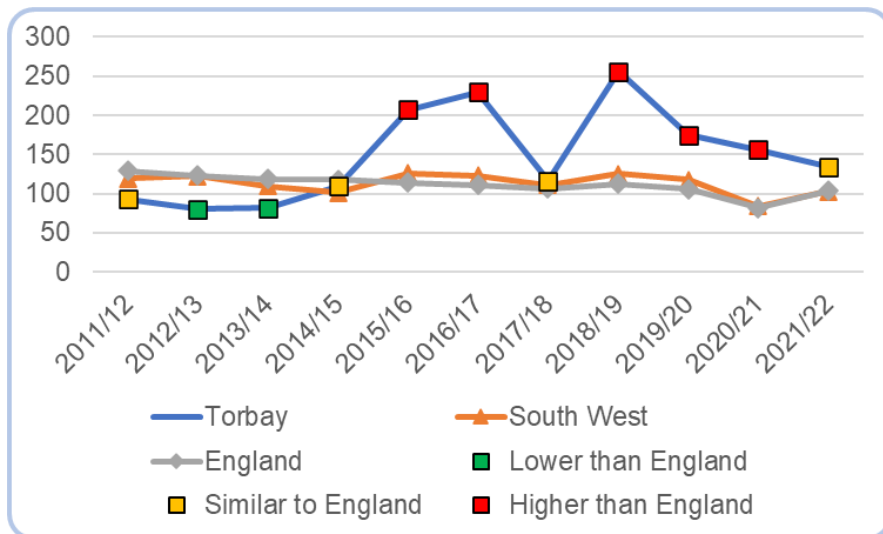
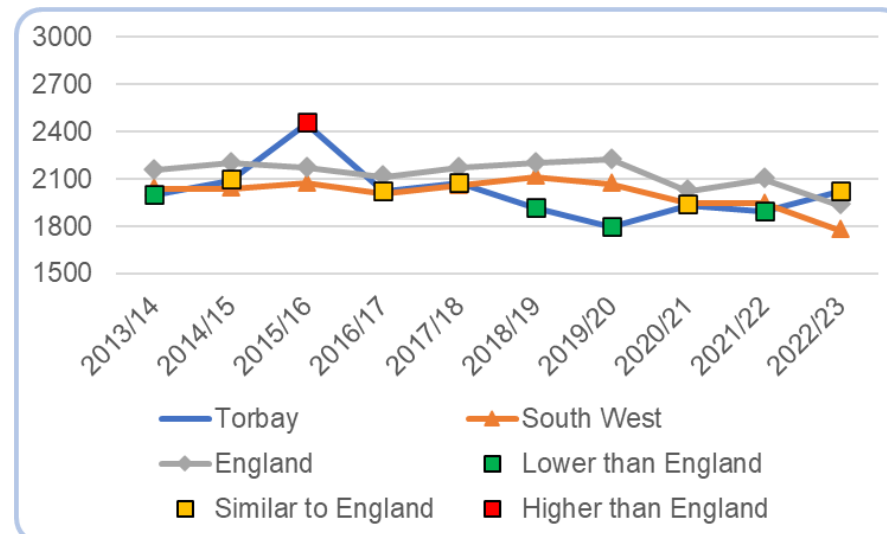


Fig 253: Emergency hospital admissions due to falls in people aged 65 and over, per 100,000 (Age Standardised)

Source: Fingertips, Hospital Episode Statistics for 2022/23



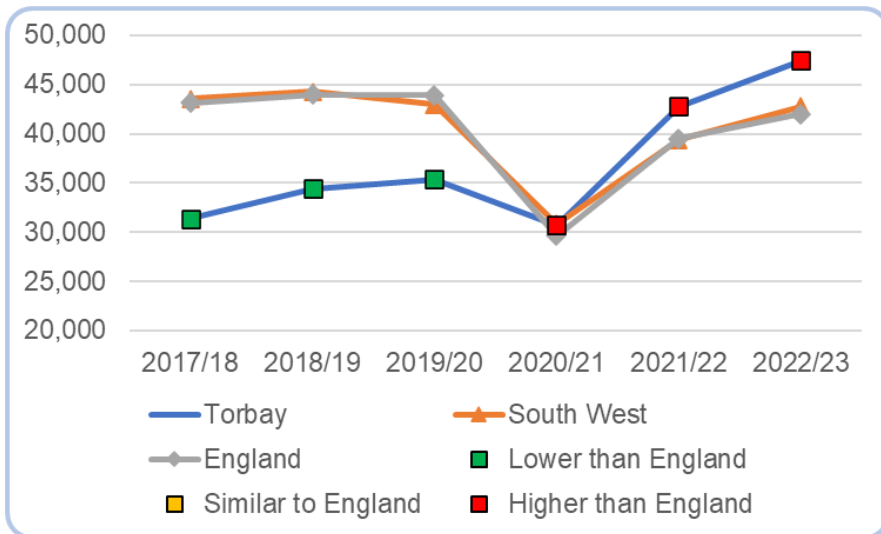
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Falls are the largest cause of emergency hospital admissions for older people, it is estimated that about 30% of people older than 65 and 50% of people older than 80 fall at least once a year (Falls in older people: assessing risk and prevention – NICE, 2013). Within Torbay, emergency hospital admissions due to falls for those aged 65 and over have been significantly lower than England in 3 of the last 5 years (Fig 253). These rates are age standardised to allow areas with significantly different age profiles to be compared. Further information on falls can be found at [falls-2021.pdf](https://southdevonandtorbay.info/falls-2021.pdf) (southdevonandtorbay.info).

For planned admissions amongst those aged 65 and over, Torbay had consistently been significantly lower than the England average until the last 3 years (Fig 254). Planned admission numbers have accelerated quicker than the South West and England after the badly affected COVID-19 year of 2020/21.

For unplanned admissions amongst those aged 65 and over, Torbay’s rate has broadly fallen over the last 6 years as have the South West and England (Fig 255). Rates tend to be broadly in line or slightly better than England but above the South West. These rates are age standardised to allow areas with significantly different age profiles to be compared.

Fig 254: Planned admissions to hospital for those aged 65 and over, per 100,000 (Age Standardised)
Source: Hospital Episode Statistics



Ambulatory care sensitive (ACS) conditions are conditions where hospital admissions may be prevented by interventions in primary care. Common types of ACS conditions are Influenza, Diabetes complications, COPD and Asthma.

The rate of admissions for ACS conditions for those aged 65 and over have mostly been broadly in line with England but above the South West. For 2021/22, rates were significantly below England and broadly in line with the South West (Fig 256). As with all hospital admissions, COVID-19 could have led to short-term deviations from long-term trends so this 2021/22 deviation should be treated with caution. These rates are age standardised to allow areas with significantly different age profiles to be compared.

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Fig 255: Unplanned admissions to hospital for those aged 65 and over, per 100,000 (Age Standardised)
Source: Hospital Episode Statistics

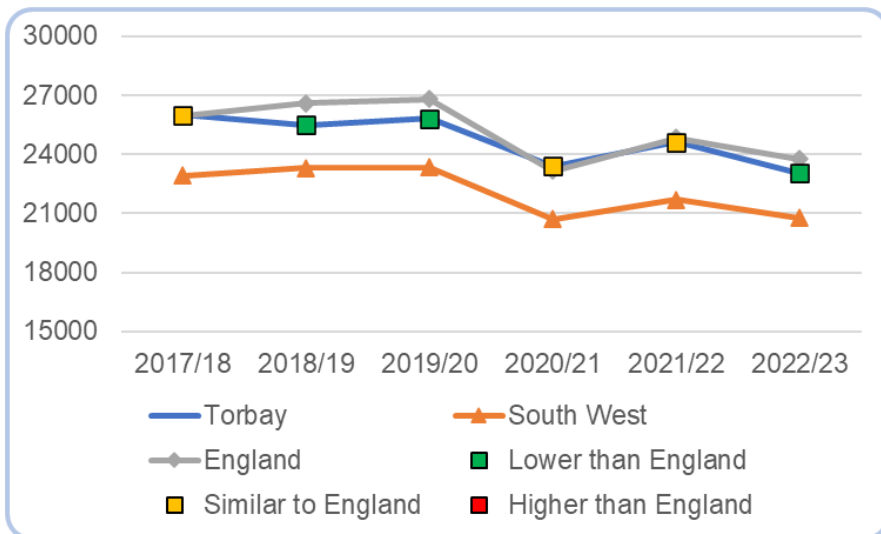
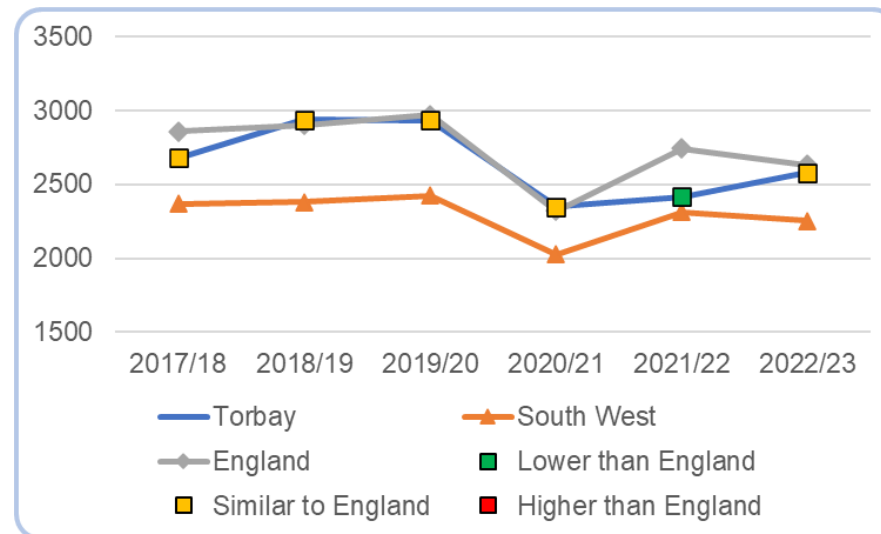


Fig 256: Emergency hospital admissions for ACS conditions for those aged 65 and over, per 100,000 (Age Standardised)
Source: Hospital Episode Statistics



Rates of long-term support for those funded by Torbay Adult Social Care have been broadly similar for those aged 65+ when compared to the England average over the last 5 years, although rates are

significantly higher than England for the latest year (Fig 257). Rates are significantly higher than the South West but significantly lower than our statistical comparators.

Among those aged 65+, the largest primary support reason by far is Personal Physical Care (12% higher than England). They are also significantly higher than the South West. Over the last 5 years, Mental Health rates have increased significantly whilst Learning Disability rates have fallen.

For rates of long-term support being met by permanent admission to residential and care homes for those aged 65 and over, Torbay had broadly lower rates than England until 2021/22 (Fig 258). For 2021/22 and 2022/23, an average of 287 older people were permanently admitted annually, this is more than 100 above the average of the previous 3 years.

Fig 257: Rate of long-term support for those aged 65+, per 100,000
Source: Adult Social Care Activity & Finance Report

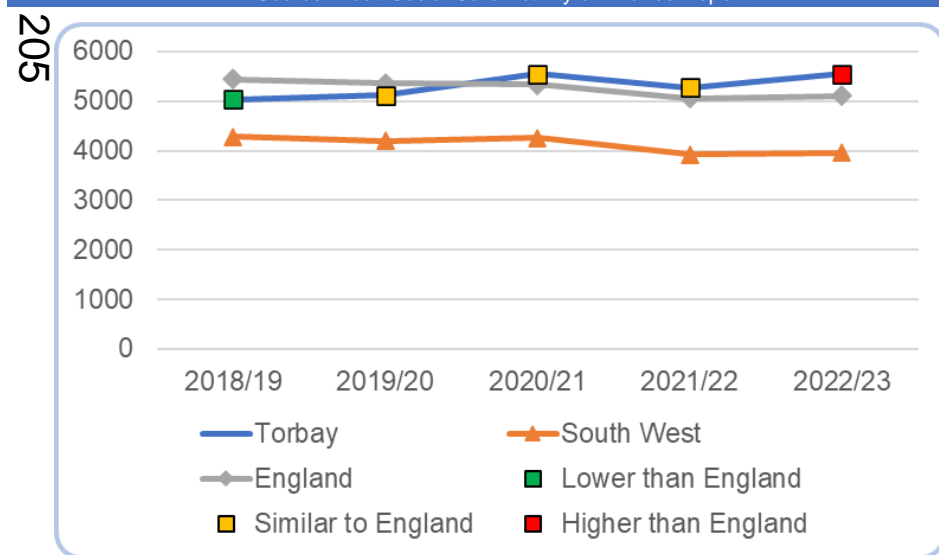
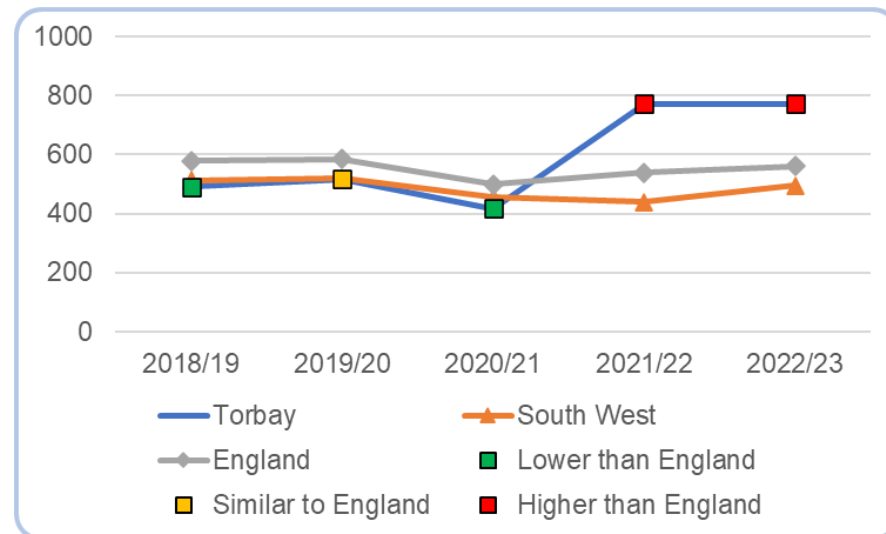


Fig 258: Rate of long-term support met by permanent admission to residential & nursing care homes aged 65+, per 100,000
Source: Adult Social Care Activity & Finance Report



Whilst this section brought together key information around Torbay’s 65 and over population, information that is also relevant to older people is contained within the majority of chapters within the JSNA.

Indicator	Measure	Torbay	Comparator Group	South West	England	RAG compared to England (Latest Year) *	Direction of travel compared to previous period
Life expectancy at age 65 - Female (2020 - 22)	Years	21.3	20.6	21.7	20.9	●	↓
Life expectancy at age 65 - Male (2020 - 22)	Years	18.7	18.2	19.2	18.4	●	↓
Healthy life expectancy at age 65 - Female (2018 - 20)	Years	11.4	10.8	12.5	11.3	●	↓
Healthy life expectancy at age 65 - Male (2018 - 20)	Years	10.9	10.2	11.6	10.5	●	↓
Pension Credit claimants (May 2023)	%	12.9%	11.7%	8.7%	11.0%	●	↑
Flu vaccination coverage - 65+ (2022/23) *	%	79.2%	81.4%	83.5%	79.9%	●	↓
Prevalence of Dementia - 65+ (Dec 2023)	%	4.3%	4.4%	4.1%	4.4%	●	↑
Emergency admissions due to falls - 65+ (2022/23)	DSR per 100,000	2020	2102	1774	1933	●	↑
Long term support - 65+ (2022/23)	Rate per 100,000	5544	5886	3964	5104	●	↑

*RAG rating for Flu vaccination coverage is against the 75% target, not against England.

Unpaid Carers

Overview

- The 2021 Census showed just over 14,900 unpaid carers in Torbay, this equates to 1 in 9 of the population aged over 5 years old. Of these carers, 5,185 provided 50 hours or more of unpaid care.

Source: Census 2021

- Rates of unpaid care are higher in Torbay than England across all age groups in the census. 13.5% of females are unpaid carers, 9.0% of males are unpaid carers.

Source: Census 2021

- Almost 1 in 6 (15.9%) people classified as disabled under the Equality Act are unpaid carers according to the census.

Source: Census 2021

- Adult carers known to local social services were most likely to look after people with a physical disability, long-standing illness or problems connected to ageing.

Source: Personal Social Services Survey of Adult Carers, 2021/22

- Almost 1 in 2 (46%) adult carers known to local social services care for 100 hours or more per week.

Source: Personal Social Services Survey of Adult Carers, 2021/22

An unpaid carer provides help to someone, usually an adult relative or friend, as part of their normal daily life. The 2021 Census asked if someone gave any help or support to, anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age, people were asked to exclude anything related to paid employment.

Carers need support and the Care Act 2014 recognises unpaid (mainly) adult carers in law in the same way as those they care for. This relates to rights to a carers assessment of support needs, support planning, and access to information and advice to enable choice about the support they need.

Census 2021 – Unpaid carers

According to the 2021 Census, Torbay had just over 14,900 unpaid carers which results in Torbay having a significantly higher proportion of its residents as unpaid carers when compared to the South West and England (Fig 259). The difference is significant even allowing for Torbay’s older population profile. This shows that 1 in 9 Torbay residents over the age of 5 years undertake some unpaid care in relation to long-term physical or mental health conditions or illnesses, or problems related to old age. Torbay also has a significantly higher proportion of its residents who provide 50 hours or more of unpaid care per week (3.9% in Torbay against 2.6% for England). This equates to 5,185 carers which is just over a third of the unpaid carer population.

There are significant differences in the percentage of different age groups who are unpaid carers with almost 2 out of 3 unpaid carers being aged 50 and over (Fig 260). However, the percentage of Torbay’s population who are unpaid carers is significantly higher than England across all age groups with gaps being particularly pronounced amongst age groups under the age of 50 (Fig 261).

Fig 259: Percentage of unpaid carers, aged 5 and over

Source: Census 2021

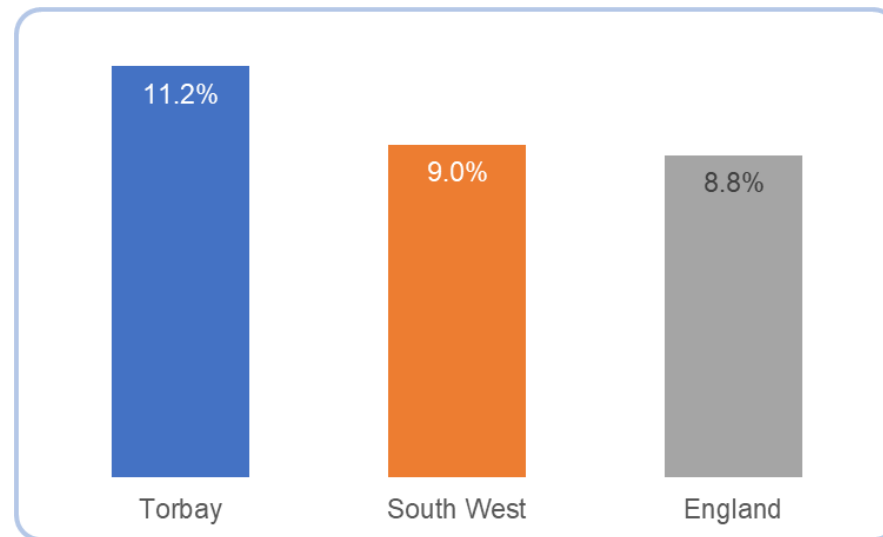


Fig 260: Unpaid carers by age group - Torbay

Source: Census 2021

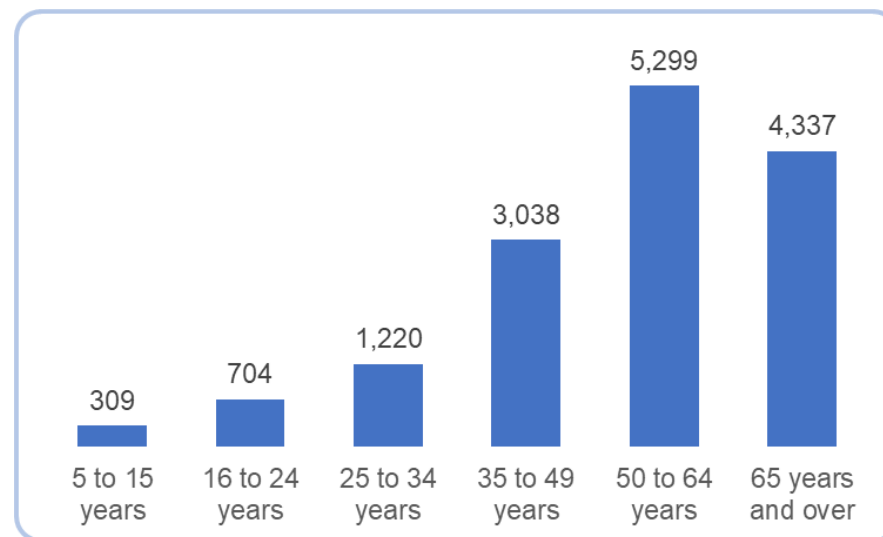


Fig 261: Percentage of unpaid carers by age group

Source: Census 2021

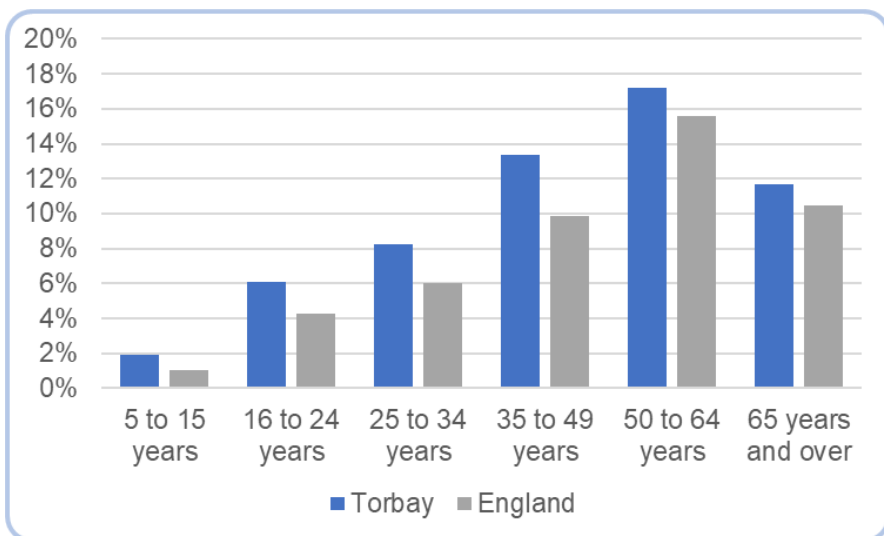


Fig 262: Percentage of economically active for those providing or not providing unpaid care - Torbay

Source: Census 2021

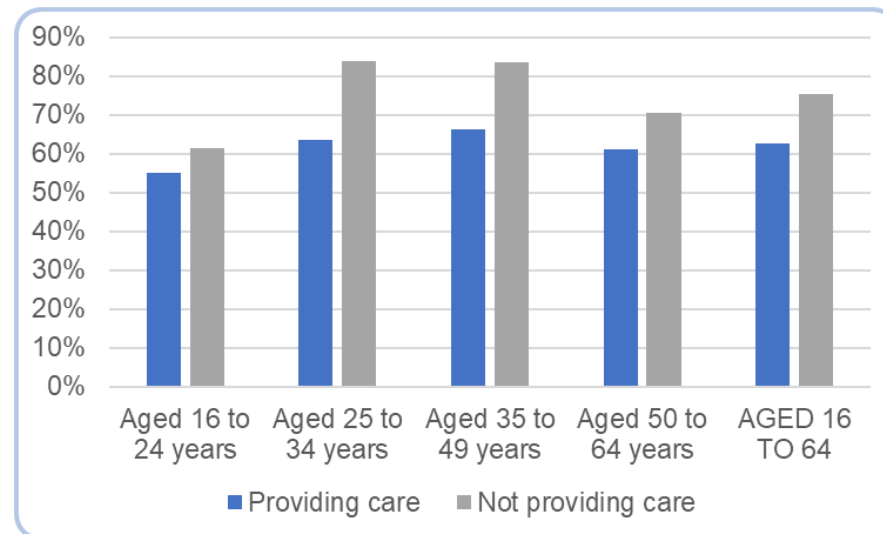


Fig 263: Percentage of unpaid carers, by sex - Torbay

Source: Census 2021

	19 hours or less	20 to 49 hours	50 hours or more	Total
Female	5.7%	2.8%	4.6%	13.0%
Male	4.2%	2.1%	3.3%	9.5%

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Unpaid carers between the ages of 16 and 64 are significantly less likely to be classified as economically active (in employment or actively seeking employment) than those who provide no unpaid care. According to the 2021 Census, 62.5% of those who provided unpaid care were classified as economically active compared to 75.4% of those who were not providing unpaid care. The gap was particularly pronounced among those aged 25 to 49 (Fig 262).

Unpaid carers are significantly more likely to be female with 13.0% of usually resident females providing unpaid care in Torbay, for males the rate is 9.5% (Fig 263). The difference is most significant in the 35 to 49 year age group where 1 in 6 females and 1 in 10 males undertake some unpaid care in relation to long-term physical or mental health conditions or illnesses, or problems related to old age (Fig 264). Just over 1 in 5 females aged between 50 and 64 years undertake some unpaid care.

Fig 264: Percentage of unpaid carers, by age group, by sex - Torbay
Source: Census 2021

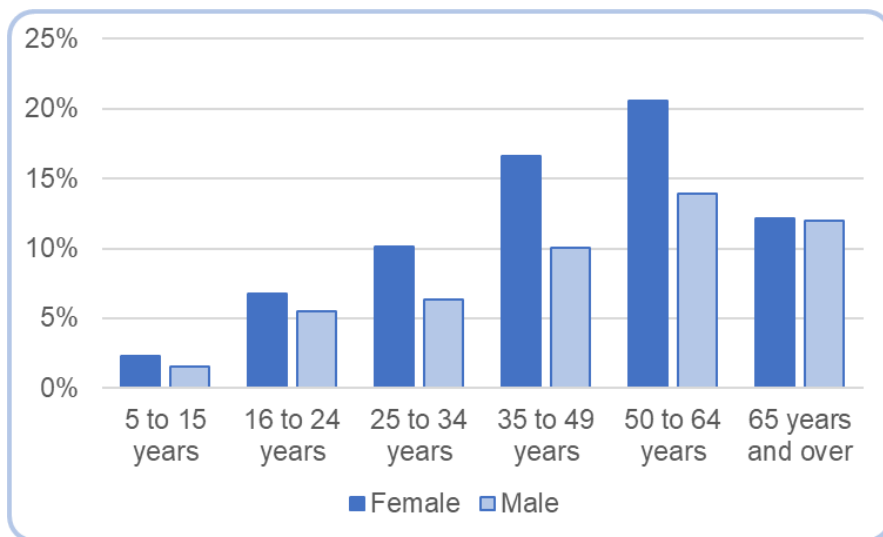
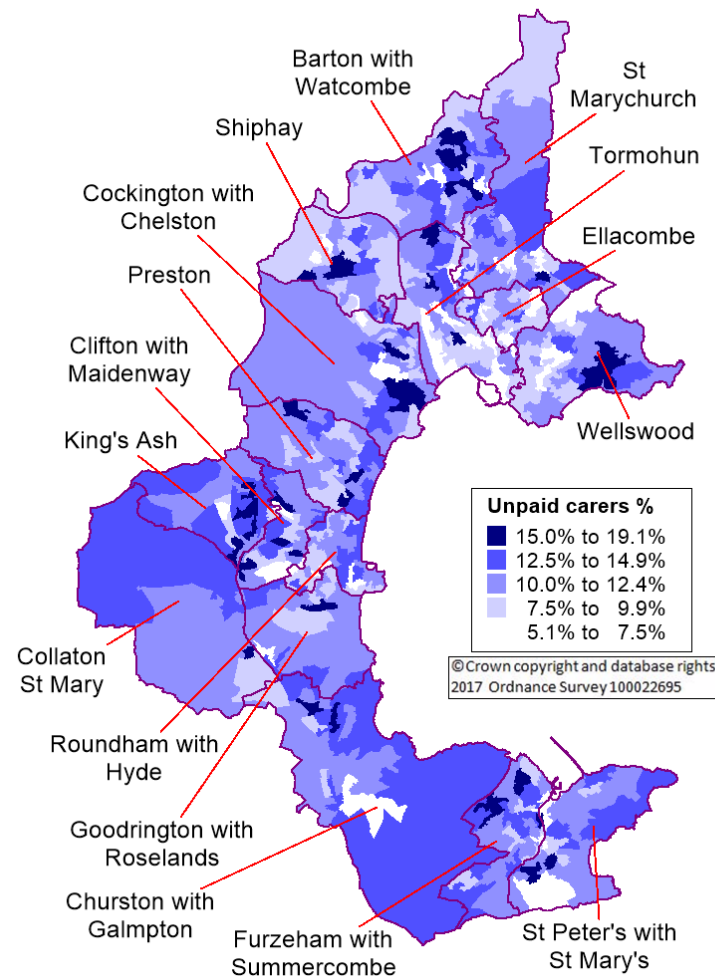


Fig 265: Percentage of unpaid carers, by output area
Source: Census 2021



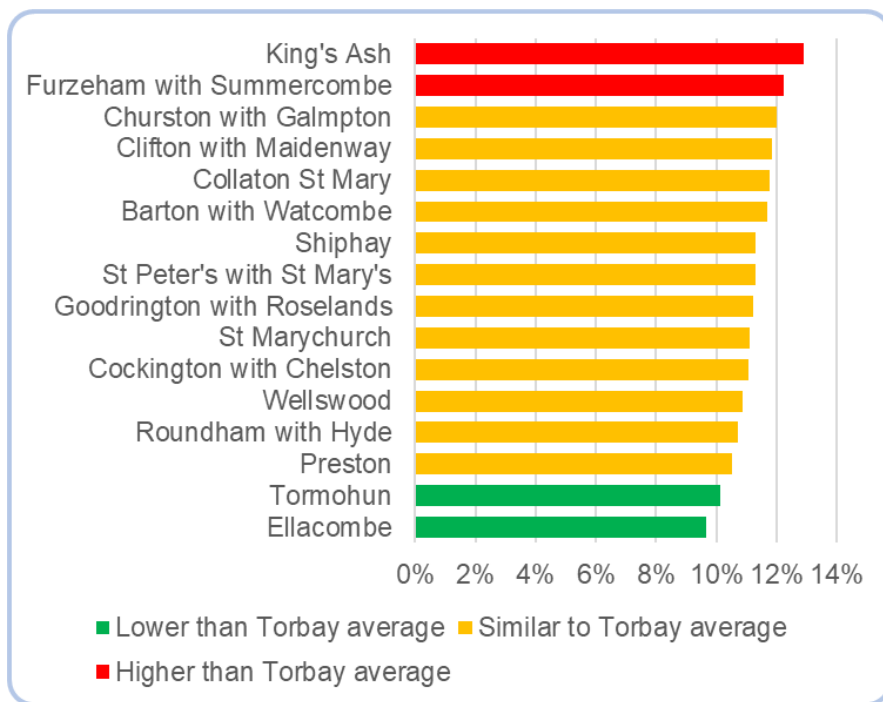
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There are significant differences between areas of Torbay in relation to the number of usually resident unpaid carers. For instance, rates are lowest in the Torquay town centre area (Fig 265).

There are higher concentrations of unpaid carers in wards such as King's Ash and Furzeham with Summercombe (Fig 266).

Fig 266: Percentage of unpaid carers, by ward

Source: Census 2021



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Across younger age groups in Torbay it is more likely that someone will be undertaking unpaid care if they live in a more deprived area (Fig 267). This link is not observable in age groups over 50 years in Torbay.

For the 2021 Census, Torbay residents were asked if they had any physical or mental health conditions or illnesses which have lasted or are expected to last 12 months or more. If they answered yes, there was a further question 'Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?'. This definition, where people answer yes to both questions is in line with the disability definition in the Equality Act 2010.

Whilst most carers are not disabled under the Equality Act 2010, those who are disabled in line with the Equality Act 2010 are significantly more likely to be unpaid carers than those who are not disabled (Fig 268). This is the case across all age groups.

Fig 267: Percentage of unpaid carers, aged 5 to 34 years - Torbay

Source: Census 2021

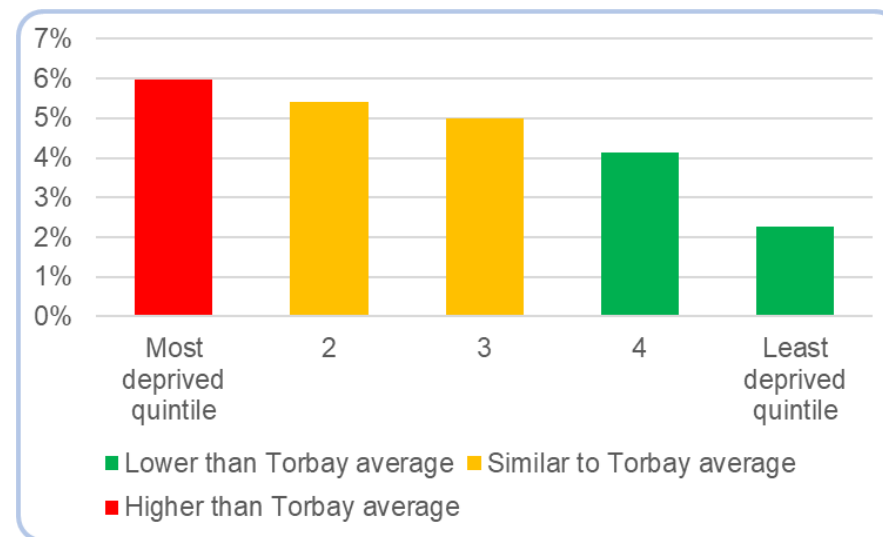
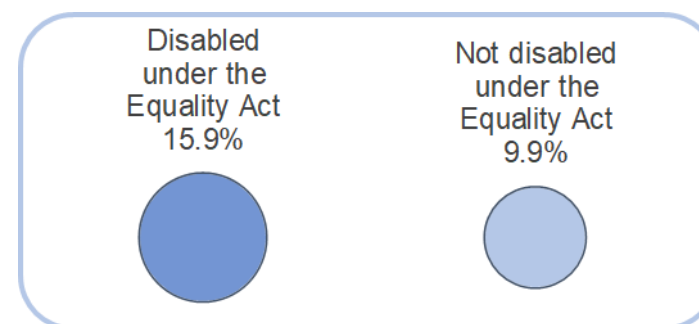


Fig 268: Percentage of unpaid carers, by disability status - Torbay

Source: Census 2021



Personal Social Services Survey of Adult Carers, 2021/22

The survey of adult carers known to local social services takes place every other year (this pattern was broken by COVID-19) and is conducted by local authorities with adult social services responsibility. The survey seeks the opinions of carers aged 18 or over, caring for a person aged 18 or over, on a number of topics that are considered to be indicative of a balanced life alongside their unpaid caring role [Personal Social Services Survey of Adult Carers in England, 2021-22 - NDRS \(digital.nhs.uk\)](#) .

355 carers responded to the 2021/22 survey in Torbay, of these almost 2 out of 3 provided unpaid care to someone aged 65 or over, the person they cared for was most likely to have a physical disability followed by a long-standing illness and problems connected to ageing (Fig 269), multiple care needs for the same person could be selected. In relation to dementia, the Torbay rate of 29.8% was noticeably lower than the South West rate of 40.7%. Almost 5 out of 6 carers (82.4%) stated that the person they cared for lived with them compared to just 1 in 6 who said they lived somewhere else (Fig 270).

Of those carers who received support or services from Torbay social services in the previous 12 months, rates of satisfaction with the support and services received by themselves and the person they cared for were 74.8% during 2021/22 with dissatisfaction rates at 10.4% (Fig 271). These rates are broadly in line with 2016/17 and 2018/19. By comparison, rates of satisfaction across England for 2021/22 were 66.4% and rates of dissatisfaction were 16.4%.

Fig 269: Care Needs of person cared for – Torbay (2021/22)

Source: Personal Social Services Survey of Adult Carers, 2021/22

Care Need	Percentage
A physical disability	50.0%
Long-standing illness	42.1%
Problems connected to ageing	37.1%
Sight or hearing loss	32.0%
Dementia	29.8%
A mental health problem	22.8%
A learning disability or difficulty	18.8%
Terminal illness	5.3%
Alcohol or drug dependency	2.0%

Fig 270: Where does the person you care for usually live? – Torbay (2021/22)

Source: Personal Social Services Survey of Adult Carers, 2021/22

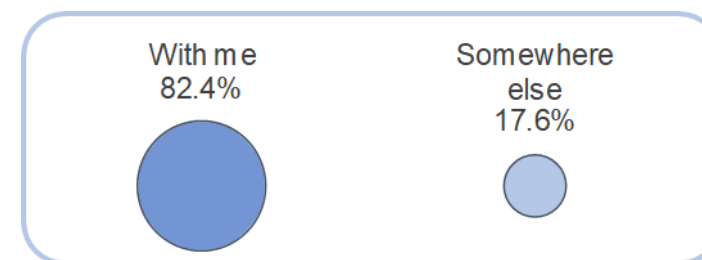
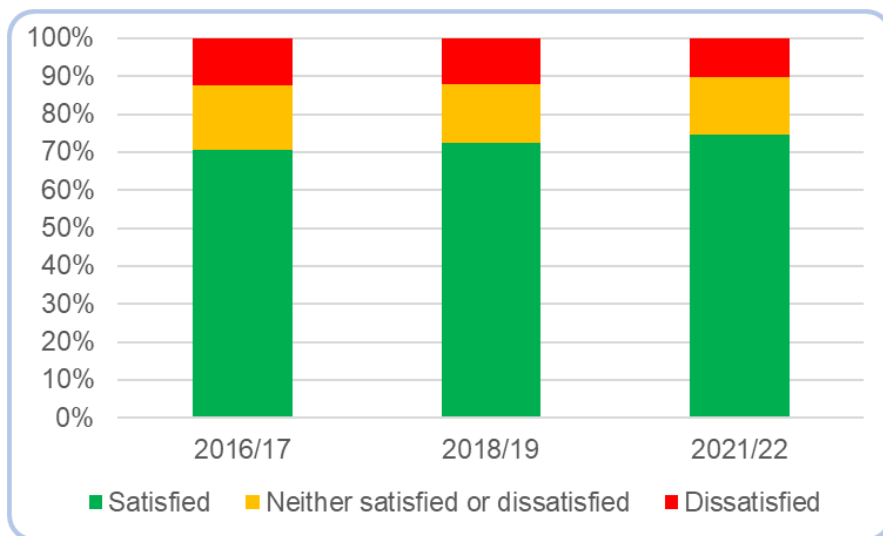


Fig 271: Levels of satisfaction with support and services carer and person cared for received from social services in last 12 months - Torbay

Source: Personal Social Services Survey of Adult Carers, 2021/22



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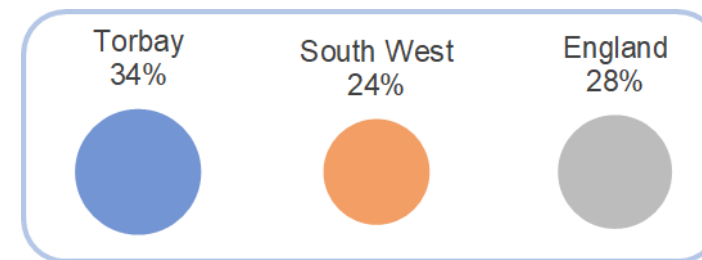
For the period 2021/22, approximately 1 in 6 Torbay adult social carers (17.0%) state that they are able to spend their time doing things that they value or enjoy, a similar number (17.8%) state they don't do anything that they value or enjoy with their time. Most carers (65.2%) state that they do some of the things they value or enjoy but not enough. These numbers are broadly in line with the England average. Similar sentiments were expressed when asked about how much control carers had over their life.

For Torbay, 34% of adult social carers stated that they had as much social contact as they would like, which was broadly in line with the last survey in 2018/19. Rates were significantly higher than England and the South West (Fig 272). 17.6% of Torbay carers stated that they had little social contact and were socially isolated which was

broadly in line with the previous survey, this is a little lower than England and the South West.

Fig 272: Percentage of adult social carers who have as much social contact as they would like – Torbay (2021/22)

Source: Personal Social Services Survey of Adult Carers, 2021/22



For the period 2021/22, 1 in 4 (24.6%) of Torbay adult social carers feel that they do not have enough encouragement and support. This has risen from 2016/17 when the percentage was 17.3%.

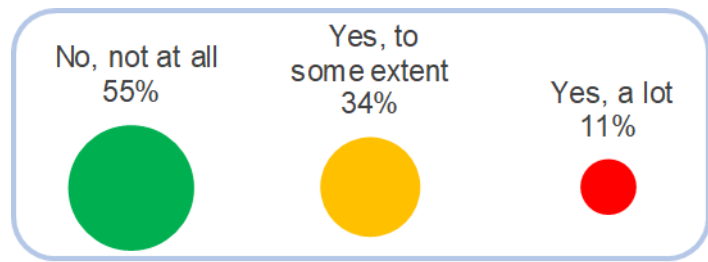
Carers were also asked if their health had been affected by their caring role, a majority of carers replied that at least 1 of the following 4 effects were felt: feeling tired, disturbed sleep, general feeling of stress and feeling depressed (Fig 273). Just 6% of respondents said that their health had not been affected by their caring role.

For the period 2021/22, adult social carers were asked if caring had caused them any financial difficulties in the previous 12 months, approximately 45% said that it caused some or a lot of financial difficulties (Fig 274). These figures are broadly in line with the 2018/19 survey, the South West and England.

Fig 273: Percentage of adult social carers whose health had been affected by caring role in the ways listed - Torbay (2021/22)
 Source: Personal Social Services Survey of Adult Carers, 2021/22

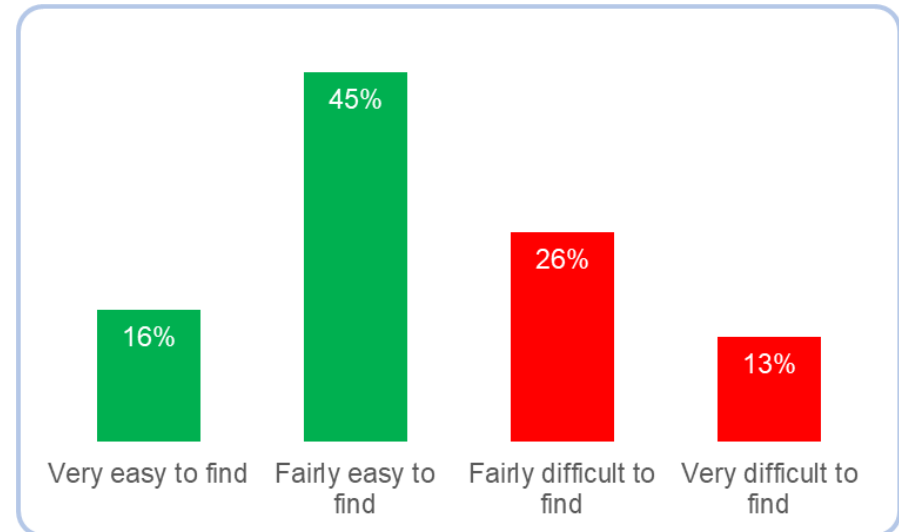
Health affected	Percentage
Feeling tired	83.9%
Disturbed sleep	70.3%
General feeling of stress	66.0%
Feeling depressed	51.0%
Short tempered/irritable	48.2%
Physical strain (eg back)	41.1%
Made an existing condition worse	24.4%
Developed my own health conditions	23.8%
Had to see own GP	20.4%
Loss of appetite	15.3%

Fig 274: Percentage of adult social carers, has caring caused you any financial difficulties in the last 12 months - Torbay (2021/22)
 Source: Personal Social Services Survey of Adult Carers, 2021/22



Being able to access information and advice about support, services and benefits quickly and easily helps not only with practical outcomes but can also help to reduce levels of stress and anxiety around someone’s caring duties. Of those Torbay adult social carers in 2021/22 who attempted to access this information and advice in the previous 12 months, more than 1 in 3 (39%) found this fairly or very difficult which is similar to South West and England rates (Fig 275). This is much higher than the 2016/17 figure of 26% for Torbay. Once accessed, 88% of information or advice was very or quite helpful. 3 in 10 Torbay carers did not attempt to access information or advice in the previous 12 months.

Fig 275: Percentage of adult social carers who have found it easy or difficult to find information and advice - Torbay (2021/22)
 Source: Personal Social Services Survey of Adult Carers, 2021/22

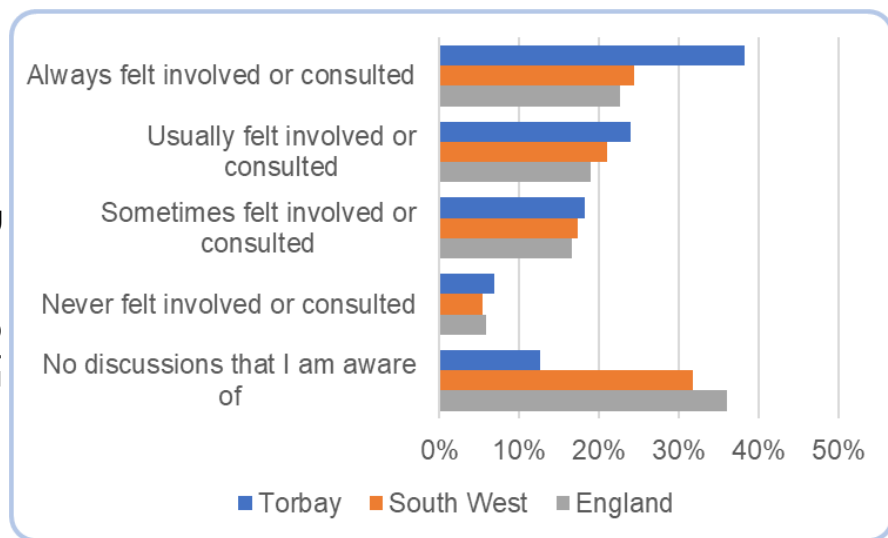


Adult social carers were asked if they have been involved or consulted as much as they would want to be, in discussions about the support or services provided to the person they care for. For Torbay during 2021/22, approximately 1 in 8 (12.7%) were not aware

of any discussions in the last 12 months, this was a significantly lower rate than both England (36.1%) and the South West (31.8%) and significantly lower than previous results for Torbay, a further 6.9% said they never felt involved or consulted. Approximately 4 in 5 (80.4%) of carers always, usually or sometimes felt involved (Fig 276).

Fig 276: Percentage of adult social carers who feel involved or consulted (2021/22)

Source: Personal Social Services Survey of Adult Carers, 2021/22



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59% of Torbay adult social carers are retired with a further 19% not in paid work. 1 in 4 were in paid full-time or part-time employment. 46% state that they spend 100 hours or more a week looking after or helping the person that they care for, this was significantly more than the England average of 36%.

Reports and further information around the Personal Social Services Survey of Adult Carers (PSSSAC) can be found at [Personal Social Services Survey of Adult Carers in England, 2021-22 - NDRS \(digital.nhs.uk\)](https://digital.nhs.uk)

[Click here to return to the index](#)

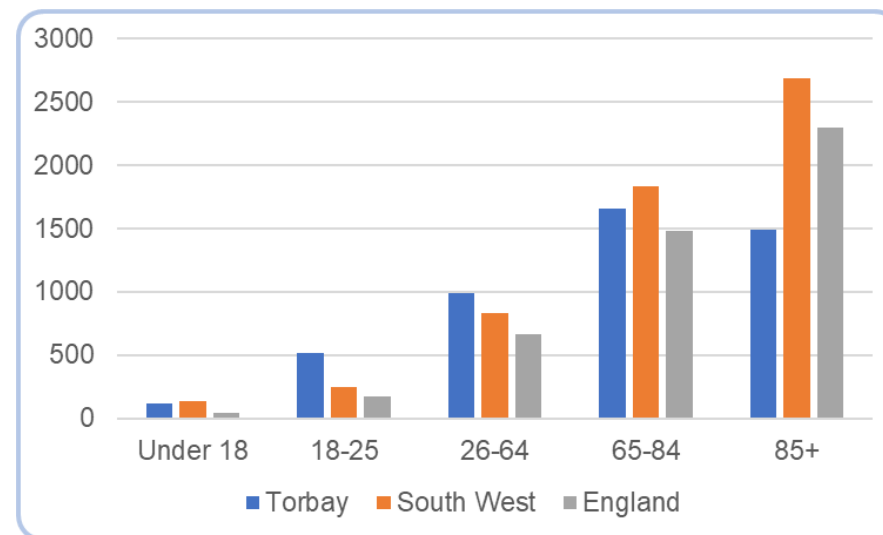
Support provided to carers

For 2022/23, the number of carers of adult social care clients supported by Torbay Council during the year was 1,330, this was a decrease of 100 from the year before which had been the highest number in the last 5 years. Torbay's rate of carer support has been significantly higher than the South West and England over the last 5 years.

Whilst over the last 5 years, 94% of these Torbay carers were aged 26 and over, Torbay has significantly higher rates of carers aged under 25 than England and the South West (Fig 277).

Fig 277: Support provided to carers by age band, per 100,000 (2018/19 to 2022/23)

Source: Adult Social Care Activity & Finance Report



Indicator	Measure	Torbay	Comparator Group	South West	England	RAG compared to England (Latest Year)	Direction of travel compared to previous period
Census - Unpaid carers aged 5 and above (2021)	%	11.2%	10.1%	9.0%	8.8%	●	Not comparable
Census - Unpaid carers for 50 hours or more (2021)	%	3.9%	3.3%	2.7%	2.6%	●	Not comparable
Census - Disabled under the equality act who are also unpaid carers (2021)	%	15.9%	14.6%	14.1%	13.8%	●	Not comparable
PSSSAC - Satisfied with support and services from adult social services (2021/22)	%	75%	69%	66%	66%	●	↑
PSSSAC - Carers who have as much social contact as they like (2021/22)	%	34%	30%	24%	28%	●	↑
PSSSAC - Caring has caused financial difficulties in the last 12 months (2021/22)	%	45%	36%	43%	43%	●	↓
PSSSAC - Carers who have found it easy to find information and advice (2021/22)	%	61%	61%	62%	58%	●	↓
PSSSAC - Caring for 100 hours or more per week (2021/22)	%	46%	38%	42%	36%	●	↓

Preventable Mortality

Overview

- Rate of deaths from causes considered preventable in the under 75 age group over the last decade are higher in Torbay than England and the South West.
Source: Fingertips
- Rate of deaths from causes considered preventable in the under 75 age group are much higher in the more deprived areas of Torbay when compared to less deprived areas of Torbay.
Source: Primary Care Mortality Database
- Most common cause of death in Torbay that was considered preventable in the under 75 age group was Cancer, accounting for 1 in 3 preventable deaths.
Source: Fingertips
- Most common cause of death in Torbay that was considered preventable in the under 50 age group was Liver Disease, in particular alcoholic liver disease.
Source: Primary Care Mortality Database
- Rate of preventable deaths among under 75 age group is much higher among males when compared to females in Torbay.
Source: Fingertips

The Office for Health Improvement and Disparities defines preventable mortality as relating to deaths that are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause could mainly be avoided through effective public health and primary prevention interventions. The deaths are limited to those who died before they reached the age of 75.

Preventable deaths - All causes

Preventable deaths among those aged under 75 have been broadly in line with England and significantly above the South West over the latest 3 year periods available (Fig 278). It should be noted that COVID-19 deaths are classified as preventable deaths, this is likely to have led to rises in the overall rates of preventable deaths across England. Rates among females in Torbay have been steady and similar to England but much higher than the South West over the latest time periods (Fig 279). Male rates are on a more pronounced upward trajectory (Fig 280) but males were more likely to die before the age of 75 from COVID-19 than females. The level of preventable deaths among males under 75 is close to double the rate among females under 75.

Within Torbay, over the period 2018 – 22, 3 out of 4 preventable deaths related to either cancer, cardiovascular disease, liver disease or respiratory disease. 45% of deaths amongst those aged under 75 in Torbay, for 2018 - 22, were considered preventable, this is in line with England.

Those living in the most deprived areas of Torbay are significantly more likely to die of preventable causes under the age of 75 when compared to the Torbay average. Those who live in the less deprived parts of Torbay are significantly less likely to die of preventable causes before the age of 75 when compared to the Torbay average (Fig 281).

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Fig 278: Under 75 mortality rate from causes considered preventable, per 100,000 (Age Standardised)

Source: Fingertips

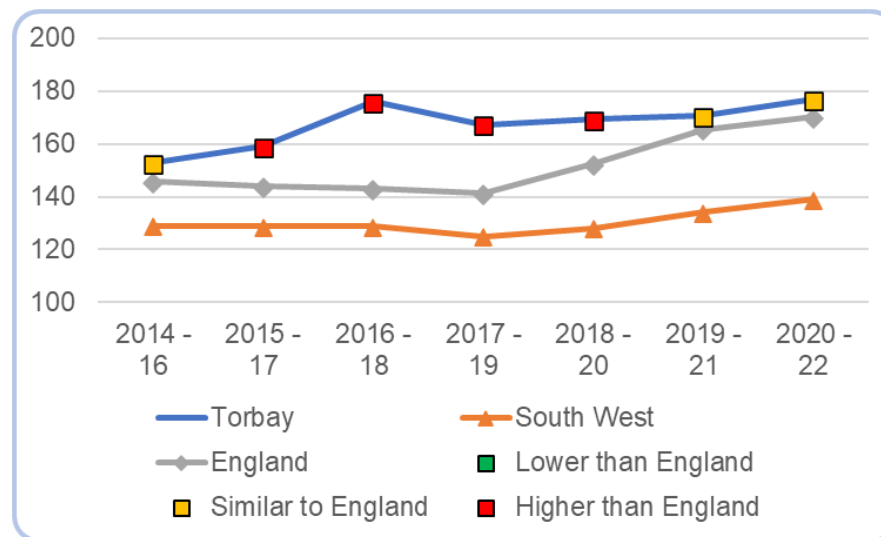


Fig 279: Under 75 mortality rate from causes considered preventable, per 100,000 (Age Standardised) - Female

Source: Fingertips

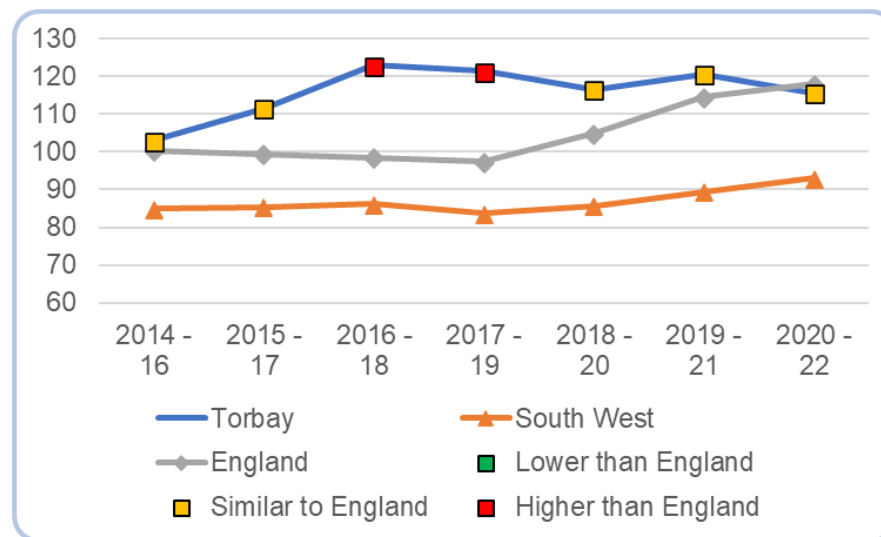
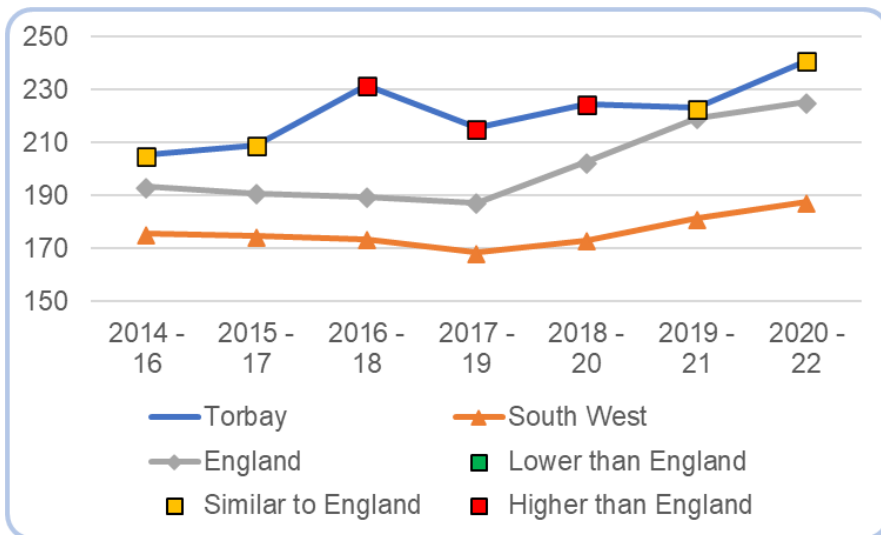


Fig 280: Under 75 mortality rate from causes considered preventable, per 100,000 (Age Standardised) - Male

Source: Fingertips



Preventable deaths - Cancer

Over the period 2020 – 22, 1 in 3 (33%) of preventable deaths had an underlying cause of Cancer. Rates in Torbay have decreased slightly over the last decade, broadly in line with England but above the South West (Fig 282). Males have been significantly more likely than females to have a preventable cancer death in Torbay, female rates are steady whilst male rates are on a downward trajectory.

Over the 5 year period 2018 to 2022, those who live in the most deprived areas of Torbay are significantly more likely than the Torbay average to die prematurely from Cancer that was considered preventable (Fig 283). 43% of cancer deaths amongst those aged 75 and under in Torbay, for the last 5 time periods, were considered preventable, this is broadly in line with England. Just over 50% of the preventable cancer deaths in Torbay during 2018 to 2022 had an underlying cause of lung cancer.

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Fig 281: Under 75 mortality rate from causes considered preventable, per 100,000 (Age Standardised) – Torbay (2018–2022)

Source: Primary Care Mortality Database

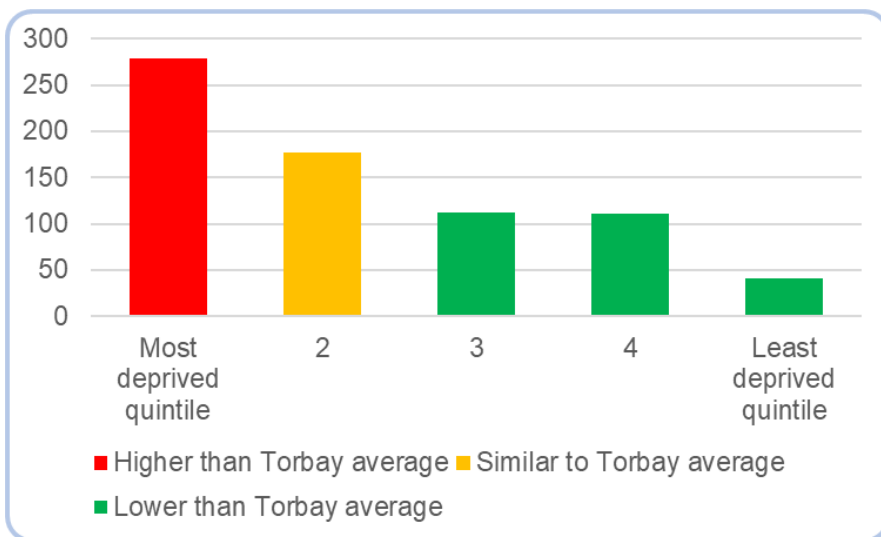


Fig 282: Under 75 mortality rate with underlying cause of cancer that was considered preventable, per 100,000 (Age Standardised)

Source: Fingertips

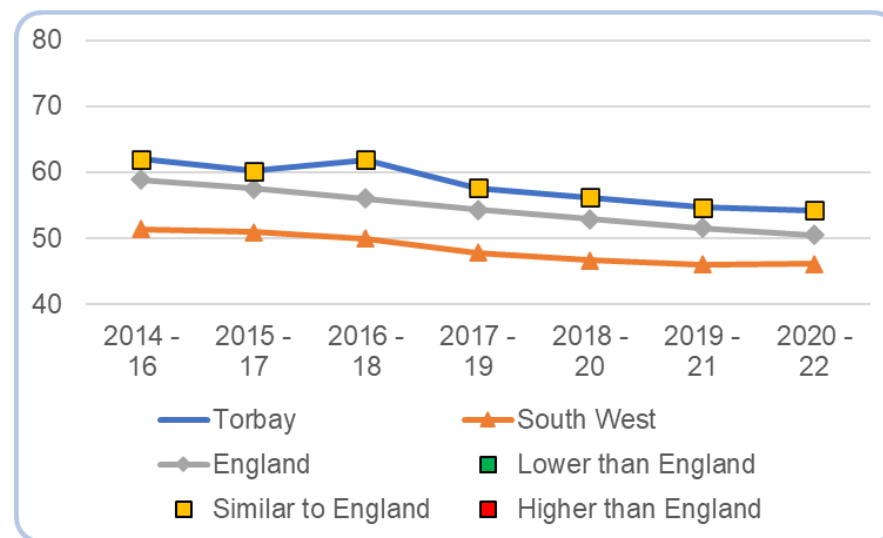
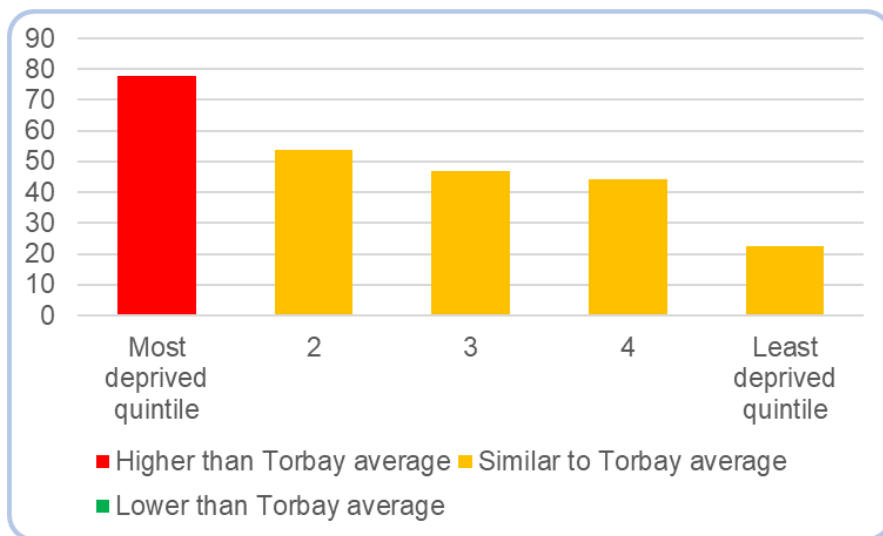
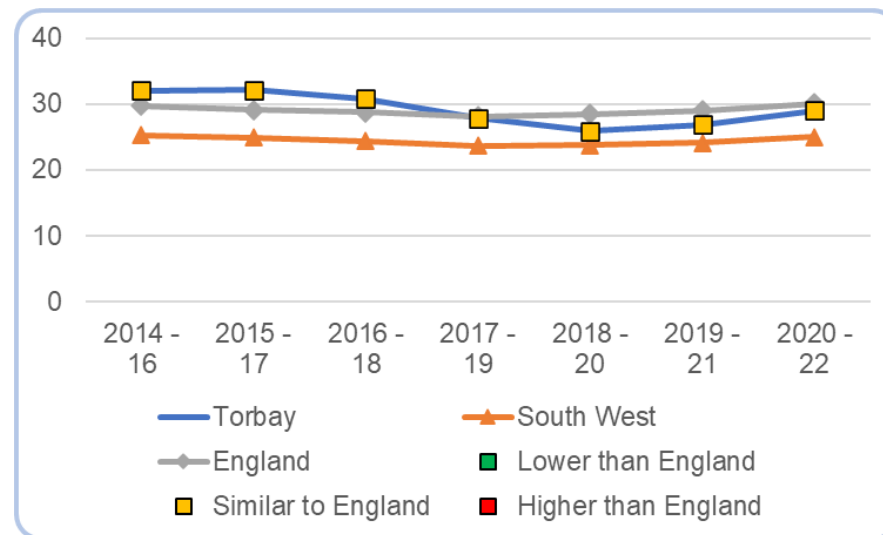


Fig 283: Under 75 mortality rate with underlying cause of cancer that was considered preventable, per 100,000 (Age Standardised) – Torbay (2018 – 2022)
 Source: Primary Care Mortality Database



In line with other areas of preventable death, rates are significantly higher than the Torbay average in the most deprived areas (Fig 285). Rates in the least deprived area are in line with the Torbay average because of the uncertainty introduced by the smaller size of that population. 39% of circulatory disease deaths amongst those aged 75 and under in Torbay, for the last 5 time periods, were considered preventable, this is broadly in line with England. Almost 7 out of 10 (68%) of the preventable circulatory disease deaths in Torbay during 2018 to 2022 had an underlying cause of coronary (ischaemic) heart disease.

Fig 284: Under 75 mortality rate with underlying cause of circulatory disease that was considered preventable, per 100,000 (Age Standardised)
 Source: Fingertips

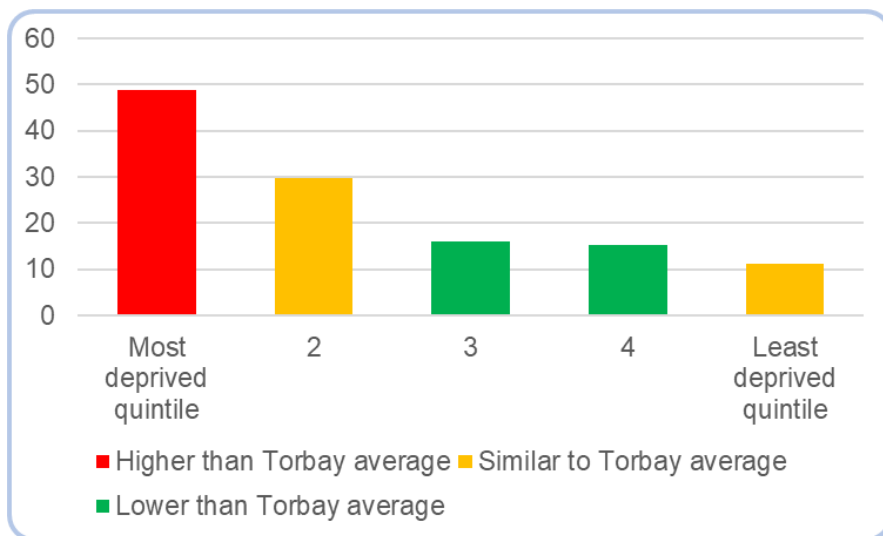


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Preventable deaths – Circulatory diseases

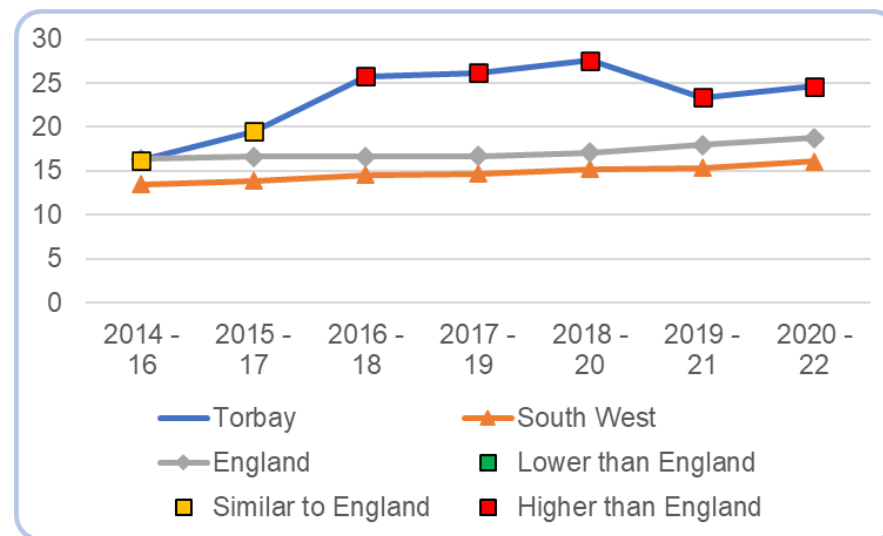
After Cancer, the next largest area of preventable deaths during 2020 - 22 in Torbay belonged to circulatory disease which accounted for just over 1 in 6 (17%) preventable deaths amongst those aged under 75. Over the last decade, rates have been broadly in line with England but higher than the South West (Fig 284). Rates among males are more than double the rates among females, both female and male rates are broadly in line with England. Almost all of the preventable deaths within circulatory diseases relate to cardiovascular disease. There are a number of known risk factors that increase the chance of suffering from cardiovascular disease including high blood pressure, smoking, high cholesterol, diabetes, physical inactivity, excess weight, ethnicity and family history.

Fig 285: Under 75 mortality rate with underlying cause of circulatory disease that was considered preventable, per 100,000 (Age Standardised) – Torbay (2018 – 2022)
 Source: Primary Care Mortality Database



For the period 2018 – 22 in Torbay, 2 out of 3 preventable liver disease deaths had an underlying cause of alcoholic liver disease, the majority of the rest were due to an underlying cause of liver cancer. If just looking at those under 50 years of age, alcoholic liver disease accounted for more preventable deaths in Torbay than either cancer, cardiovascular disease or respiratory disease individually.

Fig 286: Under 75 mortality rate with underlying cause of liver disease that was considered preventable, per 100,000 (Age Standardised)
 Source: Fingertips



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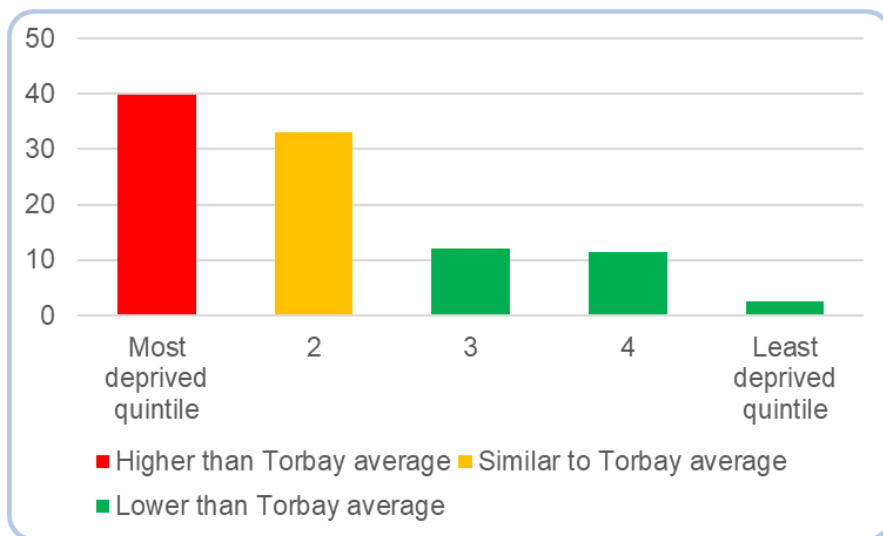
Preventable deaths – Liver disease

During 2020 – 22, over 1 in 8 (13%) preventable deaths for those aged under 75 had an underlying cause of liver disease. Rates have increased significantly since the middle of the last decade (Fig 286). Rates among males are higher than females although the difference has narrowed slightly, both female and male rates have consistently been higher than England and the South West.

In line with other areas of preventable death, rates are significantly higher than the Torbay average in the most deprived areas (Fig 287). More than 9 in 10 liver disease deaths amongst those aged 75 and under in Torbay, for the last 5 time periods, were considered preventable, this is broadly in line with England. Liver disease is significantly influenced by alcohol consumption and obesity which are both amenable to public health interventions.

Fig 287: Under 75 mortality rate with underlying cause of liver disease that was considered preventable, per 100,000 (Age Standardised) – Torbay (2018 – 2022)

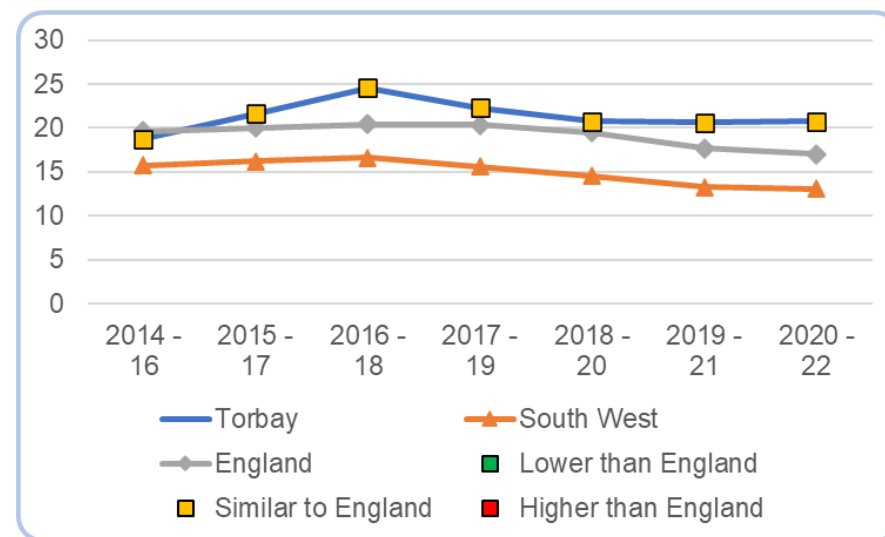
Source: Primary Care Mortality Database



out of 8 preventable respiratory disease deaths in Torbay during 2018 - 22 had an underlying cause of COPD.

Fig 288: Under 75 mortality rate with underlying cause of respiratory disease that was considered preventable, per 100,000 (Age Standardised)

Source: Fingertips



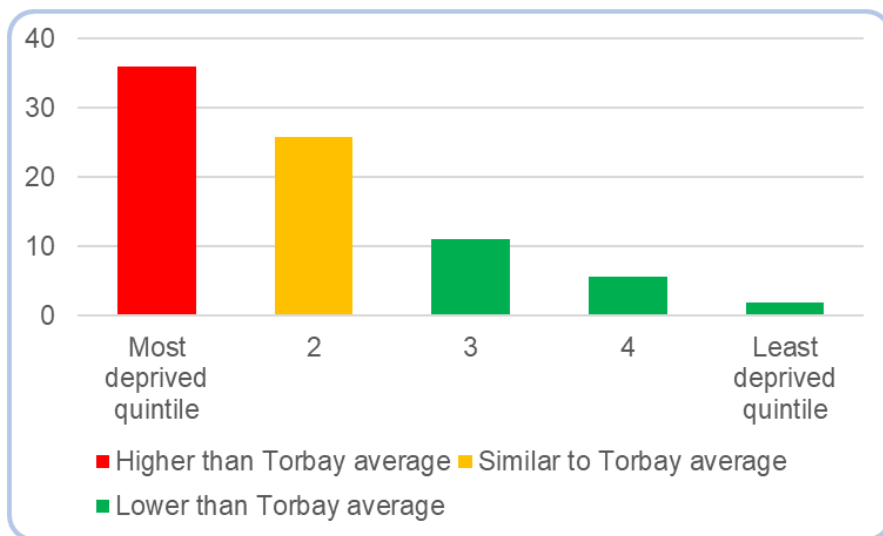
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Preventable deaths – Respiratory disease

During 2020 – 22, just over 1 in 8 (13%) preventable deaths for those aged under 75 had an underlying cause of respiratory disease. Rates have been broadly smooth over the last decade (Fig 288). Rates among males are higher than females although the difference has narrowed, both female and male rates are broadly in line with England and higher than the South West.

Rates are significantly higher than the Torbay average in the most deprived areas (Fig 289). 57% of respiratory disease deaths amongst those aged 75 and under in Torbay, for the last 5 time periods, were considered preventable, this is broadly in line with England. Chronic obstructive pulmonary disease (COPD) which is a major respiratory disease is significantly influenced by smoking. 7

Fig 289: Under 75 mortality rate with underlying cause of respiratory disease that was considered preventable, per 100,000 (Age Standardised) – Torbay (2018 – 2022)
 Source: Primary Care Mortality Database



profile giving detailed information on premature deaths can be found at [Premature Death in Torbay \(southdevonandtorbay.info\)](https://southdevonandtorbay.info)

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Preventable deaths – Other causes

Looking at Torbay data for 2018 to 2022 in relation to those under 75 years, just over 3 out of 4 deaths that were considered preventable related to cancer, cardiovascular disease, liver disease and respiratory disease. Of deaths outside of those 4 areas, 43% related either to suicide or potential suicide (classified as intentional self-harm or undetermined intent), or accidental poisoning due to drugs and medications. A further 21% related to COVID-19. Torbay has had a suicide rate that is significantly higher than England since the middle of the last decade.

Premature deaths

Premature deaths relate to all deaths of those aged 75 and under, regardless of whether they are considered preventable. A 2 page

Indicator	Measure	Torbay	Comparator Group	South West	England	RAG compared to England (Latest Year)	Direction of travel compared to previous period
Preventable mortality - All causes (2020 - 22)	DSR per 100,000	177	190	139	170	●	↑
Preventable mortality - All causes (Female) (2020 - 22)	DSR per 100,000	116	133	93	118	●	↓
Preventable mortality - All causes (Male) (2020 - 22)	DSR per 100,000	241	251	188	225	●	↑
Preventable mortality - Cancer (2020 - 22)	DSR per 100,000	54	56	46	51	●	↓
Preventable mortality - Circulatory disease (2020 - 22)	DSR per 100,000	29	32	25	30	●	↑
Preventable mortality - Liver disease (2020 - 22)	DSR per 100,000	25	23	16	19	●	↑
Preventable mortality - Respiratory disease (2020 - 22)	DSR per 100,000	21	20	13	17	●	↑

Diabetes, Heart Disease and Stroke

Overview

- 8.1% of Torbay GP patients aged 17 and over have recorded diabetes. 10,017 patients have recorded diabetes, 92% of these cases relate to Type 2 diabetes.

Source: Fingertips, National Diabetes Audit

- Rates of emergency hospital admissions and under 75 deaths from coronary heart disease are much higher in the most deprived areas of Torbay when compared to the least deprived.

Source: Hospital Episode Statistics, Primary Care Mortality Database

- 19% of Torbay GP patients are known to have hypertension, many people do not realise that they have this condition so this will be a significant understatement.

Source: Fingertips

- Rates of hospital admissions and under 75 mortality from strokes have fallen over the last decade in Torbay.

Source: Fingertips

- Smoking prevalence is significantly higher among the long-term unemployed population or those who work in routine or manual occupations.

Source: Fingertips

- Just over 6 in 10 adults are overweight or obese in Torbay.

Source: Fingertips

Diabetes

Diabetes is a lifelong condition that causes a person’s blood sugar level to become too high as your body is unable to break down glucose into energy. Over a period of time these high glucose levels can seriously damage your heart, eyes, feet and kidneys. There are two main types of diabetes, for Type 1 diabetes there are no lifestyle changes that you can make to lower your risk. For Type 2 diabetes which accounts for around 90% of cases in the UK, you can help reduce your risk by controlling your weight, exercising regularly, stopping smoking, limiting alcohol and eating a balanced healthy diet.

Diabetes prevalence as recorded by the Quality Outcomes Framework has shown the prevalence of diabetes recorded by GP practices to be significantly higher than national and regional rates. For 2022/23, 8.1% of those aged 17 and over on Torbay GP Practice lists were recorded as having Diabetes as opposed to 7.5% across England (Fig 290). Since 2012/13, numbers for Torbay have increased from 7,667 in 2012/13 to 10,017 for 2022/23 (Fig 291).

For 2018, OHID estimated that 71% of those with diabetes in Torbay had been diagnosed, this was significantly less than the estimated diagnosis rate of 78% for England. This estimate was based on the Health Survey of England and adjusted for age, sex, deprivation and ethnicity.

The National Diabetes Audit (NDA) is a major clinical audit undertaken by NHS Digital in partnership with Diabetes UK. For Torbay in 2022/23, this showed that 8% of registrations related to Type 1 diabetes, the remaining 92% related to Type 2 diabetes.

For Type 2 diabetes registrations in Torbay for 2022/23, 57% were for males and 43% for females. 42% related to those aged 65 to 79 and 37% for those aged 40 to 64 (Fig 292).

Fig 290: Diabetes Prevalence (17+) - Torbay

Source: Fingertips

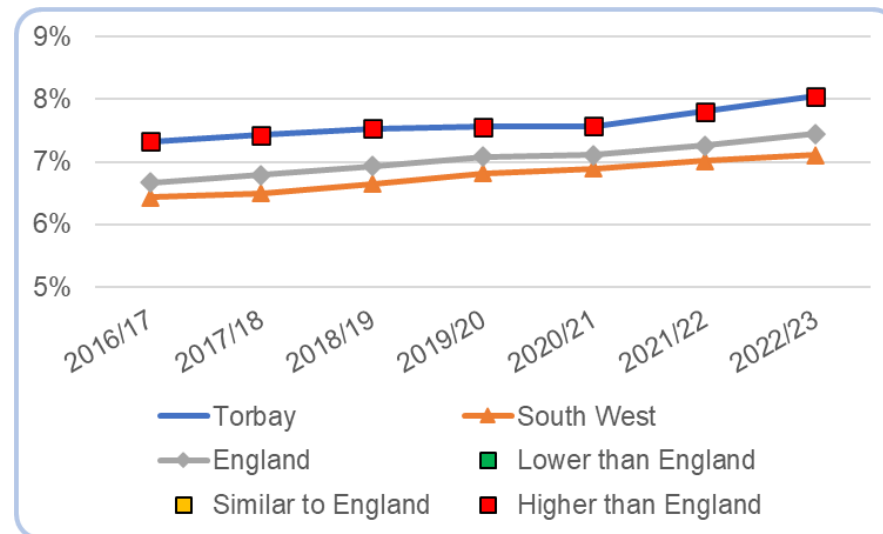


Fig 291: Number of patients recorded as having Diabetes (17+) - Torbay

Source: Fingertips

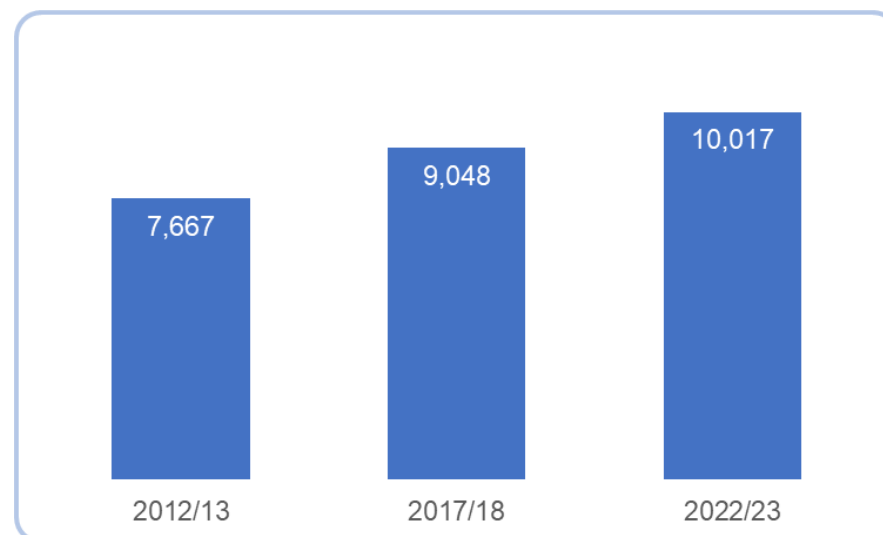


Fig 292: Number of patients with Type 2 diabetes by age group – Torbay (2022/23)

Source: National Diabetes Audit

Type 2 registrations	
Aged under 40	250 (3%)
Aged 40 to 64	3,355 (37%)
Aged 65 to 79	3,770 (42%)
Aged 80 and over	1,660 (18%)

The Royal National Institute of Blind People (RNIB) offer a sight loss data tool that provides data at a local level at [Sight Loss Data Tool | RNIB](#), the data tool can be downloaded at the bottom of the webpage link above which gives some information around rates of Diabetic eye screening and Diabetic eye disease.

There is further information around diabetes at [National Diabetes Audit - NHS Digital](#) and [Context | Diabetic foot problems: prevention and management | Guidance | NICE](#)

Heart Disease

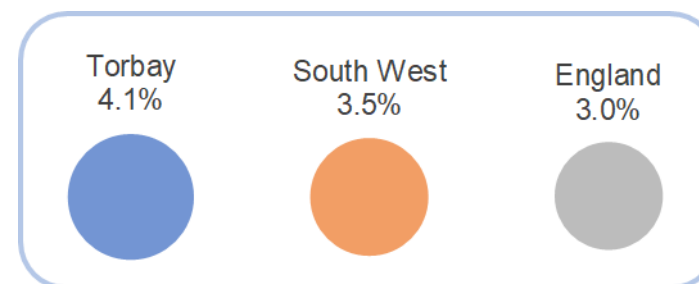
Heart Disease is a cardiovascular disease such as heart failure or coronary heart disease. Coronary heart disease is the single most common cause of premature death in the UK (OHID – Fingertips).

Coronary heart disease (also known as Ischaemic heart disease) accounts for the single largest percentage (8.5%) of Disability-Adjusted Life Years (DALYs) within Torbay according to the Global Burden of Disease [VizHub - GBD Compare \(healthdata.org\)](#). A DALY represents the loss of one year due to premature mortality or years lived with a disability.

Coronary heart disease prevalence as recorded by the Quality Outcomes Framework has shown the prevalence recorded by GP practices to be significantly higher than national and regional rates. For 2022/23, 4.1% of patients on Torbay GP Practice lists were recorded as having coronary heart disease as opposed to 3.0% across England (Fig 293). Rates in Torbay have been broadly flat over the last decade.

Fig 293: Coronary Heart Disease Prevalence (2022/23)

Source: Fingertips



Allowing for age, Torbay’s rate of emergency admissions for coronary heart disease is broadly in line with England and the South West, it has been steady over the last 6 years (Fig 294). Within Torbay, the rate of admissions is significantly higher among the most deprived areas of Torbay when compared to the Torbay average (Fig 295).

The number of emergency admissions are highest amongst those in their 70s (Fig 296). Almost twice as many emergency admissions related to males (1,657 admissions) when compared to females (851 admissions) over the 6 year period 2017/18 to 2022/23.

Fig 294: Rate of emergency hospital admissions for coronary heart disease per 100,000 (Age Standardised)

Source: Hospital Episode Statistics

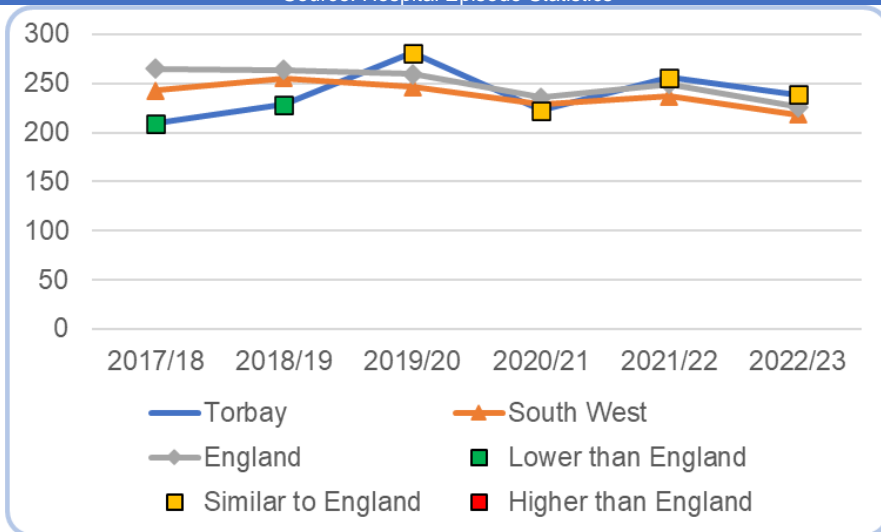
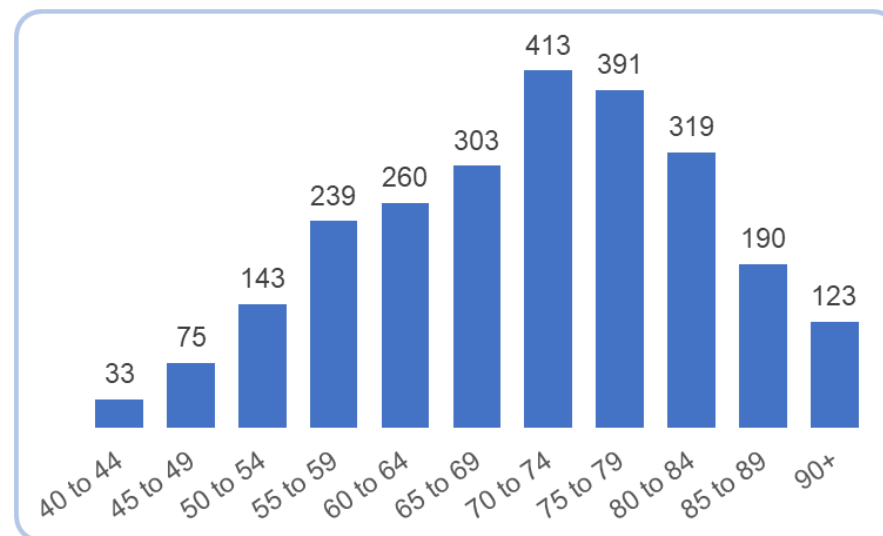


Fig 296: Number of emergency hospital admissions for coronary heart disease by age group – Torbay (2017/18 to 2022/23)

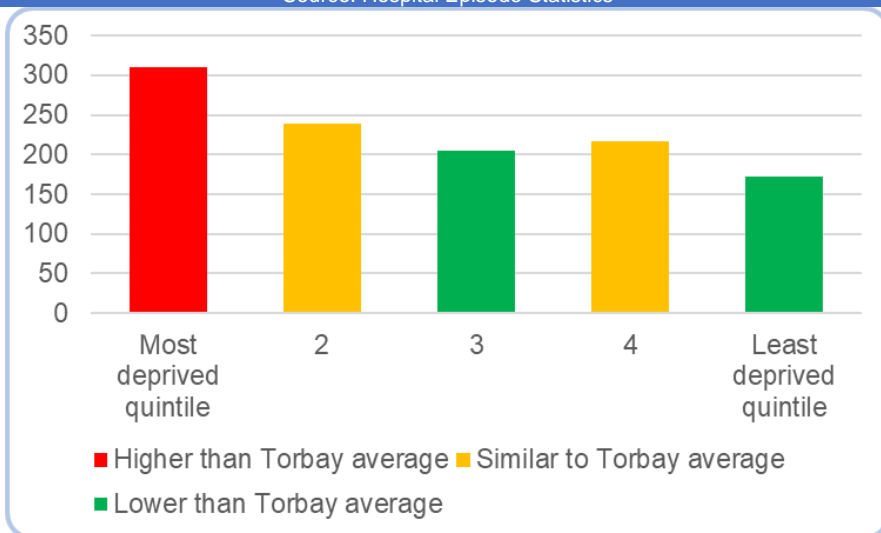
Source: Hospital Episode Statistics



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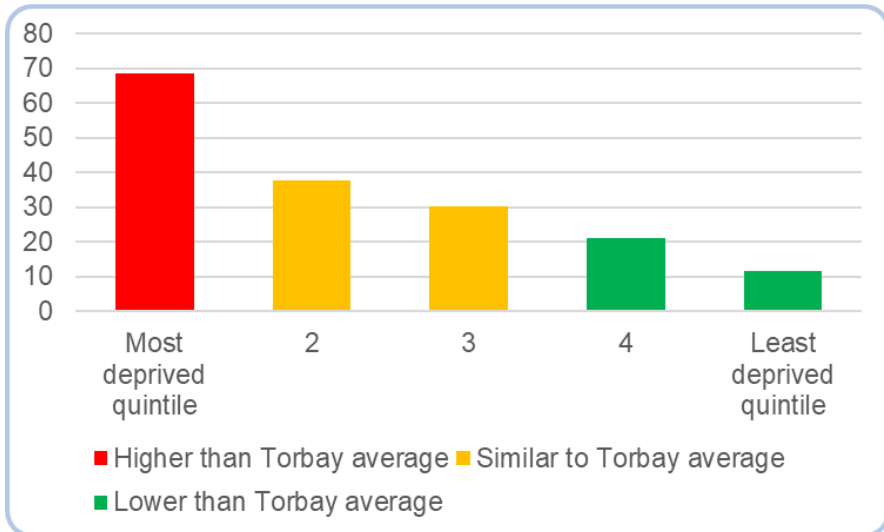
Fig 295: Rate of emergency hospital admissions for coronary heart disease per 100,000 (Age Standardised) by deprivation quintile – Torbay (2017/18 to 2022/23)

Source: Hospital Episode Statistics



Over the last 10 years, those aged under 75 who live in the most deprived areas of Torbay have a significantly higher mortality rate from coronary heart disease than those who live in the less deprived areas of Torbay. Those in the most deprived quintile are more than twice as likely to die from coronary heart disease before the age of 75 than those in the middle quintile of deprivation (Fig 297). Overall, there were 118 female and 465 male deaths over the 10 year period 2013-2022 of Torbay residents under the age of 75 from coronary heart disease.

Fig 297: Rate of under 75 mortality for coronary heart disease per 100,000 (Age Standardised) – Torbay (2013 to 2022)
 Source: Primary Care Mortality Database



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Hypertension which is commonly known as high blood pressure increases your risk of having a heart attack, it is a condition that many people do not realise that they have and as such the prevalence rates recorded by GPs will be significant underestimates.

Hypertension prevalence as recorded by the Quality Outcomes Framework has shown the prevalence recorded by GP practices to be significantly higher than national and regional rates. For 2022/23, 18.6% of patients on Torbay GP Practice lists were recorded as having hypertension as opposed to 14.4% across England (Fig 298).

Heart failure causes a substantial impairment of the quality of life and is very costly for the NHS to treat, second only to stroke (OHID – Fingertips), it is a long-term condition that tends to get gradually worse over time, but symptoms can often be controlled for many years.

Heart failure prevalence as recorded by the Quality Outcomes Framework has shown the prevalence recorded by GP practices to be higher than national and in line with regional rates. For 2022/23, 1.3% of patients on Torbay GP Practice lists were recorded as having heart failure as opposed to 1.0% across England (Fig 299). Torbay’s GP patient population is older than England so it would be expected that heart failure prevalence would be higher.

Fig 298: Hypertension Prevalence – Torbay
 Source: Fingertips

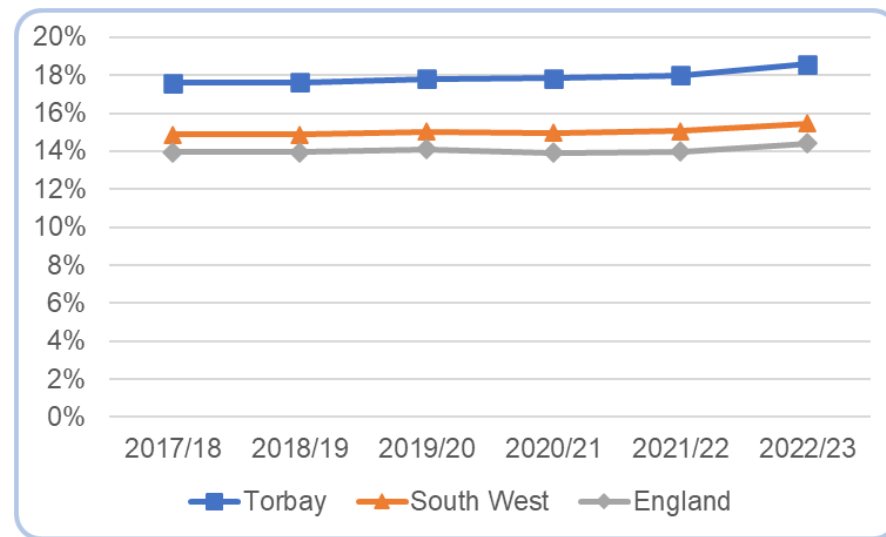
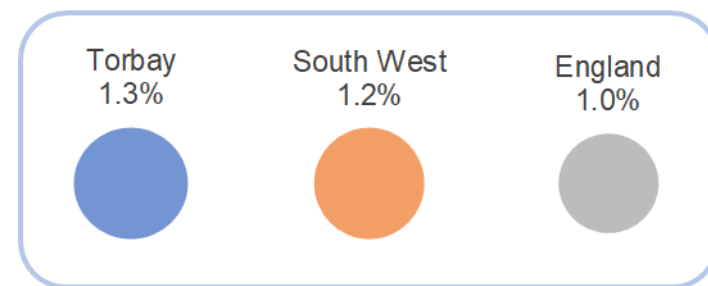


Fig 299: Heart Failure Prevalence (2022/23)
 Source: Quality Outcomes Framework



Stroke

A stroke is a serious life-threatening medical condition that happens when the blood supply to part of the brain is cut off. The sooner a person receives treatment for a stroke, the less damage is likely to happen. You can significantly reduce your risk of having a stroke by eating well, taking regular exercise, not drinking more than 14 units a week and by not smoking [Stroke - NHS \(www.nhs.uk\)](http://www.nhs.uk).

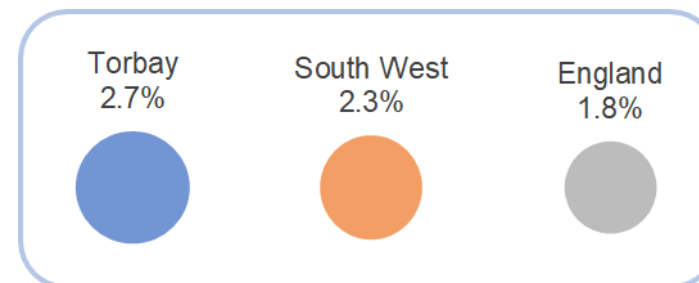
Strokes accounted for the second largest percentage (4.6%) of Disability-Adjusted Life Years (DALYs) within Torbay during 2019 according to the Global Burden of Disease [VizHub - GBD Compare \(healthdata.org\)](http://vizhub.healthdata.org). A DALY represents the loss of one year due to premature mortality or years lived with a disability. Only coronary heart disease had a higher level of DALYs within Torbay.

Stroke prevalence as recorded by the Quality Outcomes Framework shows the prevalence of strokes or transient ischaemic attacks (TIA) which are often referred to as mini strokes, recorded by GP practices, to be significantly higher than national and regional rates. For 2022/23, 2.7% of patients on Torbay GP Practice lists were recorded as having strokes or TIA as opposed to 1.8% across England (Fig 300).

Atrial fibrillation is a heart condition that causes an irregular and often abnormally fast heart rate, it is associated with a five fold increase in the risk of a stroke (OHID-Fingertips). For 2022/23, 4,828 patients at Torbay GP Practices were recorded as having atrial fibrillation which equates to 3.2% of the practice population, this is significantly higher than the England rate of 2.1%.

Fig 300: Stroke Prevalence (2022/23)

Source: Fingertips



Allowing for age, Torbay’s rate of admissions for strokes has fallen from the middle of the last decade and has been broadly in line with England and the South West over the last 6 years (Fig 301).

Within Torbay, allowing for age, the rate of admissions is significantly higher among the most deprived areas of Torbay when compared to the Torbay average (Fig 302).

Fig 301: Rate of hospital admissions for strokes per 100,000 (Age Standardised)

Source: Fingertips

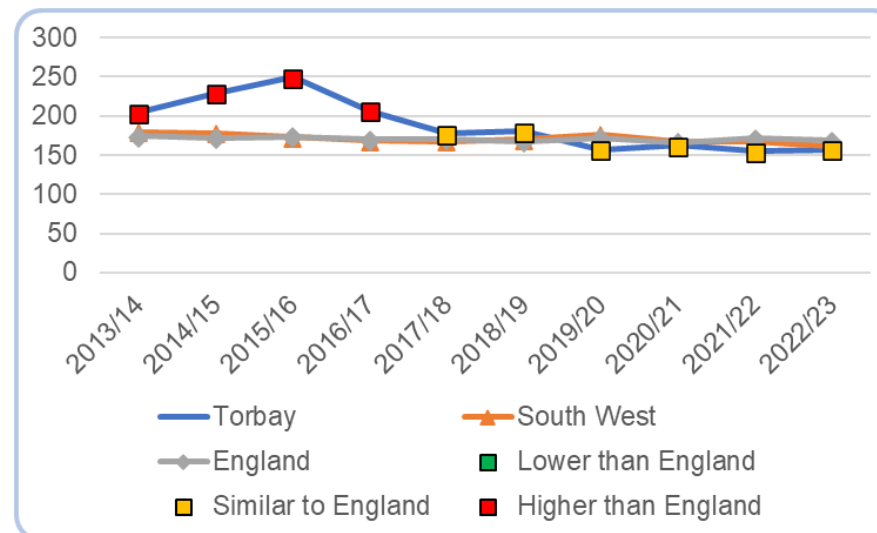


Fig 302: Rate of hospital admissions for strokes per 100,000 (Age Standardised) by deprivation quintile – Torbay (2017/18 to 2022/23)

Source: Hospital Episode Statistics

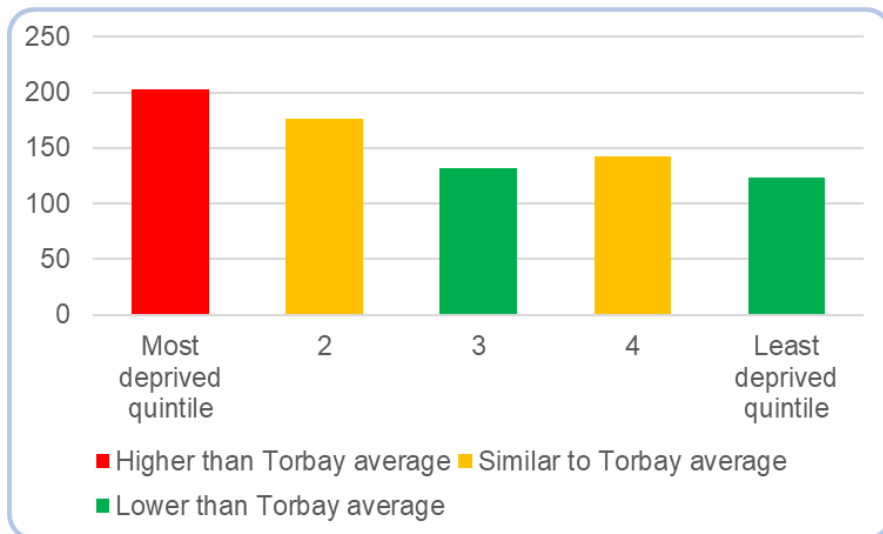


Fig 303: Rate of under 75 mortality from strokes per 100,000 (Age Standardised)

Source: Fingertips

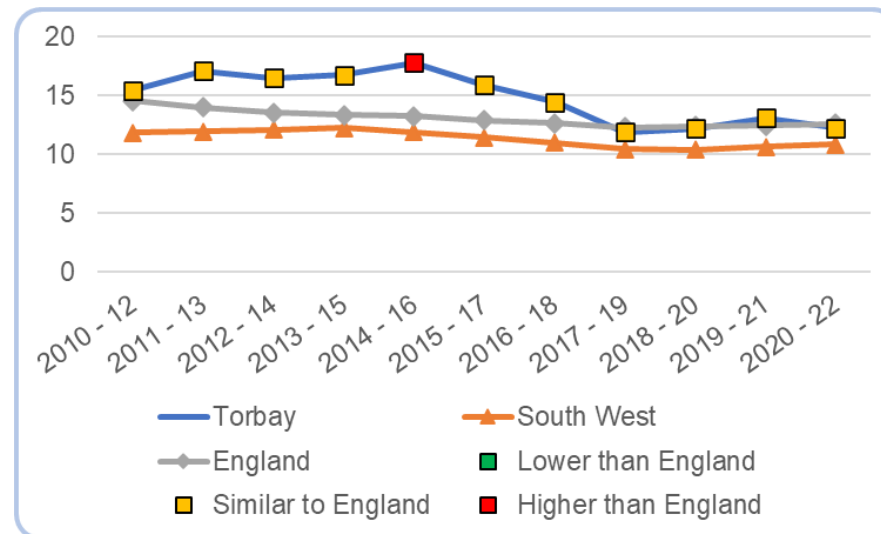
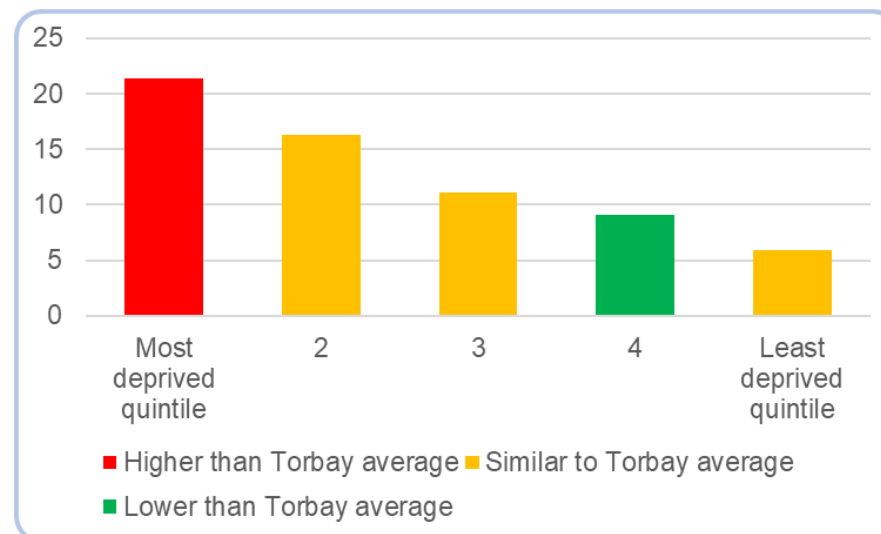


Fig 304: Rate of under 75 mortality from strokes per 100,000 (Age Standardised) – Torbay (2011 to 2022)

Source: Primary Care Mortality Database



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Allowing for age, Torbay’s under 75 mortality rate for strokes has fallen from the start of the last decade and has been broadly in line with England and the South West (Fig 303). This fall in the mortality rate attributed to strokes is also reflected across England.

Over the last 12 years, allowing for age, those aged under 75 who live in the most deprived areas of Torbay have a significantly higher mortality rate due to strokes than those who live in the less deprived areas of Torbay. Those in the most deprived quintile are almost twice as likely to die from strokes before the age of 75 than those in the middle quintile of deprivation (Fig 304). Overall, there were 126 female and 133 male deaths over the 12 year period 2011-2022 of Torbay residents under the age of 75 from strokes.

Actionable Risk factors

Type 2 Diabetes, Heart Disease and Strokes have a number of common actionable risk factors to lower your chance of suffering these conditions. You can help reduce your risk by controlling your weight, exercising regularly, stopping smoking, drinking less alcohol and eating a balanced healthy diet.

The prevalence of adult smokers in Torbay according to the Annual Population Survey was 18.4% for 2022 which is significantly higher than England for the first time since 2014, rates had been declining significantly since 2014 in Torbay but have risen over the last 2 years (Fig 305). Rates were higher during 2022 for adult males at 19.7% when compared to adult females at 17.2%, this difference is broadly reflected across the South West and England.

There are also significant differences within Torbay around smoking prevalence dependent on the broad socio-economic group you are in. Those who have never worked, are long-term unemployed or work in routine and manual occupations generally have higher smoking rates. These rates have been falling over the last decade but 2022 saw a large spike among those who have never worked or are long term unemployed, it should be noted that the relatively small sample size can lead to significant volatility from year to year. Those in groups classified as Intermediate or Managerial and Professional are generally less likely to smoke (Fig 306).

Fig 305: Smoking Prevalence in adults

Source: Fingertips

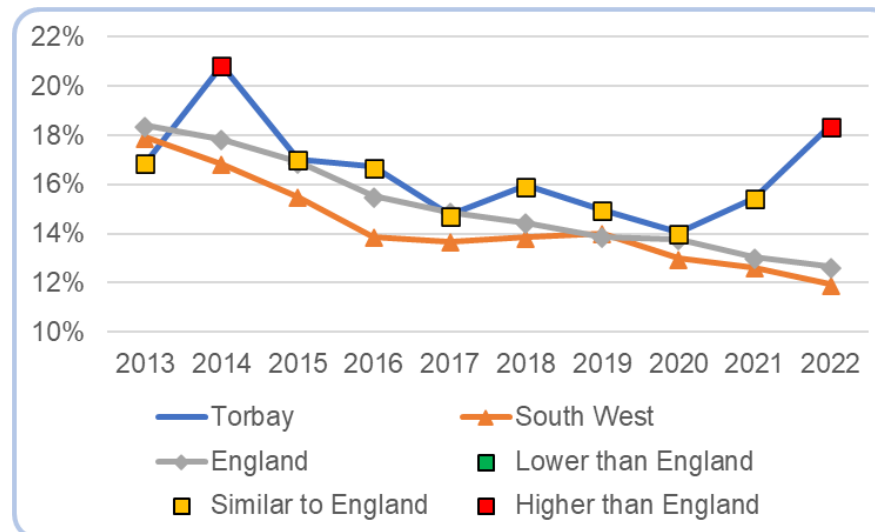
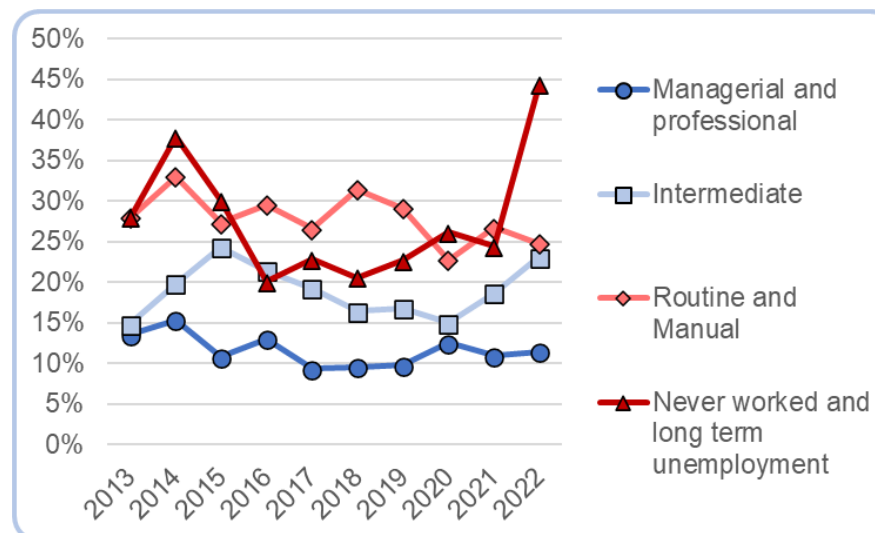


Fig 306: Smoking Prevalence in adults by socio-economic group (Torbay)

Source: Fingertips

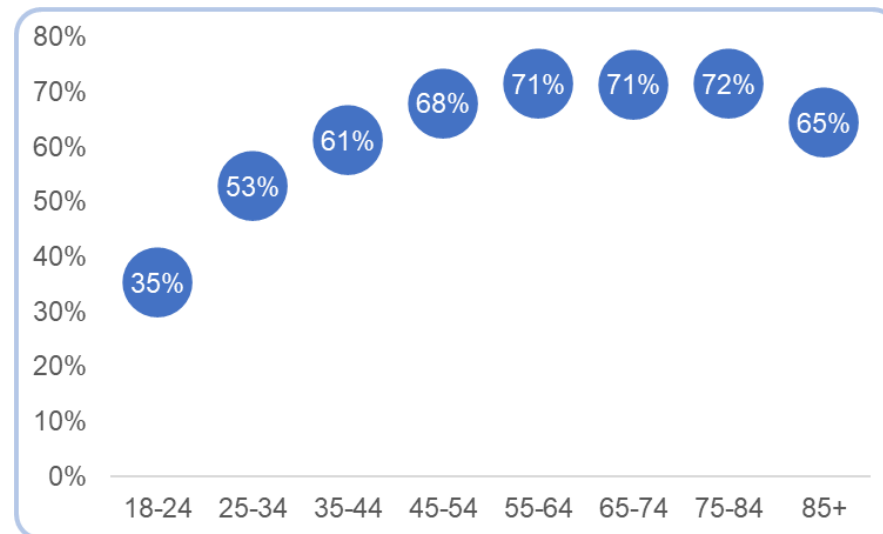


Sport England undertakes an annual ‘Active Lives Survey’ for those aged 18 and over which asks for height and weight to calculate their BMI.

Looking at the 7 year period from 2015/16 to 2021/22, Torbay has a similar rate of adults classified as overweight when compared to the South West and England at 62.7% (Fig 307). When you look at England figures, the percentage of those who are classified as overweight increases with age until you reach those who are 85 years and older (Fig 308). Across the last 7 years, males are 10 to 13 percentage points more likely to be classified as overweight when compared to females, for 2021/22, 69% of males and 58% of females were classified as overweight across England.

Those who live in more deprived areas are more likely to be classified as overweight when compared to those in the least deprived areas. For 2021/22 across England, 71% of those in the most deprived decile in England were classified as overweight compared to 59% in the least deprived decile. A lack of access to items such as fresh fruit and vegetables combined with highly processed food which is often a much cheaper option and significantly more calorific exacerbate this deprivation link.

Fig 308: Percentage of adults classified as overweight or obese by age band - England (2015/16 to 2021/22)
Source: Fingertips



Data from the ‘Active Lives Survey’ undertaken by Sport England asks questions about a person’s level of physical activity over the previous 28 days. 68% of Torbay respondents over the last 7 years said that they were physically active (150 minutes of moderate intensity physical activity per week over the last 28 days), this is broadly in line with England and the South West (Fig 309). The data was weighted to take account of differing population structures in different local authorities.

Levels of adults who responded as being physically active were higher across England in the least deprived areas when compared to the most deprived areas (Fig 310). Rates of being physically active were significantly higher if you were in employment.

Fig 307: Percentage of adults classified as overweight or obese (2015/16 to 2021/22)

Source: Fingertips

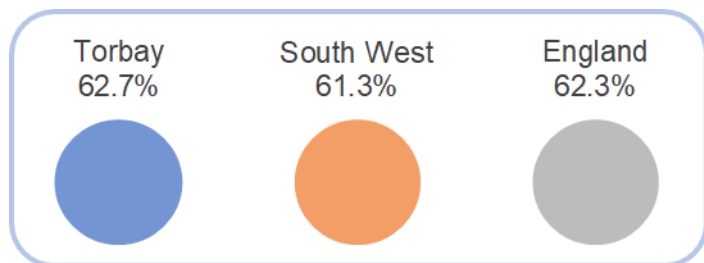


Fig 309: Percentage of adults classified as physically active (2015/16 to 2021/22)
Source: Fingertips

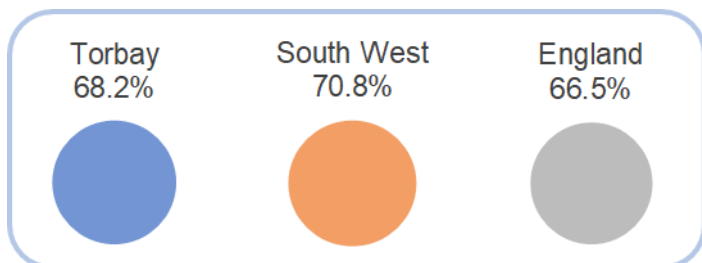
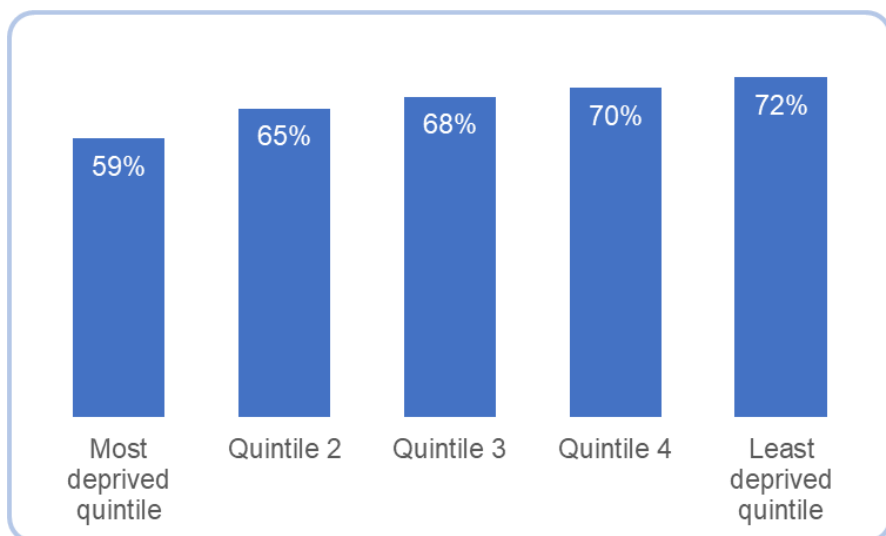
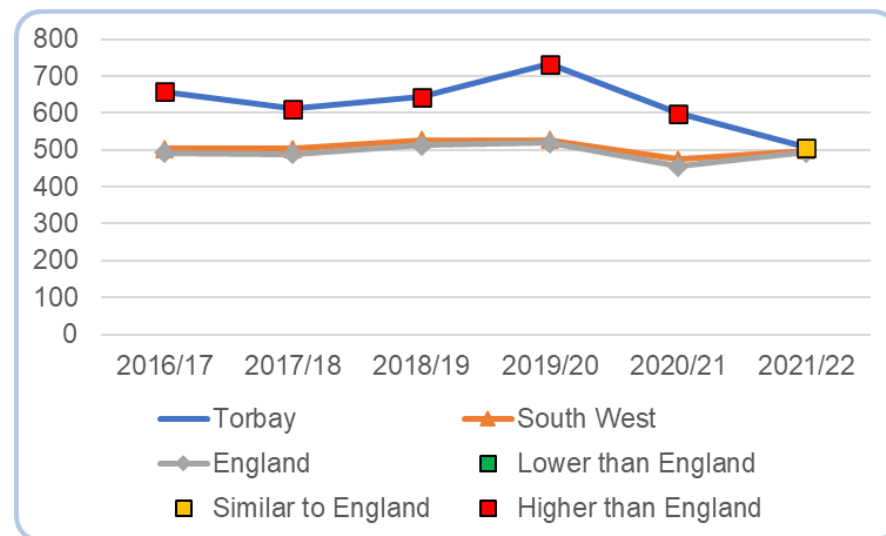


Fig 310: Percentage of adults classified as physically active by deprivation quintile - England (2015/16 to 2021/22)
Source: Fingertips



population. Rates are significantly higher in males when compared to females, for 2021/22 they are more than double female rates. The definition used here is that the primary diagnosis is an alcohol-attributable condition or a secondary diagnosis is an alcohol-attributable external cause code.

Fig 311: Rate of admission episodes for alcohol-related conditions (Narrow) per 100,000 (Age Standardised)
Source: Fingertips



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Torbay has historically had a significantly higher rate of alcohol-related admissions to hospital (Fig 311), for 2021/22, the number of alcohol-related admissions was broadly in line with England and the South West for the first time since the current method of calculation was used in 2016/17. The fall in the Torbay rate for 2021/22 when compared to the previous year is almost entirely within the female

Indicator	Measure	Torbay	Comparator Group	South West	England	RAG compared to England (Latest Year)	Direction of travel compared to previous period
Diabetes Prevalence (17+) (2022/23)	%	8.1%	7.9%	7.1%	7.5%	●	↑
Coronary Heart Disease Prevalence (2022/23)	%	4.1%	3.9%	3.5%	3.0%	●	↑
Emergency hospital admissions for coronary heart disease (2022/23)	DSR per 100,000	238	254	218	226	●	↓
Heart Failure Prevalence (2022/23)	%	1.3%	1.3%	1.2%	1.0%	●	↑
Hypertension Prevalence (2022/23)	%	18.6%	16.9%	15.5%	14.4%	●	↑
Stroke Prevalence (2022/23)	%	2.7%	2.4%	2.3%	1.8%	●	↓
Smoking Prevalence (2022)	%	18.4%	11.8%	11.9%	12.7%	●	↑
Adults classified as overweight or obese (2015/16 to 2021/22)	%	62.7%	66.2%	61.3%	62.3%	●	↑
Adults classified as physically active (2015/16 to 2021/22)	%	68.2%	65.4%	70.8%	66.5%	●	↑

Cancer

Overview

- Prevalence of those living with cancer is higher in Torbay than England, this is to be expected given Torbay's older age profile.

Source: Fingertips

- For the latest year, just over 50% of cancers identified in Torbay residents were identified at Stages 1 and 2.

Source: Fingertips

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- Torbay has seen rising rates of those eligible for bowel screening having a test, testing rates are better than the England average.

Source: Fingertips

- Breast screening rates in Torbay and England have not returned to pre COVID-19 levels. Cervical screening rates in Torbay and England have gradually fallen over the last decade.

Source: Fingertips

- Urgent suspected cancer referrals for Torbay GP patients have more than doubled over the last decade but rates of those referrals leading to a diagnosis of cancer have halved.

Source: Fingertips

Cancer is a condition where cells in a specific part of the body grow and reproduce uncontrollably. The cancerous cells can invade and destroy healthy tissue including organs. 1 in 2 people will develop some form of cancer during their lifetime. The most common forms of cancer in the UK are breast, lung, prostate and bowel [Cancer - NHS](#).

Early diagnosis and screening

Diagnosing a cancer in the earlier stages increases the chance of a better outcome for the patient. A stage at diagnosis is a measure of how much the cancer has grown and spread (OHID). Cancers at stages 1 are small and haven't spread, at stage 2 the cancer has grown but not spread. By comparison, stage 4 means that the cancer has spread from where it started to at least 1 other body organ [What do cancer stages and grades mean? - NHS](#) (www.nhs.uk).

The percentage of cancers diagnosed at Stages 1 and 2 for Torbay residents are broadly in line with England over the last decade with just over half of cancers diagnosed at Stages 1 and 2 (Fig 312). Across England over the last 7 years, those in the most deprived areas of England are less likely than those in the least deprived to have their cancer diagnosed at Stages 1 and 2 (52.0% compared to 57.6%).

For the last 6 years, breast screening coverage for Torbay females aged 53 to 70 years has either been higher or broadly in line with England, however there were notable falls across England during the COVID-19 period and screening rates have not yet returned to pre COVID-19 levels. Torbay's latest rate was 66% compared to 77% for 2019/20 (Fig 313).

Across England over the last 5 years, those eligible for breast screening who lived in the least deprived areas of England were

more likely to have had a test than those who lived in the most deprived areas by a factor of 10 percentage points (73.0% compared to 62.6%).

As outlined earlier, better outcomes are more likely to be dependent on how early a cancer is diagnosed. Over the last 5 years, 7 out of 10 (69.6%) Torbay patients had a breast screening test result recorded within 6 months of receiving a screening invitation, this is significantly higher than the England rate of 66.7% and in line with the South West rate. Uptake rates fell during the COVID-19 period.

Fig 312: Percentage of Cancers diagnosed at Stages 1 and 2

Source: Fingertips

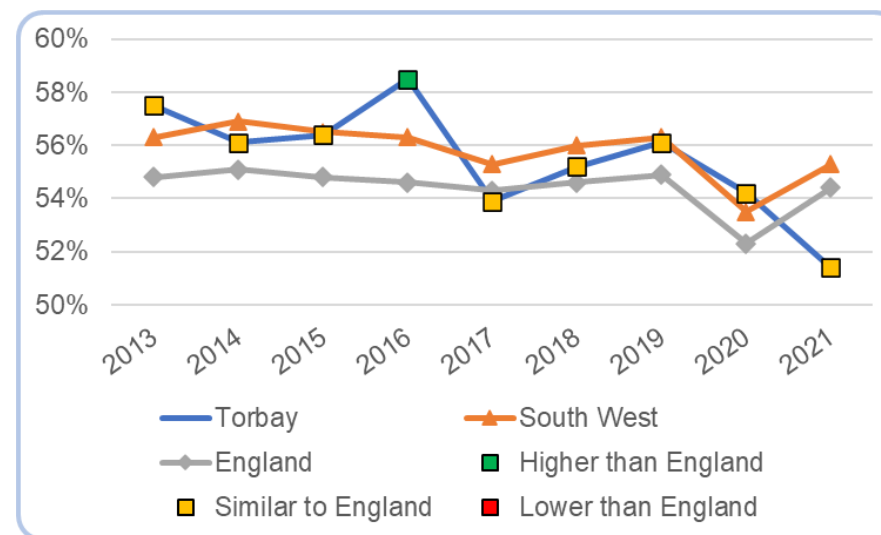


Fig 313: Percentage of women eligible for breast screening who have had a test in the previous 3 years – Aged 53 to 70 years

Source: Fingertips

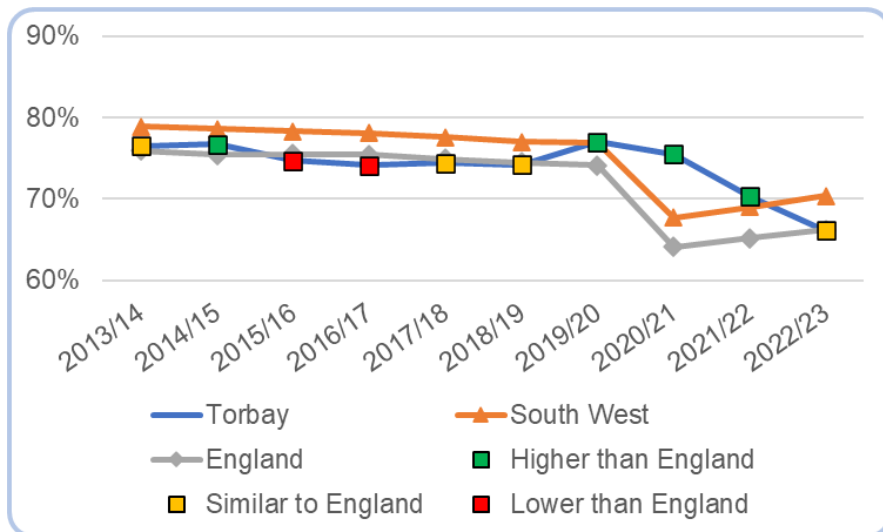
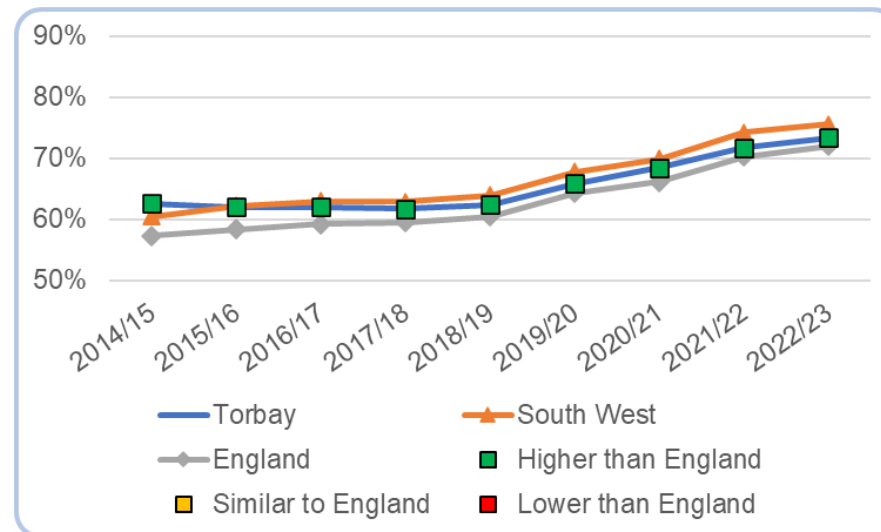


Fig 314: Percentage of people eligible for bowel screening who have had a test in the previous 2½ years – Aged 60 to 74 years

Source: Fingertips



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Levels of people eligible for bowel screening who have had a test in the previous 30 months have increased over the last 9 years, Torbay has consistently had a higher rate of bowel screening than England (Fig 314). Unlike breast screening there was no fall during the COVID-19 period.

Across England over the last 5 years, those eligible for bowel screening who lived in the least deprived areas of England were more likely to have had a test than those who lived in the most deprived areas by a factor of 9 percentage points (69.1% compared to 59.9%).

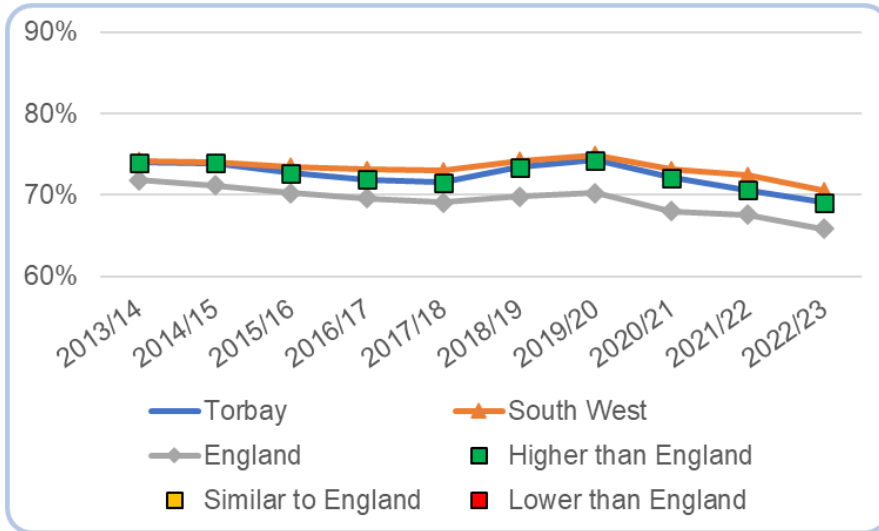
Over the last 5 years, 7 out of 10 (69.3%) Torbay patients had a bowel screening test result recorded within 6 months of receiving a screening invitation, this is significantly higher than the England rate of 67.2% and below the South West rate of 71.3%. Uptake rates have been steadily improving, even during the COVID-19 period.

Cervical cancer screening is estimated to save around 4,500 lives a year (OHID). The proportion of those women aged 25 to 49 who were eligible for cervical screening that received a test (technically adequate screen) during the last 3½ years has consistently been higher in Torbay than England, since COVID-19 there have been falls in these screening rates in Torbay and across England (Fig 315).

The proportion of those women aged 50 to 64 who were eligible for cervical screening that received a test during the last 5½ years has consistently been lower in Torbay than England. There has been a steady decline over the last decade in Torbay from 79% to 73% in the level of eligible women who have had a test over the last decade. This decline is mirrored in the England figures (Fig 316).

Fig 315: Percentage of women eligible for cervical screening who have had a test in the previous 3½ years – Aged 25 to 49 years

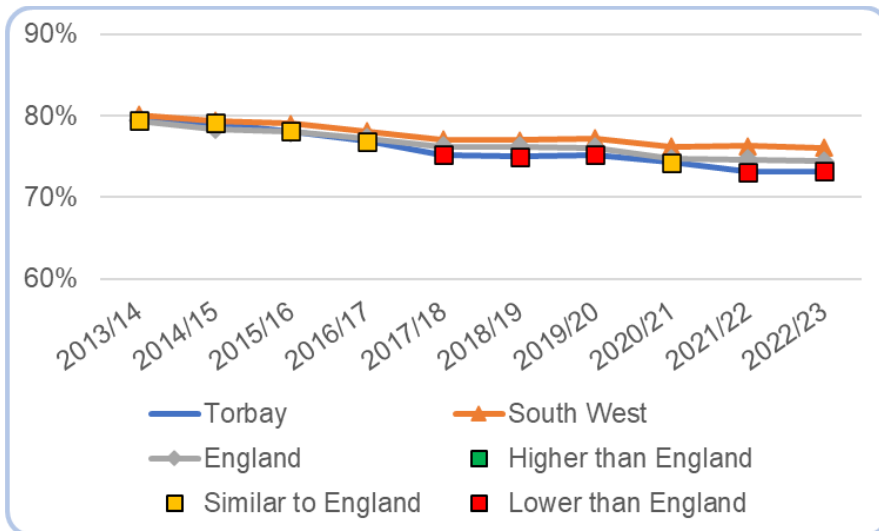
Source: Fingertips



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Fig 316: Percentage of women eligible for cervical screening who have had a test in the previous 5½ years – Aged 50 to 64 years

Source: Fingertips



Urgent referrals

Rates of urgent suspected cancer referrals are given as a crude rate per 100,000 GP patients, the figures provided do not take account of the differing population structures of GP practices. It would be expected to have higher rates of referrals from areas such as Torbay that have significantly higher than average proportions of people aged 65 and over.

The level of urgent suspected cancer referrals for patients at Torbay GP practices has more than doubled over the last decade, at a far steeper rate than England or the South West (Fig 317). However, it should be noted that the percentage of referrals resulting in a diagnosis of cancer for Torbay GP patients has halved over the same period (Fig 318). So, the large rise in urgent suspected cancer referrals does not fully translate into a large rise in the number of cancers diagnosed. Please note that South West data was not available for 2021/22.

Fig 317: Rate of urgent suspected cancer referrals per 100,000

Source: Fingertips

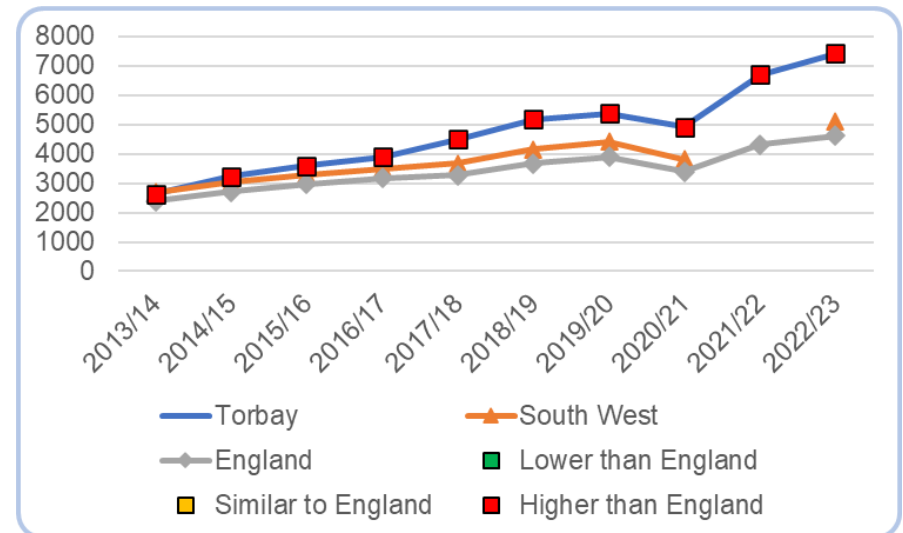
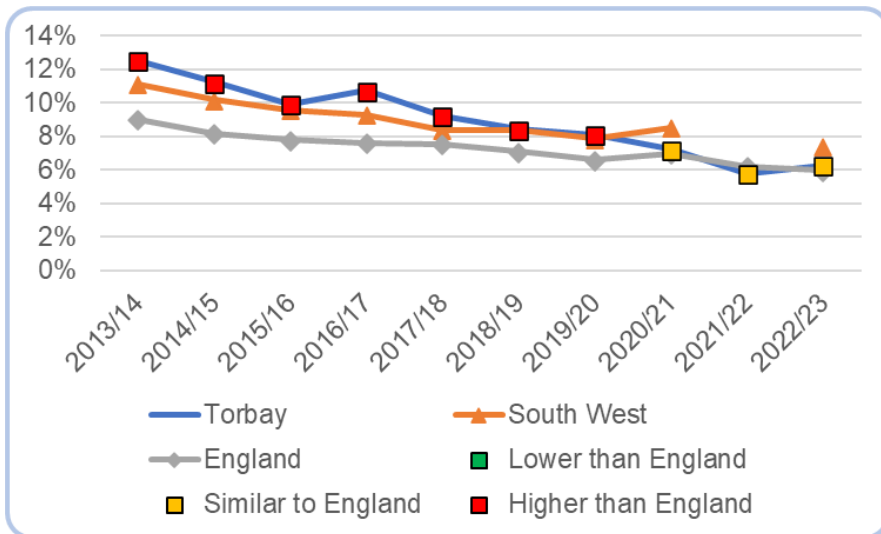


Fig 318: Percentage of urgent suspected cancer referrals resulting in a diagnosis of cancer
Source: Fingertips



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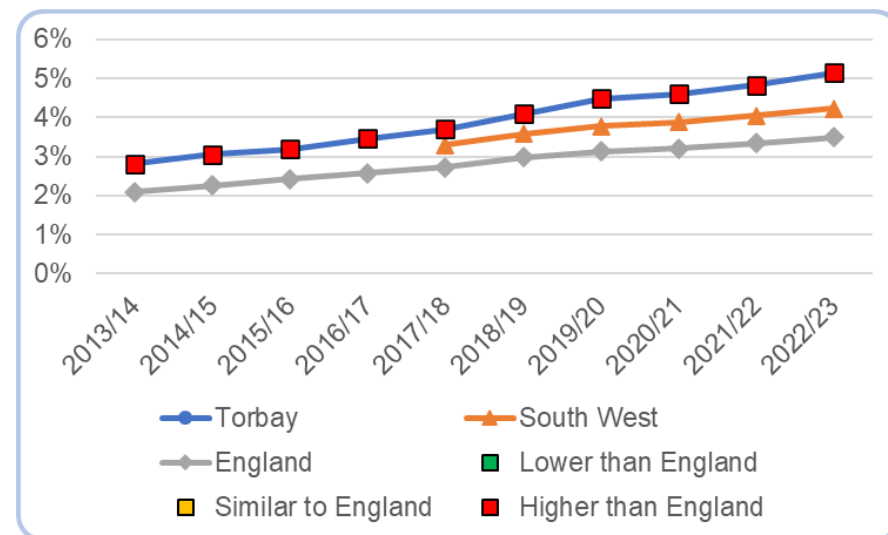
When looking at urgent suspected cancer referrals for differing cancer types, Torbay has consistently had much higher rates of suspected cancer referrals in relation to suspected skin cancer. During the latter period of the last decade into this decade, Torbay referral rates for suspected lung cancer became significantly higher than England whereas previously rates had been broadly in line with England.

Prevalence

Cancer prevalence as recorded by the Quality Outcomes Framework has shown prevalence recorded by GP practices to be significantly higher than national and regional rates, this is not surprising in light of Torbay’s older population profile. Cancer prevalence in Torbay has risen over the last decade from 2.8% of Torbay GP patients to 5.1% of Torbay GP patients (Fig 319). The number of Torbay GP patients recorded with cancer for 2022/23 was over 7,600 compared

to just over 4,100 in 2013/14. Increases in the average age of populations and better survival rates would lead to increases in Cancer prevalence.

Fig 319: Cancer Prevalence
Source: Fingertips



Torbay has consistently had a higher rate of new cancer cases than England and the South West (Fig 320), this is unsurprising given Torbay’s older age profile. On average, over the last decade, just over 1,000 new cancer cases are estimated to be diagnosed among Torbay GP patients every year.

Fig 320: Rate of new cancer cases per 100,000

Source: Fingertips

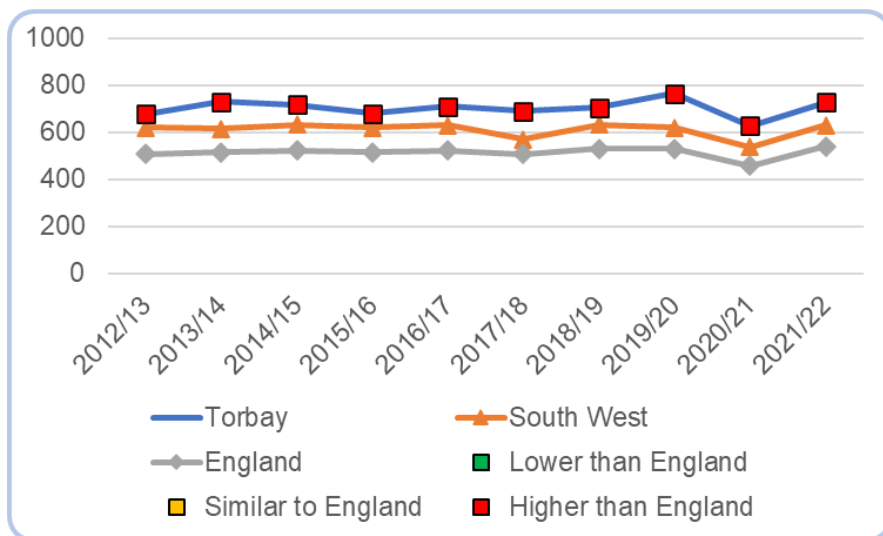
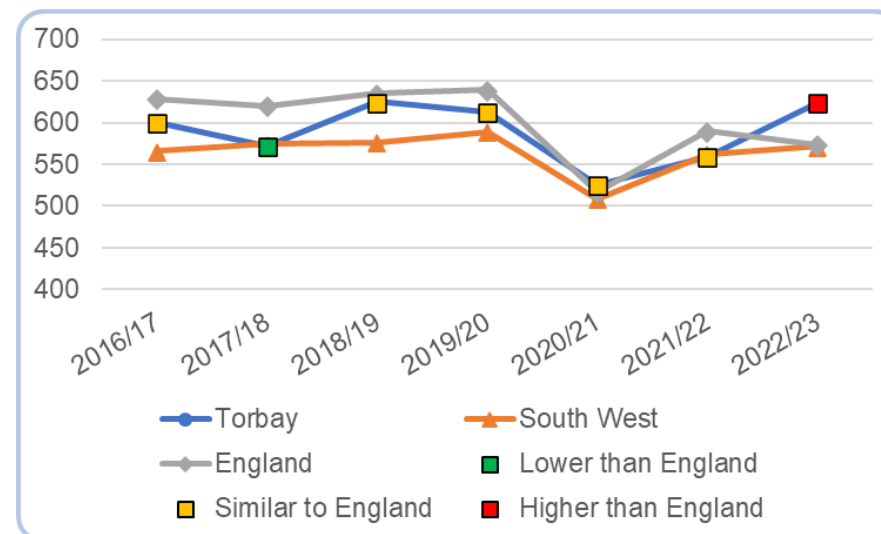


Fig 321: Rate of emergency admissions for cancer per 100,000 (Age-Standardised)

Source: Hospital Episode Statistics



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Hospital admissions

Emergency hospital admissions are linked to lower short-term survival in newly diagnosed patients. More emergency presentations can be expected among older patients and particular tumours such as those related to lung cancer (OHID). Over the last 7 years, approximately 17% of Torbay patients admissions to hospital are emergency admissions, this is lower than the England rate of 19%

When adjusted to take account of differing areas age structure, rates of emergency hospital admissions for cancer are broadly in line with England, although rates have risen in 2022/23 to be above England for the first time in the 7 year period examined (Fig 321). If Torbay's older population structure had not been taken into account then Torbay has a higher crude rate per 100,000 than England for each of the 7 years.

Mortality

Adjusted to take account of differing areas age structures, deaths of those aged under 75 from cancer have been broadly in line with England although unlike England, rates have not fallen significantly in Torbay (Fig 322). Levels of mortality are higher amongst males.

Those who live in the most deprived areas of Torbay are significantly more likely to die from cancer before the age of 75 (adjusted for differing area age structures) than those who live in our least deprived areas (Fig 323).

When looking at individual cancer types adjusted for differing area age structures, rates of under 75 deaths from lung cancer over the last decade have broadly fallen across Torbay, South West and England. In Torbay the fall has come from males, female rates of under 75 deaths have remained broadly static, this has led to a

significant closing of the mortality gap between males and females in relation to lung cancer. Those in the most deprived areas of England are approximately twice as likely to die from lung cancer before the age of 75 than those who live in the least deprived areas.

Under 75 deaths (adjusted for local age structure) for Torbay residents in relation to breast cancer have been broadly in line with South West and England over the last decade. There has been a broad fall in under 75 deaths since the start of the century across Torbay, South West and England.

Under 75 deaths (adjusted for local age structure) for Torbay residents in relation to colorectal cancer and for leukaemia/lymphoma are both broadly in line with South West and England over the last decade, both recording falls in deaths since the start of the century with rates significantly higher among males.

Fig 322: Under 75 mortality rate with underlying cause of cancer, per 100,000 (Age Standardised)
Source: Fingertips

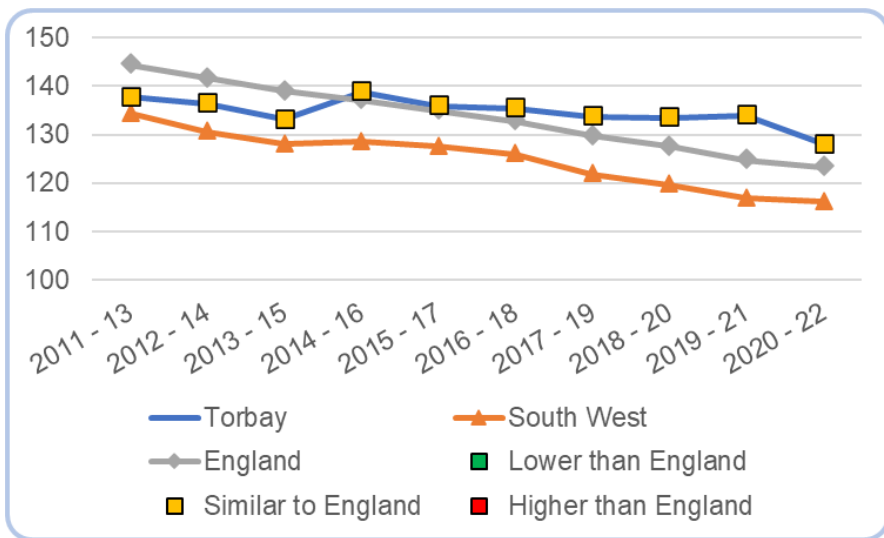
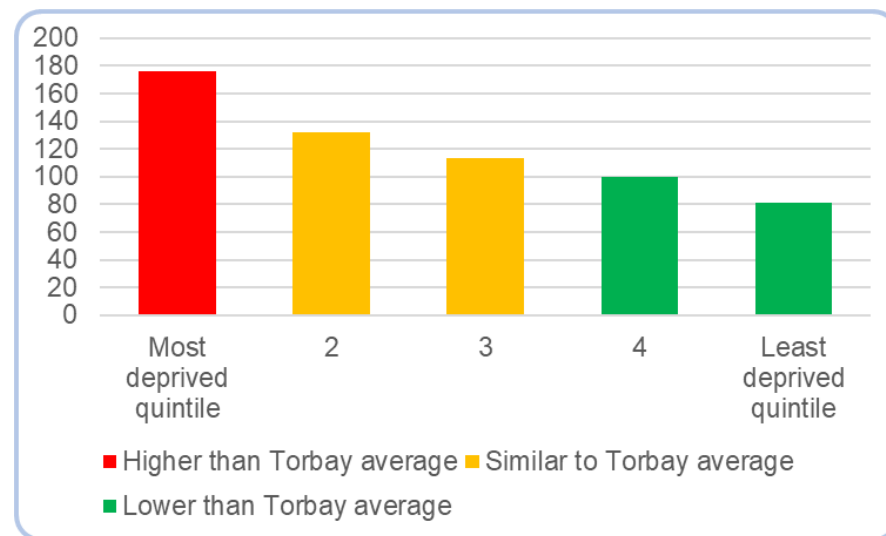


Fig 323: Under 75 mortality rate with an underlying cause of cancer per 100,000 (Age Standardised) by deprivation quintile – Torbay (2017 to 2022)
Source: Primary Care Mortality Database



Over the 6 year period 2017 to 2022, there were 2,847 deaths with an underlying cause of cancer, of these 1,202 (42%) deaths occurred before the age of 75 with 1,645 (58%) occurring among those aged 75 and over. 46% of deaths with an underlying cause of lung cancer occurred before the age of 75, this compares to prostate cancer for which 25% of deaths occur before the age of 75.

The Office for Health Improvement and Disparities defines preventable mortality as relating to deaths that are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause could mainly be avoided through effective public health and primary prevention interventions. The deaths are limited to those who died before they reached the age of 75.

Over the period 2020 – 22, 1 in 3 (33%) of preventable deaths had an underlying cause of Cancer. Rates in Torbay have decreased slightly over the last decade, broadly in line with England but above the South West (Fig 324). Males have been significantly more likely than females to have a preventable cancer death in Torbay, female rates are steady whilst male rates are on a gradual downward trajectory.

Fig 324: Under 75 mortality rate with underlying cause of cancer that was considered preventable, per 100,000 (Age Standardised)
Source: Fingertips

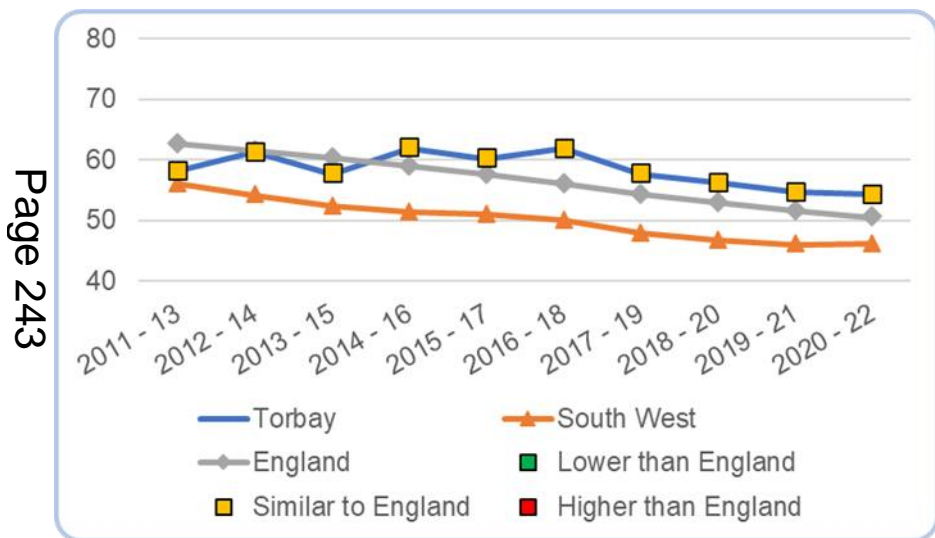
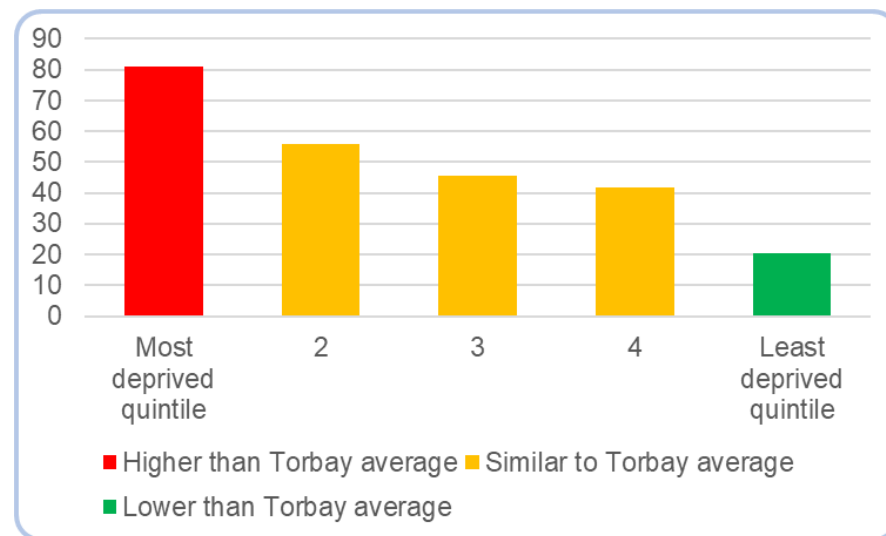


Fig 325: Under 75 mortality rate with underlying cause of cancer that was considered preventable, per 100,000 (Age Standardised) – Torbay (2017 – 2022)
Source: Primary Care Mortality Database



Over the 6 year period 2017 to 2022, those who live in the most deprived areas of Torbay are significantly more likely than the Torbay average to die prematurely from Cancer that was considered preventable (Fig 325). 43% of cancer deaths amongst those aged 75 and under in Torbay, for the last 6 time periods, were considered preventable, this is broadly in line with England. Just over 50% of the preventable cancer deaths in Torbay during 2017 to 2022 had an underlying cause of lung cancer.

Indicator	Measure	Torbay	Comparator Group	South West	England	RAG compared to England (Latest Year)	Direction of travel compared to previous period
Cancers diagnosed at Stages 1 & 2 (2021)	%	51%	54%	55%	54%	●	↓
Breast screening coverage - 53 to 70 years (2022/23)	%	66%	69%	70%	66%	●	↓
Bowel screening coverage - 60 to 74 years (2022/23)	%	73%	73%	76%	72%	●	↑
Cervical screening coverage - 25 to 49 years (2022/23)	%	69%	71%	71%	66%	●	↓
Cervical screening coverage - 50 to 64 years (2022/23)	%	73%	75%	76%	74%	●	↑
Cancer Prevalence (2022/23)	%	5.1%	Cannot calculate	4.2%	3.5%	●	↑
Emergency admissions for cancer (2022/23)	DSR per 100,000	625	606	571	573	●	↑
Preventable mortality - Cancer (2020 - 22)	DSR per 100,000	54	56	46	51	●	↓

Health Protection

Overview

- Childhood immunisation rates in Torbay are generally higher than England, although rates have broadly fallen in recent years from their peaks.

Source: Fingertips

- MMR vaccination rates (2 doses) fell below 90% in Torbay during 2022/23. This was the first time this has happened since 2014/15.

Source: Fingertips

- Page 245
- The all new sexually transmitted infection diagnosis rate has sharply increased in Torbay for 2022 after previously decreasing trends. HIV testing coverage has been higher than England for 3 of the previous 4 years.

Source: Fingertips

- Flu vaccination rates among those aged 65 and over have been higher than the target rate of 75% for the last 3 years.

Source: Fingertips

- Antibiotic prescribing in NHS primary care has been on a downward trend but rates for 2022 did rise across Torbay, South West and England when compared to the COVID-19 affected years of 2020 and 2021.

Source: Fingertips

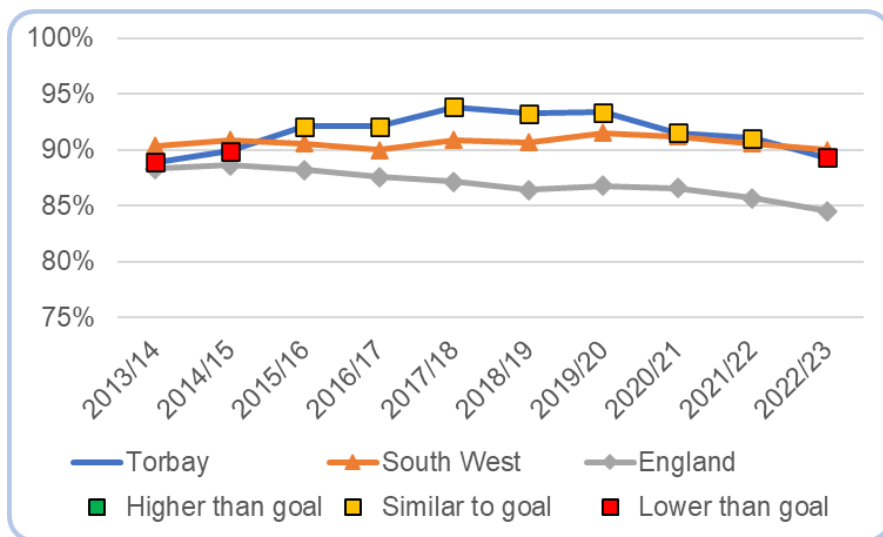
Health Protection is the protection of populations to prevent and mitigate the impact of infectious disease, environmental, chemical and radiological threats [Oxford Academic \(oup.com\)](https://oup.com). This chapter will deal almost exclusively with infectious disease prevention.

MMR

The MMR vaccine is a safe, effective vaccine that protects against measles, mumps and rubella. First dose is usually given within a month of a child’s 1st birthday with the second given between the 3rd and 5th birthday. The target (goal) rate for this vaccination is 95%. For receiving the second dose of MMR, Torbay had been rated as amber (between 90% and 95%) for 7 years but for 2022/23 it was rated as red with a rate below 90% for the first time since 2014/15. Torbay currently has a rate of 89.3%, this is in line with the South West rate and significantly above the England rate of 84.5% (Fig 326). Torbay’s rate of the first dose having been administered by the age of 2 is 91.4% for 2022/23 which is the lowest rate since 2010/11.

Fig 326: MMR vaccination coverage for 5 year olds (2 doses)

Source: Fingertips



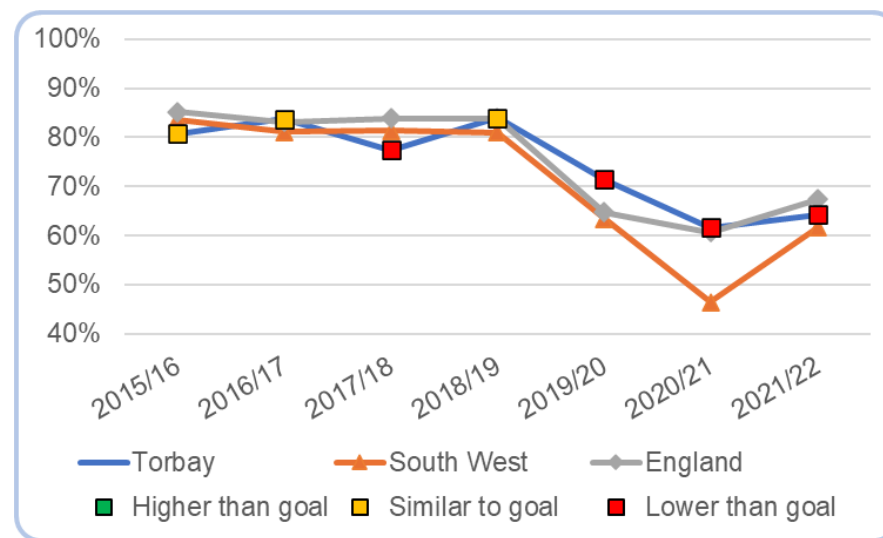
HPV

HPV is usually asymptomatic and for most people does not cause problems. Some types of HPV, however, can cause cancers including cervical, vulval, anal and some types of head and neck cancer. (NHS- [HPV](https://www.nhs.uk)).

A two-dose immunisation programme is offered to 12 to 14 year olds, initially for females but extended to males from 2019. Due to the COVID-19 pandemic there were impacts on coverage in the 2019/20 and 2020/21 academic years across England. These years saw decreases in the percentage of 13 to 14 year old girls receiving two doses of the HPV vaccine (Fig 327) in Torbay, the South West and England. There are signs of recovery in the 2021/22 data, but rates are well below the goal of 90% vaccination, Torbay achieved 64.2% in 2021/22 (England- 67.3% and South West- 61.6%).

Fig 327: Percentage receiving the HPV vaccine for two doses, females aged 13 to 14 years

Source: Fingertips



From September 2019 boys were offered the HPV vaccine. Both doses were received by 60.1% of 13 to 14 year old boys in 2021/22 which was higher than the rate of 44.0% the year before. Torbay is broadly in line with England figures for 2021/22.

Other Childhood immunisations

Aside from MMR and HPV there are a significant number of vaccinations offered to babies and children, a number of these will be outlined over the next 3 pages.

The combined DTaP IPV Hib is the first in a course of vaccines offered to babies to protect them against diphtheria, whooping cough, tetanus, haemophilus influenzae type b and polio (OHID). Until 2022/23, rates have been above the 95% target during the last decade (Fig 328). It shows how many children received 3 doses of DTaP, IPV Hib at any time before their 2nd birthday.

Torbay has been below 90% for 5 of the last 8 years in relation to the DTaP and IPV booster for 5 year olds (Fig 329). Rates are consistently significantly higher in Torbay than England amongst those aged 2 years and 5 years (booster).

Fig 328: Percentage receiving the DTaP IPV Hib vaccine aged 2 years – Torbay

Red – Less than 90%, Amber – 90% to 95%, Green 95% or more
Source: Fingertips

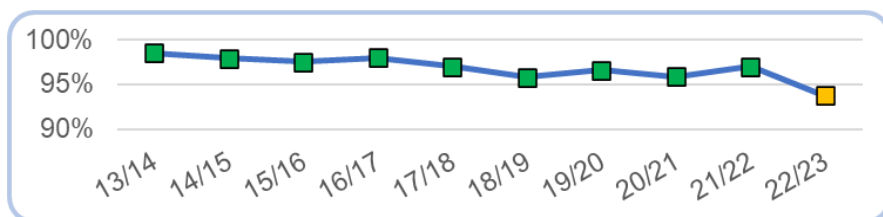
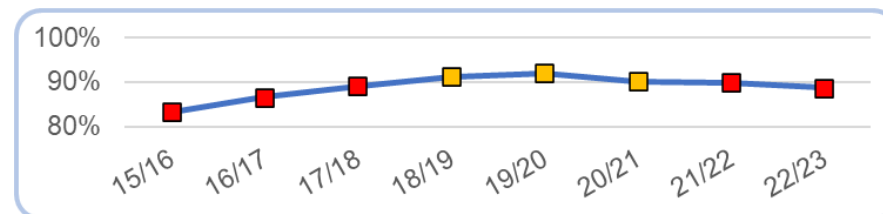


Fig 329: Percentage receiving the DTaP and IPV booster aged 5 years – Torbay

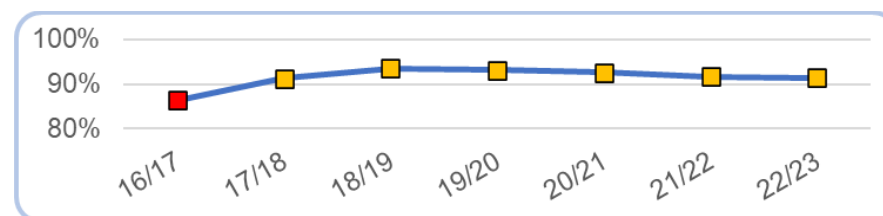
Red – Less than 90%, Amber – 90% to 95%, Green 95% or more
Source: Fingertips



The rotavirus vaccine protects against gastroenteritis. Torbay has been rated as amber (between 90 and 95%) for the last 6 years (Fig 330), data relates to babies who completed a course of rotavirus vaccine at any time up to 6 months of age. Torbay has a consistently higher rate than England.

Fig 330: Percentage receiving the Rotavirus vaccine aged 6 months – Torbay

Red – Less than 90%, Amber – 90% to 95%, Green 95% or more
Source: Fingertips

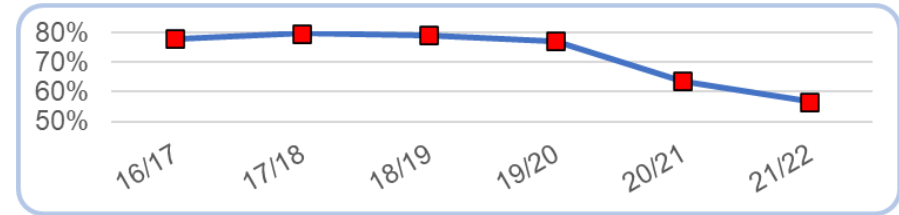


The MenB vaccine protects against invasive meningococcal disease group B which most commonly presents as either septicaemia or meningitis, or a combination of both (OHID). Rates of Torbay 1 year olds with vaccination coverage have either been rated green or amber for the last 6 years, for 2022/23 the rate was 93.7% (Fig 331) and rates are higher than England. The measure indicates children who received 2 doses of MenB at any time before their 1st birthday.

Rates of the MenB booster given to Torbay children by their 2nd birthday fell below 90% for the first time during the 5 years recorded (Fig 332). Rates are higher than the England average.

The MenACWY vaccination was introduced into the national immunisation programme to respond to a rapid and accelerating increase in cases of invasive meningococcal disease group W (OHID). Rates of those 14 and 15 year olds who have ever received the MenACWY vaccine in Torbay have consistently been below 80% but have fallen very significantly over the last 2 years by 20 percentage points to 56.7% for 2021/22 (Fig 333). This fall was not mirrored across England whose rate was 79.6% for 2021/22.

Fig 333: Percentage receiving the MenACWY vaccine aged 14 to 15 years – Torbay
 Red – Less than 80%, Amber – 80% to 90%, Green 90% or more
 Source: Fingertips



Flu vaccination rates amongst those aged 2 to 3 during the September to February flu vaccination season have been volatile on a year to year basis but since 2016/17 have been rated amber (Fig 334). Torbay's 2022/23 rate of 41.8% was the lowest since 2016/17, rates tend to be broadly in line with England.

Similar levels of volatility are seen among flu vaccination rates for primary school pupils, for 2022, 56.1% of Torbay primary pupils received a flu vaccination during the year (Fig 335). This rate was broadly in line with England.

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Fig 331: Percentage receiving the MenB vaccine aged 1 year – Torbay
 Red – Less than 90%, Amber – 90% to 95%, Green 95% or more
 Source: Fingertips

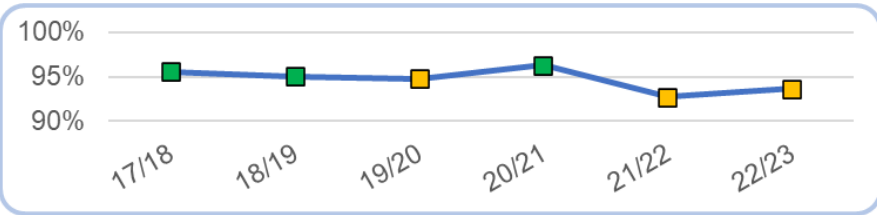


Fig 332: Percentage receiving the MenB booster aged 2 years – Torbay
 Red – Less than 90%, Amber – 90% to 95%, Green 95% or more
 Source: Fingertips

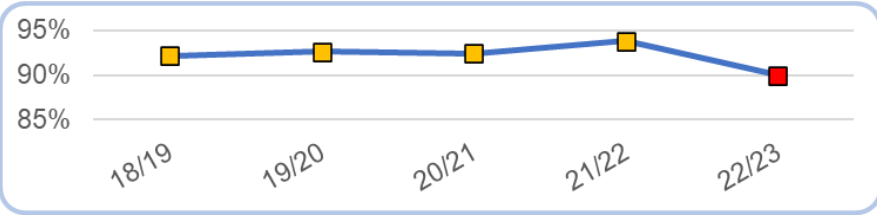


Fig 334: Percentage receiving the Flu vaccine aged 2 to 3 years – Torbay
 Red – Less than 40%, Amber – 40% to 65%, Green 65% or more
 Source: Fingertips

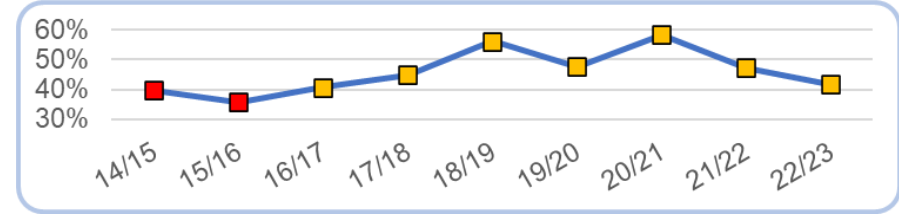
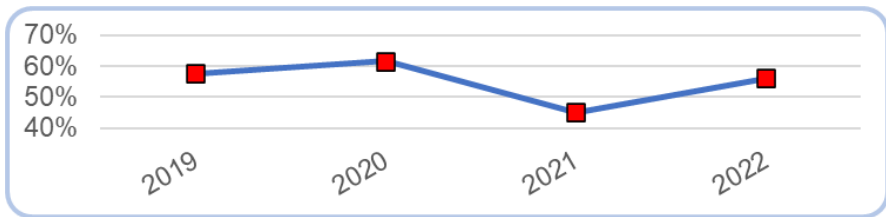


Fig 335: Percentage receiving the Flu vaccine (Primary School pupils) – Torbay
 Red – Less than 65%, Green 65% or more
 Source: Fingertips



The PCV vaccine protects against pneumococcal infections that can cause pneumonia, septicaemia or meningitis (OHID). Torbay has consistently had rates of PCV vaccination above 95% for those who have received 2 doses before their 1st birthday (Fig 336). Rates have been consistently higher than England over the last decade. Data was not available across England for 2020/21 due to a change in the vaccine schedule.

Rates of Torbay children who have received a PCV booster before their 2nd birthday have been rated as amber (between 90 and 95%) for the last 6 years (Fig 337). Rates have been consistently higher than England over the last decade.

Fig 336: Percentage receiving the PCV vaccine aged 1 year – Torbay
 Red – Less than 90%, Amber – 90% to 95%, Green 95% or more
 Source: Fingertips

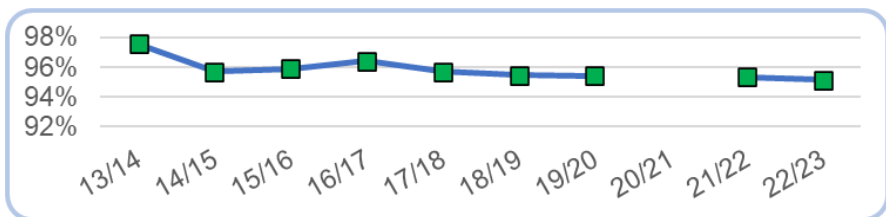
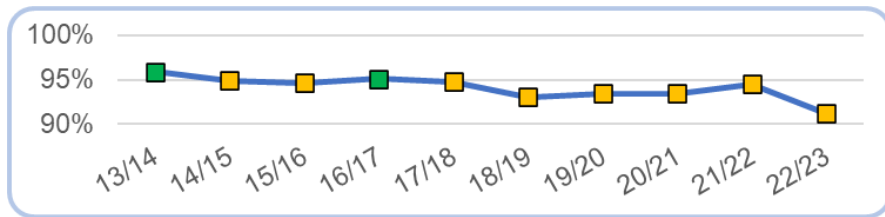


Fig 337: Percentage receiving the PCV booster aged 2 years – Torbay
 Red – Less than 90%, Amber – 90% to 95%, Green 95% or more
 Source: Fingertips



Sexually transmitted infections (STIs)

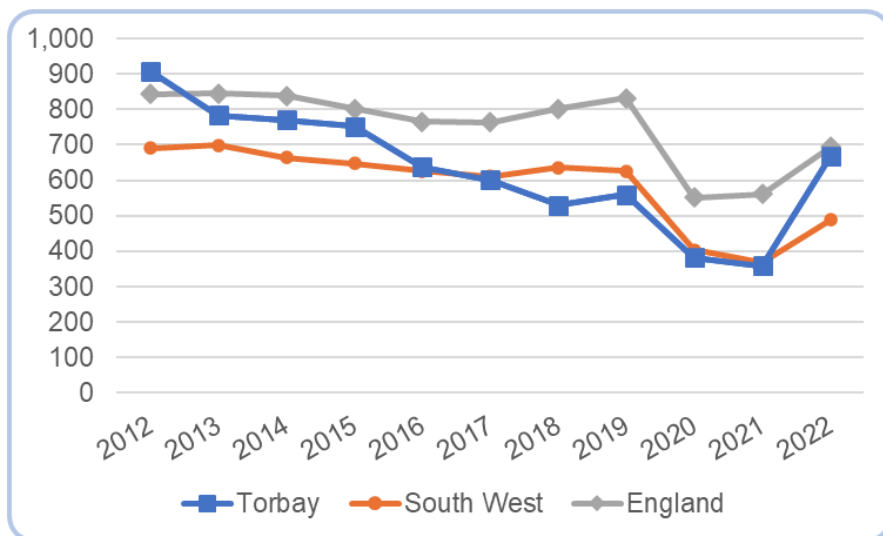
STIs can have serious longer-term consequences such as ectopic pregnancy and infertility. Therefore, early detection and treatment is important.

The delivery of local sexual health services was reconfigured in 2020 in response to and across the duration of the COVID-19 pandemic responses. This included the use of clinician initiated STI home testing and screening kits. Responses to COVID-19 will be reflected in 2020 and 2021 figures.

Torbay’s diagnosis rate of STIs among people accessing sexual health services was on a decreasing trend and was significantly below England for 9 years until a sharp increase of not far off double in 2022 (Fig 338). The rate is now similar to the England average and is 668 per 100,000 as opposed to 359 per 100,000 in 2021.

Testing rates (excluding chlamydia in those under 25) have been significantly lower than England over the last decade although testing rates have been increasing.

Fig 338: All new STI diagnosis rate, all ages, per 100,000
Source: Fingertips



significantly below England for the last 5 years. England is on an increasing trend.

Chlamydia

Chlamydia causes avoidable sexual and reproductive ill health and rates are higher in young adults than in other age groups (OHID SRH profiles).

Torbay has had a higher rate of chlamydia testing among 15 to 24 year olds than England over the last 8 years although rates have been gradually falling since the beginning of the last decade. These rates were 29.8% in 2012 and were 22.3% for 2022, larger falls have been seen for the South West and England.

The chlamydia detection rate (Fig 339) is a measure of control activity (i.e. screening) in the population not morbidity. A higher detection rate is indicative of higher levels of control activity. Torbay’s detection rate has more than doubled in 2022 from the year before and is double the 2022 England figure. Torbay’s 2022 rate is the highest in 10 years with a previously reducing trend. This equates to 440 diagnoses compared to 183 in 2021. This encompasses young people accessing sexual health services and community-based settings. Detection rates are higher among females than males.

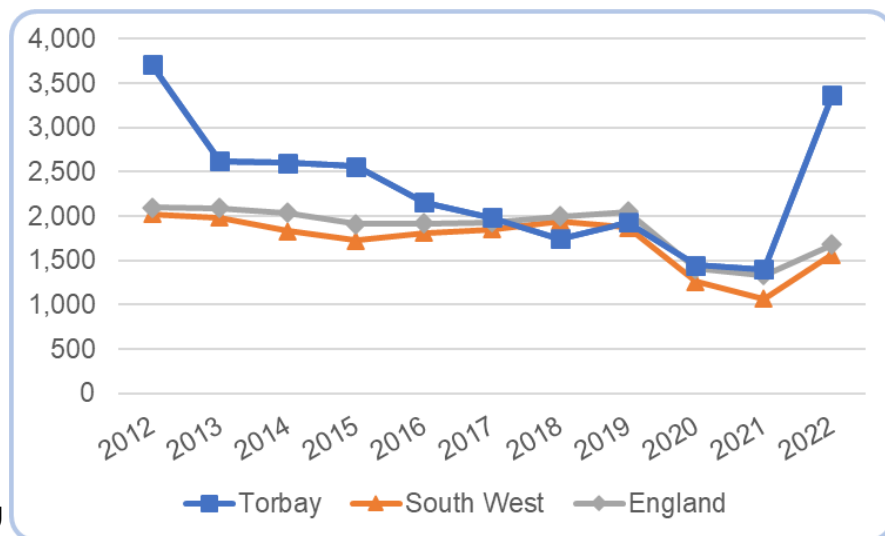
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Specific STIs (amongst people accessing sexual health services):

- Gonorrhoea - Torbay’s number of diagnoses during 2022 of 88 has more than doubled from the previous year. The rate per 100,000 has been far lower than England for at least 11 years. England has also increased in 2022.
- Genital herpes (first episode) - Torbay’s rate per 100,000 fluctuates over the years equating to 68 diagnoses in 2022. Torbay’s rate is similar to England from 2018 with a steep drop in 2020, figures have not gone back to pre COVID-19 levels.
- Genital warts (first episode) - Torbay is on a decreasing trend to 39 diagnoses in 2022. Torbay’s rate per 100,000 is significantly lower than England after being similar for the previous 3 years. England is also decreasing.
- Syphilis (all infectious syphilis – primary, secondary and early latent) – Numbers are low, 8 diagnoses in 2022 and rates per 100,000 have fluctuated over the years. Torbay’s rate has been

Fig 339: Chlamydia detection rate, aged 15 to 24, per 100,000

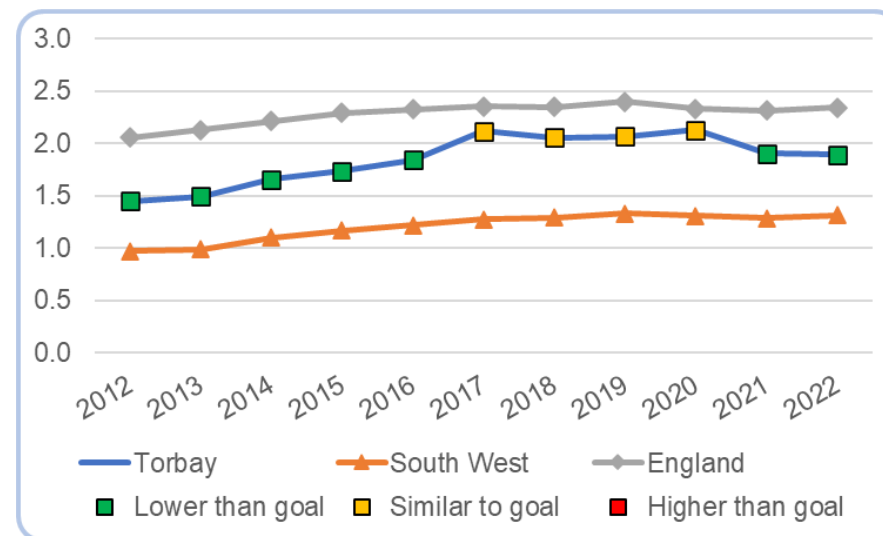
Source: Fingertips



Torbay’s diagnosed prevalence rate of those aged 15-59 (Fig 340) is 1.89 per 1,000 in 2022 so slightly below the definition of high prevalence (2 to 5), as well as lower than the England rate. In Torbay this equates to 135 people. There are 190 Torbay residents of all ages living with diagnosed HIV which reflects that people with HIV are living longer lives.

Fig 340: HIV diagnosed prevalence rate, aged 15 to 59, per 1,000

Source: Fingertips



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Human Immunodeficiency Virus (HIV)

The reconfiguration of sexual health services during the COVID-19 pandemic will have affected 2020 and 2021 data relating to HIV.

High prevalence of HIV is defined by NICE (National Institute for Health and Care Excellence) guidance [HIV testing: increasing uptake among people who may have undiagnosed HIV](#), 2016, as local authorities with a diagnosed HIV prevalence of between 2 and 5 per 1,000 people aged 15 to 59 years while extremely high prevalence is defined as those with a diagnosed HIV prevalence of 5 or more per 1,000 people aged 15 to 59 years. Increased life expectancy as well as factors such as testing and diagnosis rates mean that lower diagnosed prevalence rates are not necessarily better than higher rates and need to be interpreted alongside other information.

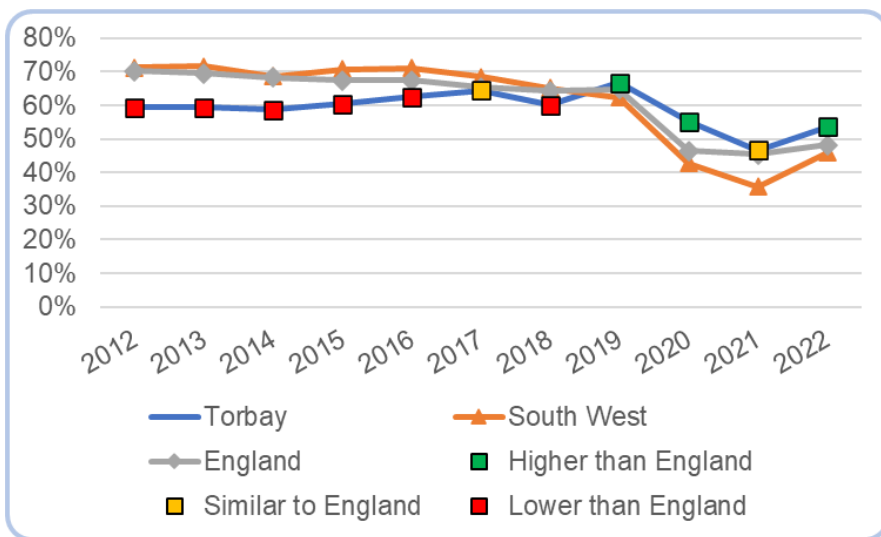
Fig 341 shows the percentage of eligible attendees of specialist sexual health services who accepted a test. Percentages dropped in 2020, likely affected by the COVID-19 pandemic. Torbay rose in 2022 and is significantly higher than England in this year but lower than 2019 and the preceding decade. Splitting this into groups: amongst gay, bisexual and other men who have sex with men who were eligible for a test- 86% were tested in 2022, as well as 48% of women and 72% of men.

Rates of new diagnoses of HIV are lower than the England average (7 diagnoses for 2022), Torbay has a rate of late diagnoses made in

the UK of 40% for 2020 to 2022. This is higher than the goal of 25%, the story is similar for the South West and England. Torbay rates fluctuate significantly due to the relatively small numbers involved.

Fig 341: Percentage of HIV testing coverage, all ages

Source: Fingertips



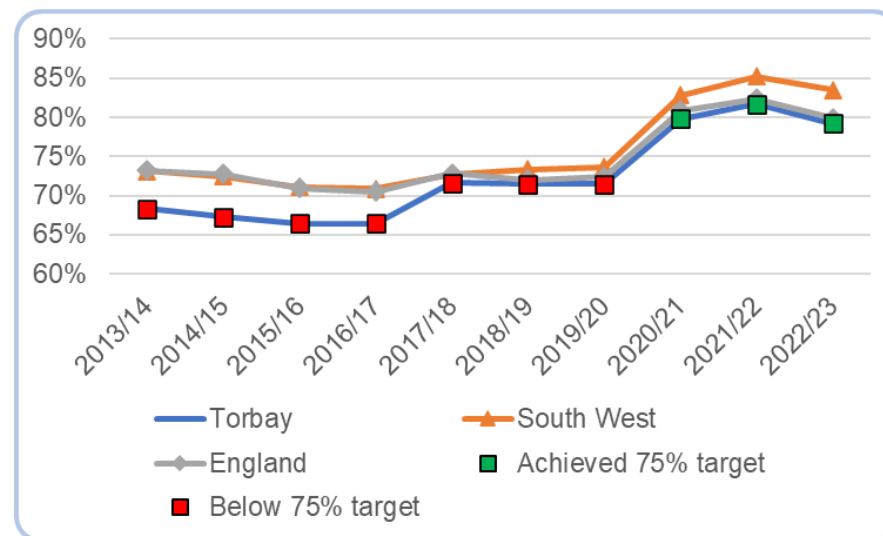
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Flu among older and at-risk populations

Flu vaccination rates amongst those aged 65 and over have consistently been lower than the South West and England although the gap has closed considerably in recent years, the latest period had a gap of less than 1% between Torbay and England (Fig 342). The World Health Organisation (WHO) target is 75% coverage although the national ambition for 2021 to 2022 was to reach 85% coverage. For the last 3 years, the WHO target was reached but not the 85% national ambition.

Fig 342: Percentage of those aged 65 and over who have received a flu vaccination

Source: Fingertips



Flu vaccinations are also offered to ‘at-risk’ groups whose condition means that they are more likely to develop serious complications from flu. The target rate for flu vaccination among this group is 55%, neither Torbay or England have achieved this rate over the last decade. Rates over the last 3 years across Torbay, South West and England have been significantly higher than at other times during the last decade, these peaked during the COVID-19 years (Fig 343).

Fig 343: Percentage of ‘at-risk’ individuals who have received a flu vaccination
Source: Fingertips

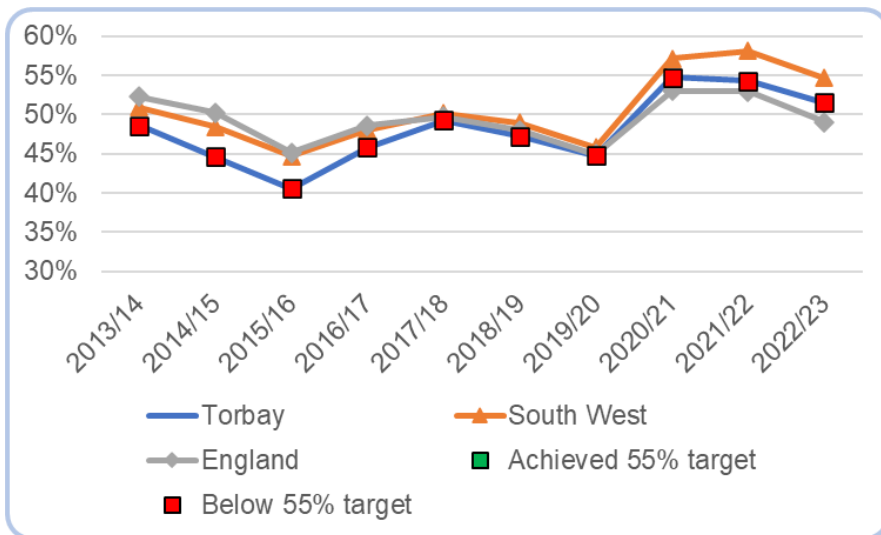
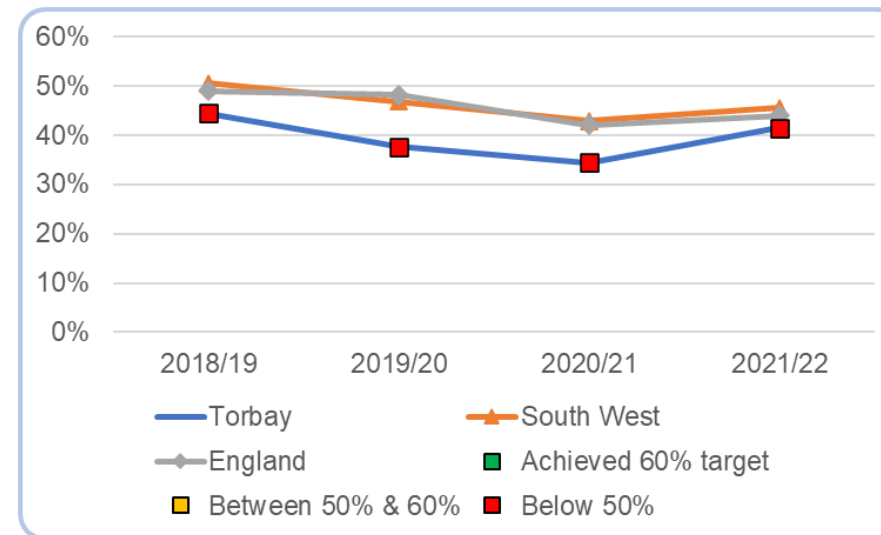


Fig 344: Percentage of those aged 71 who have received a shingles vaccination
Source: Fingertips



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Shingles

Rates for Torbay residents who have received the Shingles vaccination amongst those aged 71 years have remained significantly lower than the goal of 60% and have also been consistently lower than England (Fig 344). You are more likely to get shingles, and it is more likely to lead to serious problems if you are older and this is a programme of making sure as many people aged 70 to 79 have this vaccination. From 1st September 2023, those aged 65 will become eligible for the vaccination [Shingles vaccine - NHS \(www.nhs.uk\)](https://www.nhs.uk).

Antibiotic prescribing

A reduction in the consumption of antibiotics is an international target in antimicrobial resistance policies (OHID). The benchmarking for this measure is for rates of antibiotic prescribing in NHS primary care to be below average antibiotic prescribing in England during 2013/14 which was 1.161 per STAR-PU. STAR-PU adjusts the prescribing level of each GP practice according to the age and sex distribution of that practice.

There have been falls across Torbay, South West and England and all are below the target rate of 1.161. Rates in Torbay have not fallen as quickly as the South West and England, for the last 3 years that gap has increased (Fig 345). It should be noted that for 2022, no English local authority was higher than the 1.161 target and Torbay’s rate was the highest in the South West.

Fig 345: Adjusted antibiotic prescribing in primary care by the NHS, per STAR-PU
Source: Fingertips

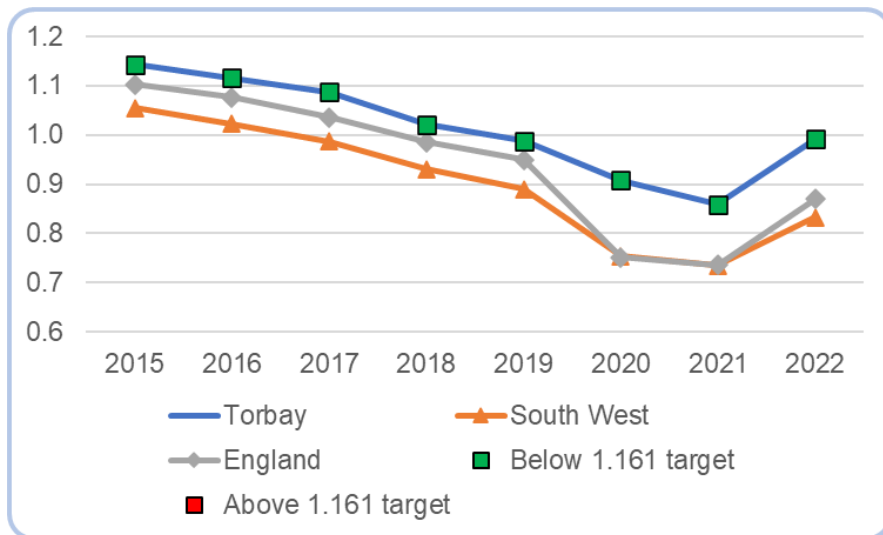
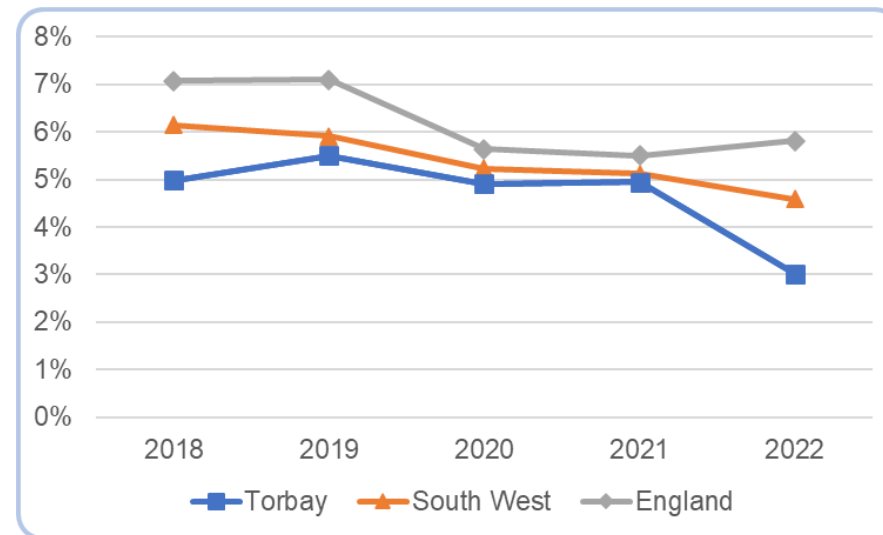


Fig 346: Fraction of mortality attributable to particulate air pollution (new method), age 30+
Source: Fingertips



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Mortality due to air pollution

Poor air quality affects physical and mental health. Air pollution can cause or exacerbate health conditions including asthma, stroke, chronic heart disease and chronic bronchitis ([Public Health England, 2020](#)). Those who spend their time in polluted areas, especially those with or susceptible to health conditions associated with air pollution, will be affected more.

Fig 346 is a modelled percentage of mortality attributable to long term exposure to particulate air pollution (fine particulate matter). Torbay had remained broadly level until a significant fall in 2022 and it has been consistently lower than England. Please note that mortality data will have been affected by the COVID-19 pandemic since March 2020, and air pollution levels year to year will be affected by weather as well as emissions.

Indicator	Measure	Torbay	Comparator Group	South West	England	RAG compared to goal (Latest Year)*	Direction of travel compared to previous period
MMR coverage for 5 year olds - 2 doses (2022/23)	%	89.3%	89.0%	90.0%	84.5%	●	↓
HPV coverage for 13 to 14 year old females - 2 doses (2021/22)	%	64.2%	68.3%	61.6%	67.3%	●	↑
DTaP IPV Hib coverage for 2 year olds - 3 doses (2022/23)	%	93.8%	95.2%	95.2%	92.6%	●	↓
MenB booster coverage for 2 year olds (2022/23)	%	89.9%	92.0%	91.7%	87.6%	●	↓
All new STI diagnosis rate (2022)	Rate per 100,000	668	531	489	694	Not relevant	↑
Chlamydia screening coverage for 15 to 24 year olds (2022) *	%	22.3%	14.3%	14.2%	15.2%	●	↑
HIV testing coverage (2022) *	%	53.7%	42.0%	45.9%	48.2%	●	↑
Flu vaccination coverage - 65+ (2022/23)	%	79.2%	81.4%	83.5%	79.9%	●	↓
Antibiotic prescribing in NHS primary care (2022)	Rate per STAR-PU	0.99	1.00	0.83	0.87	●	↑

*RAG ratings for Chlamydia Screening and HIV testing are against England, not a goal

Appendix

The following shows the sources of data for the RAG rated summary pages at the end of many of the chapters. There was not sufficient room to quote sources on those pages.

Demographics (Page 19)

Average Age: Census 2021
 Dependency Ratio: Census 2021 – *Ratio of those aged 0 to 14 years and 65+ years divided by those aged 15 to 64*
 Day to day activities limited: Census 2021
 Gender identity not the same as sex registered at birth: Census 2021
 BAME Population: Census 2021
 Have a religion or belief: Census 2021
 Gay or Lesbian, Bisexual or other sexual orientations: Census 2021
 Life expectancy at birth (Female and Male): Fingertips
 Healthy life expectancy at birth (Female and Male): Fingertips

Children & Young People's Education and Health (Page 41)

Children meeting expected standard in reading, writing and maths at Key Stage 2: Department for Education – explore education statistics
 16 & 17 years not in education, employment or training: Department for Education – explore education statistics
 Children with SEN – State primary & secondary schools: Department for Education – explore education statistics
 Persistent absence – State Primary and secondary schools: Department for Education – explore education statistics
 MMR vaccination coverage for 5 year olds (2 doses): Fingertips
 Overweight (inc obese) children – Reception and Year 6: Fingertips
 2 doses HPV coverage – Females aged 13 to 14: Fingertips
 Under 18 conception rate: Fingertips
 Hospital admissions as a result of self-harm, aged 10 to 24: Fingertips, Hospital Episode Statistics

Children's Social Care (Page 48)

Cared for children: Department for Education – Children looked after in England
 Children who are subject to a Child Protection Plan: Department for Education – Characteristics of children in need

Children in Need: Department for Education – Characteristics of children in need
 Section 47 referrals started during year: Department for Education – Characteristics of children in need
 Referrals: Department for Education – Characteristics of children in need
 Cared for Children with an EHCP: Department for Education – Outcomes for children in need, including children looked after
 Children in Need achieving a 9-4 pass in English & Maths: Department for Education – Outcomes for children in need, including children looked after
 Children in Need persistently absent: Department for Education – Outcomes for children in need, including children looked after
 Child Protection Plan persistently absent: Department for Education – Outcomes for children in need, including children looked after

Adult Social Care (Page 55)

All measures from Adult Social Care Activity & Finance Report

Women's Health (Page 69)

Healthy life expectancy at birth: Fingertips
 Hospital admissions as a result of self-harm, aged 10 to 24: Fingertips
 Hospital admissions for eating disorders: Hospital Episode Statistics
 Chlamydia detection rate, aged 15 to 24: Fingertips
 Abortion rate: Department of Health and Social Care abortion statistics, Fingertips
 Unpaid carers aged 5 and above: Census 2021
 Breast screening coverage, aged 53 to 70: Fingertips
 Cervical screening coverage, aged 50 to 64: Fingertips
 Hospital admissions due to endometriosis: Hospital Episode Statistics

Economy and Employment (Page 80)

16 to 64 year old population: ONS mid-year population estimates
 16 to 64 year olds who are economically active: NOMIS (Annual Population Survey)
 Of those employed, in full-time employment: NOMIS (Business Register and Employment Survey)
 Unemployment: NOMIS (Claimant count)
 16 and 17 year olds not in education, employment or training: Department for Education – explore education statistics
 Median full-time salary – Residents: NOMIS (Annual Survey of Hours and Earnings)
 Level 4+ Qualification: Census 2021
 Children in relative low income families: Fingertips
 Individual Insolvency Rate: Insolvency Service

Sexual and Reproductive Health (Page 112)

All new STI diagnosis rate: Fingertips
 STI testing rate (excl chlamydia under 25): Fingertips
 Chlamydia screening coverage: Fingertips
 2 doses HPV coverage – Females aged 13 to 14: Fingertips
 HIV diagnosed prevalence – 15 to 59: Fingertips
 HIV testing coverage: Fingertips
 Prescribed LARC (excluding injections): Fingertips
 Under 18s conception rate: Fingertips
 Abortion rate: Department of Health and Social Care abortion statistics, Fingertips

Substance Misuse, Gambling and Dependency (Page 124)

Smoking Prevalence (APS): Fingertips
 Smoking attributable hospital admissions: Fingertips
 Smoking attributable mortality: Fingertips
 Mothers smoking at time of delivery: Fingertips
 Alcohol admissions for Under 18s (Specific): Fingertips, Hospital Episode Statistics
 Alcohol related admissions (Narrow): Fingertips
 Alcohol specific mortality: Fingertips
 Successful drug treatment – Opiates: Fingertips
 Successful drug treatment – Non Opiates: Fingertips

Weight, Exercise and Diet (Page 139)

Overweight (inc obese) children (Reception and Year 6): Fingertips
 Physically active children: Active Lives Children’s Survey
 Physically active adults: Fingertips
 Adults eating their ‘5-a-day’: Fingertips
 Hospital admissions for eating disorders: Hospital Episode Statistics
 Healthy life expectancy (Female and Male): Fingertips

Oral Health (Page 146)

Children seen by NHS dentist in last year: NHS Dental Statistics – NHS Digital
 Adults seen by NHS dentist in last 2 years: NHS Dental Statistics – NHS Digital
 5 year olds with visually obvious tooth decay: Fingertips
 Hospital tooth extractions due to dental caries (0 to 19, 18+): Hospital Episode Statistics
 Tooth extraction claims (NHS) (0 to 17, 18+): NHS Dental Statistics – NHS Digital
 Oral Cancer registrations: Fingertips
 Mortality from oral cancer: Fingertips

Mental Health (Page 156)

Pupils with Social, Emotional & Mental Health Needs: Fingertips
 People with low satisfaction scores: Fingertips
 Depression Prevalence: Fingertips
 Primary support reason of mental health receiving long-term care (18 to 64, 65+):
 Adult Social Care Activity & Finance Report
 Hospital admissions as a result of self-harm, aged 10 to 24: Fingertips
 Hospital admissions for mental health conditions: Hospital Episode Statistics
 Premature mortality in adults with severe mental illness: Fingertips
 Suicide rate: Fingertips

Older People (Page 168)

Life expectancy at age 65 (Female, Male): ONS Life expectancy for local areas
 Healthy life expectancy at age 65 (Female, Male): Fingertips
 Pension Credit Claimants: Stat-Xplore
 Flu vaccination coverage – 65+: Fingertips
 Prevalence of Dementia – 65+: NHS Digital Recorded Dementia Diagnoses
 Emergency admissions due to falls – 65+: Fingertips, Hospital Episode Statistics
 Long term support – 65+: Adult Social Care Activity & Finance Report

Unpaid Carers (Page 178)

Unpaid carers aged 5 and above: Census 2021
 Unpaid carers for 50 hours or more: Census 2021
 Disabled under the equality act who are also unpaid carers: Census 2021
 Satisfied with support and services from adult social services: Personal Social Services Survey of Adult Carers
 Carers who have as much social contact as they like: Personal Social Services Survey of Adult Carers
 Caring has caused financial difficulties in the last 12 months: Personal Social Services Survey of Adult Carers
 Carers who have found it easy to find information and advice: Personal Social Services Survey of Adult Carers
 Caring for 100 hours or more per week: Personal Social Services Survey of Adult Carers

Preventable Mortality (Page 186)

All measures from Fingertips

Diabetes, Heart Disease and Stroke (Page 197)

Diabetes Prevalence (17+): Fingertips
Coronary Heart Disease Prevalence: Fingertips
Emergency hospital admissions for coronary heart disease: Hospital Episode Statistics
Heart Failure Prevalence: Quality Outcomes Framework
Hypertension Prevalence: Fingertips
Stroke Prevalence: Fingertips
Smoking Prevalence: Fingertips
Adults classified as overweight or obese: Fingertips
Adults classified as physically active: Fingertips

Cancer (Page 206)

Cancers diagnosed at Stages 1 & 2: Fingertips
Breast screening coverage, aged 53 to 70: Fingertips
Bowel screening coverage, aged 60 to 74: Fingertips
Cervical screening coverage, aged 25 to 49: Fingertips
Cervical screening coverage, aged 50 to 64: Fingertips
Cancer Prevalence: Fingertips
Emergency admissions for cancer: Hospital Episode Statistics
Preventable mortality from cancer: Fingertips

Health Protection (Page 217)

All measures from Fingertips

Written and compiled by the Torbay Council Public Health Knowledge and Intelligence Team

For further information, please contact the Torbay Knowledge and Intelligence Team at statistics@torbay.gov.uk

Agenda Item 7

Meeting: Torbay Health & Wellbeing Board **Date:** 26 September 2024

Wards affected: All

Report Title: Torbay Joint Health & Wellbeing Strategy 6 monthly progress report

When does the decision need to be implemented? No decision required, report for information

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Director Contact Details: Lincoln Sargeant, Director of Public Health Lincoln.Sargeant@torbay.gov.uk

Authors: Julia Chisnell, Consultant in Public Health Julia.Chisnell@torbay.gov.uk; Claire Truscott, Public Health Intelligence Analyst, Claire.Truscott@torbay.gov.uk

1. Purpose of Report

- 1.1 The Torbay Joint Health and Wellbeing Strategy 2022-26 was published in July 2022. The Health and Wellbeing Board receives six monthly progress reports and this paper provides a fifth progress report on implementation.
- 1.2 The paper highlights latest developments and any risks or challenges that have been flagged by individual programmes, for members to review.

2. Reason for Proposal and its benefits

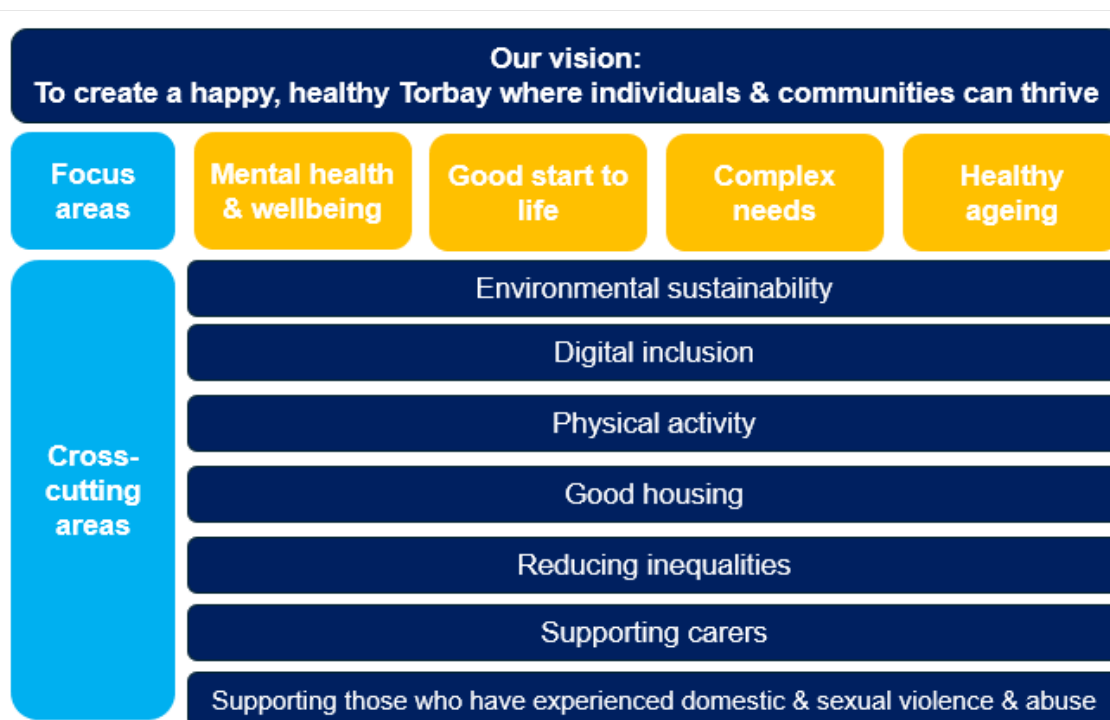
- 2.1 The proposals in this report will help us to deliver improvements in the health and wellbeing of our population by setting priorities for delivery and monitoring achievement.

3. Recommendation(s) / Proposed Decision

Members are asked to note progress in delivery.

1. Introduction

- 1.1 The Joint Health and Wellbeing Strategy is a statutory requirement for all upper tier local authorities and represents the priorities and work programme of the Health and Wellbeing Board in response to the Joint Strategic Needs Assessment.
- 1.2 The Joint Health and Wellbeing Strategy 2022-26 sets out five areas of focus and seven cross-cutting areas:




- 1.3 An outcome framework was developed to monitor delivery of the Strategy. Each priority area is required to report to the Health and Wellbeing Board on a six monthly basis, covering progress against objectives, support for cross-cutting areas, and any engagement work undertaken with communities. Each report also gives an overall statement on progress with the opportunity to highlight risks or barriers.
- 1.4 A data summary report is produced by the Public Health Intelligence team with the latest data indicators for each priority area. These are included under each priority programme area below.

Key to the data sections:

RAG (Red, amber, green) rating:

 Torbay value is statistically significantly worse than the England value/ Torbay value is worse compared to the goal

 Torbay value is not statistically significantly different to the England value/ Torbay value is similar compared to the goal

 Torbay value is statistically significantly better than the England value/ Torbay value is better compared to the goal

Measures below with the Office of Health Improvement and Disparities (OHID) as a source can be found in the public health profiles at <https://fingertips.phe.org.uk>

It should be noted that figures fluctuate and the important factor is the overall, consistent trend. Many figures are reported one or two years retrospectively. **Figures highlighted in red** have been updated since the March 2024 report. Figures in black have not been updated.

2. Progress on delivery to September 2024

2.1 Progress is reported against each priority programme area below.

Mental health and wellbeing

Programme update: Overall on track

The Torbay Mental Health and Suicide Prevention Alliance has now merged with the reinvigorated Torbay Suicide Prevention Plan Group. Workstreams are being taken forward via the Torbay Suicide Prevention Plan Group and its associated action groups.

Under the Torbay Multi-agency Suicide Prevention Plan 2024-27 three action groups have been established which align to its three priority areas. Actions are being co-developed by these groups and will determine the direction of local suicide prevention in the coming years. The suicide rate has remained stable (16.6 per 100,000 in 2022) after re-basing to the Census 2021 population. Latest data shows a reduction in rate which is being treated with caution due to long coronial delays which are leading to late registration of deaths. (This is not included in the data report below).

Community: Local Action on Suicide Prevention grants were awarded to the following local organisations this year to support suicide prevention: Sound Communities CIC, Devon Clinic CIC, Gaia Giving CIC, Maker Arts CIC, Phoenix Rising CIC and I can do that! CIC.

The self-harm health needs assessment will be published in chapters as they are completed. The data chapter is being reviewed before publication with summary information being disseminated to multi-agency partners as relevant to their work.

Mental health and wellbeing support via the helpline has continued for another year, with a reduced capacity for higher level mental health needs. Continued investment means Torbay residents are able to access mental health and wellbeing support that is person-centred, accessible, timely and can work alongside NHS provision where relevant. Arrangements are being made to continue this support for 2025/26.

NHS Devon and partners are collaborating on the re-procurement of children’s emotional health and wellbeing services which will include face to face and digital support prior to CAMHS for 11-18 year olds.

Workplace wellbeing is one of the six priority areas in Torbay Council’s ‘Our People Strategy, 2024-29’. A standalone Workplace Wellbeing Strategy 2024-26 has been finalised. Success measures will include: a reduction in staff sickness/absenteeism, an increase in staff retention, improved relationships between staff and management, and improvement in employee engagement.

The Multiple Complex Needs Alliance are piloting support for people who have been bereaved by substance misuse. It follows a similar model to that provided by Pete’s Dragons for suicide bereavement support. The aim is to maintain/improve mental health and wellbeing, prevent substance misuse relapse and reduce the risk of suicide in those who are bereaved.

Through Torbay on the Move, a number of initiatives have been delivered that not only aim to get more people, more active, more often but in doing so, they also improve overall health and wellbeing. Examples include the Healthy Selfie Trail, the first ever Torbay Workplace Challenge, the return of Park Yoga, BayWalks, an expanded Bikeability and Learn to Ride offer and Connecting Actively to Nature programmes. A 12-month pilot project aimed at unlocking the benefits of physical activity for those experiencing poor mental health has also been delivered.

Risks and issues:

Data report

Number	Measure	Time period	Unit type	Torbay	Devon wide	England	Trend of previous figures	Which way is better
Good mental health								
1	People with a low happiness score - self reported (aged 16+)	2022/23	%	11.4%	7.3%	8.9%		Lower is better
2	People with a high anxiety score - self reported (aged 16+)	2022/23	%	27.4%	21.8%	23.3%		Lower is better
3	Prevalence of mental health issues (all ages)- on GP registers (schizophrenia, bipolar affective disorder and other psychoses)	2022/23	%	1.30%	1.04%	1.00%		Lower is better
4	Prevalence of depression (aged 18+) - on GP registers	2022/23	%	14.8%	13.8%	13.2%		Lower is better
5	Hospital admissions as a result of self-harm (aged 10-24 years)	2022/23	Per 100,000	605.4	458.5	319.0		Lower is better
6	Suicide rate	2020-22	Per 100,000	16.6	12.5	10.3		Lower is better

The Annual Population Survey asks people to rate their personal wellbeing:

- In Torbay 11.4% of people reported **low happiness levels** (1) in 2022/23, the England average was 8.9%. Torbay has increased since previous years but is not statistically

different (using 95% confidence intervals) from England or other years. The previous five years have varied between 8% - 9% in Torbay.

- The percentage reporting **high anxiety levels** (2) in Torbay has fluctuated in the last few years but is on a generally increasing trend over the years shown, and is 27.4% in 2022/23.

The GP Quality and Outcomes Framework (QOF) records the proportion of patients with mental health issues:

- The recorded percentage of patients with **schizophrenia, bipolar affective disorder and other psychoses** (3) in Torbay practices has remained in the highest quintile (i.e. the highest fifth) in England for the 11 years shown. The figure has remained quite level for a number of years although there is a gradually increasing trend over the time period in both Torbay and England.
- Just over one in seven patients aged 18+ are recorded as having **depression** (4) in Torbay GP registers in 2022/23. Torbay has been in the second highest quintile in England for seven years. It is on a steadily increasing trend, as is the England figure.
- Hospital admissions for self-harm are more prevalent in younger people and far more so in females. The admission rate for **self-harm in 10 to 24 year olds** (5) continues to remain significantly higher than the England average as it has for at least the last decade. It has been on a generally reducing trend since a peak in 2015/16. As this data shows admissions rather than individuals it will be influenced by individuals admitted more than once, sometimes several or many times.
- Torbay's **suicide rate** (6) (classified as intentional self harm or undetermined intent) remains significantly higher than England as it has for the last seven periods (each period is reported annually as a rolling figure of three years combined). In the most recent period, 2020-22, Torbay has the same rate as the previous period of 16.6 per 100,000. This equates to 58 individuals. Torbay's rate has been gradually reducing since the peak in 2016-18 but there have been around 20 suicides registered per year for a number of years.

Good start to life

Programme update: Overall on track

Ensuring families have access to the services they need

The Family Hubs Start for Life programmes are now embedded into the Torbay Family Hubs model. The offer continues to be collaborative across the Council, health care services, and voluntary sector.

Families increasingly have access to the help they need in each of the three towns that make up Torbay, through the Family Hubs model. Support that sits outside the core 0-19 provision includes:

- Infant Feeding
- Perinatal Infant Mental Health
- Parenting
- Home Learning Environment and Portage
- Drop-in surgeries including for cost of living, youth homelessness prevention, family group conference, reducing parental conflict.
- Youth services
- SEND support and advice
- Oral health, healthy weight, nutrition and physical activity

Infant Feeding and Perinatal Infant Mental Health, and Breathing Space

Infant Feeding and Perinatal Infant Mental Health provision continues to be welcomed by families, and families are increasingly aware of the importance of parent infant relationships on good emotional and physical health outcomes. Work is being done to ensure these provisions can continue past the end of the government grant funding in March 2025 as they sit outside of the core 0-19 contract and budget.

All Family Hubs now offer and advertise a baby feeding friendly space, where mothers can attend a Hub knowing they will have privacy and support if needed when breastfeeding their baby.

The Health Visiting team are aiming for Gold accreditation from UNICEF's Baby Friendly Initiative scheme. The scheme awards accreditation to health care providers who can evidence they offer a holistic and baby/family led approach to breastfeeding support and parent infant relationships, ensuring families are knowledgeable, empowered and supported with their infant feeding choices at the earliest opportunity. The Health Visiting team have been assessed for Gold accreditation with results of the assessment due by the end of the autumn.

As part of the mandated antenatal visit lead by Public Health Nurses, a Pregnancy and Post birth Wellbeing Plan has been introduced at each appointment and perinatal mental health being considered at all Health Visitor mandated checks.

A leaflet will be available to all families antenatally which includes services that are available for Pregnancy and the first 24 months: You and Your baby's Mental Health and Wellbeing.

Emotional Wellbeing Visits continue to be offered to families where a support need has been identified and low-level emotional wellbeing sessions are offered within the Family Hub setting. Face to face therapeutic interventions are also offered to families by a Specialist practitioner and Newborn Behaviour Observation sessions offered.

Breathing Space is a team who support families where children are considered to be at the edge of care, and offers intensive support for women who have had children removed

from their care and are in the early stages of another pregnancy. More data and information is to come from this programme of support.

Portage and Home Learning Environment

The Portage team provide workshops each term at each Family Hub on developing independence skills, total communication and supporting play and interaction. Since September, these have been attended by 56 families. In addition, the Portage team has provided a home visiting service to 46 families.

Since December, the Home Learning Environment Outreach worker has provided Chat, Play, Read (a government initiative supporting parents with interactive with their children to encourage development) support to 22 families. Many of these families experience social anxiety. Therefore, a follow-on step to support families to engage in groups with their children has been introduced. This began in May and to date 5 families have attended. The outreach worker has also made presentations in various locations to recruit 20 people to become Chat Play Read champions. Visits have also been carried out at toddler groups, Centre Piece, Women's Institute and Hyperspace to spread the message. 'People supporting parents and children to learn together' is a parenting group which provides a teaching element that the family works on each week.

Parenting Programme as part of the Family Hubs offer

Parenting drop-ins at the Hubs have had a low uptake. To replace them a weekly advice and support line has been introduced and will be run by a support worker. Families can self-refer into the advice and support line. As a result of the support line, three coffee mornings have been arranged at the Hubs, encouraging peer support.

The Housing and Cost of Living surgeries at the Hubs have very good attendance, especially with children's services. People can self-refer through the bookings system on the Family Hubs website.

Action for Children and Family Hubs parenting offers have QR codes for self-referral including into Early Help - which is the mechanism for targeted support with multi agency planning. Early help has its own front in terms of a portal and referrals no longer must come via the Multi Agency Safeguarding Hub (MASH), which reduces barriers for families receiving support. Early Years Settings, Health Visitors, midwives, parent care panels and other practitioners are signposting and referring into the Hub services which enables families to access support at a universal level. Some parenting support offer includes:

- Adapted parenting offer (workshops 4 weekly)
- Parenting with play sessions
- Weekly parenting drop ins (Torquay and Brixham)
- Housing and cost of living surgeries monthly in each hub
- Reducing parental conflict offer - virtual and physical in each Hub
- Restore relationships course (women only) run from Paignton Hub (Jan - April 2024).

Action for Children

The Early Communication 0-5s offer is going to be published in September on the Family Hubs website and promoted widely. It is based on a stepping stones model, where

families can understand what support is available to them at each stage of their child's development.

Bookstart is a gifting books programme for 3-4 year old, Action for Children are using Early Years deprivation data and Early Years People Premium data to target settings.

Support for children with speech, language and communication needs is being identified early through Public Health nursing and Early Years as well as a skilled Family Hubs workforce and one-on-one help is offered from the Family Hubs within four weeks. There is a collaborative, integrated support offer for families including from Public Health Nursing, Children's Social Care including Portage and Home Learning, Action for Children, Early Years and NHS Commissioned Speech and Language Therapy (SALT) services.

Risks and issues:

Family Hubs Start for Life government funding is ending in March 2025, where some programmes will be at risk if resources cannot be sustained. These include Perinatal Infant Mental Health, Infant Feeding and Peer Support enhanced offers of support.

Data report

Number	Measure	Time period	Unit type	Torbay	Devon wide	England	Trend of previous figures	Which way is better	RAG rating compared to England/goal
A good start to life									
7	Children in relative low income families (aged under 16) ¹	2022/23	%	21.5%	19.1%	19.8%		Lower is better	Red
8	Good level of development at the end of the Early Years Foundation Stage ²	2022/23	%	63.5%	66.2%	67.2%		Higher is better	Red
9	Key Stage 2 pupils meeting the expected standard in reading, writing and maths (combined) ³	2022/23	%	58.6%	56.5%	59.8%		Higher is better	Yellow
10	Pupils with SEND (special educational needs and disabilities)	2023/24	%	18.8%	19.8%	18.1%		Lower is better	Red
11	Children in care/ looked after	2023	Per 10,000	125	76	71		Lower is better	Red
12	Population vaccination coverage- MMR (Measles, mumps and rubella) for two doses (aged 5 years)	2022/23	%	89.3%	91.8%	84.5%		Higher is better	Red
13	Children overweight (including obesity) in year 6 ⁴	2022/23	%	35.6%	31.7%	36.6%		Lower is better	Yellow
14	16-17 year olds not in education, employment or training (NEET) or whose activity is not known	2023	%	7.4%	6.5%	5.2%		Lower is better	Red

¹ Figures for the latest year are marked as provisional

² The statistics releases for 2019/20 and 2020/21 were cancelled due to COVID-19. Due to significant revision of the Early Years Foundation Stage profile (assessment framework) in 2021, the 2021/22 and 2022/23 figures are not comparable with previous years

³ The statistics releases for 2019/20 and 2020/21 were cancelled due to COVID-19. Attainment is not directly comparable previous to 2017/18 due to changes in the writing teacher assessment frameworks in 2018

⁴ 2017/18 and 2020/21 figures not published due to low participation rates, the latter year impacted by COVID-19

- The percentage of **children in relative low income families** (7) is 21.5% in Torbay in 2022/23 which is significantly higher (worse) than the England figure. This was also the case in the previous year. The percentage has been on an increasing trend since 2016/17. A family is defined as being in relative low income when their income is below 60% of the UK median income and they have claimed Universal Credit, Tax Credits and/or Housing Benefit in the year. These low income statistics do not take housing costs into account.
- Just over six out of ten children (63.5%) have attained a **good level of development at the end of the Early Years Foundation Stage (EYFS)** in 2022/23 in Torbay schools (8). This has remained level with the previous year while the England figure has risen by two percentage points which has made Torbay become significantly lower than the England figure in 2022/23. Data covers children who at the end of the EYFS are registered for government funded early years provision.
- **Key Stage 2, meeting the expected standard in reading, writing and maths** combined (9) is similar in Torbay to the England figure in 2022/23 (Torbay- 58.6%, England- 59.8%). Torbay's percentage is similar to the previous year. Figures published in 2018/19, before the COVID-19 pandemic, are significantly higher in Torbay at 66.0%, this is also the trend for England. Data covers state funded schools.
- The percentage of school pupils with **special educational needs and disabilities (SEND)** (10) is significantly higher than England at 18.8% in Torbay in 2023/24 and has been gradually increasing for the last four years. England's percentage is on an increasing trend. This encompasses children with special educational needs (SEN) support or an education, health and care (EHC) plan who are pupils in state-funded nursery, primary, secondary and special schools, non-maintained special schools and alternative provision schools.
- The rate of **children in care** (11) (also known as children cared for or looked after) remains significantly higher than the England average in 2023, as it has been in the previous years shown. Figures encompass children aged under 18 years and exclude those looked after under a series of short-term placements. The rate is as on 31 March of each year.
- Coverage of the **MMR vaccine** (two doses by aged five years) (12) has been on a decreasing trend for several years in Torbay. In 2022/23, 89.3% of five year olds had completed the course, this is red compared to the goal of 95% coverage. Torbay's coverage, however, has been significantly higher than the England average for the last eight years. England has been on a decreasing trend during this time.
- Over a third of **children in year 6 (10 to 11 year olds) are overweight (including obesity)** (13) in 2022/23. This is similar to the England figure as Torbay has been for the last decade (please note that there was no published data in 2017/18 or 2020/21). These figures are calculated from height and weight measurements taken by the National Child Measurement Programme.
- Torbay's percentage of **16/17 year olds who are NEET** (not in education, employment or training) or whose activity is not known (14) fluctuates for the five years shown and has increased since the year before at 7.4% in 2023 compared to 5.3% in 2022, higher than England. The figures for each year are the average of December of the previous year and January and February of the current year.

Supporting people with multiple complex needs

Programme update: On track

Progress against the goals and actions for this workstream:

- The Growth in Action Alliance is well established, with collective ownership evolving. Significant work has been undertaken to move from three separate provisions to a single alliance, with further work identified.
- A mental health pathway and way of working is in place between the Alliance and mental health services, as well as a mental health support offer within the Alliance through Torbay Recovery Initiatives (TRI).
- Trauma informed training has been undertaken by staff with embedded practice. The Alliance is considering how to be trauma stabilising in their approach.
- As noted as a risk above, sourcing onward accommodation that is safe, affordable and of the expected standard is challenging.
- Complexity definitions are in place, and progression of a system approach is through family focused means such as Family Hubs.

Risks and issues:

Availability of suitable move-on accommodation for Hostel and Jatis community rehabilitation service remain constrained in Torbay. This is referenced on the Council risk register.

The central government early prison release initiative may lead to a spike in demand for accommodation and access into substance misuse treatment. The potential impact is being monitored, with sufficient criminal justice treatment capacity in the short-to-medium term.

The end of grant period for substance misuse and domestic abuse provisions on 31 March 2025 places a risk to the key provisions currently in place. The Growth in Action Alliance is reviewing the risk, and sustainability opportunities.

Data report

Number	Measure	Time period	Unit type	Torbay	Devon wide	England	Trend of previous figures	Which way is better	RAG rating compared to England/goal
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Supporting people with complex needs									
15	Domestic abuse crimes and incidents	2024/25 (Apr - Jun 24)	Number	1,017				Lower is better	N/A
16	Households owed a duty (prevention or relief) under the Homelessness Reduction Act	2022/23	Per 1,000	18.5	16.5	12.4		Lower is better	
17	Hospital admissions for alcohol related conditions (narrow definition)	2022/23	Per 100,000	575	475	475		Lower is better	
18	Successful drug treatment- opiate users (aged 18+)	Oct 22 - Sept 23 ⁵	%	5.59%	3.95%	5.12%		Higher is better	
19	Successful alcohol treatment (aged 18+)	Oct 22 - Sept 23 ⁵	%	34.72%	35.96%	34.10%		Higher is better	

⁵ Reported quarterly as a rolling annual figure in this report

- The quarterly number of **domestic abuse crimes and incidents** (15) has fluctuated over the six years shown (from the beginning of 2018/19), with the total for the year 2023/24 being level with five years earlier in 2018/19. These are crimes and incidents recorded by the police and include domestic abuse non crime incidents. It should be taken into account that figures only relate to crimes and incidents that are reported. Domestic abuse is often not reported to the police so data held by the police can only provide a partial picture of the actual level of domestic abuse experienced.
- **Households owed a prevention or relief duty under the Homelessness Reduction Act** (16) is where a statutory duty is owed to assist eligible households who are threatened with homelessness within 56 days (prevention) or who are already homeless (relief). The Act came into force in 2018. Torbay is significantly higher than England for the four years with a 2022/23 rate of 18.5 per 1,000 households which equates to 1,188 Torbay households, compared to an England rate of 12.4 per 1,000.
- **Hospital admissions for alcohol related conditions** (narrow definition) (17) is where the primary diagnosis of someone admitted to hospital is an alcohol-related condition. Torbay's rate of alcohol related admissions is significantly higher than the England average in 2022/23 as it has been for all but one of the seven years of data. This is the case for both male and female admissions. The male rate is twice as high as the female rate as is the situation in England as a whole.
- **Drug and alcohol treatment** (18 & 19)- this is successfully completing treatment (free of drug(s) dependence) and then not re-presenting to treatment services within six months. The data is shown quarterly in this report with each data point being a rolling annual figure:
 - **Drugs-** the success rate for treatment for opiates is 5.59% in Oct 22 - Sept 23 which is similar to the England figure of 5.12%. The value has fluctuated over the years
 - **Alcohol-** the success rate for alcohol treatment is 34.72% in Oct 22 - Sept 23, similar to the England figure of 34.10%. The figure has been decreasing for the last couple of years

Healthy Ageing

This work is overseen by the new *Torbay and South Devon Healthy Ageing Partnership Board* which reports into the *Torbay and South Devon Local Care Partnership*.

There are three key strands to the Healthy Ageing work:

- Policy
- Pathways
- Prevention.

Under the ‘*policy*’ strand the key programme is *Age Friendly Torbay*. This is led by the Torbay Citizens Assembly and looks at how systems, policies and the environment can better promote healthy lives and encourage participation in community activities as we age *Age-Friendly Torbay – Torbay Assembly*.

Under ‘*pathways*’ are the clinical services – diagnostics, assessment and treatment – which lie within the NHS and Social Care in partnership with the voluntary and community sector. These cover the nature and quality of care from initial presentation to end of life. A key priority for this part of the programme has been the need to improve urgent and emergency response, and to increase the multi-disciplinary ‘comprehensive geriatric assessment’ which is the cornerstone leading to good onward care and support as someone becomes more frail. The NHS has led on the development and piloting of same day emergency care, and a new virtual ward scheme, for older patients, to avoid people spending time in a hospital setting when they would be more comfortable and better supported in their own home or care home. Voluntary sector organisations are key to the success of this model, often helping to provide the all important practical and social support.

Under ‘*prevention*’ is the *Torbay healthy ageing and live longer better programme* *Live Longer Better – Torbay Assembly*. This is led by a partnership of voluntary organisations and delivers training courses and ongoing support to promote physical, mental and cognitive health, and social connection.

The Torbay Live Longer Better programme has continued to provide courses through the year, adapting content to ensure the participants get the most out of the opportunity to build healthy behaviours and positive activities as they age. The team also run a Summer programme offering taster activities, and alumni events during the year bringing together people who have attended previous courses to reflect on their learning and progress as a wider group. A pilot with a local Primary Care Network is in development, targeting people with different levels of ‘frailty’ with a tiered offer. This will be evaluated with a view to wider roll out if successful.

Risks and issues:

There is no recurrent funding for the Healthy Ageing programme bids are being made into different funding opportunities as these arise.

Data report

Number	Measure	Time period	Unit type	Torbay	Devon wide	England	Trend of previous figures	Which way is better	RAG rating compared to England/goal
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Healthy ageing

20	Proportion who use adult social care services who reported that they had as much social contact as they would like (aged 65+)	2022/23	%	42.1%	44.0%	41.5%		Higher is better	
21	Healthy life expectancy at 65 (Female)	2018-20	Years	11.4	12.9	11.3		Higher is better	
22	Healthy life expectancy at 65 (Male)	2018-20	Years	10.9	12.1	10.5		Higher is better	
23	Population vaccination coverage - Flu (aged 65+)	2022/23	%	75.6%	80.6%	77.8%		Higher is better	
24	Emergency hospital admissions due to falls (aged 65+)	2022/23	Per 100,000	2,020	1,752	1,933		Lower is better	
25	Emergency hospital admissions due to hip fractures (aged 65+)	2022/23	Per 100,000	606	545	558		Lower is better	
26	Dementia- estimated diagnosis rate (aged 65+)	2024	%	61.4%	58.1%	64.8%		Higher is better	

- The proportion of Adult Social Care users aged 65+ who reported that they had **as much social contact as they would like** (20) rose slightly to 42.1% (England- 41.5%) in 2022/23, back to around pre COVID-19 levels. Percentages in the previous two years were in the early to mid 30s in Torbay- covering periods affected by social restrictions, guidance and anxiety caused by COVID-19 which is likely to have affected the figures.
- **Healthy life expectancy at 65** (21 & 22) shows the average number of years beyond the age of 65 that a person can expect to live in good health (rather than with a disability or in poor health). In 2018-20 (each period is reported annually as a rolling figure of three years combined) this was 11.4 years for females and 10.9 years for males in Torbay. For both females and males these figures are quite close to previous periods. Both females and males are similar to England figures.
- The percentage of **flu vaccinations of those aged 65+** (23) is measured based on the World Health Organisation target of 75%. Torbay has exceeded this for the last four years as has the England average. However, the national vaccine uptake ambition for 2023/24 was to equal or exceed the uptake levels of the previous year (2022/23) but both Torbay and England saw a decrease in uptake in 2023/24. Uptake has decreased in the last couple of years (2022/23 and 2023/24) after a steep increase in 2020/21 and a further rise in 2021/22.
- Torbay's rate of **emergency hospital admissions due to falls for those aged 65+** (24) is similar to England in 2022/23. The figure moves between significantly lower and similar to England over the last seven years. There is no discernible trend. Many falls injuries do not result in emergency hospital admissions so this does not show the extent of need in this area.
- The rate of **emergency hospital admissions due to hip fractures in people aged 65+** (25) has been broadly in line with England for the 13 years shown. This measures a primary diagnosis of fractured neck of femur. Those who suffer this debilitating injury can experience permanently lower levels of independence and the need to move into long term care.
- The **estimated diagnosis rate of dementia** (aged 65+) (26) measures the percentage of people diagnosed with dementia out of the number estimated to have it- therefore higher is better. Torbay's estimated diagnosis rate is on a generally decreasing trend in the eight years shown although it has slightly increased in 2024 to 61.4% but still below the goal of 66.7%. The England average has been increasing in the last three years.

Engagement undertaken

The table below includes a summary of engagement work undertaken in each programme area over the last six months.

Mental health and wellbeing	Inclusion of mental health and wellbeing questions in the LGBTQ+ community engagement survey to help ascertain need, ability to access information and advice and the likelihood of this community reaching out for support.
Good start to life	<p>After low take up of Incredible Years Autism Spectrum Disorder (ASD) 14-week parenting programme, there has been a consultation with parents to condense learning into four-week workshops, starting in September. The course will be run by the Parenting/SEN Practice lead and supported by a Peer Supporter.</p> <p>How the course was designed collaboratively with parents who had undertaken previous courses, and parents waiting for support.</p> <p>As part of the UNICEF Baby Friendly Initiative Gold accreditation, 38 families were engaged with to understand their experiences of infant feeding support antenatally through to the first year of life. Initial findings have been positive and the final report will offer recommendations based on the views of families</p>
Multiple complex needs	<p>Coproduction is a central pillar of for the Alliance and there is a coproduction workstream in place.</p> <p>Dedicated resource has been commissioned from the Alliance through grant funding to enhance engagement capacity as part of the Human Learning Systems methodology. This has also been commissioned for domestic abuse outside of the Alliance.</p>
Healthy Ageing	The healthy ageing programme builds relationships with the people supported, so there are ongoing opportunities for them to feed into and influence delivery. Feedback and case studies were shared in the last report.

A further report on progress will be brought to the Board in March 2025, as work is started to develop the 2026 – 2030 Strategy.

5. Financial Opportunities and Implications

5.1 None.

6. Engagement and Consultation

6.1 Engagement is included in the Strategy progress reports in Section 2.

7. Tackling Climate Change

7.1 Environmental sustainability is one of the cross-cutting areas in the Strategy.

8. Associated Risks

8.1 No new significant risks identified. The risks remaining to the digital programme remain as detailed in the Health and Wellbeing Board risk register.

9. Equality Impacts - Identify the potential positive and negative impacts on specific groups

	Positive Impact	Negative Impact & Mitigating Actions	Neutral Impact
Older or younger people	Y		
People with caring Responsibilities	Y		
People with a disability	Y		
Women or men	Y		
People who are black or from a minority ethnic background (BME) (Please note Gypsies / Roma are within this community)	Y		
Religion or belief (including lack of belief)	Y		
People who are lesbian, gay or bisexual	Y		
People who are transgendered	Y		

People who are in a marriage or civil partnership			Y
Women who are pregnant / on maternity leave			Y
Socio-economic impacts (Including impact on child poverty issues and deprivation)	Y		
Public Health impacts (How will your proposal impact on the general health of the population of Torbay)	Y		

10. Cumulative Council Impact

10.1 None.

11. Cumulative Community Impacts

11.1 Impact is expected to be positive if programmes are delivered.

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TORBAY COUNCIL

Title: Torbay Better Care Fund 2024 - 25

Wards Affected: All

To: Torbay Health and Wellbeing Board

On: 26 September 2024

Contact: Justin Wiggin, Head of Integrated Care, NHS Devon

E-mail: justin.wiggin@nhs.net

1. Purpose

Torbay Better Care Fund (BCF) Plan has been submitted in line with national timelines and requirements. Torbay's plan received approval from the regional BCF panel, progressed to the national panel where it has also been endorsed. The Torbay Better Care Fund Plan is being presented to Torbay Health and Wellbeing Board in-line with national requirements.

The Health and Wellbeing Board has oversight of the BCF and is accountable for its delivery. This report:

- Provides an update on the BCF performance and spend for 2023/24 (copy attached).
- Provides details of the BCF plan for 2024/25 (copy attached).

2. Analysis

2.1 BCF Outturn for 2023/24

In May, Devon and Torbay's End of Year 23/24 template return was submitted in accordance with national requirements.

2.2 Metric Targets

2.2.1 Avoidable Admissions

Definition: Unplanned hospitalisation for chronic ambulatory care sensitive conditions rate per 100,000 population – a set of conditions such as acute bronchitis, angina, ischaemic heart disease, heart failure, dementia, emphysema, epilepsy, hypertension, diabetes, COPD, and pulmonary oedema.

We measure this as we would expect to be able to manage these conditions without a need for hospital admission.

Performance for 2023/24:

		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Torbay	2023/24 Target	171.3	170.8	188.8	172.1
	2023/24 actual	192.4	188.2	188.8	172.1

Data at the time of submission indicates Torbay's performance was **on track** to meet the target in Quarter's 3 and 4. Further information is provided in the planning return and section 4 of this report.

2.2.2 Falls

Definition: Emergency hospital admissions due to falls in people aged 65 & over, directly standardised rate per 100,000.

Falls are the largest cause of emergency hospital admissions for older people and significantly impact on long term outcomes. This measure is an important measure around joint working between adult social care and health partners (e.g. urgent community response services) to prevent hospital admissions and reduce falls which will improve outcomes for older people and support independence. We measure this as with the right support in place we should be able to prevent falls in older people.

This is a new BCF indicator for 2023/24 and the target is an attempt to establish a baseline.

	2022/23 Actual	2023/24 Plan for year	Estimated outturn 2023/24
Torbay	1714.9	1714.9	2221.9

Data at the time of submission indicates performance for the Local Authority area was **not on track** to meet the target. Further information is provided in the planning return and section 4.

2.2.3 Discharge to Usual Place of Residence

Definition: The percentage of people who are discharged from acute hospital to their usual place of residence.

We measure the number of people who return to their usual place of residence at the point of discharge to ensure as many people as possible are able to return to living independently at home.

N.B. This metric will not continue after 2024/25.

Performance for 2023/24:

		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Torbay	Planned	89.9%	90.9%	89.6%	90.6%
	Actual (est)	91.1%	89.9%	89.6%	90.6%

Data at the time of submission indicates performance within Torbay was **on track** to meet the target. Further information is provided in the planning return.

2.2.4 Residential Admissions

Definition: Long-term support needs of older people (65 & over) met by admission to residential & nursing care homes per 100,000 population.

Avoiding permanent placements in residential and nursing care homes is a good measure of our ability to support people to live independently at home for as long as possible.

	2022/23 Actual	2023/24 Plan	2023/24 Actual (est)
Torbay	771.6	566.1	735.2

Data at the time of submission indicates performance was **not on track** to meet the target. Further information is provided in the planning return. below.

2.2.5 Reablement

Definition: The proportion of older people (65 & over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.

We measure this to ensure our support services are successful in enabling people to return to and maintain their independence after a spell in hospital.

Reablement seeks to support people and maximise their level of independence in the long term, to minimise their need for ongoing support.

	2022/23 Actual	2023/24 Plan	2023/24 Actual (est)
Torbay	77.0%	77.2%	77.2%

Data at the time of submission indicates Torbay's performance was **on track**.

The sufficiency of home care services has increased in the independent sector but we need to ensure this is fully utilised in the most cost-effective way. There has been a significant reduction in expensive agency usage due to an increase in the workforce (mainly attributable to international recruitment), and we are adapting our commissioning plans accordingly.

3 BCF Plan for 2024/25

Better Care Fund plans are required to be developed and signed off by Health and Wellbeing Boards within each Local Authority footprint. Last year national guidance required the creation of a two year plan covering 2023/24 and 2024/25. This year national guidance requires an addendum to the plan to be produced.

In June, Torbay's Better Care Fund Plan addendum for 2024/25 was submitted in line with national timelines and requirements. Torbay's plan and passed through regional and national assurance. The local system has received a letter of approval

from the national Better Care Fund team to confirm the Torbay plan has been endorsed.

Following national approval, Torbay Council, NHS Devon and Torbay and South Devon NHS Foundation Trust must develop and sign a S.75 (NHS Act 2006) agreement by 30 September 2024.

3.1 Metric Targets

2024/25 national planning guidance requires two objectives and four key performance indicators (metrics) to be addressed in the BCF plan.

National Objectives	Metrics for 2024/25
Enabling people to stay well, safe and independent at home for longer	Unplanned admission for ambulatory sensitive chronic conditions (<i>Avoidable Admissions</i>)
	Emergency hospital admissions due to falls in people over 65 (<i>Falls</i>)
	Admission to long-term residential care for people over 65
Provide the right care in the right place at the right time	Discharge to usual place of residence

The indicator for the percentage of people still at home 91 days after discharge from hospital to reablement or rehabilitation is not required for 2024/25. A replacement measure is being developed nationally and will be introduced later.

3.1.1 Avoidable Admissions

Definition: Unplanned hospitalisation for chronic ambulatory care sensitive conditions rate per 100,000 population – a set of conditions such as acute bronchitis, angina, ischaemic heart disease, heart failure, dementia, emphysema, epilepsy, hypertension, diabetes, COPD, and pulmonary oedema.

We measure this as we would expect to be able to manage these conditions without a need for hospital admissions.

Plan for 2024/25:

	Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Torbay	2023/24 actual	192.4	188.2	188.8	172.1
	2024/25 plan	172	172	172	172

The data has been populated using the actual known performance for the metric in the 2023-24 financial year as a guide as reported through the SUS (Secondary Uses Service) data set. The outturn for Q3 2023/24 was 188.8 (Torbay). Q4 actual performance has been used to set the 2024-25 plan.

Local capacity and demand and our local plan to meet the ambition is taken into consideration when setting the targets. In addition, during 2023/24 a comprehensive review of all BCF investments was undertaken to ensure resource is used to best effect, focused on improving outcomes and achieving local targets. The review has been used to inform appropriate trajectories for 2024/25.

Work will continue into 2024-25 to prevent avoidable admissions through a range of investments from BCF. This includes intermediate care and rapid response teams, and hospital discharge commissioning arrangements supporting Pathway 1 (care at home) and Pathway 2 (short term care home placements).

As part of wider funding and connection to strategic programmes of work across Devon ICS footprint:

1. Virtual ward development will have a greater focus on community response and avoiding admission for patients on the following pathways: frailty, respiratory and cardiology. Integrated working between acute, urgent community response, intermediate care, social care and primary care will ensure more people are supported within the community without the need to be admitted to hospital.
2. Care co-ordination hubs are being developed to work with the ambulance service, Urgent Community Response teams and social care to identify clients at risk of admission and ensure the correct wrap-around support is in place in the community.
3. High Intensity Users service model and commissioning approach is in progress across the Devon County Council footprint. This builds upon and improves the current service offer by undertaking targeted work to identify and support clients who attend Emergency Departments (ED) most frequently and ensure community support is in place to reduce the need to attend ED.
4. Care Home support will continue with further development and implementation of the refreshed Enhanced Health in Care Homes framework. The commissioned service Immedicare will continue to provide 24/7 remote nurse-led support to care homes to manage client needs and avoid admission.

3.1.2 Falls

Definition: Emergency hospital admissions due to falls in people aged 65 & over, directly standardised rate per 100,000.

Falls are the largest cause of emergency hospital admissions for older people and significantly impact on long term outcomes. This measure is an important measure around joint working between adult social care and health partners (e.g. urgent

community response services) to prevent hospital admissions and reduce falls, which will improve outcomes for older people and support independence.

We measure this as with the right support in place we should be able to prevent falls in older people.

This was a new BCF indicator for 2023/24 so we have been working to establish an accurate baseline and target.

	2023/24 (est)	2024/25 Plan for year
Torbay	2221.9	1968.4

The data has been populated based on actual performance for this metric in the 2023-24 financial year as reported through the SUS (Secondary Uses Service) dataset. Actual recorded data within Torbay's was accurate at the point of submitting the revised 2024/25 plan. The Torbay plan for 2024-25 has been set against the actual 2023-24 outturn to set a stretch target.

Activity which will help us reduce the number of falls include:

- Reablement will be a key feature to support people who are frail and at risk of falling within the community.
- A new Community Urgent and Emergency Care Clinical model is being developed.
- A workstream dedicated to making improvements in Falls, Frailty and End of Life care is being implemented. The objective is to establish consistent, proactive, clinical care and support for people living in care homes that will result in a reduction in ambulance 'see and treat' and conveyances, unplanned attendances and admissions for people living in care homes.
- We will adopt a whole-systems approach across primary care and community services to support care homes to
 - reduce conveyance to hospital for a fall where there is an alternative community response, and
 - improve advanced care planning to reduce reliance on urgent and out of hours responses, reduce emergency admissions and improve the proactive care of older people
- An Urgent Community Response (UCR) workstream will focus on the development of a core clinical model for UCR to provide a consistent approach across Devon and ensure that providers are working to national specification at all times. The project scope includes an identified gap analysis, exploring commissioning and funding differences which impact delivery and a core set of KPIs.
- The Community Urgent and Emergency Care Clinical model is not reliant on additional funding being allocated but more how as a system we better

respond to challenges in an integrated, collective way. BCF funded services are part of the clinical model including intermediate care, reablement and rapid response.

3.1.3 Discharge to Usual Place of Residence

Definition: The percentage of people who are discharged from acute hospital to their usual place of residence.

This is an important marker of the effective joint working of local partners and is a measure of the effectiveness of health and social care services in supporting people back to independence.

Plan for 2024/25:

	Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Torbay	2023/24 actual	91.1%	89.9%	89.6%	90.6%
	2024/25	91.3%	91.3%	91.3%	91.3%

The data has been populated based on actual performance for this metric in the 2023-24 financial year as reported through the SUS (Secondary Uses Service) dataset.

BCF will continue to fund the Hospital Discharge Hub to support discharge to usual place of residence.

The development of a Community Urgent and Emergency Clinical model includes a workstream focusing on hospital discharge. Its focus is to reduce acute bed occupancy and the length of stay for patients in hospital through ensuring timely discharges to enable improved flow which includes:

- Reducing hospital delays
- Right size capacity across discharge pathways 1 - 3

Torbay has a Hospital Discharge Transformation programme in place to ensure effective flow of patient from an acute setting back in to the community. These programmes also plan for the commissioning of community-based care via domiciliary care, rehab and reablement placements and residential care provision.

Key milestones include commissioned and delivered capacity to meet discharge demand, care transfer hubs meet all 9 of the national key principles for an effective hub and improved quality of discharge and standardised approach to the role of Community Hospitals.

The Local Authority and ICB Discharge grants will be used in conjunction with the above workstream to maximum effect to ensure sufficient capacity for each pathway.

3.1.4 Residential Admissions

Definition: Long-term support needs of older people (65 & over) met by admission to residential & nursing care homes per 100,000 population.

Avoiding and delaying permanent placements in residential and nursing care homes is a good measure of how we support people to remain independent in their own homes.

	2023/24 Actual (est)	2024/25 Plan
Torbay	735.2	669.3

We have seen significant impact of the Discharge to Assess process, leading to an increase in permanent residential admissions and nursing care settings. The placement trend remained upwards through much of 2023/24.

The 2024/25 target represents a 4.2% (Devon) and 8.9% (Torbay) stretched target reduction from 2023/24 based on a comparison of the mean denominator for the year compared to March 2024 and aligns with our Market Sustainability and Improvement Fund (MSIF – a national funding stream) analysis and spending plans.

A key aim of the Hospital Discharge Programme Steering Group is to ensure there is sufficient capacity for both short and long stay residential and nursing care home beds. This is informed with the mapping of current performance, utilisation, outcomes and the identification of gaps. This supports the system to ensure better value delivery mechanisms on a county-wide rather than locality level.

3.2 Finance 2024/25

To support the achievement of the national objectives and metrics, each Health and Wellbeing Board area receives investment via NHS and Local Authority partners to plan and commission services, which reduce reliance on urgent and emergency care, supports intermediate care, timely discharge and maintains peoples' independence within the community.

The funding received for 2024/25 is as follows:

Funding Sources	Torbay
Disabled Facilities Grant	2,321,869
NHS Contribution	14,646,915
Improved BCF Grant	8,837,572
Additional Local Authority Contribution	
Additional ICB Contribution	

Local Authority Discharge Funding	2,065,023
ICB Discharge Funding	1,848,000
Total	29,719,379

The planning return details where funding is to be spent in 2024/25.

4 Development of Section 75 Agreements

The s.75 (NHS Act 2006) Agreement which governs the use of the BCF will be signed by Devon County Council and NHS Devon ICB (Devon HWBB area) and Torbay Council, NHS Devon ICB and Torbay and South Devon NHS Foundation Trust (Torbay HWBB area), following confirmation of national approval of the 2024/25 plan, by the 30 September 2024.

5. Recommendation

- 5.1 Torbay Health and Wellbeing Board approves the 2023/24 End of Year Report
- 5.2 Torbay Health and Wellbeing Board approves the Torbay Better Care Fund Plan 2024 – 25.

Appendices

Background Papers:

The following documents/files were used to compile this report:

Appendix

List of background papers

Background Paper: Planning Return 2024/25

Torbay



TORBAY HWBB BCF
2024-25 Planning Ter

Background Paper: Outturn Return 2023/24

Torbay



TORBAY HWB_BCF
FINAL 2023-24 Year-€

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Title: Torbay Drug and Alcohol Partnership (TDAP)

Wards Affected: All

To: Health & Wellbeing Board **On:** 26th September 2024

Contact: Natasha Reed, Public Health Specialist

Email: natasha.reed@torbay.gov.uk

1. Purpose

1.1 To provide a progress update for Torbay's Drug and Alcohol Partnership (TDAP)

2. Recommendation

2.1 Members to note the key milestones and progress achieved against the 3 priority areas outlined within the Government's 2021 drug strategy 'From Harm to Hope'.

3. Supporting Information

3.1 Background

3.1.1 Following publication of the Government's 2021 'From Harm to Hope' drug strategy, ministers set up the National Combating Drugs Unit and requested the formation of localised partnerships to be developed, to monitor progress against the strategy's aims and objectives.

3.1.2 In Torbay a decision was made to deliver our local partnership across a Torbay footprint with the Director of Public Health assuming the role of Senior Responsible Officer. It was agreed that the Torbay partnership would include alcohol within its scope and be called the Torbay Drug and Alcohol Partnership (TDAP).

3.1.3 The 10-year drug strategy sets out three core priority areas:

1. Break drug supply chains
2. Deliver a 'world-class' treatment and recovery system.
3. Achieve a shift in the demand for drugs.

3.1.4 Each priority area has several commitments which provide a breakdown of the areas of activity partnerships will be required to address for these priorities to be achieved. There are 18 commitments the partnership has been reviewing plans and data for over the past 12 months.

4.0 The role of TDAP

- 4.1 At a local level, success is reliant on partners working together to understand the Torbay population and how drugs are causing harm across the bay area, including any challenges in the local system and the changes that are needed to address them.
- 4.2 The partnership commits to working together to deliver the objectives outlined within the drug strategy, providing a focused point of reporting and scrutiny, thereby ensuring an open and transparent partnership with clear ownership, responsibility, and accountability. Members of TDAP have a responsibility to share information and intelligence relevant to these objectives to support joint strategic and prioritisation planning.
- 4.3 Responsibilities include but are not exclusive to the following:
- Development of a local Delivery Plan to capture Torbay activity against the three Priority Areas / supporting Commitments and monitor national outcomes and supporting metrics.
 - Provide expert advice and data to support the development of a joined up local strategy, agreeing the appropriate steps needed to meet the needs identified.
 - To influence the development and implementation of strategies and commissioning intentions that have the potential to impact the drugs strategy.
 - To identify and escalate system risks via the relevant strategic and/or operational governance group for follow up / action.

5.0 Milestones

- 5.1 The key milestones achieved in 2024 include:
- Successful embedment of the steering group, achieving a regular attendance from core members central to achieving the objectives of the drug strategy.
 - A system wide collaboration to support the development of Torbay's supplementary substance misuse treatment and recovery grant (SSMTRG) proposal for year 3.
 - Introduction of a forward plan to help ensure progress updates are received from partners in relation to the strategic commitments, with a focus on what the ask is from the partnership to help overcome any barriers.
 - Regular updates of key performance data shared with the partnership to inform areas of good practice, whilst highlighting areas requiring attention.
 - The successful completion of all national audit requirements for the 2023/24 reporting period.

6.0 Progress against core priority areas – examples

6.1 Priority 1: Break Drug Supply Chains

- 6.1.2 A southwest peninsular steering group focusing on activity related to priority 1 of the drug strategy is in operation and is chaired by Devon and Cornwall's Police and Crime Commissioner (PCC), Alison Hernandez. Devon and Cornwall police have been working under the direction of the PCC's drug strategy to deliver key activities aimed at disrupting the supply of drugs, both at a peninsular and local level.

6.1.3 Torbay's local policing team have been working closely with National Police Proactive teams to complete dedicated operations (including county lines intensification weeks) targeting the trafficking and supply of drugs coming into and being circulated within Torbay. Working in collaboration national proactive teams has maximised intelligence sharing and allowed Torbay's police force to target the highest threats related to county lines, resulting in the successful disruption and closure of key County Lines.

6.2 **Priority 2: Deliver a world class treatment and recovery system.**

6.2.1 In line with the Government's commitment to increase numbers accessing substance misuse treatment, work has taken place to improve pathways between the drug and alcohol service and Torbay's criminal justice partners i.e., prisons, police custody, probation and the courts. Latest data reports (the National Drug Treatment Monitoring System - NDTMS) show an increase of 123 additional people entering drug and alcohol treatment and a 30% increase in the number of people leaving prison and engaging with community treatment when compared to the same reporting period in 2022 (May 2022 v May 2024, NDTMS Local Outcomes Framework data).

6.2.2 Torbay's Drug and Alcohol treatment provider, Torbay Recovery Initiative (TRI) are working in partnership with Torbay Council's community safety team, public health and the OPCC to pilot a new treatment medication called Buvidal. Buvidal has been found to be an effective alternative treatment option for individuals who have previously experienced difficulties with staying in drug treatment. The Pilot launched in April 2024, with 7 individuals currently engaging in the pilot. Initial reports have been positive, with a reduction in illicit drug use reported and an increase in meaningful use of time i.e. improved self-care and involvement in employment and/or community-based projects.

6.2.3 Some specific projects, including the Torbay drug test on arrest pilot (partnership with TRI and the police) and the introduction of Growth in Actions complex lives navigators have a focus on increasing access to treatment for our criminal justice and female cohorts. Although both projects are in their early stages, feedback has been positive from partners, and we expect to see more individuals entering and engaging with treatment through introduction of these new approaches.

6.3 **Priority 3: Achieve a shift in the demand for drugs.**

6.3.1 The focus of this priority area relates to the identification of vulnerable adults / children most at risk of substance use and/or exploitation, whilst ensuring the consequences are sufficient to reduce the likelihood that individuals would choose to engage in drug use and or criminal activity. An example of this work is how schools support individuals with substance use and their exclusion policies to support individuals maintaining an education and finishing school.

6.3.2 A working group has recently been established to explore what current provision looks like in schools to prevent young people engaging in drug / alcohol misuse. Once this is understood, a plan around how to best support young people in schools can be developed.

6.3.3 A subgroup of the TDAP have been meeting to understand existing provision for identifying young people / families at risk of criminal exploitation and / or

substance misuse and opportunities to strengthen existing processes and increase identification of vulnerable populations. The group are also exploring what the support offer looks like for those identified and the impact this is having on young people and their families to determine if the current offer is fit for purpose.

6.3.4 With support from TDAP, Public Health have commissioned (via the 0-19 partnership) the development of a substance misuse children's partnership workforce plan, which is aimed at improving the experience of parents and children directly / indirectly affected by problematic drug and/or alcohol use within the family home. The workforce plan is currently in development and is set to achieve the following outcomes across the drug and alcohol and children's workforce:

- Basic knowledge in substance misuse issues and support.
- Basic knowledge in family support.
- Knowledge of resources and support available in Torbay, with an understanding of where to signpost.
- Increased confidence to have conversations with those affected by substance misuse.
- Increased understanding of different roles and approaches to support.
- Increased understanding of different challenges associated with supporting those affected by substance misuse.

7.0 Moving into Year 3

7.1 To date, the partnership has developed some key resources (e.g., joint needs assessment, delivery plan and its outcome metrics) which in partnership with the new data sets provided by OHID, has generated a good awareness of Torbay's system strengths and areas for further development. Moving into year 3, the partnership will complete a review of these resources to ensure plans are being developed in line with the most up to date evidence base.

7.2 For Year 3, the TDAP will focus on three main areas. Firstly, a review of the projects that have been implemented from the SSMTRG to support the ambitions of the 'From Harm to Hope' strategy and explore how partners can support maintenance of any provision should SSMTRG funding not continue into 2025/26, secondly, a review of our joint needs assessment and thirdly, how we can improve our data collection in the absence of a data lead for the partnership.

8.0 Relationship to Joint Strategic Needs Assessment

8.1 Utilises the same data sources for drug and alcohol as incorporated in the TDAP Drug and Alcohol Joint Needs Assessment.

9.0 Relationship to Joint Health and Wellbeing Strategy

9.1 TDAP focus on the life course and multiple workstreams supports numerous Priority Areas 1-4 of the strategy.

10.0 Implications for future iterations of the Joint Strategic Needs Assessment and/or Joint Health and Wellbeing Strategy

10.1 No implications at this point.

Title: Smokefree Devon Alliance Strategy (2023-28) – year 1 progress report

Wards Affected: All wards

To: Health & Wellbeing Board **On:** 26th September 2024

Contact: Claire Tatton, Public Health Practitioner

Email: Claire.tatton@torbay.gov.uk

1. Purpose

To present the Smokefree Devon Alliance Strategy 2023-28 - year 1 progress report.

2. Recommendation

This report is provided for information. Members are asked to note the highlights of the progress report presented.

3. Supporting Information

Smoking in Torbay - adults

Smoking remains the leading cause of illness and premature mortality in the UK. Additionally, smoking is one of the largest contributors to health inequalities with some of the highest incidence rates and harm concentrated to disadvantaged groups.

In Torbay, prevalence of adult smokers (18+) was 18.4% in 2022/23 (most recent data available). This is the first time rates in Torbay have been significantly higher than England since 2014. Rates had been declining significantly since 2014 but have risen over the last 2 years. Smoking at time of delivery is similar to the England value, smoking in manual and routine occupations and smoking attributable hospital admissions are all similar to the England values.

Smoking and vaping – young people

Nationally, the proportion of 15-year-olds who are regular smokers is 3.3% and who occasionally smoke is 5.5% (sample 2021 data). Both are the lowest rates since the survey began in 2004. The same survey indicates that 10% of 15-year-olds are regular e-cigarette users (often referred to as vapes). 61% of 15-year-olds reported never having used a vape.

Stopping the start: Smokefree Generation

In October 2024, the Conservative Government announced plans to reduce rates of smoking and create the first smokefree generation. The plans proposed to bring forward legislation to increase the legal age of sale for tobacco products and announced additional investment to increase smoking cessation support. The Tobacco and Vapes Bill was announced in the Kings Speech in August 2024, and we await further details as to what the legislation will cover. Additional investment to Local Authorities to increase smoking cessation support commenced in April 2024 and has been committed for 5 years.

4. Main report

Smokefree Devon Alliance

The Devon Smokefree Alliance is a partnership across Public Health teams, the NHS, Trading Standards, Environmental Health, children's centres, schools, youth settings, fire services, police, housing, Community Safety Partnerships, and the voluntary sector. The Alliance is committed to reducing the prevalence of smoking in Devon and is a member of the Smokefree Action Coalition. The Alliance strategy and plans are based on the national Tobacco Control Plan for England and are informed by local need through the Joint Strategic Needs Assessments.

Progress report

A summary of progress made under the three priority areas of the strategy is provided below. The full report is attached as an appendix.

Priority 1 - Protect children and young people from the harms of tobacco and de-normalise tobacco use to help prevent uptake.

- Torbay's Maternity Treating Tobacco Dependence pathway has supported 202 pregnant people to stop smoking since June 2022 with 90% of smokers accepting referral to the pathway at time of booking.
- Invested in additional Carbon Monoxide Monitors for use within the Heath Visiting Service to improve the identification of household carbon monoxide exposure and refer smokers to support where appropriate.
- Arts competition held across schools in Torbay for pupils to design signs to discourage people from smoking where children play. The winning designs have been printed and placed at parks across Devon and Torbay.
- New information and guidance provided to schools to prevent young people from taking up vapes and support the management of vapes in schools.

Priority 2 - Reduce health inequalities caused by smoking.

- Prioritisation of groups with higher levels of smoking within our specialist stop smoking service (Your Health Torbay). Since April 2023, 79.5% of referrals into the service were from the 40% most deprived deciles in Torbay. The highest proportion were for those who have been long-term unemployed, or who have been unable to return to work as a result of sickness or disability.

- Establishing pathways to ensure cessation support is offered to those attending NHS targeted lung health checks due to launch in Torbay from October 2024.
- Use of Smokefree Generation investment to build capacity and understanding of how we can improve cessation support for smokers with long-term mental health conditions, working in routine and manual occupations and with multiple complex needs.

Priority 3 - Ensure cross-sector, strategic collaboration around tobacco control, and support the development of a smokefree culture within key organisations.

- Collaborative work between Devon and Cornwall Police, Children’s Services, Education, Public Health and Trading Standards on prevention of vaping amongst young people.
- Creation of Smokefree NHS Steering Group to support the Treating Tobacco Dependence programme and embed smokefree culture within NHS Trusts.
- Completion of tobacco control assessment (CLear) to benchmark progress since 2021 and inform priorities for the Smokefree NHS Steering Group.

5. Relationship to Joint Strategic Needs Assessment

The priorities of the Smokefree Alliance strategy have been informed by the Joint Strategic Needs Assessment regarding smoking rates in the local population and the identification of groups at greatest risk.

6. Relationship to Joint Health and Wellbeing Strategy

The priorities of the Smokefree Alliance Strategy will support Priority 2 - a good start to life and the overarching theme of health inequalities.

7. Implications for future iterations of the Joint Strategic Needs Assessment and/or Joint Health and Wellbeing Strategy

No implications at this point.

Appendices



Smokefree Devon
Alliance Progress Rep

Background Papers:

The following documents/files were used to compile this report:

[Joint Strategic Needs Assessment \(JSNA\) and Ward Profiles 2024/25](#)

[Smoking Profile | Fingertips | Department of Health and Social Care \(phe.org.uk\)](#)

[Stopping the start: our new plan to create a smokefree generation - GOV.UK \(www.gov.uk\)](#)

[Smokefree Devon Alliance Strategy 2023-28 - Smokefree Alliance Devon](#)

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smokefree *alliance*
Progress Report 2024 **DEVON**

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Page 6	Progress Towards Achieving Priority 1
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Page 20	Progress Towards Achieving Priority 3
Page 24	Summary and Useful Links

Introduction

Tobacco is the number one cause of preventable mortality, resulting in 64,000 deaths in England each year. Total costs of smoking are over £17 billion – with £14 billion lost to smoking-related loss of earning, unemployment and premature death and £3 billion for NHS and social care costs.

In 2019, the UK Government announced their ambition for the first [Smokefree Generation](#) by 2030 (an adult smoking prevalence of 5% or less) and as such, have made a commitment to provide an additional £70 million per year (for the next five years) to Local Authority Public Health teams, for expansion of Smoking Cessation support and services for their local residents. In addition to this, over the next five years, £15 million per year has been pledged for national smokefree marketing and £30 million per year for enforcement agencies.

This new programme and funding is additional to the national '[Swap-to-Stop](#)' programme (whereby smokers are offered a vape starter kit and behavioural support to help them quit) and financial incentives used for stopping smoking in pregnancy (such as vouchers).

The new UK Labour Government announced their commitment to continue the Smokefree Generation programme. The King's recent speech (July 2024) announced the new Tobacco and Vapes Bill which will:

- Make it an offence to sell tobacco products to those born on or after 1st January 2009 – this means that those who are 15 years old or younger in 2024, will never be sold tobacco products legally. This will therefore phase out the sale of tobacco products, but will not stop current legal smokers from purchasing products.
- Make it an offence for those aged 18 or over to purchase tobacco products on behalf of those born on or after 1st January 2009.
- Impose new measures for retailers to update the age of sale notices (including warnings) to read: '*It is illegal to sell tobacco products to anyone born on or after 1 January 2009*'.
- Ban single use vapes for environmental and health protection.

[The Smokefree Devon Alliance](#) (SFDA) – a partnership of organisations committed to reducing the prevalence of smoking in Devon and Torbay, will sit at the core of this impactful work. Partnership work takes place across Public Health, the NHS, Trading Standards, Environmental Health, schools, youth settings, fire and police services, housing, community safety and the voluntary sector. To achieve a smokefree Devon, a [five-year strategy](#) (2023-2028) was developed, focusing on three strategic priorities and five key objectives (outlined on page 4). This collaboratively written report details the progress made in the first year of this strategy, on-going pieces of work and uncovers areas for future action. [The Smokefree Devon Alliance data report](#) presents key indicators to assess smoking cessation need and can be used to benchmark against other areas.

Summary of the Smokefree Devon Alliance Strategy 2023 – 2028

Vision:

Our vision is to create a 'Smokefree Generation' in Devon, where people are protected from the harms caused by tobacco and second-hand smoke.

Aim:

The aim of this five-year strategy is to significantly improve the health of Devon's population; reducing the prevalence of smoking and exposure to second-hand smoke, as well as reducing health inequalities and smoking-related illnesses and deaths. Therefore, to achieve our ambition, we are focusing on the following three strategic priorities:

Priority 1

Protect children and young people from the harms of tobacco and de-normalise tobacco use to help prevent uptake.

Priority 2

Reduce health inequalities caused by smoking; supporting high quality evidence-based interventions, with a focus on achieving equity and fairness.

Priority 3

Ensure cross-sector, strategic collaboration around tobacco control and support the development of a smoke-free culture within key organisations.

The Smokefree Devon Alliance set out the following five objectives to work towards, in order to achieve the aims of the strategy by 2028:

Objective 1

- There is a sustained reduction in smoking prevalence compared to the baseline data, as shown in the indicators below in the following Table 1:

	Most recent figure at time of writing (April 2023)			Indicator Last Updated
	Devon	Torbay	Plymouth	
Smoking Status at Time of Delivery	11.6%	11.5%	11.5%	2021/22
Smoking prevalence in adults with a long-term mental health condition (18+) - current smokers (GPPS)	24.7%	33.3%	28.3%	2020/21
Smoking prevalence in adults in routine and manual occupations (18-64) - current smokers (APS)	23.7%	22.7%	28.6%	2020

Table 1 Baseline indicators: Source Tobacco Control Profiles (OHID, 2023)

Objective 2

- There is good collaborative working across the Integrated Care System (ICS), which enables a joined-up approach to smoking cessation, consistency and equity in delivery. The Smokefree Devon Alliance, the Integrated Care Board (ICB), Local Maternity and Neo-Natal Services, Public Health, community Stop Smoking services and secondary care, are all connected and participating in discussions in partnership, and reporting structures are in place and working effectively.

Objective 3

- The Smokefree Devon Alliance has prioritised supporting smoking cessation services to reach and support people with mental health conditions and pregnant women and people to quit each year across Devon and Torbay. This information is regularly collected and monitored, to allow measurement of progress towards this objective and for services to regularly evolve and improve.

Objective 4

- The sale and supply of illegal tobacco in Devon is disrupted. Activity is measured by the quantity of illegal tobacco products (including vapes) seized by Trading Standards, the number of enforcement measures taken against suppliers and ultimately, by a reduction of complaints, also by the number of 'cease and desist' letters sent to illegal tobacco sellers.

Objective 5

- Data on smoking and vaping prevalence amongst children and young people in Devon and Torbay is routinely collected, enabling the actions of the Smokefree Devon Alliance to be informed by intelligence.

Finally, there are three guiding principles in place, that will help shape behaviour and decision making, as we work collaboratively to achieve our ambition:

Principle 1: This is a shared vision, to which we are all committed.

Principle 2: We will: work together, be brave, innovative and utilise the power of collective action and leadership

Principle 3: We will draw on the best available evidence, insight, and intelligence. We will share good practice and listen to residents, communities, service users and service providers.

Progress Towards Priority One

Priority 1: Protect children and young people from the harms of tobacco and de-normalise tobacco use to help prevent uptake.

Relevant Objectives:

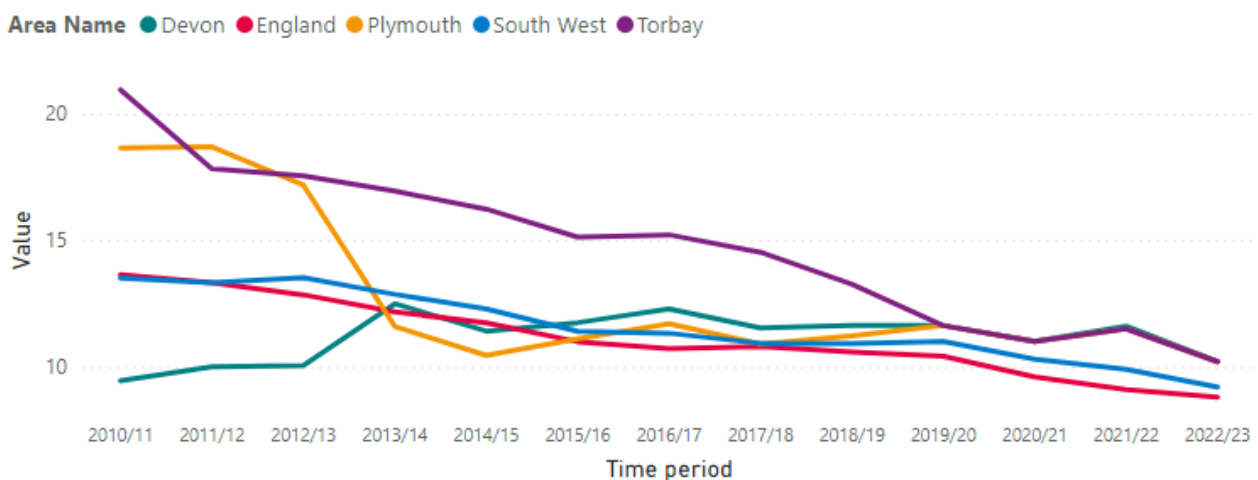
Objective 3:	The Smokefree Devon Alliance has prioritised supporting smoking cessation services to reach and support people with mental health conditions and pregnant women and people to quit each year across Devon and Torbay. This information is regularly collected and monitored, to allow measurement of progress towards this objective and for services to regularly evolve and improve.
Objective 5:	Data on smoking and vaping prevalence amongst children and young people in Devon and Torbay is routinely collected, enabling the actions of the Smokefree Devon Alliance to be informed by intelligence.
Objective 4:	The sale and supply of illegal tobacco in Devon is disrupted. Activity is measured by the quantity of illegal tobacco products (including vapes) seized by Trading Standards, the number of enforcement measures taken against suppliers and ultimately by a reduction of complaints. Also, by the number of 'cease and desist' letters sent to illegal tobacco sellers.

There is a sustained reduction in smoking prevalence compared to the baseline data below:

Smoking At Time of Delivery	Devon	Torbay	Plymouth
2023 figures	11.6%	11.5%	11.5%
England average	8.8%		

Table 2: SATOD Source: Tobacco Control Profiles (OHID, 2023)

Update on Data Indicators:



Graph 1: Smoking at Time of Delivery
(Go to [Smokefree Devon Alliance Data Dashboard](#) for more data and information)

Smoking and Vaping Among Children and Young People

Smoking

Locally in Devon, the Schools Health and Education Unit (SHEU) is completed every two years by primary and secondary school pupils. The last conducted survey was in 2021. The following Table 2 below shows that 100% of year 6 girls and 99% of year 6 boys reported to have never tried smoking in 2021.

**Primary School pupil smoking prevalence
Year 6 (ages 10-11):**

	2019		2021	
	Girls	Boys	Girls	Boys
Have never tried smoking	99%	98%	100%	99%

Table 2: Primary School Pupil Smoking Prevalence: Source: SHEU

Table 3 below a slight decrease in smoking prevalence in young people from 2019 to 2021; in 2021 3% of secondary school aged pupils in year 8 had tried smoking, which increased to 9% (boys) and 12% (girls) by year 10. Although table 3 shows that 0% of pupils were smoking regularly by year 8, this rises to 3% for boys and 4% for girls for year 10 respondents. This suggests girls are more likely to both try and currently smoke than boys.

**Secondary School pupil smoking prevalence
Years 8 and 10 (ages 11-12 and 14-15):**

		Year 8	Year 8	Year 10	Year 10
		2019	2021	2019	2021
Never smoked	Boys	94%	96%	81%	83%
	Girls	97%	95%	75%	75%
Tried smoking	Boys	5%	3%	12%	9%
	Girls	2%	3%	14%	12%
Smoke & don't want to quit	Boys	0%	0%	4%	3%
	Girls	0%	0%	5%	4%

Table 3: Secondary School Pupil Smoking Prevalence: Source: SHEU

Vaping

Nationally each spring, Action on Smoking and Health (ASH), conduct a Smokefree survey among children and young people in Great Britain (ASH Smokefree GB Youth Survey). Their recent survey highlights how vaping among 11-17-year-olds more than doubled between 2021 (3.2%) and 2022 (6.9%), but has somewhat plateaued in 2024 at 7.2% [ASH \(2024\)](#). Furthermore, 72% reported exposure to vaping-related promotion, most notably from inside shops (55%) and via online platforms (29%).

Locally in Devon, the 2021 SHEU survey found that by year 6, up to 3% of year 6 pupils have tried an e-cigarette. When compared with table 2's smoking data, this suggests year 6 pupils are more likely to try vaping than smoking.

**Primary School pupil vaping
Year 6 (ages 10-11):**

	2019	2021
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	Girls	Boys	Girls	Boys
Have tried an e-cigarette	3%	3%	1%	3%

Table 4: Primary School Pupil Smoking Prevalence: Source: SHEU

Table 5 below shows that when compared to table 3's smoking figures, pupils in both year 8 and year 10 are more likely to try vaping when compared to smoking and are also more likely to be currently vaping when compared to currently smoking. Furthermore, when comparing against age groups, the number of boys trying and currently vaping more than doubles to 17% between year 8 and year 10, and for girls, the number trying and currently vaping more than triples to 20%. Similarly to smoking, it implies girls are more likely to currently vape when compared to boys.

**Secondary School pupil vaping
Years 8 and 10 (ages 11-12 and 14-15):**

		Year 8 2019	Year 8 2021	Year 10 2019	Year 10 2021
Never tried vaping	Boys	79%	82%	66%	69%
	Girls	82%	81%	65%	61%
Tried vaping	Boys	8%	8%	20%	17%
	Girls	5%	6%	22%	20%
Vape & don't want to quit	Boys	2%	2%	5%	5%
	Girls	0%	1%	3%	9%

Table 5: Secondary School Pupil Smoking Prevalence: Source: SHEU

Finally, Devon's drug and alcohol service for under 18's - Youth - Substance Misuse, Advice, Recovery, Treatment (Y-SMART), shares how 63% of their service users currently vape.

The decrease in smoking prevalence in young people is likely partly as a result of decreasing smoking prevalence in adults. However, it must also be considered that some of this decrease could be attributed to the increased prevalence of vaping; young people who would have once smoked could now be choosing to vape instead. Although this presents a significant harm reduction benefit for those young people, it is important the Alliance collectively continues to monitor vaping prevalence in young people and work collaboratively to continue to develop approaches which prevents uptake of vaping in this demographic.

Supporting Young People to Stop Vaping – Stop for Life Devon

Stop for Life Devon are holding a young person's focus groups to discuss the thoughts of young people who currently or have previously vaped. They will be guiding conversation to discuss the reasons behind vaping, sources for supplies and what support plan would appeal to them as young people. Stop for Life Devon plan to use this to inform the development of a young persons' 'Stop Vaping' pathway for those living in the Devon County Council area - this will be led by behavioural change coaches. Insights from the focus group will be fed back to wider teams.

Vape Education and Prevention – Torbay

Our Torbay Healthy Learning website provides content and resources to support teachers and staff to promote vape prevention within Schools. Content and resources are suitable for use within PHSE lessons and are available to both primary and secondary schools. This information was updated in June 2024 to provide more information about illicit vapes containing synthetic substances and links between child exploitation and vape use.

Smokefree Playgrounds

In 2023, an arts competition took place in some schools across Torbay, where children were encouraged to design signs that could be placed around playparks in Devon and Torbay to discourage individuals from smoking - "*please don't smoke where we play*". Torbay and Devon Public Health teams, Devon Schools Games Partnership and Healthy Lifestyle services collaborated for this innovative project. The three chosen signs were developed for printing and were placed at parks across Devon and Torbay in areas with a high smoking prevalence and which had a high footfall.

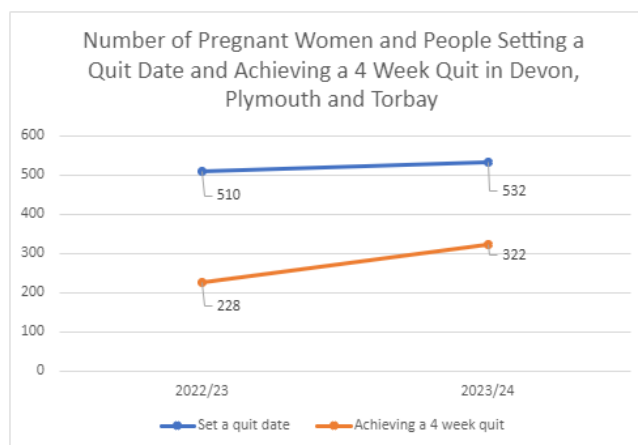


Treating Tobacco Dependency (TTD) During Pregnancy

The [NHS Long Term Plan](#) set out commitments to provide NHS-funded treating tobacco dependence services to anyone admitted overnight to hospital who smokes, is pregnant (and members of their household) and long-term users of specialist mental health services, by 2023/24.

This pathway is now fully implemented in Devon and Torbay, with the in-house tobacco dependency advisors providing a highly effective service on an opt-out basis. The updates from Devon Alliance members below detail more local information.

Graph two shows a significant increase in the number of pregnant smokers setting and achieving a 4-week quit between 2022-23 and 2023-24. In 2022-23, 510 pregnant smokers set a quit date, of which 44.7% achieved a 4-week quit, whereas in 2023-24 532 set a quit date and 60.5% achieved their 4-week quit. This highlights the significant impact and benefit of implementing in-house TTD maternity services and pathways since its inception 2022-2023.



Graph 2: Pregnant smokers setting and achieving a 4-week quit date *data does not include UHP **Torbay and South Devon NHS Foundation Trust (TSDFT) TTD Maternity Service**

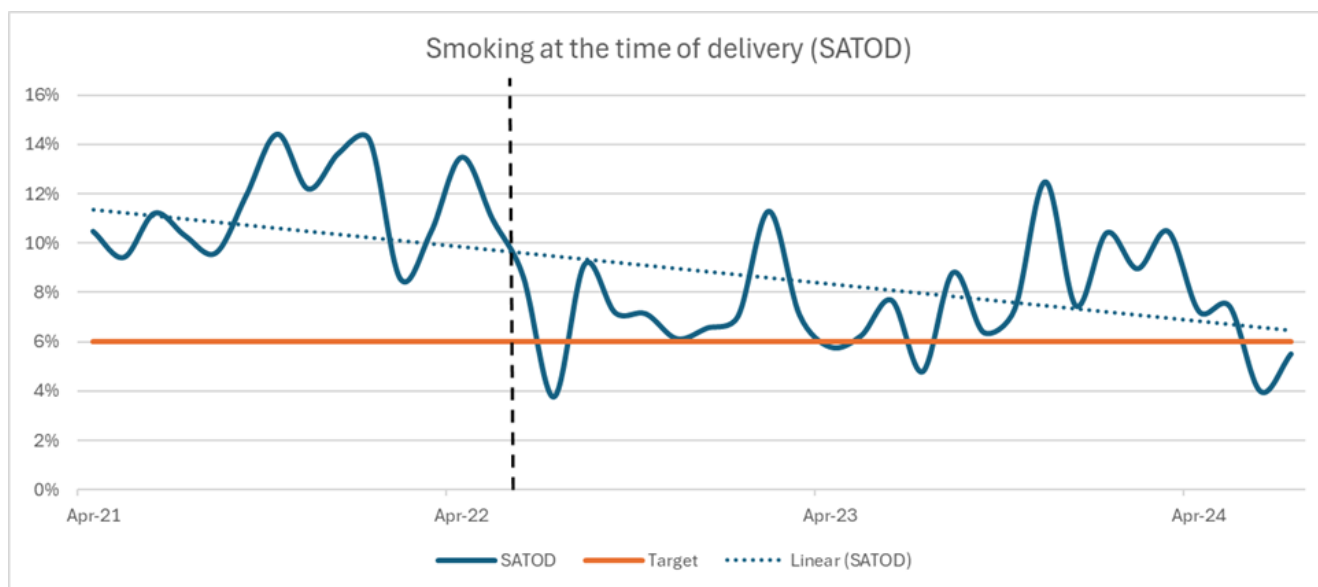
TSDFT has had a fully implemented TTD pathway since June 2022. It delivers a smoke-free pregnancy pathway that: identifies women who smoke as early as possible in pregnancy, assesses tobacco dependence throughout pregnancy, offers opt-out referral to our in-house treating tobacco dependency service and removes barriers to this process. Patients are supported by specialist smoking cessation staff, alongside Nicotine Replacement Therapy (NRT) and vapes to support quit attempts.

We provide training to all maternity staff on an annual basis, ensuring that smoking in pregnancy is met with the same attitude and referral process right across the pregnancy journey. By accomplishing this vision, we will be compliant with the Saving Babies Lives Care Bundle Version 3, element 1 and will hope to achieve the national aim of a Smoking At Time Of Delivery (SATOD) rate of 6% - set by NHS England.

Holistic support is offered to women and their partners if they are also smokers, as we know that those families who continue to smoke in pregnancy are almost always impacted by multiple disadvantages. In the UK, people are six times more likely to smoke if they live in the most deprived boroughs. In 2019, Torbay was ranked as the 48th most deprived local authority out of 317 English Local Authorities by the Index of Multiple Deprivation (IMD). The 2021 Census found that 66% of Paignton households are suffering from deprivation.

Over 90% of smokers accept referral into the pathway at booking. Since 2022, the service has supported 202 pregnant women and people to quit smoking, with 87% verified by expired carbon monoxide reading. The service has also supported 26 partners to quit smoking.

The following graph below shows the SATOD data from April 2021 - June 2024. The solid blue line shows the SATOD over time and the dotted blue line shows the downward trend of SATOD over the last 3 years. The national target for SATOD is to get under 6% and as of June 2024, we are under that figure. The dotted black line shows the implementation of the TTD programme, which suggests a correlation between implementation and the decline in SATOD.



Graph 3: SATOD at TSDFT

Royal Devon University Healthcare NHS Foundation Trust (RDUH) TTD Maternity Service

Similar to TSDFT, all pregnant women and people accessing maternity services at both our Eastern and Northern sites are now provided with an opt-out referral into the in-house treating tobacco dependence service, where they can access free NRT or vapes to assist their quit attempt. Furthermore, we recently won an Unsung Hero award in the East; reflecting the hard work, commitment and passion the team have displayed.

Eastern site:

This change in pathway has seen enormous success, with 474 engaging with the East Maternity TTD service since November 2022. The opt-out referral rate has grown considerably, with 93% of smokers referred to the service and 67% of those set a quit date. We have supported 245 women to be smoke free at 12-weeks and 179 women to be smokefree at birth. In 2023-2024 our smoking at booking rate was 10.6% and SATOD was 5.4%. We have also utilized the Swap-to-Stop initiative to provide free vape kits for partners and household members.

Maternity Service User Feedback

I haven't touched a cigarette since the afternoon of Saturday the 17th. I'm getting on very well with the vape which arrived on the Saturday morning. I've not used the patches as I haven't needed them. My partner has also switched to using a vape which has made it much easier for us both to quit smoking.

I just wanted to say a massive thank you, I've smoked for nearly 20 years and I've found the switch to using a vape incredibly easy. I've tried vaping in the past and I've never got along with it. The vape you have supplied me with and the brand of juices have been fantastic!!

Thank you so much. I am over the moon and so grateful to you and your team.

The TTD Maternity model was implemented November 2023 and we currently have a 1.0 full time Maternity Smoking Cessation Advisor, who works all over the maternity service and is able to support people virtually or within the hospital or midwifery hubs. All pregnant people who smoke or have recently quit are provided with an opt-out referral to the maternity smoke cessation team and a contact is made - This is made at the first contact with maternity services, which provides an opportunity to enter a quit attempt before their booking appointment.

To date, 75 people have been supported by the team, of which 37 quit dates were set. Our smoking at the time of booking in June 24 was 10.1% and in July 24 was 15.1% which highlights what a changeable demographic this can be. The SATOD in June 24 was 7.1% and July 24 was 9.2%. We introduced the Swap-to-Stop vape provision as an aid to quit in May 2024, and have seen a positive uptake in engagement with the service due to this offer. We have also been able to offer Swap-to-Stop to household contacts since May-24, which not only improves the safety and health of the family, but also increases a quit attempt if the household is supported too.

The team have run Very Brief Advice workshops to Midwives and Obstetricians following facilitator training with BabyClear/IPIP and received very positive feedback from these interactive workshops. The team also presented on one of the mandatory study days, which all midwives and maternity support workers attend. The maternity smoke cessation team were a part of Health Winter Pregnancy drop-in events over Autumn of 2023 with the vaccination and infant feeding teams, and were able to provide information, support, CO breath tests and NRT at these events. We are excited to be working with Public Health Devon to pilot a trial, which will focus on those who currently do not engage and to focus on health inequalities for this cohort. We are also excited to participate in the training for Risk Perception so that this is a service that can be offered across RDUH.

We received feedback from a service user - a mother whose partner engaged in a conversation with the team during a Healthy Winter drop-in event, who went on to quit smoking:

Maternity Service User Feedback

“My husband spoke with them whilst I was still in hospital and they were amazing! He hasn’t smoked since baby boy’s birth day”

Holistic Maternity Trial:

The RDUH maternity teams are currently working with Public Health Devon to implement an exploratory trial, to create a different offer for those who do not engage with the current referral pathway, using Smokefree Generation funding. Understanding people’s contexts and experiences and why they decline support from services is essential to reduce health inequalities. From existing data and insight, we know that women and people who do not stop smoking during pregnancy, and who decline support from stop smoking services are often more vulnerable, with complex and challenging circumstances. Research evidence also supports this, with factors such as: living alone, lower educational attainment, low health literacy and unplanned pregnancy being associated with continuation of smoking during pregnancy.

This trial seeks to support pregnant women and people beyond smoking cessation and offer a broader, more holistic range of support, tailored to the needs and preferences of the individual - taking an approach that is more person-centered and recognises the challenges people may be facing, could encourage engagement and build resilience - enabling someone to make a quit attempt and have greater health and well-being benefits.

The results of this trial will be shared broadly with the Smokefree Devon Alliance to contribute to shared learning in this priority area.

Local Maternity and Neonatal System (LMNS)

There is a strategic approach to TTD in pregnancy at organisational level, but there is currently no oversight or reporting link of this workstream via the LMNS preprogramme routes.

Monitoring of interventions in the LMNS footprint (all maternity services in Devon, Plymouth and Torbay), is done via the [Saving babies' lives: version 3: A care bundle for reducing perinatal mortality](#):

- Element 1: Reducing smoking in pregnancy
Reducing smoking in pregnancy by identifying smokers with the assistance of carbon monoxide (CO) testing and ensuring in-house treatment from a trained tobacco dependence adviser is offered to all pregnant women who smoke, using an opt-out referral process.

The creation of this report has therefore unveiled the following **point for action**:

- Review the LMNS pre-programme routes to understand if a better reporting link is required between the LMNS and the Smokefree Devon Alliance, in order to help further our objectives.

Smokefree Homes

Torbay:

Our Health Visiting service has undertaken a benchmarking exercise against the OHID Maternity/Health Visitor SLI guidance (published 2022). In response, additional CO monitors have been supplied to Health Visitors to improve identification of exposure to CO in the home and encourage people into smoking cessation support where applicable.

Devon:

Conversations are currently underway to inject funding into the Public Health Nursing service in Devon, to carry out a similar exercise as recently completed in Torbay and to develop an action plan as a result of the benchmarking exercise to increase the number of households with children being smokefree.

Progress Towards Priority Two

Priority 2:

Reduce health inequalities caused by smoking, by supporting high quality evidence-based interventions, with a focus on achieving equity and fairness.

Relevant Objectives:

Objective 3:	The Smokefree Devon Alliance has prioritised supporting smoking cessation services to reach and support people with mental health conditions and pregnant women and people to quit each year across Devon and Torbay. This information is regularly collected and monitored, to allow measurement of progress towards this objective and for services to regularly evolve and improve.
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There is a sustained reduction in smoking prevalence compared to the baseline data below:

2023 figures	Devon	Torbay	Plymouth
Smoking prevalence in adults with a long-term mental health condition (18+) - current smokers (GPPS)	24.7%	33.3%	28.3%
Smoking prevalence in adults in routine and manual occupations (18-64) - current smokers (APS)	23.7%	22.7%	28.6%

Tobacco Control Profiles (OHID, 2023)

Update on Data Indicators:

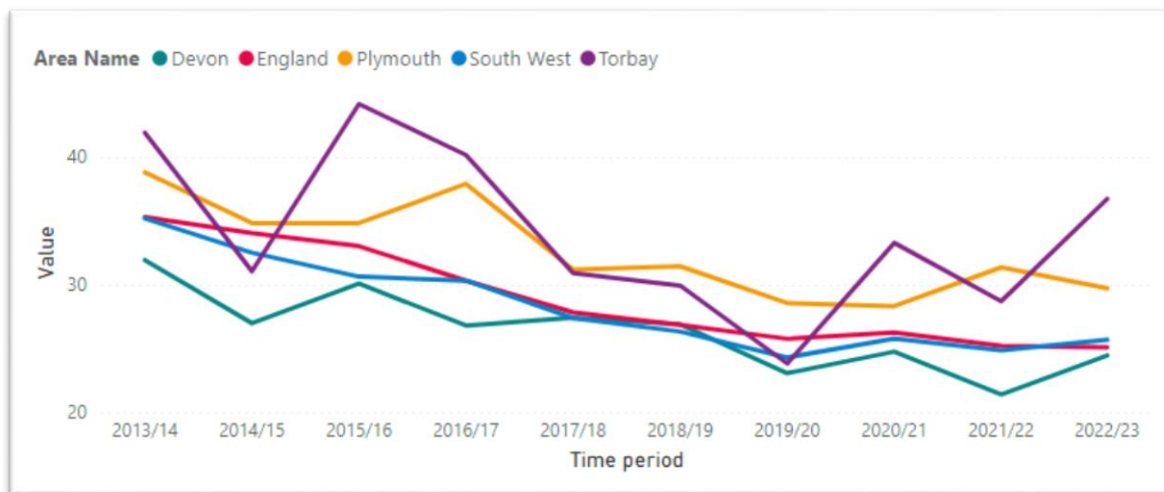
Smoking Prevalence and Mental Health

The smoking prevalence among those with a mental health condition (including anxiety, depression or schizophrenia) remain higher than the general population. The association between smoking rates and mental health conditions have shown to become stronger in relation to the severity of the mental health condition (e.g. bipolar disorder) – for example psychiatric in-patients are more likely to smoke compared to all other mental health conditions ([ASH, 2019](#)).

[ASH \(2019\) report](#) that more than 40% of smokers in the UK have a serious mental health condition. Moreover, those with poor mental health are more likely to live in socio-economic deprivation ([PHE, 2020](#)). Smoking also exacerbates early mortality in those with a mental health condition; smokers with a mental health condition die 10-20 years earlier than smokers without mental health conditions ([NHS, 2024](#)). Consequently, the [NHS Long Term Plan](#) commits to offering NHS-funded tobacco treatment services to all inpatients, including mental health and high-risk outpatients.

The following graph 3 below shares the smoking prevalence of adults with a long-term mental health condition in Devon, Plymouth and Torbay - there is a downward trend for Devon figures, which remain below the South-West (25.7%) and England average (25.1%). There is also a downward trend for Plymouth, though this remains above the South-West and England average at

29.7%. Similarly, the prevalence in Torbay is also above the South-West and England average, and remains the highest in the county at 36.7%.



Graph 3: Smoking prevalence of adults with a long-term mental health condition: Source: Devon Alliance Smokefree Data Report

Furthermore, the following graph 4 below indicates the local areas with highest smoking prevalence in adults with a long-term mental health condition (above the England average) to be: Torbay, Torrridge, Exeter, Torrridge, North Devon and Plymouth.

Point for action unveiled: This insight will inform future pieces of targeted work.

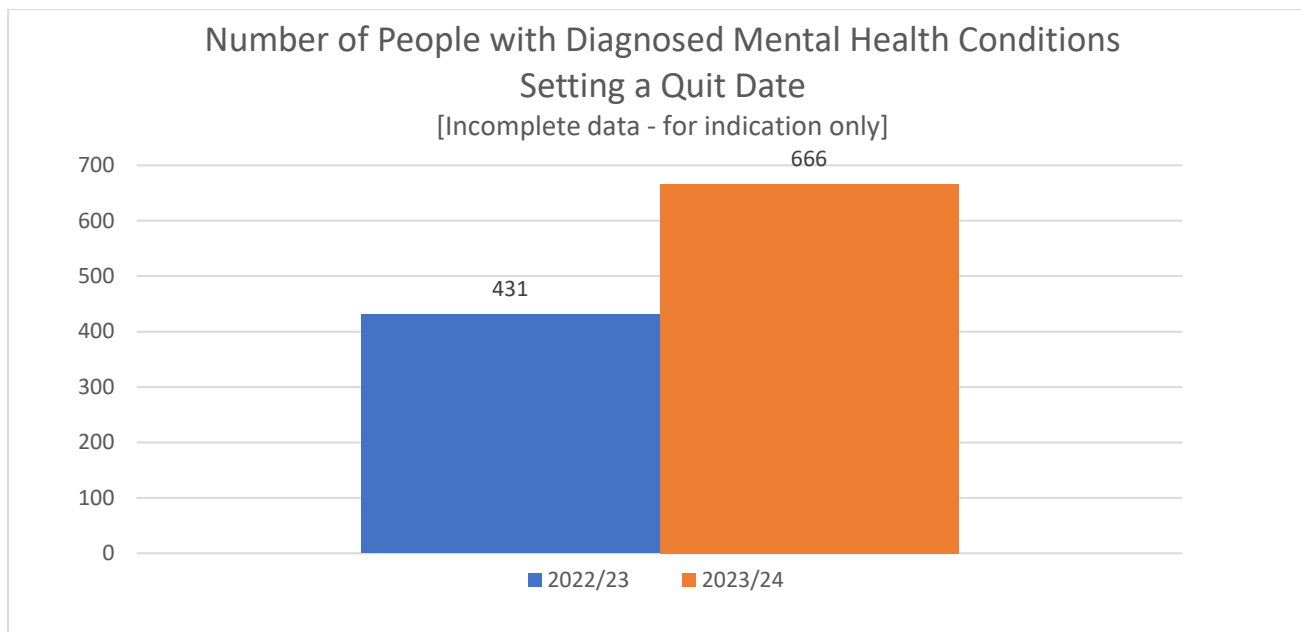


Graph 4: Local areas with the highest smoking prevalence in adults with a long-term mental health condition. Source: Devon Alliance Smokefree Data Report

How many people with diagnosed mental health conditions are being supported by local stop smoking services?

As a result of objective three, partners in the system agreed to start collecting data on the number of people with mental health conditions being supported to stop smoking. This is still in development

and so the data below is not an accurate representation, but is presented here to show the increase in people with a diagnosed mental health condition accessing tobacco dependence services increasing from 2022/23 to 2023/24.



Point for action unveiled: More work needs to be done to ensure this information is routinely collected by services, including the number of people with mental health conditions who successfully quit at four weeks.

Update From Smokefree Devon Alliance Members:

Devon Partnership Trust (DPT)

DPT went smoke free in 2018, including the introduction of a vape as an additional option to NRT, which was supported by a Smoke Free Policy. Recognising the challenges faced in meeting this policy and supporting our in-patient population in the best possible way, the policy was updated in October 2023.

Alongside our Smoke Free Policy has also been work on Treating Tobacco Dependence (TTD). The Treating Tobacco Dependence funding which came down as part of the NHS Long Term Plan is now fully implemented. New admissions are screened for smoking status as part of their medication reconciliation and sign-posted to treatment options, including: behavioural support, NRT, vapes and support on discharge.

As part of co-production on this work, we identified the vape offering was not meeting the needs of people using it; we have been working on procuring an alternative to vapes, as a way to further and better support people to make the switch from tobacco. We are also piloting vapes under the national 'Swap-to-Stop' scheme, as another means to give people in our care access to a vape.

Together Devon - Substance Misuse Service

Together Devon - Drug and Alcohol Service provides support, advice, and signposting for service users around the smoking of tobacco or vaping. We have made links with Stop for Life (Devon Smoking Cessation Service) and we are about to launch the Swap-to-Stop scheme with our client

group. The Together premises are smoke-free, as supported by organisational policy. Furthermore, to reduce risks associated with intravenous drug use, the Together service encourages the use of smoking substances that are normally taken intravenously; however, we do not encourage the use of tobacco.

The following table 6 below shows data over the last 12 months on the tobacco usage of the treatment population and whether they reduce tobacco use or achieve abstinence.

OtherDrug	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Apr-24	May-24
Other Drug - Abstinence Achieved	86.2%	86.2%	87.5%	87.5%	85.3%	82.4%	83.3%	81.8%	78.1%	75.0%	78.4%	74.4%	75.0%
Other Drug - Use Reduced	3.4%	6.9%	6.3%	6.3%	8.8%	11.8%	11.1%	12.1%	15.6%	19.4%	18.9%	20.5%	17.5%
Total	89.7%	93.1%	93.8%	93.8%	94.1%	94.1%	94.4%	93.9%	93.8%	94.4%	97.3%	94.9%	92.5%
Tobacco													
Tobacco - Abstinence Achieved	42.9%	43.3%	41.8%	43.6%	44.8%	48.8%	48.3%	47.1%	46.8%	48.0%	50.0%	50.9%	50.3%
Tobacco - Use Reduced	4.2%	5.5%	6.2%	6.1%	6.3%	6.0%	4.6%	4.7%	4.6%	4.6%	4.3%	5.0%	3.8%
Total	47.0%	48.8%	48.0%	49.7%	51.1%	54.8%	52.9%	51.7%	51.4%	52.6%	54.3%	55.9%	54.1%

Stop for Life Devon (SFLD) – Specialist Stop Smoking Service Update

SFLD has achieved 763 quits this year so far, with a 75% quit rate - the majority of referrals fall into our priority groups.

Our coaches are trained with a trauma informed approach to coaching, behavioural science training, motivational interviewing training, regular vape awareness refresher training, suicide awareness training, mental health awareness training, training in specific areas depending on pathways, such as training around having health focused conversations with cancer patients and oral hygiene training.

Additional funding has been allocated to growing the team, with additional coaching hours and a Swap-to-Stop co-ordinator as part of the Smokefree Generation funding. There is also an additional focus on marketing and community engagement to drive referrals. Our community engagement lead is based within our communities' hot spots - building relationships throughout the week with services and the public directly to increase service and brand awareness.

SFLD works closely with existing teams attending Devon-wide events alongside vaccination teams, mental health teams and PCN's to add value to community input. SFLD has also developed a new rapid access pathway to support cancer patients with a 7-day assess and prescribe period for newly diagnosed cancer patients, to improve efficacy of treatment and recovery.

Drug and Alcohol Services:

We have good relationships with drug and alcohol services e.g. Together and Y-SMART, to ensure teams are aware of clear referral pathways. We provide referral resources e.g. leaflet, posters, flyers when needed. We have also discussed the possibility of some drug and alcohol awareness training to upskill the team.

Training:

SFLD are holding three training sessions to community providers, centred around very brief advice training, as well as vape awareness sessions. Two of these sessions have already been delivered to DPT Champions Network and another to the vaccination teams. A third has been scheduled with the Fern Centre cancer support worker teams. A fourth online specific vape awareness session has

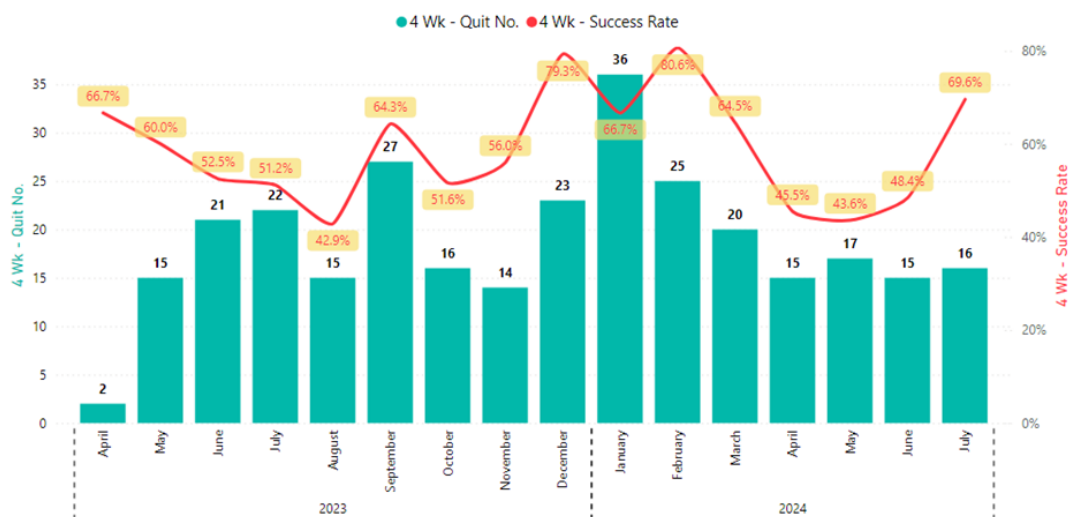
been circulated with our current training dates to GPs, pharmacies and community and voluntary services.

Swap to Stop:

SFLD has moved to a new provider – EVAPO, which offers 12-weeks of vape codes, as opposed to 4-week codes. We have our swap to stop coordinator in place which means that any organisation can sign up to provide free vape vouchers to clients, even if the individuals do not want to access structured behavioural support from SFLD. We will be working closely with external providers to co-ordinate codes with clients and monitor outcomes. We will also be embedding the free vape offer in our community events.

Your Health Torbay – Specialist Stop Smoking Service Update

Since the service commenced in April 2023, the service has received 1000 referrals, with 833 people attending an initial appointment and 696 setting a quit date. At the time of reporting, the number of people who have successfully achieved a 4-week quit is 299. 216 were reported to have not quit and the remainder are awaiting outcomes.



Graph 4: Your Health Torbay Quit Rates

The service has been commissioned to focus on supporting several priority groups where smoking rates are highest and who experience disproportionate impacts. This includes those working in routine and manual occupations, those with a mental health condition and those living in areas of deprivation. Referral data shows that 79.5% of referrals are from the 40% most deprived communities in Torbay. The highest proportion of referrals have been for those long-term unemployed or have been unable to return to work as a result of sickness or disability.

Swap to Stop and access to Nicotine Replacement therapy:

Vapes are now available as a quit aid as part of the Swap-to-Stop Scheme through the service. In addition, the service is moving to direct supply of NRT in Autumn 2024 to improve the speed of access to quit aids for clients.

The service is currently working with GP practices to do case finding to drive referrals into the service, as well as offering brief advice training to the voluntary and community services to aid quality conversations around smoking cessation and referrals to service providers.

Progress Towards Priority Three

Priority 3: Ensure cross-sector, strategic collaboration around tobacco control and support the development of a smoke-free culture within key organisations

Relevant Objectives:

Objective 2:	There is good collaborative working across the Integrated Care System (ICS), which enables a joined-up approach to smoking cessation, consistency and equity in delivery. The Smoke-free Devon Alliance, the Integrated Care Board (ICB), Local Maternity and Neo-Natal Services, Public Health, community Stop Smoking services and secondary care, are all connected and participating in discussions in partnership, and reporting structures are in place and working effectively.
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Update From Smokefree Devon Alliance Members and Workstreams:

E-cigarettes, Vapes and Swap-to-Stop:

The national Swap to Stop programme, co-ordinated by the Office for Health Improvement and Disparities (OHID), offers the opportunity to provide free vape starter packs to people looking to stop smoking, either through the standard treatment programme, or through a 'light-touch' approach. This has required significant collaboration, working towards parity of offer across Devon and attempting to maximise the opportunities. Free vapes are now available in all specialist services and light touch offers are available in both Devon and Plymouth - Devon are looking to expand this programme over the next six months and hope to work with large organisations to promote this offer across the county.

Alongside this programme of work, it has been important to keep up to date with the latest evidence around vapes, including around their safety and their effectiveness, which has been regularly shared with the Devon Alliance members.

Treating Tobacco Dependence (TTD) for Acute Inpatients and the Smokefree NHS Steering Group:

In addition to the aforementioned maternity and mental health pathways, all Devon acute trusts now have an inpatient TTD pathway, with tobacco dependence advisors available to support people on admission with access to pharmacotherapy, support to quit or abstain from tobacco use and onward referral to specialist stop smoking services on discharge. However, the TTD funding does not provide enough capacity to ensure all inpatients who smoke have access to these services and the Devon-wide steering group have come across broader barriers to successful implementation of the full TTD programme ambition. This has consequently led to the TTD Steering Group morphing into a more general "Smokefree NHS Steering Group" in August 2024, supported by the Smokefree Devon Alliance and chaired by Devon ICB.

Creation of the Smokefree NHS Steering Group:

The purpose of this evolved group is to provide a monthly forum for NHS Trust organisations (Devon Partnership NHS Trust; Livewell Southwest; Royal Devon University Healthcare; University

Hospitals Plymouth; Torbay and South Devon NHS Foundation Trust), along with other stakeholders (including: Public Health leads; Stop Smoking Service leads and ICB) across Devon, Plymouth and Torbay, to work collaboratively on developing a Smokefree NHS across the county, which supports the TTD programme and goes further to embed positive smokefree culture within the trusts.

Smokefree NHS Steering Group: CLear Workshop:

In August 2024, the Smokefree NHS Steering Group conducted a light touch CLear workshop (an evidence-based approach to tobacco control that every local authority and tobacco control alliance can use), to help the group to develop clear actions and objectives which will meet the needs of the trusts, supporting key areas of development identified through this process. The same [CLear improvement model](#) was used as in 2021, to enable comparison demonstrate progress made to date. CLear represents three key focus areas of the model:

- **Challenge:** existing tobacco control services, based on evidence of the most effective tobacco control methods, as outlined in NICE Guidance and 'Towards a smoke-free generation: tobacco control plan for England'
- **Leadership:** for comprehensive action on tobacco control
- **Results:** demonstrated by the outcomes you have achieved, measured against national and local priorities.

The [summary report of the CLear workshop](#) identified collective areas of strength since the previous 2021 workshop, such as implementation of maternity and acute TTD pathways, removal of designated smoking zones and that all staff who deliver smoking cessation behavioural support, are trained by the National Centre for Smoking Cessation and Training (NCSCT). It also identified collective improvements across communications, system, training and treatment. For example: establishing high level leadership, having increased focus and collaboration around smokefree communications, creation of Trust Smokefree Steering Groups and training all frontline staff in Very Brief Advice for smoking cessation as part of mandatory training. As a result, clear objectives and actions will be discussed and agreed by the Smokefree NHS Steering Group, ensuring continual improvement and success.

NHS Targeted Lung Health Checks Programme:

The [NHS Targeted Lung Health Check](#) programme is a pilot screening programme that aims to detect lung cancer early. It invites current or previous smokers aged 55-74 years for a lung health check, which firstly consists of a telephone call, where the health professional carries out a brief assessment (based on health and lifestyle) and determines the participant's risk of lung cancer. If the person is assessed as high risk, they are invited for a lung health check and low dose chest CT scan, or referred to their local GP. This program is a referral pathway into local smoking services and has resulted in significant increases in demand for these services.

The programme, which will be available all across England by 2029, is currently taking place in Plymouth and links to the local One You Plymouth smoking cessation service. The programme is expanding to conduct lung health checks in Torbay and South Devon from October 2024 and as such, will also link with Your Health Torbay and Stop for Life Devon smoking cessation services. Furthermore, it will further expand in the future to also include East Devon (to be Devon-wide).

Update on Public Health Smokefree Generation Programme Plans

Context:

In October 2023, the UK Government announced new plans to reduce rates of smoking. In addition to proposed changes in legislation around the legal age of sale of tobacco, Local Authorities have been granted additional funding to reduce rates of smoking. Funding has been allocated for 2024/25 based on a rolling average of smoking prevalence figures. The funding is committed until 2029.

ICB Wide Capacity:

Devon, Plymouth and Torbay have used some of the Smokefree Generation funding to appoint a new 1.0 full time Advanced Public Health Practitioner, who will focus on coordinating smokefree strategy and policy Devon-wide. The post will work with all NHS Trusts across Devon to ensure smoking cessation is a priority and will help to develop partnerships with organisations that work across all three areas; improving clarity of referral pathways and encouraging referral activity.

Devon County Council:

The Smokefree Generation programme plan for Devon County Council is broadly made up of the following activities:

- Increasing our contract with Stop for Life Devon to:
 - Support more people to stop smoking
 - Enable partner organisations to provide free vape starter kits to their staff/service users
 - Increase training around smoking cessation and vapes
- Improving relationships with GP practices and pharmacies to increase stop smoking activity and carry out quality improvement
- Working with the Public Health Nursing service to introduce tobacco activity inc.:
 - Smokefree homes recommendation implementation (as per Alliance action plan)
 - Direct stop smoking support
- Insight development with key priority groups
- Working with RDUH to explore opportunities for:
 - Holistic maternity pathway for those who don't engage with current Treating Tobacco Dependence (TTD) offer
 - Direct delivery of tobacco dependence treatment to **outpatients** by trust-employed practitioners
 - Brief interventions and swap to stop in the Emergency Department
- Contributing to a South-West regional asset to support comms and marketing
- Exploring how to better support those with Serious Mental Illness to stop smoking
- Place-based working
 - Exploring a small grants programme for VCSE organisations to support priority groups with quit attempts
- Considering activities for vulnerable young people, including children in care, care experienced or those in Pupil Referral Units

Torbay Council:

Service capacity building:

The short-term priority for the Smokefree Generation funding has been to enhance the specialist stop-smoking service's capacity to support more clients. This capacity will ensure a responsive offer of support to those referred from the NHS Lung Health Check program and create new capacity to improve the reach of the service to the priority groups - those living in areas of deprivation, those living with mental health conditions and those working in routine and manual occupations. The additional capacity will also drive forward the development of a smoking cessation offer within Growth in Action - Torbay's Multiple Complex Needs Alliance.

The funding will also increase training capacity to support local organisations to deliver smoking cessation advice and insight development work to identify how services can be improved to support more people in the future. The needs and behaviours of those working in routine and manual occupations within coastal communities can be different when compared to rural or urban areas. Therefore, specific insight work is being developed to improve the understanding of smoking behaviours of those working in routine and manual occupations in Torbay, as well as understanding what types of support would be most helpful to inform longer term service development.

System building and innovation:

We are also currently working to test and develop new initiatives to promote smoking cessation for those who would not routinely engage with specialist stop smoking services. This includes exploring how we can improve access to digital support and providing funding opportunities to incentivise smoking cessation support within community and voluntary sector organisations.

Summary

This collaboratively written report highlights the excellent progress made in the first year of this strategy, such as:

- Treating Tobacco Dependence pathway fully implemented in Devon and Torbay, which has resulted in an increase in the number of pregnant smokers achieving a 4-week quit.
- Creation of the Smokefree NHS Steering Group, with representatives from every trust, which is planning to collaboratively drive energy into improving the conditions in which the TTD programme operates
- Resources and support for vaping education and prevention in young people
- Implementation of Swap-to-Stop scheme in Devon, Plymouth and Torbay
- Increased capacity at community smoking cessation services (advisors and appointments)
- Expansion of NHS Targeted Lung Health Checks across Devon, Plymouth and Torbay, in partnership with local stop smoking services
- Appointment of Advanced Public Health Practitioner, who will coordinate smokefree strategy and policy Devon-wide.

It has also uncovered areas for future action for the second year and beyond, including:

- Supporting and implementing smokefree policy across all Devon trusts
- Ensuring strategic join up across key organisations and partnerships continues, to further progress towards strategic priorities
- Monitoring vaping prevalence in young people and working collaboratively to prevent uptake
- Developing partnerships with organisations that work across Devon, Plymouth and Torbay - to encourage referral activity into community smoking cessation services.

- Targeted work for priority groups, such as adults with mental health conditions
- Targeted work in areas with high smoking prevalence, such as Torbay, Torridge and Exeter

The members of the Smokefree Devon Alliance look forward to continuing their impactful smokefree work and expanding its membership in its second year.

With thanks to the following organisations for their contributions to this report:

Organisation	Description of organisation
Public Health Devon	Local Authority Public Health Team
Public Health Torbay	Local Authority Public Health Team
Torbay and South Devon NHS Trust	Acute Trust
Royal Devon and Exeter NHS Trust	Acute Trust
Devon Partnership Trust	Mental Health Trust
Together Devon	Drug and Alcohol Service
Stop for Life Devon	Devon’s healthy lifestyle service commissioned by Public Health Devon
Your Health Torbay	Torbay’s healthy lifestyle service, commissioned by Public Health Torbay

Useful Links:

- [Smokefree Devon Alliance Data Dashboard](#)
- [Stopping the start: our new plan to create a smokefree generation - GOV.UK \(www.gov.uk\)](#)
- [The King's Speech 2024 - GOV.UK \(www.gov.uk\)](#)
- [About the Smokefree Devon Alliance - Smokefree Alliance Devon](#)
- [Use of Vapes Amongst Young People in Great Britain - ASH 2024](#)
- [ASH Factsheet on Smoking and Mental Health \(2019\)](#)
- [Health matters: smoking and mental health - GOV.UK \(www.gov.uk\)](#)
- [Stopping smoking for your mental health - NHS \(www.nhs.uk\)](#)
- [NHS Long Term Plan](#)
- [CLear local tobacco control assessment - GOV.UK \(www.gov.uk\)](#)
- [Targeted Lung Health Checks - Peninsula Cancer Alliance](#)

Meeting: [Health and Wellbeing Board](#) **Date:** [26 September 2024](#)

Went to Torbay Council Overview and Scrutiny Committee	13 March, 2024
Torbay Council Cabinet	19 March, 2024

Wards affected: [All Wards](#)

Report Title: [Torbay Interagency Carers' Strategy 2024-27](#)

When does the decision need to be implemented? Implemented 1 April 2024

Cabinet Member Contact Details: Hayley Tranter, Cabinet Member for Adult Social Care and Public Health and Inequalities plus Communities,
Hayley.Tranter@Torbay.gov.uk

Nick Bye, Cabinet Members for Children, Nick.Bye@Torbay.gov.uk

Director Contact Details: Joanna Williams, Director of Adult Social Services,
Joanna.Williams@Torbay.gov.uk

Nancy Meehan, Director of Children's Services, Nancy.Meehan@Torbay.gov.uk

1. Purpose of Report

- 1.1 Torbay Carers' Strategy with outline action plan (Appendix 2) has been through Torbay Council and Torbay and South Devon NHS Foundation Trust approval routes. It is being brought to the Health and Wellbeing Board for information. A more accessible version of the Strategy has been developed with Carers and partner organisations. (Appendix 1). It includes a detailed action plan for 2024-25.
- 1.2 This Strategy brings together the work that Health and Care organisations in Torbay plan to undertake with Carers during 2024-2027. It will ensure that organisations meet their legal obligations to Carers, work towards best practice / quality standards and that their work is joined up. It ensures that Carers are at the heart of their work, that Carers are aware of services and that these services meet Carers' needs.

2. Reason for Proposal and its benefits to our residents

- 2.1 This Strategy will help us to deliver the vision of a healthy, happy and prosperous Torbay by supporting the 65% of residents who will be a Carer at some stage of their life.
- 2.2 Carers provide huge benefit to the person that they care for but also to health and care services. Carers UK estimates that the value of the unpaid care that Carers provide is £162 billion - greater than the budget for NHS spending¹.
- 2.3 Although it is generally accepted that the 2021 Census under-identified Carers, Torbay clearly has a much higher than average number of Carers providing over 20 hours of care. We are 6th highest in England for Carers undertaking 50+ hours of care.

Provision of unpaid care, Torbay 2021	Number	%	England 2021
Provides no unpaid care	118,359	88.8%	91.2%
Provides 19 hours or less unpaid care a week	6,514	4.9%	4.3%
Provides 20 to 49 hours unpaid care a week	3,207	2.4%	1.8%
Provides 50 or more hours unpaid care a week	5,185	3.9%	2.6%
Total: All usual residents aged 5 and over	133,265		

- 2.4 This comes at a cost to the Carer. The National Carers' Survey shows that Carers' quality of life is deteriorating year on year. This is mirrored in Torbay². Healthwatch's Devon-wide Survey of Carers also noted the negative impact of caring on Carers' wellbeing.³
- 2.5 Caring is a social determinant of health⁴ with impact on Carers' health and wellbeing.
- 2.6 Carers UK State of Caring Report 2023⁵ makes stark reading. Some of the particular issues affecting Carers are highlighted here:
- More than three quarters of all Carers (79%) feel stressed or anxious, half (49%) feel depressed, and half (50%) feel lonely.
 - 72% of those on Carers' Allowance worry about the impact of caring responsibilities (e.g. petrol for hospital visits, heating, specific dietary

¹ Unpaid carers providing care worth £162 billion, the budget for NHS spending in England in 2020/21 was £156 billion. Carers UK. Valuing Carers 2021.

² Personal Social Services Survey of Adult Carers in England - NHS Digital

³ The impact of providing unpaid care at home (Phase 2) - Healthwatch Devon

⁴ Caring as a social determinant of health (publishing.service.gov.uk)

⁵ State of Caring survey | Carers UK

requirements) on their finances and 46% are cutting back on essentials, including food and heating.

- 27% of unpaid Carers have bad or very bad mental health. Despite feeling they are at breaking point, nearly three quarters (73%) of Carers with bad or very bad mental health are continuing to provide care.
- 40% had given up work due to caring responsibilities.

2.7 This Carers' Strategy promotes the importance of early identification and support of Carers to mitigate the negative impacts of caring and help them to thrive. For young Carers especially, early identification and support is essential. Otherwise the impact of caring can affect school attendance, attainment and future prospects.

2.8 It is essential that support for Carers is easy to access, and preventative in nature. Supporting Carers not only benefits the Carer, but also the person / people for whom they care, thus improving both parties' health and wellbeing whilst reducing inequalities.

2.9 Given the evident impact of caring on health, wellbeing, finances and employment, support in this Strategy is directed at addressing this wherever possible.

3. Recommendation(s) / Proposed Decision

3.1 Recommendation to note Torbay's Interagency Carers' Strategy and outline action plan (Appendix 2) and the priorities for Carers as expressed in their 'I statements'.

3.2 Recommendation to note the 2024-25 action plan in the accessible Strategy (Appendix 1).

3.3 Note that two major recurrent concerns for Torbay's Carers are the lack of suitable replacement ('respite') care and mental health services. In Healthwatch's Devon-wide Survey, although very few Torbay Carers responded, none felt that replacement care was meeting their needs.⁶ As both issues relate to support to the person being cared for, Carers' Services

⁶ [The impact of providing unpaid care at home \(Phase 2\) - Healthwatch Devon](#)

are working closely with Social Care Services and with Devon Partnership Trust to address these.

Appendices

Appx.1: pp 5-12 Accessible Torbay Carers Strategy with detailed action plan 2024-5

Appx.2: pp13-27 Torbay Carers' Strategy 2024-27 with outline action plan

Supporting Information

1. Introduction

- 1.1 The 2024-27 Strategy builds on evidence and learning from Torbay's 2021-24 Carers' Strategy and national good practice. Services work very closely with partners across Devon Integrated Care System.

2. Options under consideration

- 2.1 There are no other options under consideration. This Strategy is a means of coordinating and prioritising partnership working to the benefit of Carers.

3. Financial Opportunities and Implications

- 3.1 There is no additional financial implication within this Strategy. The actions to achieve the priorities within this Strategy will be within current budgets.

4. Legal Implications

- 4.1 This Strategy meets the legal obligations of Health and Social Care organisations under:

- Care Act 2014
- Children and Families Act 2014
- Health and Care Act 2022

5. Engagement and Consultation

- 5.1 There has been extensive consultation with the Carers of Torbay. This has been managed by Engaging Communities South West in order to maintain independence.
- 5.2 Carers have also been involved in shaping the strategy and producing 'I statements' about their priorities. We continue to work with them in the design, delivery and evaluation of Carers' Services.
- 5.3 Carers' Representatives sit on the Strategy Steering Group and all working parties.

6. Purchasing or Hiring of Goods and/or Services

- 6.1 Any services procured or provided by the public sector organisations under this Strategy will meet Social Value Act (2012) requirements.
- 6.2 The Carers' Enabling, Assessment and Advocacy contract and Carers of Adults with a Learning Disability contract have both been procured under this framework.

7. Tackling Climate Change

- 7.1 This Strategy does not alter ways of working that will impact on Climate Change. However on-line meetings, courses and support, with the associated benefit for Climate Change will continue to be developed.
- 7.2 There are Carers' Centres in each town which will reduce unnecessary travel. These are all accessible by nearby public transport.

8. Associated Risks

- 8.1 If the Strategy were not implemented, this would have significant negative impact on Torbay's Carers, their health, wellbeing and feeling of value. This would impact on the health and wellbeing of people they care for, and by increasing the risk of Carer breakdown, increase admissions to hospital / residential care and strain on Torbay's Health and Social Care.

9. Equality Impacts - Identify the potential positive and negative impacts on specific groups'

	Positive Impact	Negative Impact & Mitigating Actions	Neutral Impact
Older or younger people	Young Carers and older mutual Carers		
People with caring Responsibilities	Yes		
People with a disability	Yes - indirectly		

Women or men	(Targeting male Carers as underrepresented)		No differential
People who are black or from a minority ethnic background (BME) (Please note Gypsies / Roma are within this community)	Yes – explicitly targeting these groups to have positive impact		
Religion or belief (including lack of belief)			No differential
People who are lesbian, gay or bisexual	(promoting support to LGBTQ+ Carers)		No differential
People who are transgendered	(as above)		No differential
People who are in a marriage or civil partnership			No differential
Women who are pregnant / on maternity leave			No differential
Socio-economic impacts (Including impact on child poverty issues and deprivation)	Addressing support with Carers' finances and in areas of deprivation		
Public Health impacts (How will your proposal impact on the general health of the population of Torbay)	Positive impact on Carers' Health and Wellbeing and those who they care for.		

10. Cumulative Council Impact

10.1 None

11. Cumulative Community Impacts

11.1 None

Appendix 1:

‘Working together for Torbay’s Carers’

Torbay’s Plan for Carers 2024 -27 An Inter-agency Strategy for All Carers

Who is a Carer?

Anyone who cares for a relative, friend or neighbour who cannot manage alone without them. (Unless its 'usual' parenting, their paid or voluntary job.)

Two thirds of us will be a Carer within our lifetime. Carers can be:

- as young as four or five years old.
- older couples caring for each other.
- a parent caring for a child with a disability such as autism
- 'mutual Carers' – caring for each other. An example is a person with a learning disability whose parent has physical health needs.
- someone who 'keeps an eye' on a neighbour with dementia. They may collect shopping or prescriptions for them.
- someone supporting a friend with drug, alcohol or mental health needs. They may provide emotional support.

There are many other examples.

Why support Carers?

Carers are very important. Without them, health and care services would not be able to provide enough support for people who need help.

There are laws and guidance about how Carers should be supported. Many local organisations have plans to support Carers or the people that they care for. They have agreed to work together to support Carers and signed a Commitment to Carers. (Sub-Appendix 1). It is based on the 'Triangle of Care'. This is equal partnership between professionals, Carers and the people that they care for. We try to make sure that work is 'joined up' -that we are all working towards the same goals.

What do Torbay's Carers want?

Every three years, Torbay Carers' Service works with Carers to make a survey about what they want. Healthwatch manages the survey, so it is independent. The results are published on-line ⁷ and help us agree the priorities for the next three years.

We also publish how we have performed against the previous plans. ⁸

This plan includes Young Carers under 25. Once it is agreed, they will develop their own more detailed plan. ⁹

⁷ [Torbay Carers Strategy Consultation 2024 – Engaging Communities South West](#)

⁸ [Strategy, policy and quality - Torbay Carers Service \(torbayandsouthdevon.nhs.uk\)](#)

⁹ [Strategy, policy and quality - Torbay Carers Service \(torbayandsouthdevon.nhs.uk\)](#)

Carers' Priorities for 2024-27

- 1. As soon as I start my caring role, I want to be identified, recognised and valued as a Carer.**
- 2. I want to be able to easily find information, advice and support to meet my needs as a Carer.**
- 3. I want to know that every Carer involved in a person's care can have a Carer's assessment when they need one.**
- 4. I want to be confident that Carers guide all things that affect them.**
- 5. I want the care and support to the person that I care for to also meet my needs as their Carer.**

Within these priorities, there are other issues to be addressed:

- a. Information to Carers to include support to the person they care for
- b. Carers and employment
- c. Carers' own mental health. Support to people with Mental Health issues and their Carers
- d. Partnership working / information sharing across organisations
- e. Carers' finance / cost-of living challenges
- f. Improving support at transitions
- g. Improving use of technology and digital support

What happens next?

An outline action plan has been agreed for the three years of the Strategy ([link](#)). The detailed actions for 2024-5 are on the next page. For each of the five main priorities, organisations have agreed the first actions to focus on. These are written in bold.

How will Carers know what has been achieved?

Actions will be measured and reported quarterly to the Carers' Strategy Steering Group. This is a group of Carers and staff from health and care organisations. They make sure that the plans are on track.

We will publish progress on-line every 3 months. ¹⁰ We will also report achievements in the Signposts magazine. Every year in April, we will update the action plan.

¹⁰ [Strategy, policy and quality - Torbay Carers Service \(torbayandsouthdevon.nhs.uk\)](#)

1. 'As soon as I start my caring role, I want to be identified, recognised and valued as a Carer.'

	Target / Service Standard. <i>Priority for 2024- 25 in bold.</i>	Organisations
1.1	Have or develop basic Carer Awareness Training at induction and role-specific as required. To cover identifying, involving and valuing Carers, including staff Carers. Ideally to be designed and delivered / co-delivered with Carers	Devon Partnership Trust, Torbay + S Devon Trust, Torbay Council, GP practices
1.2	Have mechanisms to identify staff Carers joining the organisation and at annual review	Devon Partnership Trust, Torbay + S Devon Trust, Torbay Council, GP practices
1.3	Work towards identifying Carers at the earliest contact with their service.	All organisations above. Community Helpline
1.4	GP practices to increase numbers of people coded as Carers	GP practices
1.5	Embed Triangle of Care in Acute and Community Hospitals	Torbay +S Devon NHS Foundation Trust
1.6	Embed Triangle of Care across inpatient and community Mental Health Services	Devon Partnership Trust
1.7	Evaluation about Parent Carers feeling valued by Children with Disability Team. To include transitions (links with 3.2 and 4.3)	Torbay Council with parent Carers and Carers Services

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2. 'I want to be able to easily find information, advice and support to meet my needs as a Carer.'

	Target / Service Standard. <i>Priority for 2024- 25 in bold.</i>	Organisations
2.1	To refer Carers to Signposts Information and Advice Service. To encourage Carers to join Torbay Carers to access support.	Devon Partnership Trust, Torbay + S Devon Trust, Torbay Council, Community Helpline
2.2	Work with Carers to produce on-line and paper Carer information. To promote information for Carers Week, Carers Rights Day, Young Carers Action Day.	Devon Partnership Trust, Torbay + S Devon Trust, Torbay Council, GP practices
2.3	To maintain Carer support to Carers of all ages as per Sub-Appendix 2.	Torbay + S Devon Trust, Torbay Council, Carers Services, Young Carers' Services with Carers
2.4	To maintain a range of Carer information both on-line and in paper.	Torbay Carers' Service with Carers
2.5	To quickly produce a brief booklet about Carer support. Then co-produce a fuller version with Carers	Torbay Carers' Service with Carers
2.6	To work together to ensure needs of Mental Health Carers are being met	Devon Partnership Trust, Torbay + S Devon Trust, Carers Services, Young Carers Service, Carers
2.7	Work with partners to develop volunteer-delivered sitting service	Torbay Carers' Service with partners

3. 'I want to know that every Carer involved in a person's care can have a Carer's assessment when they need one.'

	Target / Service Standard. <i>Priority for 2024- 25 in bold.</i>	Organisations
3.1	All organisations that undertake Carer assessments to meet targets.	Torbay Young Carers Service, Children with Disabilities Team. Adult Social Care. Torbay Carers and commissioned Carers' services
3.2	Evaluation of quality of assessments including waiting times (See 1.7, 4.3)	Children with Disability team
3.3	At every opportunity especially at transitions to ensure processes identify, involve and support <u>all</u> Carers. Young Carers Service to report referrals from: Adult Social Care Mental Health Services Substance Misuse Services	Torbay + S Devon Trust's Adult Social Care and Community Services. Children's Social Care, Devon Partnership Trust

4. 'I want to be confident that Carers guide all things that affect them.'

	Target / Service Standard. <i>Priority for 2024- 25 in bold.</i>	Organisations
4.1	To involve Carers in service development / commissioning / policies / procedures / services that directly affect them. To include: Consultation, Engagement, Co-design and Co-production Carers to decide how to measure how well these are done.	Young Carers' Service. Children with Disabilities Team. Devon Partnership Trust. Torbay Carers including Commissioned Carers Services, Adult Social Care.
4.2	Evaluation of quality of Parent Carer Needs Assessments and plans. (See 1.7 and 3.2). To be co-produced with parent Carers	Children with Disabilities team. Torbay Carers' Service Carer Evaluators
4.3	Regular / sample audits of separate and combined Carers Assessments re involvement.	Torbay Carers' and Young Carers' Services, Adult Social Care, Children with Disability Team
4.4	To develop means for receiving timely feedback from Carers. Then respond in a timely fashion	Torbay Carers' Service

5. I want the care and support to the person that I care for to also meet my needs as their Carer.

	Target / Service Standard. <i>Priority for 2024- 25 in bold.</i>	Organisations
5.1	To involve Carers in service development / commissioning / policies / procedures / services that affect the person that they care for. To include: Consultation, Engagement, Co-design and Co-production Carers to decide how to measure how well these are done.	Torbay + S Devon NHS F Trust, Adult Social Care, Children's Social Care Devon Partnership Trust (DPT)
5.2	Regular sample audit of Assessments. Children with Disability Team, transitions. Adult Social Care, Mental Health and Older People's Mental Health	Children with Disability Team, Adult Social Care, Devon Partnership Trust
5.3	To improve access to and range of replacement care (respite) services.	Adult Social Care Children's Social Care
5.4	Triangle of Care rolled out across acute and community hospital wards. Regular audit of nursing records	Torbay + S Devon NHS F Trust
5.5	Adult Social Care to investigate getting timely feedback from Carers and the person that they care for. Then to respond to concerns	Adult Social Care

Sub-Appendix One: National and Local guidance and Plans for Carers

Law and Guidance About Carers

2014 Care Act. [Your guide to the Care Act \(England\) | Carers UK](#)

2014 Children and Families Act. [The Children & Families Act 2014 | Carers Trust](#)

2019 NHS Long-Term Plan had the following priorities for Carers. [NHS Long Term Plan » Our long term commitment to carers](#)

2020 NICE (National Institute for Health and Care Excellence). Carers of Adults NG 150. [Overview | Supporting adult carers | Guidance | NICE](#)

2021 NICE. Quality Standard QS 200. [Overview | Supporting adult carers | Quality standards | NICE](#)

2022 Health and Care Act 2022. [health-and-care-act-2022-carers-rights-2.pdf \(carersuk.org\)](#) Carers to be involved in hospital discharge planning. NHS to consult with Carers.

Other Plans that Include Carers in Torbay

- Torbay's Joint Health and Wellbeing Strategy 2022-2026. [Joint Health and Wellbeing Strategy 2022-2026 - Torbay Council](#)
- Torbay Adult Social Care Strategy. [Adult social care - Torbay Council](#)
- Torbay's Learning Disability Big Plan. [Big Plan - Torbay Council](#)
- Torbay SEND Strategy. [Torbay SEND strategy 2023 - Torbay Council](#)
- Devon Partnership Trust's Carers' Strategy. [Introducing the Carers Strategy 2024 - 2027 | DPT](#)

Devon-wide Commitment to Carers. [Commitment to Carers \(cloud.microsoft\)](#) The seven principles are:

- 1: Identifying Carers and supporting them
- 2: Effective Support for Carers
- 3: Enabling Carers to make informed choices about their caring role
- 4: Staff awareness
- 5: Information-sharing
- 6: Respecting Carers as expert partners in care
- 7: Supporting Carers whose roles are changing or who are more vulnerable

Torbay Commitment to Carers partners are:

- Torbay And South Devon NHS Foundation Trust
- Torbay Council
- Devon Partnership Trust
- Compass House Medical Centres. (All GP practices do Carers' Quality Markers)
- Rowcroft
- Citizens' Advice Torbay

Sub-Appendix Two: Torbay's Carers' Services

- Signposts for Carers Information Service including Hospital Advice Point
- Access to Carers UK digital and Employers for Carers Support
- Carers' Centres in each town, linked with voluntary sector partners
- Torbay Carers' Register and associated Carer Passport support
- Carer Education Courses
- Carers Emotional Support Scheme for eligible Carers of people aged 16 or over
- Carers Direct Payments for eligible Carers of Adults
- Carer Support Workers in GP practices
- 'Floating' Carer Support available across Bay
- Carers' Assessment, Support and Enabling Service (Carers' Aid Torbay)
- Bay Benefits and Carers' Choices Cost of living Support (provided by Carers' Aid Torbay)
- Specialist Carer Support –
 - Young Carer Service (under 18)
 - Young Adult Carer Service (16-25)
 - Hospital-based Carer Support incl. Support Workers and Family / Carer Supporters
 - Carers who are Veterans or Carers of Veteran
 - Carers of adult with
 - Mental Health Issues under 65
 - Mental Health Issues over 65
 - a learning Disability (provided by Devon Link-Up)
 - with autism (provided by Dimensions for Autism)
- Work related support. To enable Carers to continue to work or return to work
- Digital inclusion. To ensure Carers who wish to can increase their skills and confidence on-line
- Targeted support to Carers who are under-represented or find it hard to access services. This includes Carers from black and minority ethnic backgrounds. It also includes male Carers, LGTBQ+ Carers, Carers with a learning Disability or who are Sign Language users.

Torbay Carers' Strategy

2024 - 2027

**An Inter-agency Commitment to meet
the needs of Torbay's Carers,
including Young Carers.**

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1. Introduction

Who is a Carer?

A Carer is anyone, including a child, who provides care to another person. This excludes people who do it as paid work, voluntary work, or ordinary parenting. It includes caring for a partner, relative, friend or neighbour, if they have a physical, sensory, or learning disability, mental health or drug/alcohol issues, frailty, illness, long-term health condition and/or vulnerability which means that they cannot manage alone in the community.

Sometimes people are 'mutual carers' - they support each other. Often everything works well until one person's health deteriorates or their situation changes.

Two out of three of us (65%) will be a Carer at some time in our life. Many people do not realise that they are considered to be a Carer, or that there is a wide range of support available to them. Torbay Carers' Strategy helps us to address this issue.

Why have a Carers' Strategy?

Torbay has had an inter-agency strategy (plan) for Carers since 2000 and it is updated every three years. Torbay's Carers are consulted to find out what their priorities are, and these are worked into the Carers' Strategy alongside national and regional priorities. The main agencies who come into contact with Carers then work together to create an action plan to achieve these priorities.

Having an inter-agency Strategy and Action Plan helps partners work together in a joined-up way, to achieve what Carers really need. Representatives of Carers and of the various agencies meet quarterly to ensure that the Strategy Action Plan remains on track. The updates are published on-line.¹¹

2. National Context

In the 24 years since our first Strategy was published, awareness about Carers, especially Young Carers has increased significantly. In 2014, the Care Act and Children and Families Act made the health and wellbeing of Carers a priority by law.

In 2019, the NHS published a Long-Term Plan with the following priorities for Carers.

1. GP Quality Markers for Carers
2. Identify and Support for Carers from Vulnerable Communities
3. Adoption of Carers' Passports
4. Information sharing
5. Contingency Planning
6. Supporting Young Carers

NICE (National Institute for Health and Care Excellence) published guidelines for support to Carers of Adults in 2020 and launched Quality Standards in March 2021¹². These will be built into the Strategy action plan.

¹¹ <https://www.torbayandsouthdevon.nhs.uk/services/carers-service/strategy-policy-and-quality/> .

¹² [Overview | Supporting adult carers | Quality standards | NICE](#)

The Health and Care Act 2022 introduced an obligation for Carers to be involved in hospital discharge planning and for the NHS to consult with Carers. Carers UK undertakes annual surveys of Carers. Their 2023 survey shows that Carers' health and wellbeing is deteriorating, their employment is significantly affected by caring, and the cost of living is also having an adverse effect. *'It highlights how people caring round the clock for older, disabled or seriously ill relatives do not have adequate support from statutory services that are in place to help them – leaving many steeped in thoughts of hopelessness, fear, and dread, and urgently in need of support'* ¹³ .

3. Local Context

In the 2021 Census, approximately 15,000 people in Torbay identified themselves as Carers. However, we know that many people do not see themselves as Carers, or do not identify their children as having a caring role in the family. Actual numbers are likely to be much higher and this is backed up by the 2023 GP survey¹⁴. Torbay has a very high level of Carers providing more than 50 hrs care per week – 6th highest Local Authority out of 317 in England according to the 2021 census.

In 2018, Carers' Leads and Carers developed a Devon-wide Commitment to Carers. It was based on NHSE's 2014 Commitment to Carers and the Triangle of Care (treating Carers as expert partners in care). The seven principles are:

- 1: Identifying Carers and supporting them
- 2: Effective Support for Carers
- 3: Enabling Carers to make informed choices about their caring role
- 4: Staff awareness
- 5: Information-sharing
- 6: Respecting Carers as expert partners in care
- 7: Supporting Carers whose roles are changing or who are more vulnerable

Devon's main health and care organisations signed up to these principles in October 2019. Many have subsequently undertaken self-assessments and action plans to help them to achieve these priorities.¹⁵ Every year, their top three priority actions are added to the Action Plan for the Carers' Strategy and reported quarterly.

Carers is a cross-cutting Area in Torbay's Joint Health and Wellbeing Strategy 2022-2026.¹⁶

In 2023-24, other strategies were launched that impact upon Torbay's Carers:

¹³ [State of Caring survey | Carers UK](#)

¹⁴ [National GP patient survey 2023](#)

¹⁵ [Carers - One Devon](#)

¹⁶ [Joint Health and Wellbeing Strategy 2022-2026 - Torbay Council](#)

- Torbay Adult Social Care Strategy,¹⁷
- Torbay's Learning Disability Big Plan¹⁸
- Torbay SEND Strategy¹⁹
- Devon Partnership Trust's Carers' Strategy²⁰.

The Carers' Strategy Action Plan will include actions relating to all the above.

4. Review of Torbay Carers Strategy 2021-2024²¹

Despite Covid impacting Carer Support in 2021-22, almost all the **169** targets within the 2021-24 strategy were achieved. That huge success is testament to the dedication and hard work of all parties but particularly Torbay Carers Services in keeping actions on track. The main summary is below, and final progress will be published on-line in May 2024²².

Identification of Carers – (29 targets, 28 met)

- All Torbay's main health and care organisations other than SW Ambulance Service signed a Commitment to Carers (C2C), and most report quarterly on their priorities. Citizens Advice Torbay also signed a C2C whilst Samaritans and Fire Service signed a Memorandum of Understanding.
- All Torbay's GP practices completed their Carers' Quality Markers, and achieved their Carer identification target, some reaching the stretch target of 7% of patient list. However, Carers still report that doctor's surgeries are the main place where they could have been identified sooner.
- Torbay Hospital is re-promoting the Triangle of Care, improving identification and involvement of Carers. This started in the Emergency Department and is being rolled out across the Hospital.
- Work has been undertaken to improve identification of Carers from minority ethnic backgrounds, and a community link worker is being piloted to further improve this.
- Awareness campaigns have been undertaken with a wide range of organisations.
- Torbay Carers Services now runs an annual event for Carers Rights Day with Paignton Library's Christmas Fayre in order to raise public awareness. It provides information, advice, and support for Carers with a huge range of partners.

Information, Advice and Support (59 targets, 51 met, Carers' Information Booklet delayed, 6 partially achieved, 1 not achieved – Performance in Top Quartile – Carers find information easily)

¹⁷ [Adult social care - Torbay Council](#)

¹⁸ [Big Plan - Torbay Council](#)

¹⁹ [Torbay SEND strategy 2023 - Torbay Council](#)

²⁰ [Introducing the Carers Strategy 2024 - 2027 | DPT](#)

²¹ <https://www.torbayandsouthdevon.nhs.uk/uploads/torbay-carers-strategy-2021-2024.pdf>

²² <https://www.torbayandsouthdevon.nhs.uk/services/carers-service/strategy-policy-and-quality/>.

- We have maintained most existing Carers' Information and Support Services, and those that have been used have been generally well-rated by Carers. Signposts information Service and Signposts Newsletter were the most positively reviewed.²³
- The Community Mental Health Team reduced their Carer Support Worker hours. Whilst their Assessments are on track, 81% of Mental Health Carers felt not at all or not very supported.²⁴
- Torbay Carers Service suffered significant IT issues. Changes in the Council IT server necessitated a 17-month Carers' Register rebuild, significantly delaying planned developments and the launch of the Carers' Passport. The 'Torbay Carers Together' website changed hosting platforms and is not live at present.
- Despite the Register issues, the 10% increase target was achieved year on year and at end March 2024 there are 5392 registered Carers. Processes are seen nationally as good practice in terms of asking consent to share with partner organisations, and of having Carer Contingency Plans and discounts as standard.
- Hospital support was fully reinstated after Covid. Funding was obtained to appoint a worker to improve Hospital communication with Carers and evaluation shows that this was very successful²⁵. Developments also included supporting Carers with Virtual Wards and technology to support Carers with discharge.
- Torbay Young Carers Service moved to the Youth Trust in 2021 and back to the Council in 2023. Young Carers were not adversely affected by the changes as the service worked hard to maintain direct support. There has been a significant increase in identification of primary school age Young Carers during this time.
- The interagency Young Carers Under 25 Strategy 2022-25 was launched and its work demonstrates good partnership working to achieve early identification of and support to Young Carers under 25.
- On-line support to Parent Carers has improved with several on-line workshops, awareness, training sessions provided throughout the year, particularly at school transition times.
- With regard to staff Carers, Torbay and S Devon NHS Foundation Trust achieved Employers for Carers, Carer Confident Level 2 'Accomplished' Award – only the second NHS Trust to achieve this. It also launched an award for managers who support staff Carers which is now being adopted by Torbay Council.
- Partnership work including the voluntary sector continues. A network of Carers allies meets regularly and there are close links with Paignton's Community Hub.
- Targeted work has been undertaken to support veterans and Carers of veterans, with much positive feedback from these Carers.
- Carers Aid Torbay has group activities targeting men as they are not well-represented at many Carers groups or activities. Their Bay Benefits Service for Carers now includes Carers' Choices cost-of-living support.
- Work has continued to improve support Carers from ethnic minority, refugee, and asylum seeker backgrounds, although Carers Services has not yet achieved the target of parity between population and Register. A Community-link worker role is being piloted to continue this work and also target Carers in areas of deprivation

²³[Torbay Carers Strategy Consultation 2024 – Engaging Communities South West](#)

²⁴[Torbay Carers Strategy Consultation 2024 – Engaging Communities South West](#)

²⁵[Evaluation of the impact of the Ward Family / Carer Liaison Worker on George Earle Ward \(torbayandsouthdevon.nhs.uk\)](#)

or who are vulnerable.

Carers' assessment including whole family approach (39 targets, 34 achieved)

- GP Carer Support Workers exceeded their annual target of 500 Health and Wellbeing Checks (HWBCs) in two out of the three years. (602 in 2023-24)
- Carers' Aid Torbay continued to provide independent enabling and advocacy, and they met all annual targets.
- This contributed to Adult Social Care meeting their Assessment target of 36% each year and achieved 46% against their stretch target of 40%.
- Children's Services met their target for Parent Carers Needs Assessments in 21-22, increased the target for 22-23 which was not achieved, but are on track to achieve it for 23-24*.
- Referrals to Young Carers Service from Adult Social Care, Mental Health and Substance Misuse are consistently low and not achieving target.

Involvement of Carers in service delivery, evaluation and commissioning (23 targets, all achieved to some extent)

- Carers Services used Healthwatch's 2021-24 Strategy Report and National Carers' feedback to shape the Strategy and action plan.
- Staff Carer support has been shaped with staff Carers, and this will continue.
- Carers are represented in all levels and functions of Torbay Carers Service and the Young Adult Carers Operational Group demonstrates good levels of involvement with Young Adult Carers (16-25).
- SEND Family Voice Torbay has been set up during this time which enables engagement with Parent Carers of children.
- There has also been a much-improved level of engagement and co-production with Carers within the Strategies mentioned in Section 3.
- Peer support improved with some new groups, eg Carers of Adults with Autism and 'Your Time' Carers' group. The Carers' Volunteer Phonenumber suffered a hiatus with the retirement of some key members but re-launched in January 2024.
- The Autism Partnership Board which was set up during this strategy period has two Carer Ambassadors representing Carers' Voice, in the same way as the Learning Disability Partnership.
- Many service evaluations have been undertaken by Carer Evaluators and the feedback built into developing services. Use of Carers' Direct Payments, Carers Technology Enabled Care Pilot, Carers of Adults with Learning Disability Service, Hospital Carer Liaison Pilot, Volunteer phonenumber and Carers Assessments. Evaluations are published on-line.²⁶

Enhancement of Support to the person being cared for (19 targets, 3 not fully achieved yet, 16 achieved)

²⁶ [Strategy, policy and quality - Torbay Carers Service \(torbayandsouthdevon.nhs.uk\)](https://www.torbayandsouthdevon.nhs.uk)

- Replacement Care is still the biggest area of concern for Carers of Adults, and it is on the Adult Social Care Improvement Plan. Torbay's share of 2024-26 Accelerated Reform Funding will be targeting this enabling us to improve Shared Lives provision and accelerate achievement of two of the targets not yet fully achieved - the volunteer-run sitting service and increasing Carers' access to the Arranging Support Team.
- Although availability and provision of Short Breaks for adults needs to be improved, the processes within the Short Break Vouchers Scheme for adults with a learning disability are being significantly improved based on feedback from Carers who use it.
- Children's Services reviewed their Short Breaks offer and have an ongoing recruitment campaign to recruit additional foster Carers offering specialist support and breaks to Carers.
- Torbay Carers Service has continued to work with local hospitality providers to provide discounted stays for Carers and signed up to Carefree Breaks which offers occasional free breaks to Carers. Both have a significant impact on Carers' health and wellbeing.
- Torbay Carers Service Technology Enabled Care pilot was very successful and therefore ongoing funding has now been allocated within baseline budget.
- Planning ahead is of critical importance to prevent Carer breakdown. It has been built into the contract for Carers of Adults with Learning Disability to work with Adult Social Care to achieve this more rigorously. Carers Services have improved their website information about planning ahead, and the recent Carers' Rights event had a room dedicated to planning ahead which included solicitors, Rowcroft, Age UK Torbay and other partners.

5. Formulation of Priorities for 2024-2027

The development of potential priorities for 2024-27 was based on Carer Consultation while taking account of national and local priorities, and evidence of what works well.

Engaging Communities South West carried out a Carers' engagement exercise in late 2023, with 377 Carers responding.²⁷ Despite sending paper surveys to all, this was a lower return rate than previously, but still significantly higher than most Carers Surveys. We think this was due to 'consultation fatigue' as Carers had engaged in the three strategies mentioned in Section 3, plus Healthwatch's own Survey into Carer Breakdown²⁸ and the biennial Personal Social Services National Carers Survey.

The detailed feedback from Carers will be used to shape the action plans linked with this Strategy and the Young Carers under 25 Strategy 2025-28. The higher level actions for Young Carers under 25 will be outlined within this Strategy and monitored in both Strategy Steering Groups.

²⁷ [Torbay Carers Strategy Consultation 2024 – Engaging Communities South West](#)

²⁸ [The impact of providing unpaid care at home \(Phase 2\) - Healthwatch Devon](#)

6. Carers' Priorities for 2024-27

Carers have agreed that the priorities from the previous strategy will remain the same. They have developed 'I statements' showing what they want.

1. 'As soon as I start my caring role, I want to be identified, recognised and valued as a Carer.'
2. 'I want to be able to easily find information, advice and support to meet my needs as a Carer.'
3. 'I want to know that every Carer involved in a person's care can have a Carer's assessment when they need one.'
4. 'I want to be confident that Carers guide all things that affect them.'
5. 'I want the care and support to the person that I care for to also meet my needs as their Carer.'

Within these priorities, there are other issues to be addressed:

- h. Information to Carers to include support to the person they care for
- i. Carers and employment
- j. Carers' own mental health and support to people with Mental Health issues and their Carers
- k. Partnership working / information sharing across organisations
- l. Carers finance / cost-of living challenges
- m. Improving support at transitions
- n. Improving use of technology and digital support

7. Commitment to Carers – Partners in Torbay

Torbay Council (Council)
Torbay and South Devon NHS Foundation Trust (Trust)
Devon Partnership Trust (DPT)
One Devon – Integrated Care Board (ICB)
Rowcroft Hospice
Citizens Advice Torbay
Compass House Medical Centres
Plus all Torbay GP practices (under GP Carers' Quality Markers)

Where 'partners' are referred to in the action plan, this will include all partners above, 'Health and Care partners' excludes Citizen's Advice Torbay.

Torbay Carers' Strategy 2024 – 2027. Outline Action Plan

2. 'As soon as I start my caring role, I want to be identified, recognised and valued as a Carer.'

Service Standards for Identifying, recording and valuing Carers: Commitment to Carers Principles 1 & 7, NICE Quality Standard 1, Torbay SEND Strategy Priority 2; DPT Carers' Strategy – Priority 1; GP Quality Marker - Identification and registration.

1.1	Partners to work towards identifying Carers at every opportunity when the public link with their services.
1.2	Torbay Council, Trust and DPT to prioritise early identification of Carers within Education, Health and Social Care using the whole family approach. This means identifying <u>any</u> Carer eg Education actively identifying Young Carers and Parent Carers, but also supporting identification parents who may have caring responsibilities for adults.
1.3	SEND services to proactively identify parent Carers and sibling Carers at the earliest opportunity.
1.4	Adult Social Care and Children's Social Care to ensure early identification is prioritised at people's first contact including through family or community hubs.
1.5	To promote Carer self-identification, all partners' communications team to produce or disseminate communications to support public awareness of Carers such as during Carers Week / Carers Rights Day / Young Carers Action Day. (Carers Services will support this). Also to promote self-identification of staff who are Carers.
1.6	All partners to develop systems to identify staff Carers at appointment and at annual reviews.

Enablers – sharing information – Service standards: Commitment to Carers Principle 5; DPT Carers' Strategy Priority 3

1.7	All organisations, whenever a Carer is identified, to have systems in place to record this (GPs to SnoMed code correctly), to record consent to share this information with appropriate partners, such as Torbay Carers, and then do so.
1.8	Within services supporting Carers, to encourage Carers to allow sharing of their information so that support is sensitive, tailored, joined-up and effective.
1.9	Health and Social Care organisations to have appropriate policies and protocols about confidentiality and information sharing. Practice should encourage people with care and support needs to share information about their needs with their Carer(s) to enable their full participation in care and support planning.

Enablers – Awareness / training – Service standards: Commitment to Carers Principle 4; DPT Carers' Strategy Priority 2; GP Quality Marker - Awareness and Culture;

1.10	Partners to work towards staff having Carer Awareness training at a level appropriate to their role. This should be undertaken at induction and as part of workforce development plans. This should include Managers' awareness of staff Carers and how to support them. For education (SEND), health and social care staff this should include valuing Carers as equal partners in someone's education, care and support.
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2. 'I want to be able to easily find information, advice and support to meet my needs as a Carer.'

Service standards for Information provision – Care Act 2014, Children and Families Act 2014, NICE Guidance for Carers of Adults (NG150); DPT Carers' Strategy Priority 5; GP Quality Marker - Information, involvement, and communication.

2.1 Health and Care partners to meet the legal requirements and guidance above. Information should be developed with Carers, be easy to find, easy to understand and accessible. Information must enable Carers to find support for themselves and the person that they care for.

2.2 Council and Trust to maintain funding for Carer Information Services to enable access to Carer information above. This includes Signposts Carers Information Service including electronic and paper resources as required.

Service standards for Effective Support for Carers – Care Act 2014, Children and Families Act 2014, Commitment to Carers Principles 2+3 DPT Carers' Strategy Priorities 4 + 6; GP Quality Markers - holistic support; in practice support; appointments and access.

2.3 All partners to meet the legal requirements and guidance above. Support to Carers must mitigate the negative impacts of caring – mental / physical / educational / financial / employment

2.4 Health and Care partners must enable Carers to make informed choices about their lives, including choosing not to provide care or to limit their caring role. Services must plan ahead with the Carer and the person that they care for in order to meet both person's needs to include:

- a. contingency, short term and long-term plans including for end-of-life care and life after caring
- b. transitions between schools / to adulthood / to adult services
- c. transitions between services
- d. transitions to increased independence

2.5 Torbay Council to maintain funding of Torbay Young Carers Service to support Carers younger than age 18. Service to include school-based support, activity-based support and 1-1 support of those young Carers most in need. Service to mitigate the impact of caring on Young Carers' educational attendance and attainment, their future employment and life choices.

2.6 Council / Trust to maintain funding of Torbay Carers' Service for:

- Torbay Carers' Register and associated support
- Carer Education Courses
- Carers Emotional Support Scheme for eligible Carers of people aged 16 or over
- Carers Direct Payments for eligible Carers of Adults
- Carer Support Workers in GP practices
- 'Floating' Carer Support available across Bay
- Carers Centres in each town, linked with voluntary sector partners

	<ul style="list-style-type: none"> • Carers' Assessment, Support and Enabling Service (Carers' Aid Torbay) • Bay Benefits and Carers Choices Cost of living Support (provided by Carers' Aid Torbay) • Hospital-based Carer Support including Advice Point, Carer Support Workers and Family / Carer Supporters • Older People's Mental Health Support Worker • Young Adult Carer Service (16-25) • Support to Carers of Adults with a learning Disability (provided by Devon Link-Up) • Support to Carers of Adults with autism (provided by Dimensions for Autism) • Access to Carers UK digital and Employers for Carers Support
2.7	<p>Carer Support will include:</p> <ul style="list-style-type: none"> • Work related support – to enable Carers to continue to work or return to work • Digital inclusion – to ensure Carers who wish to are enabled to increase their skills and confidence on-line • Targeted support to Carers who are under-represented or find it hard to access services such as those from black and minority ethnic backgrounds, LGTBQ+ Carers, Carers with a learning Disability or who are Sign Language users. • Development of a 'checking in' type of support to Carers who are most in need.
2.8	Torbay Council Children's Services to maintain funding for parent Carer support.
2.9	Given Carer feedback particular focus needs to be given to supporting Carers of people with mental health issues.
Service standard for Support to Staff Carers - NICE Quality Standard 5.	
2.10	All partners to offer supportive working arrangements to staff who are also Carers.

3. 'I want to know that every Carer involved in a person's care can have a Carer's assessment when they need one.'

Service standards for Carers' Assessments – Care Act 2014, Children and Families Act 2014, NICE Quality Standards 3 + 4.

3.1	<p>Council, Trust and DPT to meet the legal obligations and Quality Standards above. Assessments must be person-centred, strengths-based, and focusing on what matters to the Carer. NB Targets will be set and evaluations carried out.</p> <ul style="list-style-type: none"> • Young Carer's Assessments • Parent Carer Needs Assessments • Carer's Assessments (separate or combined)
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3.2	Health and Care partners to ensure that the Whole Family Approach is fully embedded in all services so that <u>every</u> Carer involved in a person's care is identified, whatever their age and regardless of the number of Carers involved. They should each be offered their own Carer's Assessment.
3.3	Health and Care partners to ensure that Carers' assessments identify Carers at highest risk of breakdown. Once 'high risk' Carers identified, agree support required and contingency plans. Develop over-arching plans to target those most at risk.
3.4	Health and Care partners to ensure that Carers are regularly given the opportunity to discuss the value of having a break from caring and the options available to them. This links with Section 5 about support to the person being cared for, where 'replacement care' (often known as 'respite' care) is essential to enable Carers to have a break.

4. 'I want to be confident that Carers guide all things that affect them.'

Service standards for respecting Carers as expert partners in care – Commitment to Carers Principle 6, NICE Quality Standard 2, Health and Care Act 2022.

At an individual level

4.1	Health and Care partners will respect Carers as expert partners in care and involve them holistically in care planning, decision making and reviews both for them and the person that they care for.
4.2	Health and Care partners' staff will support and empower Carers to fulfil the above role.
4.3	Health partners will involve Carers in an inpatient's care and discharge planning at the earliest opportunity.

At a more strategic level such as planning or commissioning services which affect them.

4.4	Council, Trust and DPT will involve Carers in guiding, monitoring and reviewing services that affect them and the person that they care for so that they can demonstrate successes and where improvements are required. This should include engagement with service development, service delivery, evaluation, and commissioning.
4.5	Council, Trust and DPT to ensure that Carers are involved at all levels in shaping Carers' services, aiming for true co-production. This includes service development, service delivery, evaluation and commissioning for Torbay Carers Service, Torbay Young Carers Service and services to parent Carers.
4.6	The Integrated Care Board will consult with Carers on changes to health services, either new services or ways of delivering health services.
4.7	Health and Care partners to identify unmet Carers' needs and where appropriate build into future commissioning plans.
4.8	Whenever Carers are involved or consulted, all partners will be clear about timescales for action and feedback. This is so that Carers are aware of their impact in shaping services which affect them, but also clear when this is not possible, and the reasons why not.

5. 'I want the care and support to the person that I care for to also meet my needs as their Carer.'

Service Standard for Services meeting needs of both the Carers/s and the person that they care for Care Act 2014, Children and Families Act 2014; Health and Care Act 2022; Commitment to Carers Principle 2; GP Quality Marker - Information, involvement and communication.

5.1	Health and Care partners' staff to ensure that a Carer's needs are taken into consideration when planning care and support for the person being cared for. This includes their need to have regular breaks from caring. Carers are to be treated as valued partners in the care and support of the person that they care for.
5.2	Given Carer Feedback, the above needs to be a particular target for Mental Health Services, including within the Community Mental Health Framework.
5.3	Council and Trust commissioners to improve access to and the range of replacement care to enable Carers to take regular or sporadic breaks from caring. This must include breaks at both long and short notice. The care delivered must be appropriate to the care needs of the person being cared for and offered either at home or in another establishment. Work will involve data collection about unmet need which will help with the development of both short-term and longer-term commissioned solutions.
5.4	The Council, Trust and DPT should ensure that planning ahead happens in a timely fashion with transition, emergency, contingency and long-term plans being developed with the Carer and the person that they care for. This is especially important where the person being cared for is likely to need time to adapt to change such as a person with learning disability, autism, mental health issue or dementia.
5.5	Council and Trust to give consideration to the eligibility criteria for provision of equipment / technology to the person being cared for, if it also gives a Carer peace of mind, supporting their caring role. Continuation of Carers Services funding for short-term technology enabled care.
5.7	All Health and Care partners to involve Carers in service development, evaluation and commissioning of services to the person being cared for that also affect /benefit them. Where there are unmet Carers' needs, these should be noted and where appropriate built into future commissioning plans.

Background Documents

[Carers UK. Valuing Carers 2021.](#)

[Personal Social Services Survey of Adult Carers in England - NHS Digital](#)

[Caring as a social determinant of health \(publishing.service.gov.uk\)](#)

[National GP patient survey 2023](#)

[State of Caring survey | Carers UK](#)

[Torbay Carers Strategy Consultation 2024 – Engaging Communities South West
Devonwide survey re impact of providing care at home - phase 2](#)

[Strategy, policy and quality - Torbay Carers Service \(torbayandsouthdevon.nhs.uk\)](#)

Law and Guidance About Carers

2014 Care Act. [Your guide to the Care Act \(England\) | Carers UK](#)

2014 Children and Families Act. [The Children & Families Act 2014 | Carers Trust](#)

2019 NHS Long-Term Plan had the following priorities for Carers. [NHS Long Term Plan » Our long term commitment to carers](#)

2020 NICE (National Institute for Health and Care Excellence). Carers of Adults NG 150. [Overview | Supporting adult carers | Guidance | NICE](#)

2021 NICE. Quality Standard QS 200. [Overview | Supporting adult carers | Quality standards | NICE](#)

2022 Health and Care Act 2022. [health-and-care-act-2022-carers-rights-2.pdf \(carersuk.org\)](#)

Carers to be involved in hospital discharge planning. NHS to consult with Carers.

Other Plans that Include Carers in Torbay

- Torbay's Joint Health and Wellbeing Strategy 2022-2026. [Joint Health and Wellbeing Strategy 2022-2026 - Torbay Council](#)
- Torbay Adult Social Care Strategy. [Adult social care - Torbay Council](#)
- Torbay's Learning Disability Big Plan. [Big Plan - Torbay Council](#)
- Torbay SEND Strategy. [Torbay SEND strategy 2023 - Torbay Council](#)
- Devon Partnership Trust's Carers' Strategy. [Introducing the Carers Strategy 2024 - 2027 | DPT](#)

Devon-wide Commitment to Carers. [Commitment to Carers \(cloud.microsoft\)](#)

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Torbay Health and Wellbeing Board - South LCP Update

Justin Wiggin, Head of Integrated Care, South and West, NHS
Devon

What is the role of Care Partnerships?

Devon LCPs have broadly set out what we believe the role of our LCPs is, but this is largely reflective of current practice / projects. Do we think this is correct or does this need to be revised based on current thinking?

Prevention and Health Inequalities

Champion health and well-being as a real priority, placing a much greater emphasis on prevention and levelling up health outcomes.

Community Care

Majority of services where there is **integration with Primary and Community Services, Adult Social Care and Public Health** (e.g. long term condition management)

Urgent Care Pathways

LCPs have key role in bringing local system partners together to improve Urgent Care Pathways and performance as this requires a **coordinated local response**

Acute Pathways

LCPs involved in providing more **care out of hospital and in the community**. This includes service improvement of pathways into, and out of hospital (Diagnostic Services, Therapies and Outpatients). Examples include admission avoidance, frequent attenders etc.

Mental Health

LCPs should work with the MHLDN Provider Collaborative to develop and implement **model for CMHF** and also coordinate LTC management **for Dementia** patients – linking with Care in the Community

Children's Services

LCPs should be involved in developing a **collaboration for Children's Services** with support from the ICB. This will be led by DCSs in local authorities, building on the Devon C&FHP. Specific objectives will be set for this programme of work

Key Actions

1. South LCP continues to develop its programme delivery structure to progress the implementation of the Joint Forward Plan.
2. Currently delivery and pace of LCP development is in the context of Urgent and Emergency Care, Winter Pressures and system financial pressures.
3. South Unscheduled Programme Board is focusing on a range a priorities to alleviate UEC pressures, for example; high intensity users of ED, discharge delays, admission avoidance, co-ordination of care, falls and frailty, urgent community response and end of life
4. Population Health remains a key focus working with Public Health to:
 - build on the JSNA and One Devon Data Set to better understand the South Population to support the identification of priorities
 - Launch and fund organisations to focus on population health and prevention needs
 - Developing support for individuals waiting for surgery who are most impacted by health inequalities and wider determinants
 - Understanding and learning from the impact of actions taken, in order to plan future work

Population Health and Prevention

South Population Health Profile

- A South Population Health profile has been developed. Led by Public Health this builds on intelligence from the Joint Needs Assessment to better understand population needs and guide the work of the LCP.
- Key areas of focus are healthy ageing, with associate Dementia and Mental Health needs

South Health Inequalities Strategy

- A strategy to tackle health inequalities in South LCP is being drafted. This early version sets out what is known and invites more knowledge across sectors on the range of work already underway.
- A key lens to focus attention through is the [NHS England Core20+5](#) approach to inform action. It purposefully selects population and clinical areas that need additional help and improvement.
- Next steps are to review what is known and codesign ways forward to collaboratively address health inequalities.
- The Health and Wellbeing Board is invited to feed back on the developing strategy and approach - *at Dec meeting?*

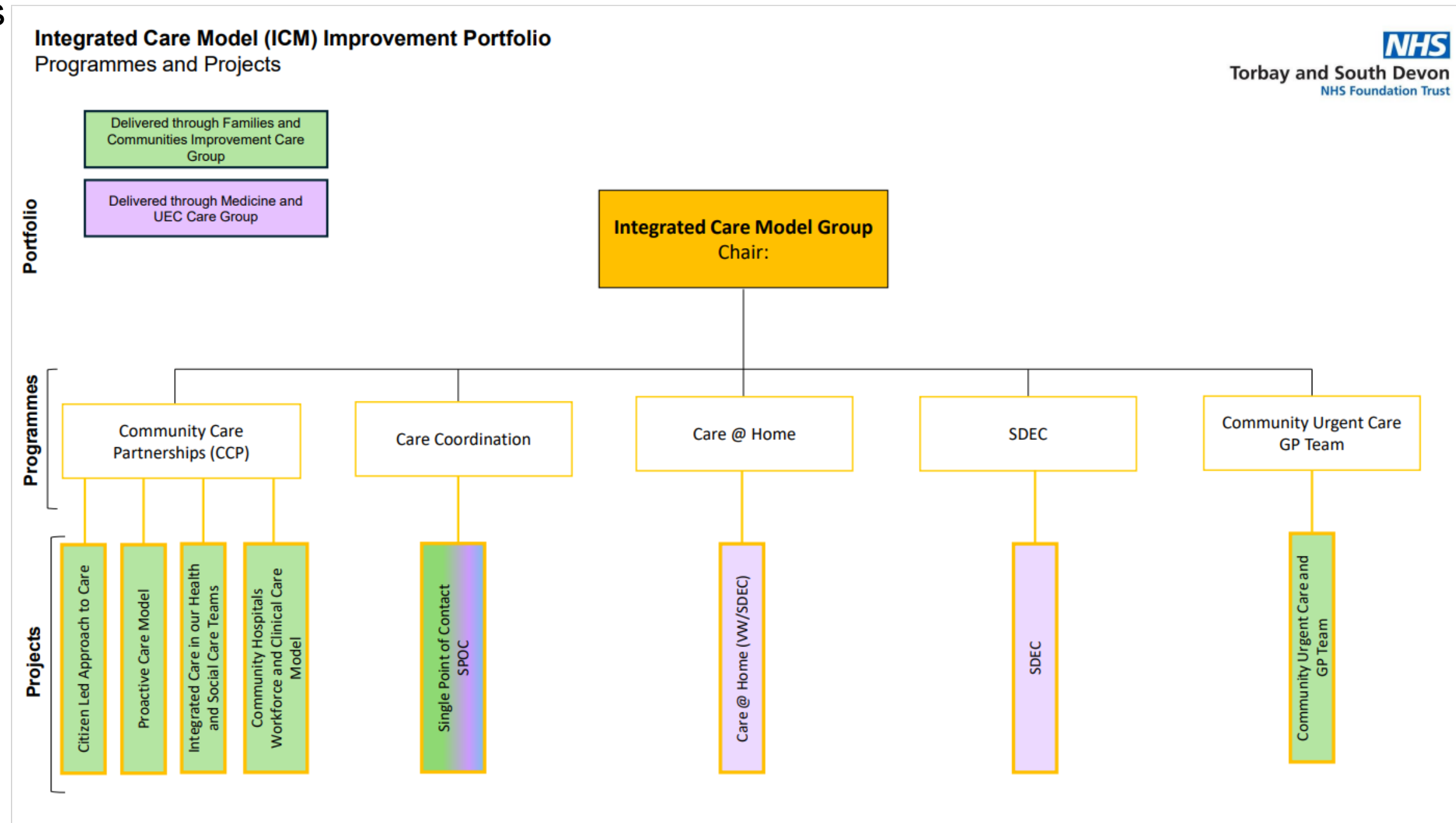
Population Health and Prevention

Population Health Funds

- Post Implementation Reviews have been undertaken for all Short-term population health funded initiatives from 2024/24.
- Intelligence from the reviews along with priority areas identified from the South Population Health profile and urgent system pressures have focused investment
- £242,000 has been allocated to South locality for 2024/25. Three
 1. Prevention – Development of multi-disciplinary team approach. VCSE sector working closely with PCN's to identify patients most at risk of admission to ED in the next 12 months. Address wider social-determinants of health via, joint delivery of “packages of care”
 2. Staying well in the community – Extension of Falls and Management Exercise (Strength and Balance classes) to delivery national model of 24 weeks evidence-based programmes.
 3. Urgent and Emergency Care – High Intensity Users of Emergency Department.
- All investments will be reviewed Q4, 2024/25 to inform investment for 2025/26.

Integrated Care Model

- A key focus of the South LCP is the development / re-imagining of a South Integrated Care Model
 1. ICM Co-development group – responsible for co-development of the Integrated Care Model, design work to be undertaken between September and December 2024
 2. ICM Delivery Group – delivery of a series of programmes and projects that will support the transformation of services



South Engagement sub-group

Purpose and success measures

To raise the profile of the public voice in our health and care system and to improve effectiveness and efficiency of LCP engagement activities

Public voice has a higher profile in local organisations

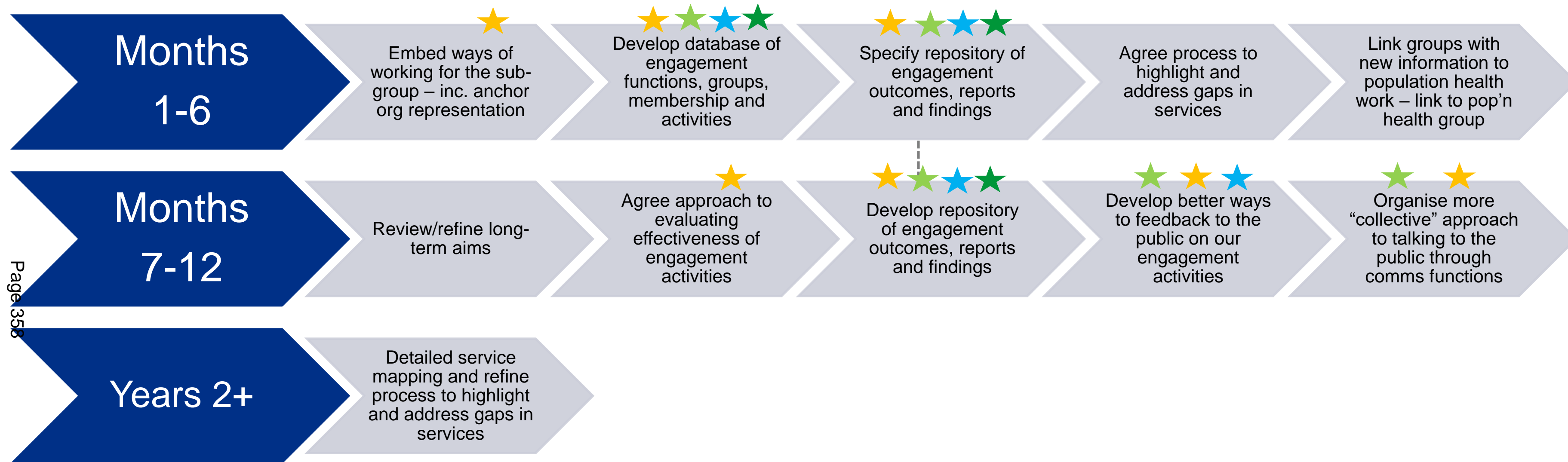
LCP has good understanding of people's needs and preferences with respect to health and wellbeing services, and how they access them

People feel as involved in their services as they choose to be

Reduced barriers to public involvement

Minimal duplication of involvement activities, and less unnecessary engagement activities for the public

Draft work plan



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Requirements for success:

- | | | | |
|---------------------------------|---|------------------------------------|---|
| <i>Investment</i> | ★ | <i>Engagement function support</i> | ★ |
| <i>Organisational ownership</i> | ★ | <i>Project management support</i> | ★ |
| <i>IT/systems support</i> | ★ | ... | ★ |

Meeting: Torbay Health & Wellbeing Board **Date:** 26 September 2024

Wards affected: All

Report Title: Torbay Joint Health & Wellbeing Strategy 6 monthly progress report

When does the decision need to be implemented? No decision required, report for information

Cabinet Member Contact Details: Hayley Tranter, Cabinet Member Adult & Community Services, Public Health & Inequalities Hayley.Tranter@torbay.gov.uk

Director Contact Details: Lincoln Sargeant, Director of Public Health Lincoln.Sargeant@torbay.gov.uk

Authors: Julia Chisnell, Consultant in Public Health Julia.Chisnell@torbay.gov.uk

1. Purpose of Report

- 1.1 This paper provides a high level summary of the Torbay Council Turning the Tide programme, for members' information.

2. Reason for Proposal and its benefits

- 2.1 The programme oversees and supports initiatives to help people experiencing difficulties associated with the challenges of poverty or the cost of living.

3. Recommendation(s) / Proposed Decision

- 3.1 Members are asked to note the report.

Supporting Information

1. Introduction

- 1.1 The Turning the Tide programme is modelled on the Marmot principles first set out in *Fair Society, Healthy Lives* in 2008:
- Give every child the best start in life

- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill-health prevention.

Fair Society Healthy Lives (The Marmot Review) - IHE (instituteofhealthequity.org).

- 1.2 The programme is led by Torbay Council's Director of Public Health and has input from cross-Council departments as well as partners across the health, care and voluntary sectors in Torbay.
- 1.3 The programme was remodelled in 2022/23 in response to the cost of living challenges facing local families and communities, and the focus is strongly on the drivers of poverty and ill-health including food, fuel, employment, skills and economic stability.

2. Summary of the programme

- 2.1 Turning the Tide has short and longer term activities which run alongside.
- 2.2 Medium and longer term objectives map to the Marmot areas and involve working with communities to:
 - Provide Early Help, and support through Family Hubs
 - Provide good employment and training opportunities, especially for young people with special educational needs and disabilities, or care experienced
 - Improve energy efficiency and warm home environments
 - Prevent and tackle homelessness, and to promote stable, secure and affordable homes
 - Reduce smoking prevalence and detect disease earlier, eg cancers and heart disease
 - Tackle poor mental health and wellbeing.
- 2.3 Short term work levers financial programmes, policies and partnerships to target support to those who need it most, for example use of the Household Support Fund, support for the Torbay Food Alliance, and referral for advice or support for cold or damp homes.
- 2.4 The short term element of Turning the Tide works closely with the system wide Winter Planning programme to help address problems which are particularly acute

when the weather is colder, infections are more widespread, and risks to health and wellbeing are generally highest.

3. Analytics

- 3.1 An overview of the health and wellbeing of Torbay residents is provided in the annual Joint Strategic Needs Assessment: [Provisional TORBAY JOINT STRATEGIC NEEDS ASSESSMENT 2024/25 \(southdevonandtorbay.info\)](https://southdevonandtorbay.info). This also includes data around the drivers of ill-health.
- 3.2 Devon, Plymouth and Torbay Public Health and NHS teams developed a cost of living dashboard in 2023 which offers some high level information about the key indicators mapped to neighbourhood level (food poverty, relative child poverty, fuel poverty, benefit claims, income deprivation) [Cost of Living - Devon Health and Wellbeing](#).
- 3.3 There is useful comparative background information produced by a range of national organisations, eg Citizens Advice, Joseph Rowntree Foundation, and the Institute of Health Equity, among others.
- 3.4 The Social Mobility Commission launched its statutory State of the Nation annual report on 11 September 2024 <https://socialmobility.independent-commission.uk/policy-papers/state-of-the-nation-report-2024-local-to-national-mapping-opportunities-for-all/>. This report monitors progress of social mobility in the UK and highlights four overlapping challenges:
- low public confidence
 - a younger generation doing less well than their parents, particularly in terms of pay, progression and housing
 - insufficient attention to regional disparities and 'left behind' people and places
 - a need for more successful and cost effective interventions.
- The Report classifies each local authority area against an index comprising four measures of social mobility (promising prospects, conditions of childhood, labour market opportunities for young people, and innovation and growth). These map closely to the Turning the Tide programmes, and are all key priorities for Torbay. They also highlight the challenges identified in the Chief Medical Officer's Report 2021 as particular issues facing coastal communities in England [Chief Medical Officer's annual report 2021: health in coastal communities - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/944447/Chief-Medical-Officer-annual-report-2021-health-in-coastal-communities)
- 3.5 Updates on the Turning the Tide programme will be brought to future meetings.

5. Financial Opportunities and Implications

- 5.1 None specific to this report although the programme takes account of the economic challenges faced by communities in Torbay.

6. Engagement and Consultation

- 6.1 None.

7. Tackling Climate Change

- 7.1 Improving energy efficiency is one of the objectives of the programme.

8. Associated Risks

- 8.1 Risks relating to this programme are held on the Council risk register and reported monthly.

9. Equality Impacts - Identify the potential positive and negative impacts on specific groups

	Positive Impact	Negative Impact & Mitigating Actions	Neutral Impact
Older or younger people	Y		
People with caring Responsibilities	Y		
People with a disability	Y		
Women or men	Y		
People who are black or from a minority ethnic background (BME) (Please note Gypsies / Roma are within this community)	Y		
Religion or belief (including lack of belief)	Y		
People who are lesbian, gay or bisexual	Y		
People who are transgendered	Y		
People who are in a marriage or civil partnership	Y		

Women who are pregnant / on maternity leave	Y		
Socio-economic impacts (Including impact on child poverty issues and deprivation)	Y		
Public Health impacts (How will your proposal impact on the general health of the population of Torbay)	Y		

10. Cumulative Council Impact

10.1 None.

11. Cumulative Community Impacts

11.1 Impact is expected to be positive if programmes are delivered.

