



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.

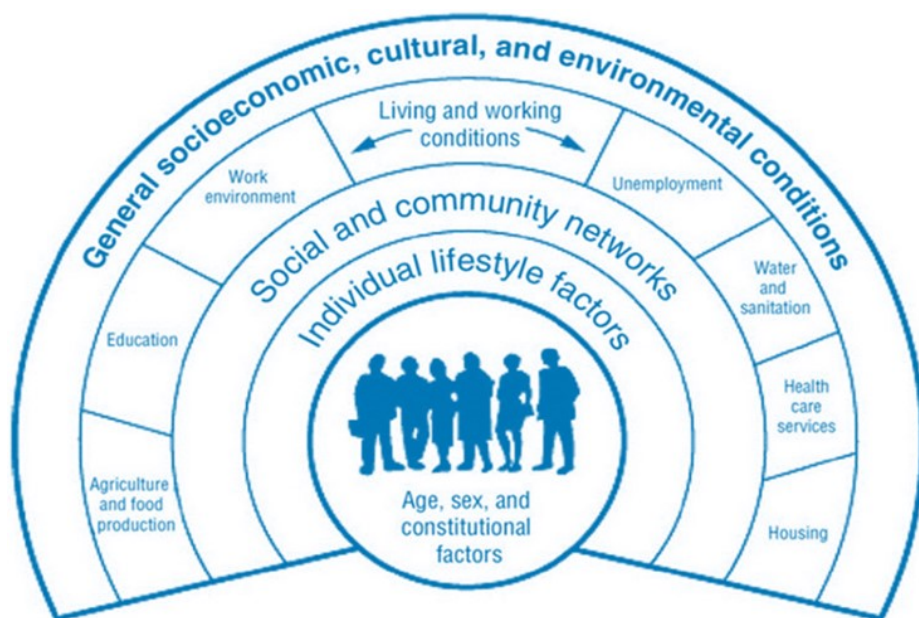
These include the following influences which are presented in Fig 1:

- **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



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).

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.

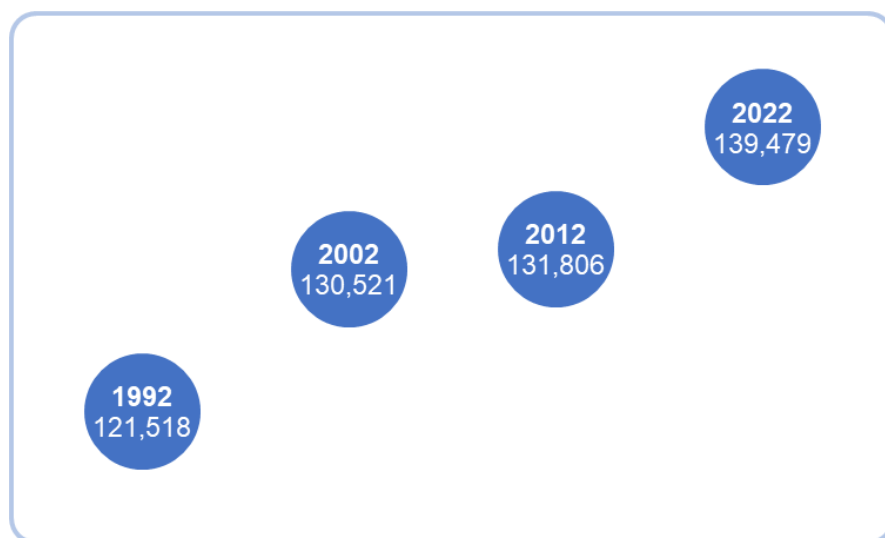
Source: 2021 Census

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

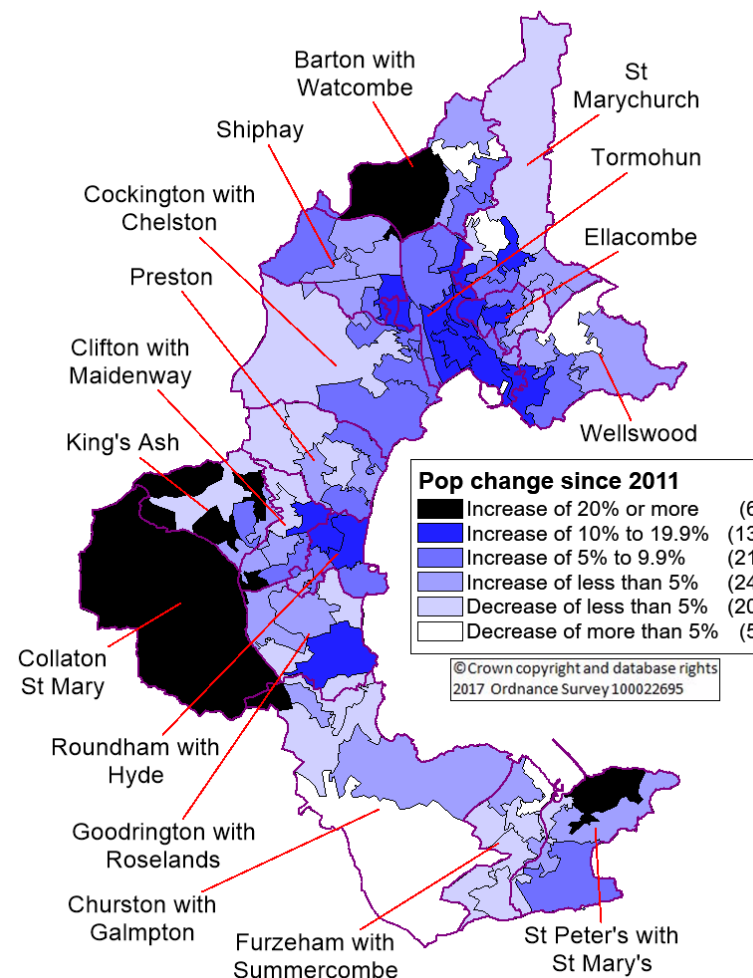
Source: ONS Mid-year population estimates



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.

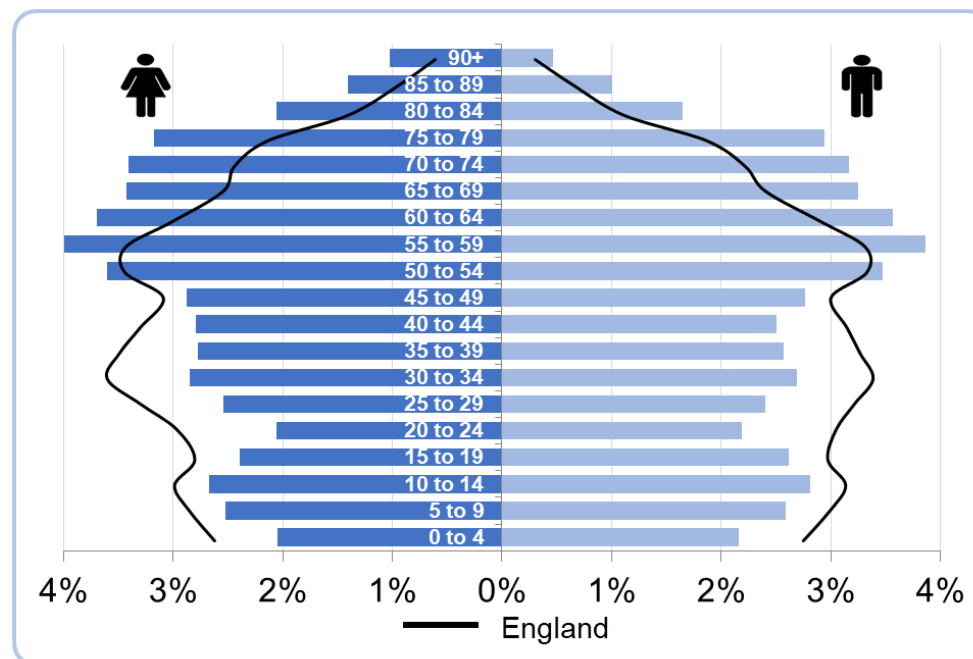
Protected Characteristic - Age

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

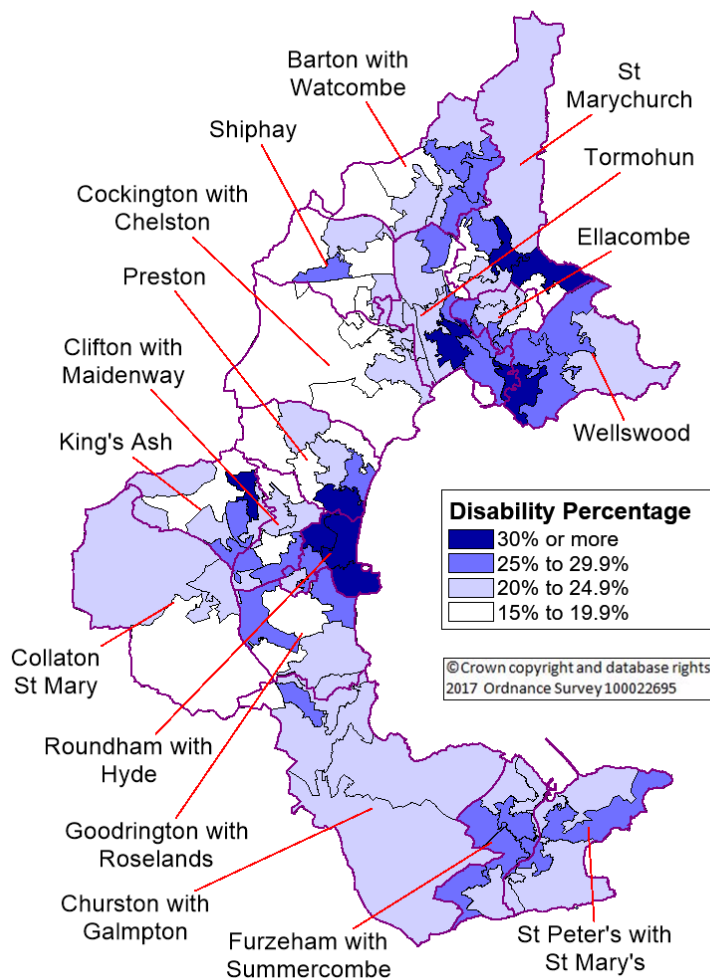
Source: Census 2021

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



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%

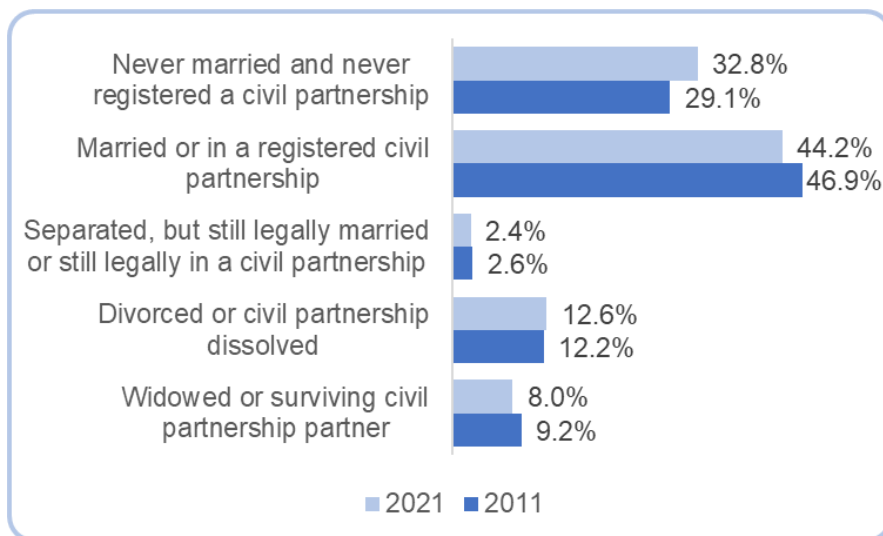
Protected Characteristic – Marriage and Civil Partnership

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



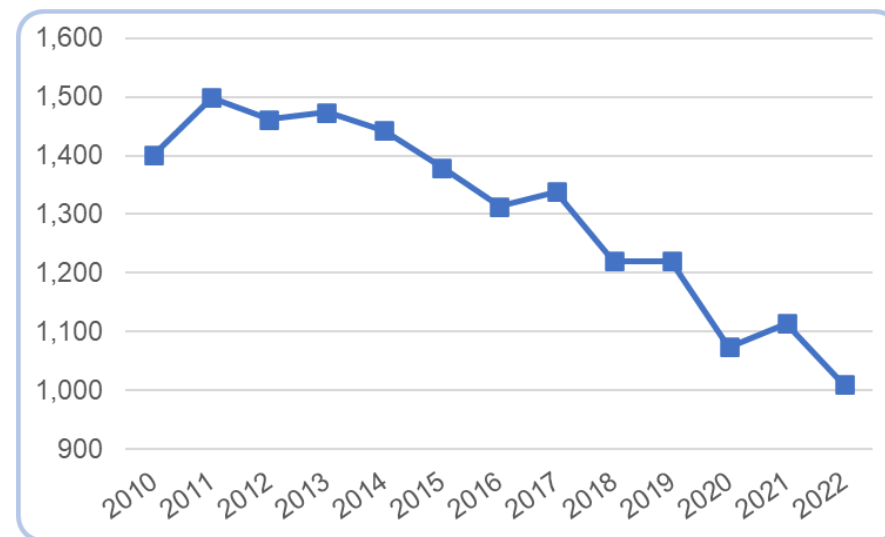
Protected Characteristic – Pregnancy and Maternity

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

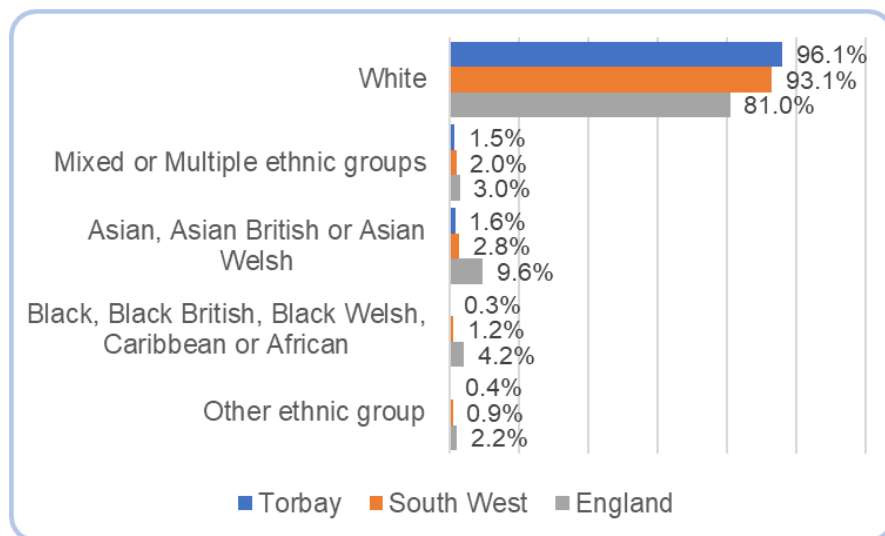


Protected Characteristic – Race

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

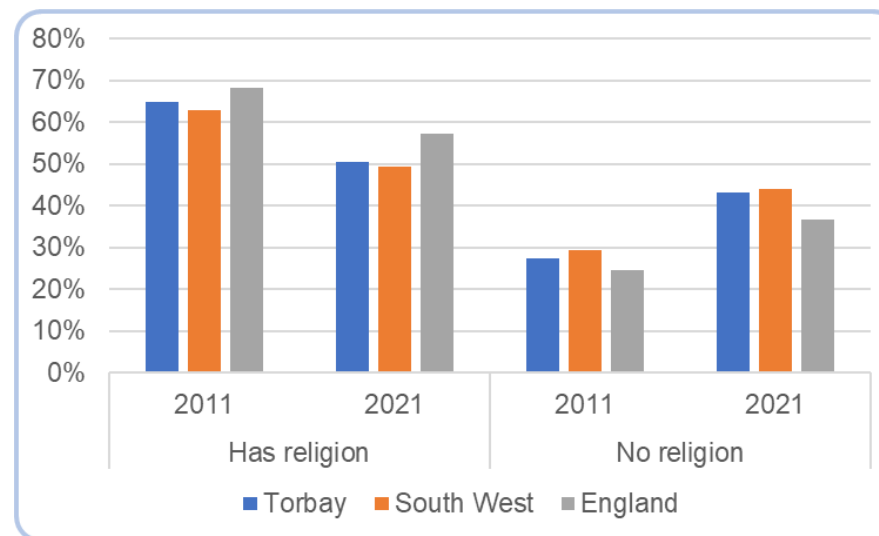


Protected Characteristic – Religion or Belief

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.

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

Source: Census



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

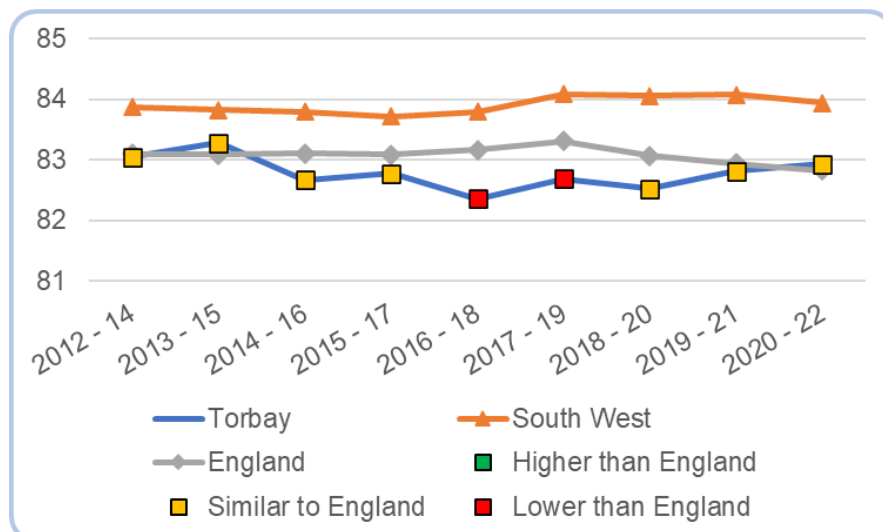


Fig 20: Life expectancy at birth – Torbay (2018 to 2022)

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

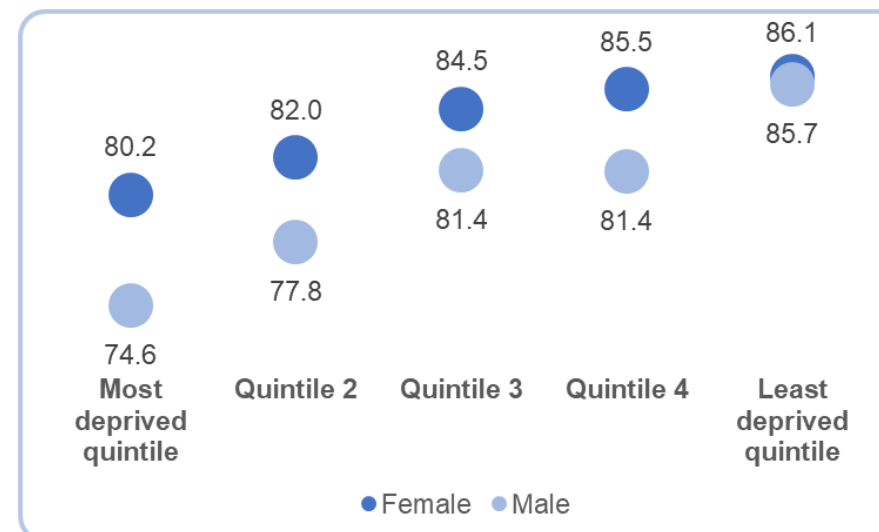
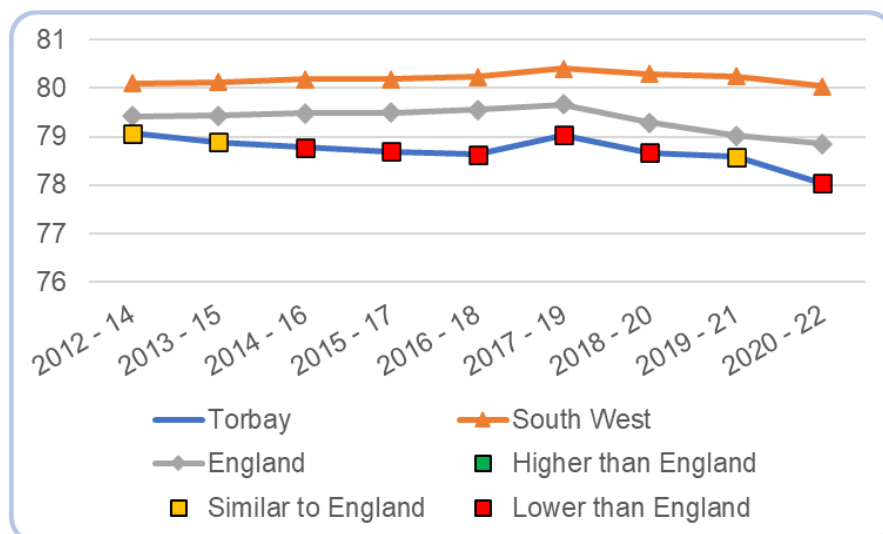


Fig 19: Life expectancy at birth - Males

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

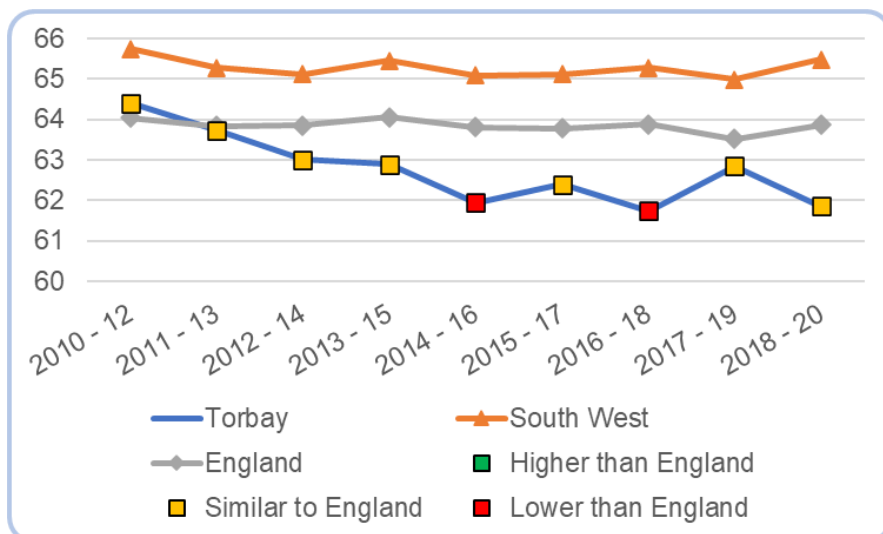
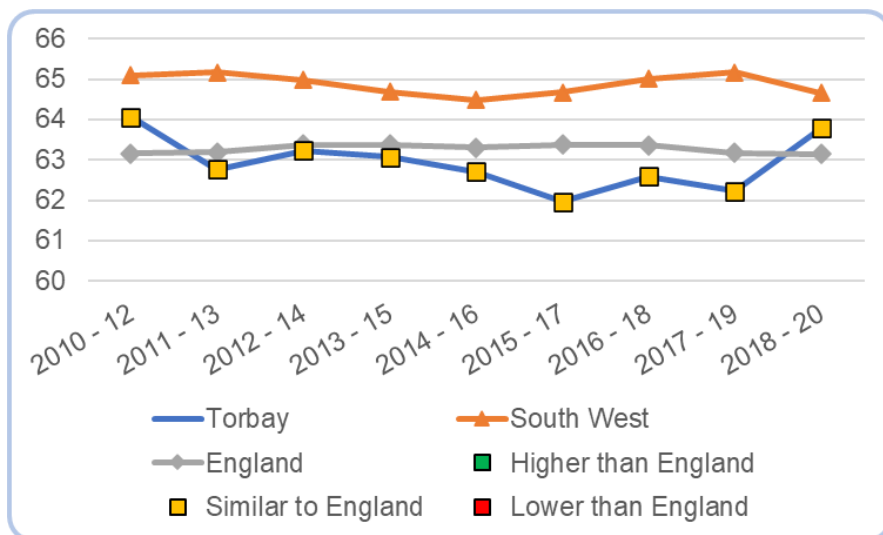


Fig 22: Healthy life expectancy at birth - Males

Source: Fingertips

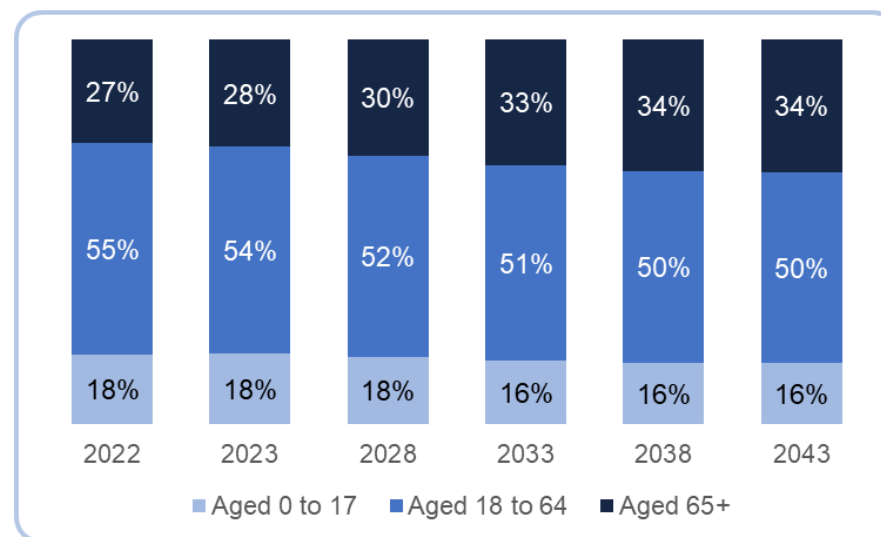


Population Projections

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
BAME 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

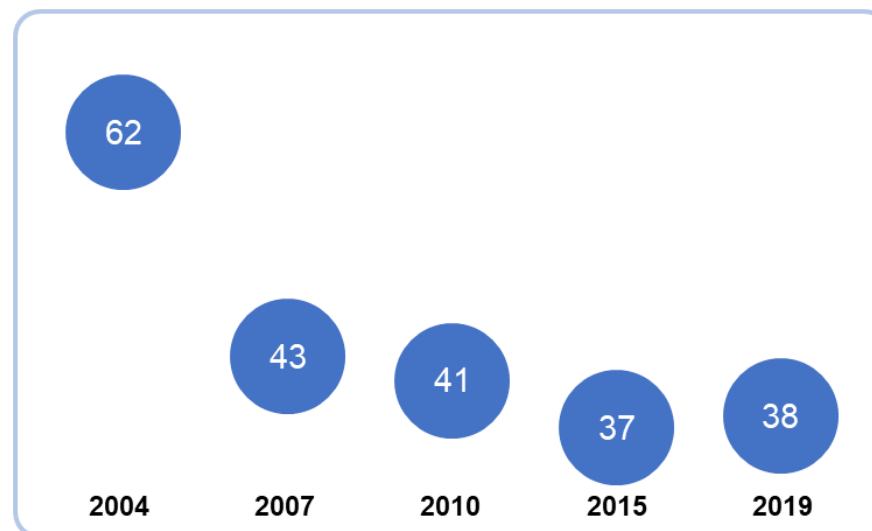
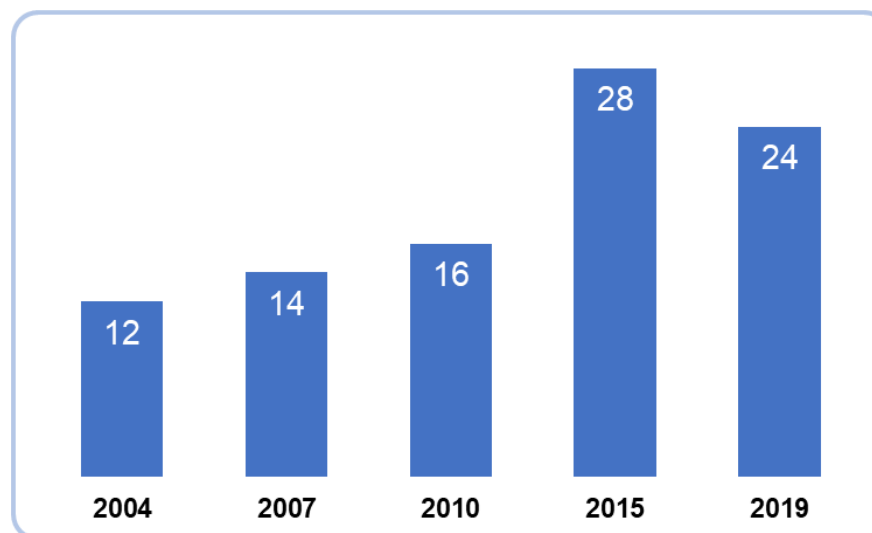


Fig 25: Torbay LSOAs classified as being amongst the 20% most deprived areas in England

Source: English Indices of Deprivation 2019

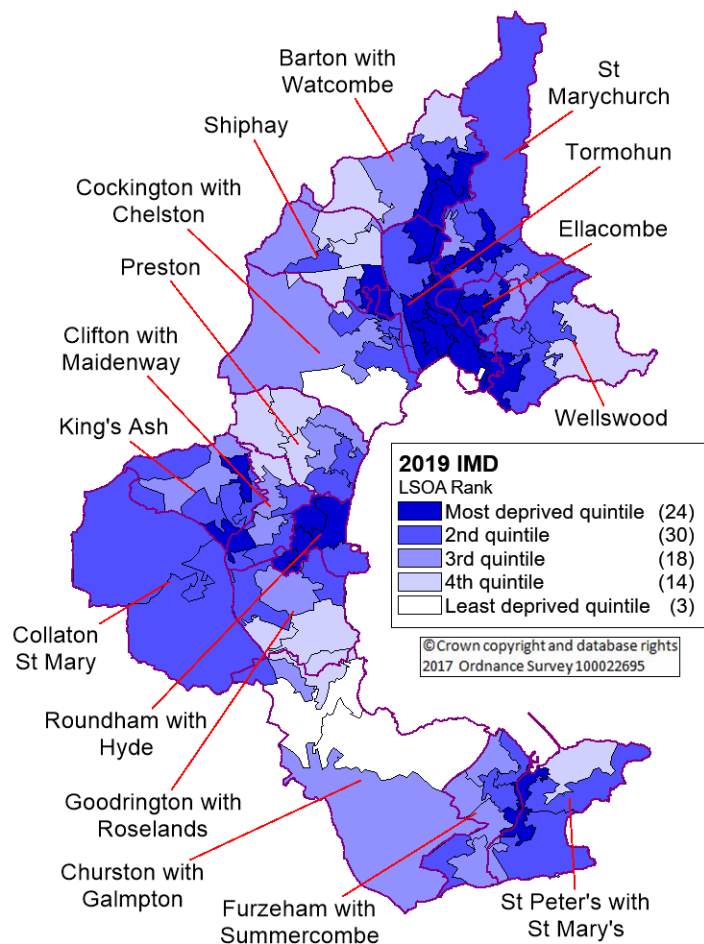


Index of Multiple Deprivation

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

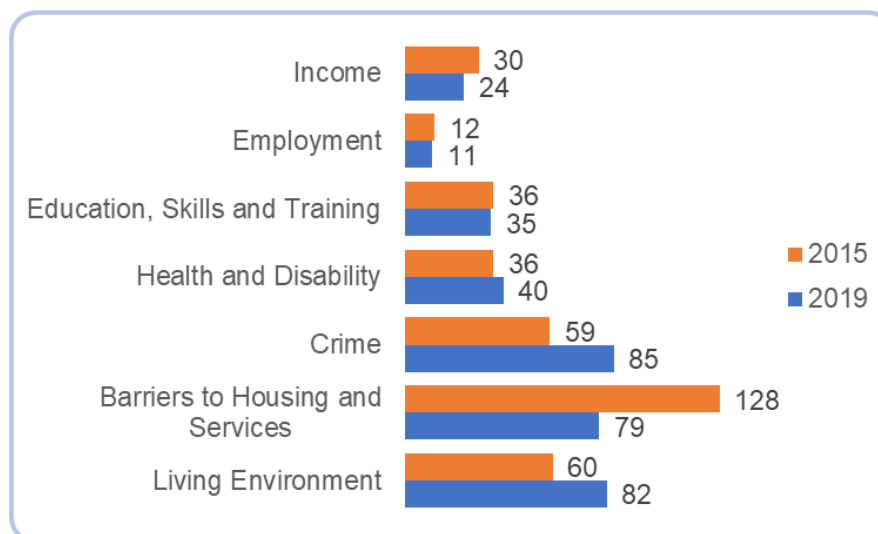


Deprivation by sub-domain

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. Ranked out of 151 upper-tier local authorities.

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

Source: English Indices of Deprivation 2019



Income Deprivation

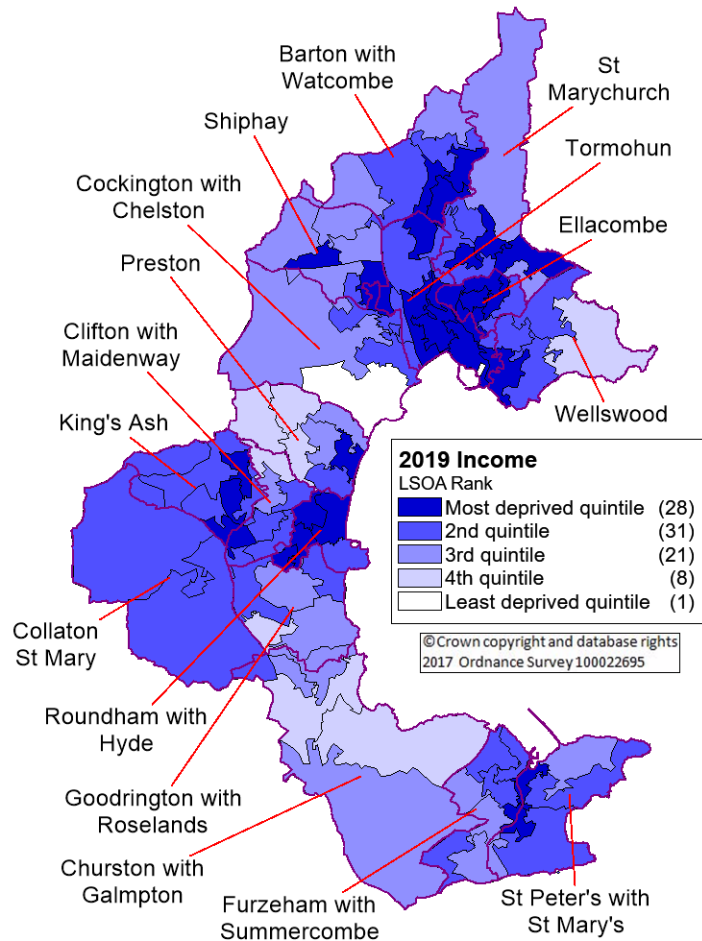
Income deprivation relates to the proportion of the population experiencing deprivation relating to low income; it includes measures for those in receipt of income-based benefits. Compared to 2015, Torbay's ranking worsened slightly from 30th in 2015 to 24th in 2019. For 2019, it was calculated that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

JSNA 2024/25 – Index of Multiple Deprivation

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

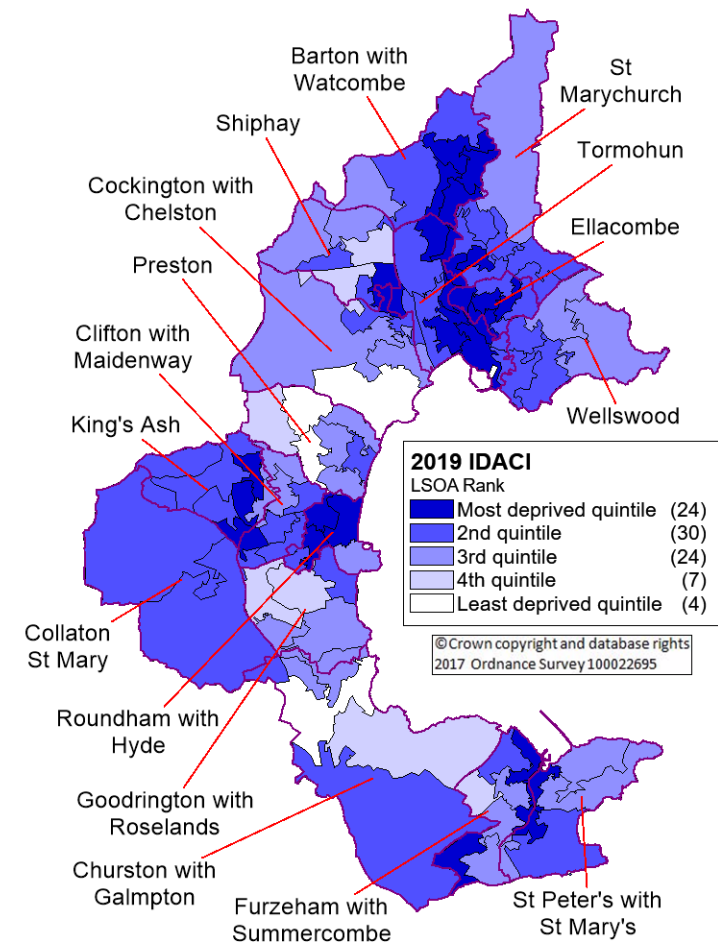
Source: English Indices of Deprivation 2019



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

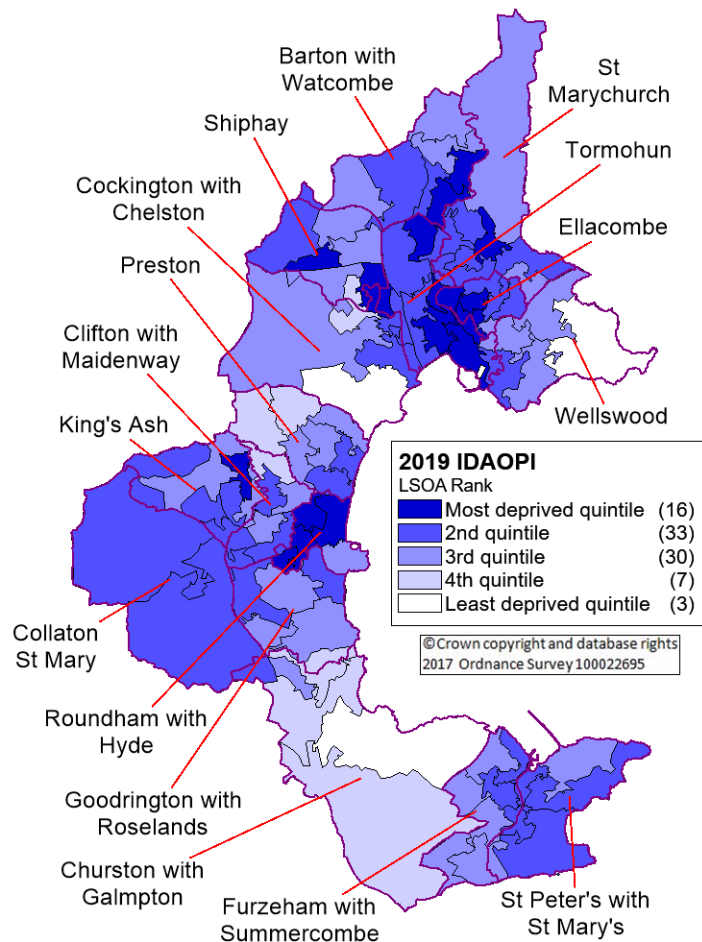


JSNA 2024/25 – Index of Multiple Deprivation

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

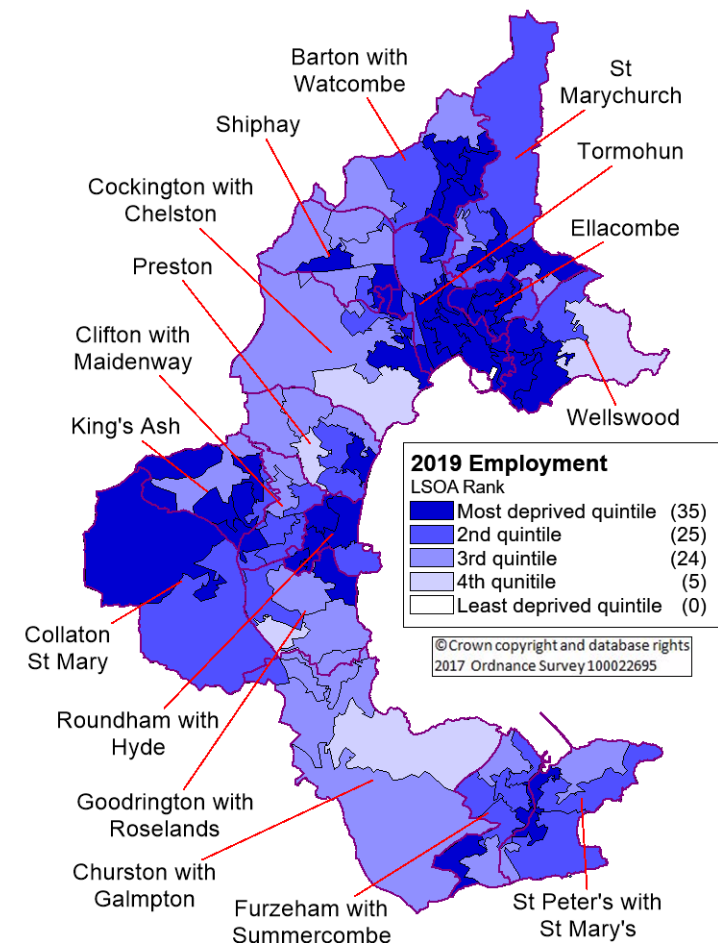


Employment Deprivation

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

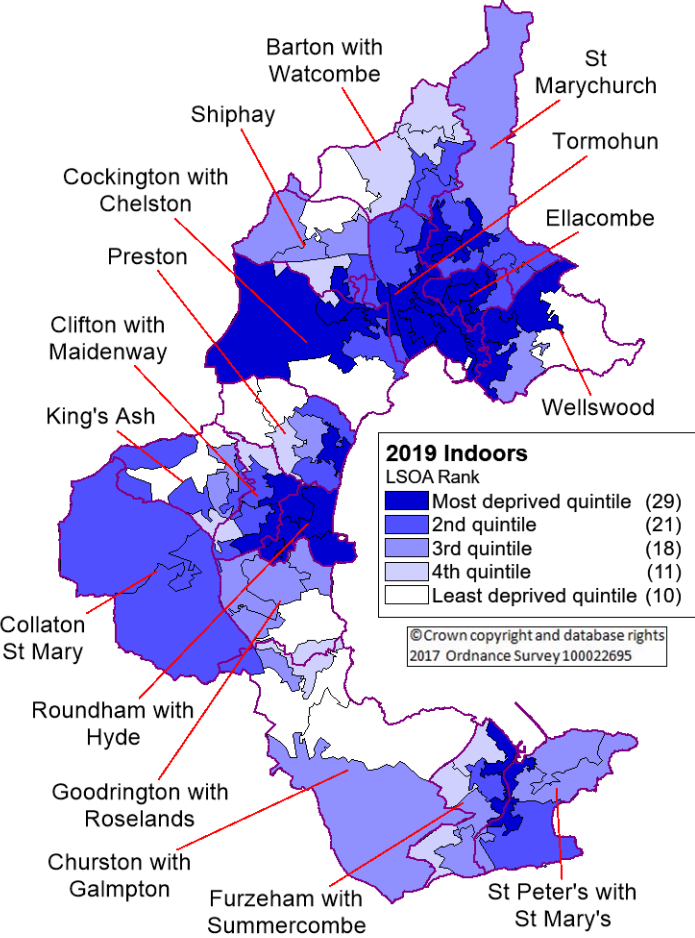
Source: English Indices of Deprivation 2019



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).

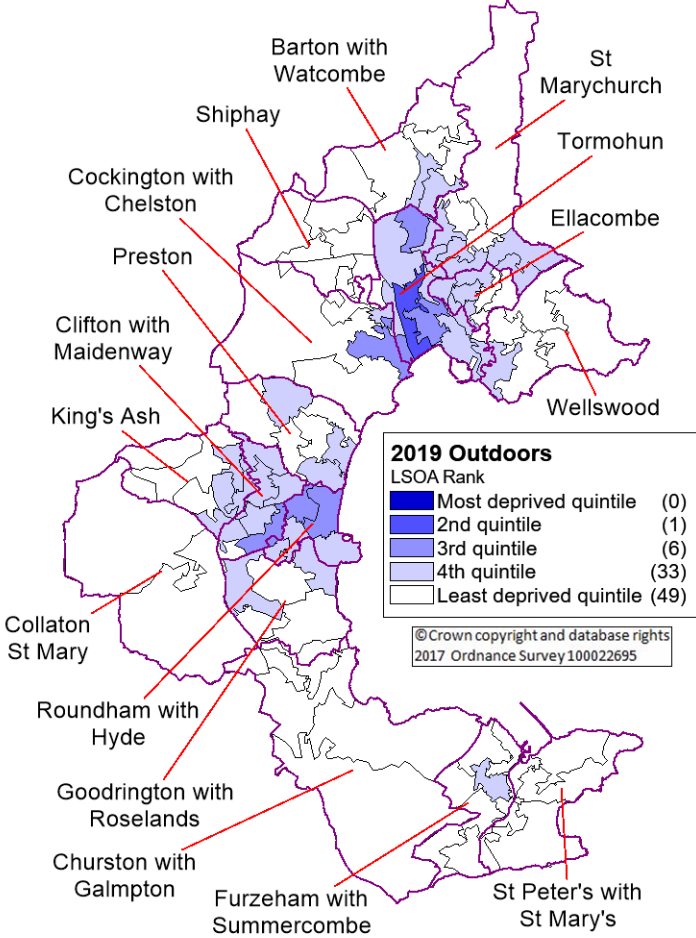
Fig 32: Rank of Indoor Deprivation
Source: English Indices of Deprivation 2019



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).

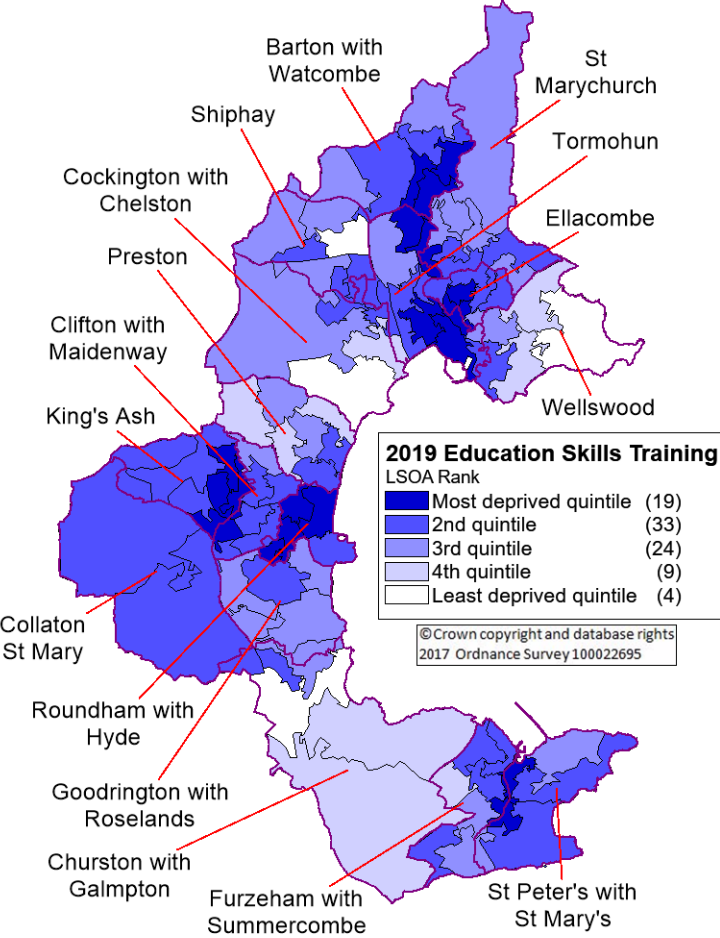
Fig 33: Rank of Outdoor Deprivation
Source: English Indices of Deprivation 2019



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).

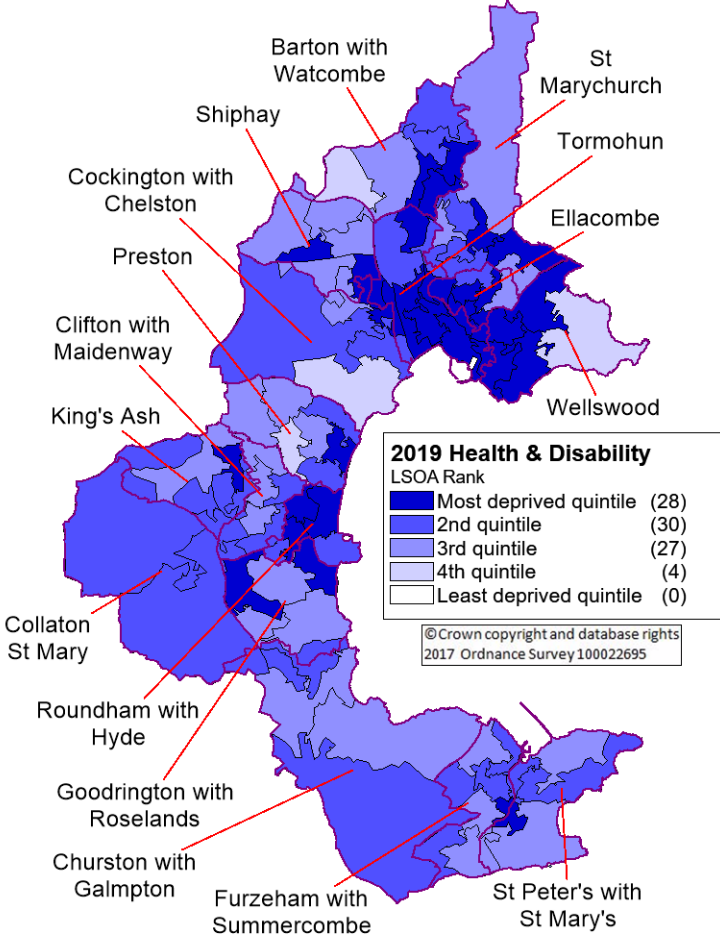
Fig 34: Rank of Education, Skills & Training Deprivation
Source: English Indices of Deprivation 2019



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

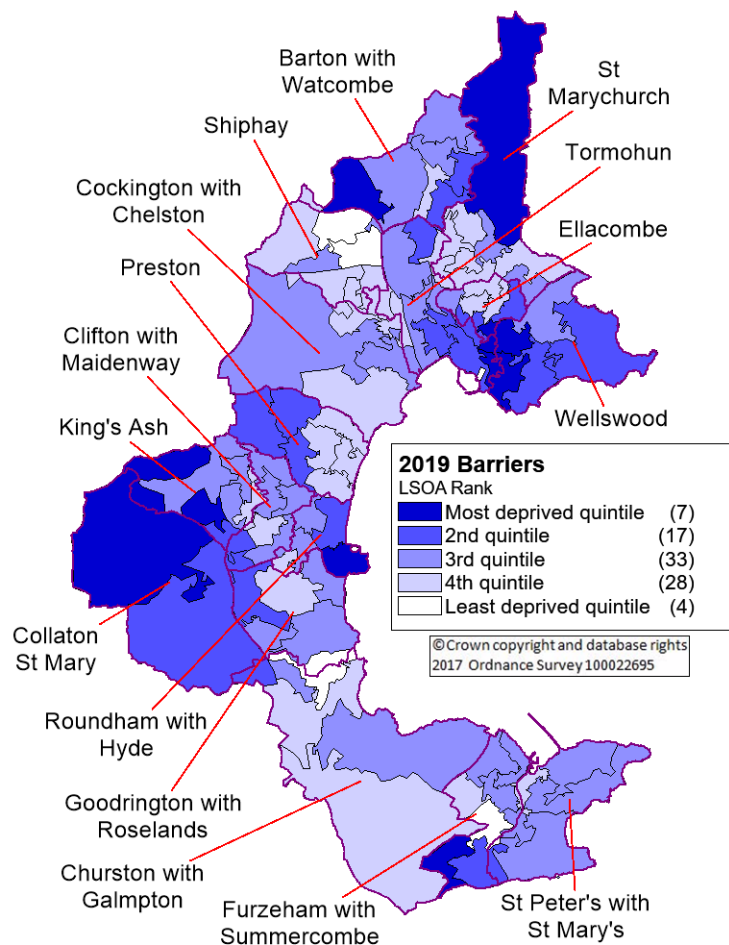


Barriers to Housing & Services Deprivation

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

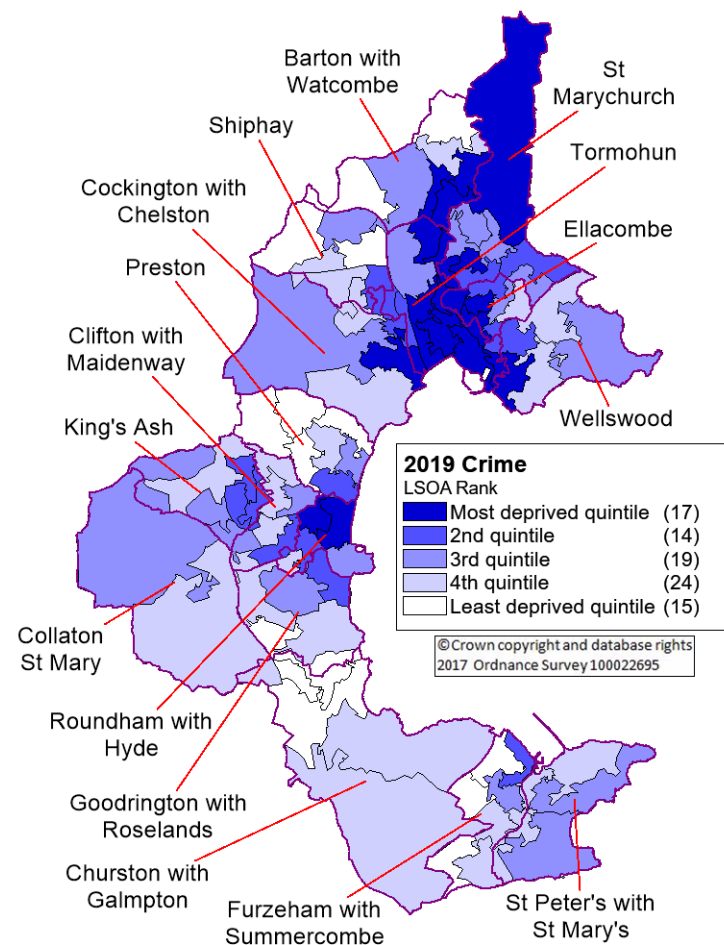


Crime Deprivation

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
- 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

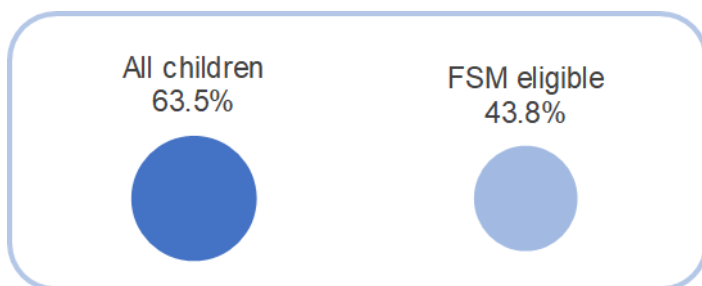
Education

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

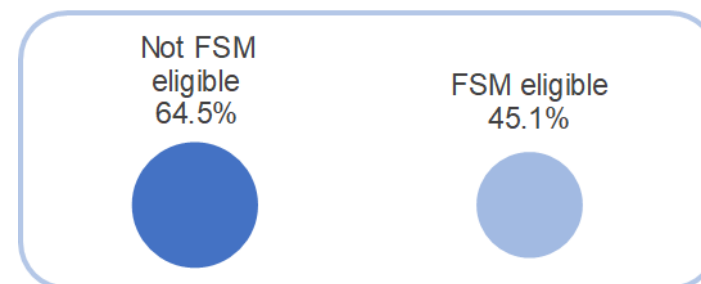


The percentage of children meeting the expected standard in reading, writing and mathematics at Key Stage 2 (age 7 to 11) is broadly similar in Torbay to levels in the South West and England. Looking at Torbay, there are significant differences in those meeting

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)

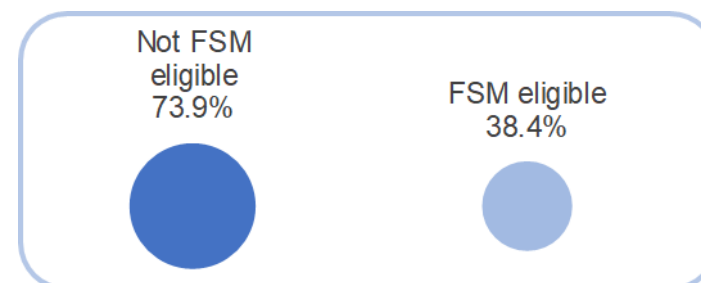
Source: Department for Education – explore education statistics



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)

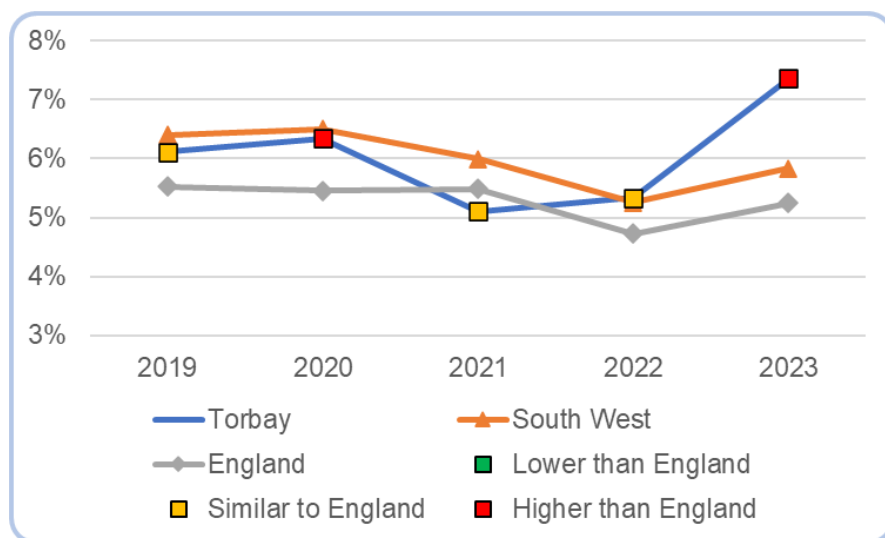
Source: Department for Education – explore education statistics



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/torbay-special-educational-needs-jsna)

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 \(www.nhs.uk\)](https://www.nhs.uk/what-is-autism/) .

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 42: Percentage of state primary and secondary Torbay school pupils with EHCP and SEN Support

Source: Department for Education – explore education statistics

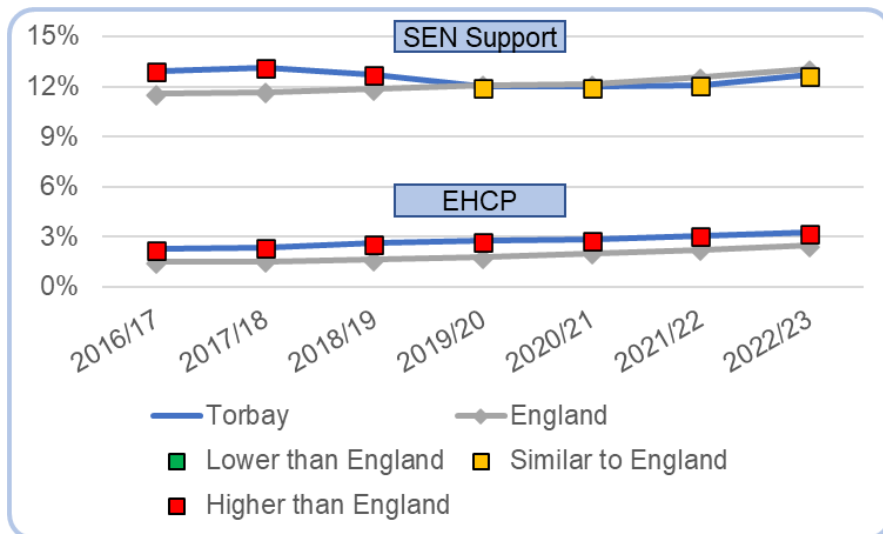


Fig 43: Percentage of state Torbay school pupils with a primary need of Social, Emotional and Mental Health

Source: Fingertips, Department for Education – explore education statistics for 2022/23

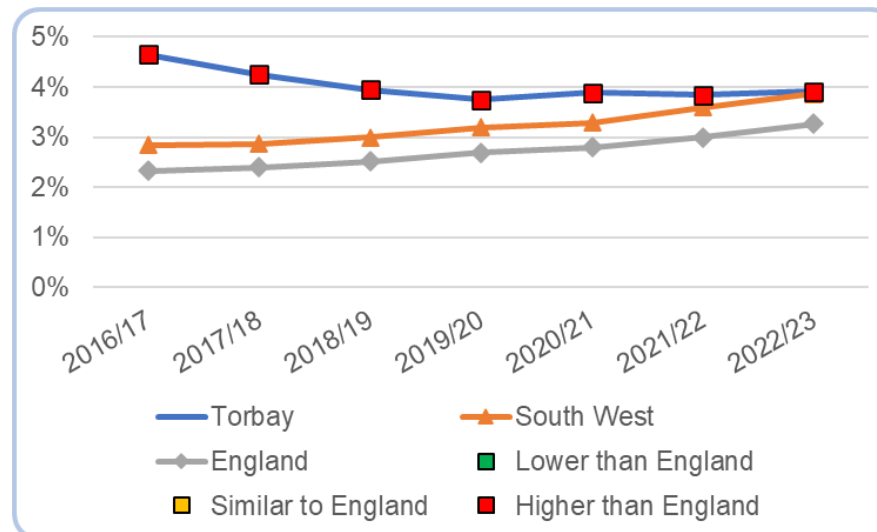
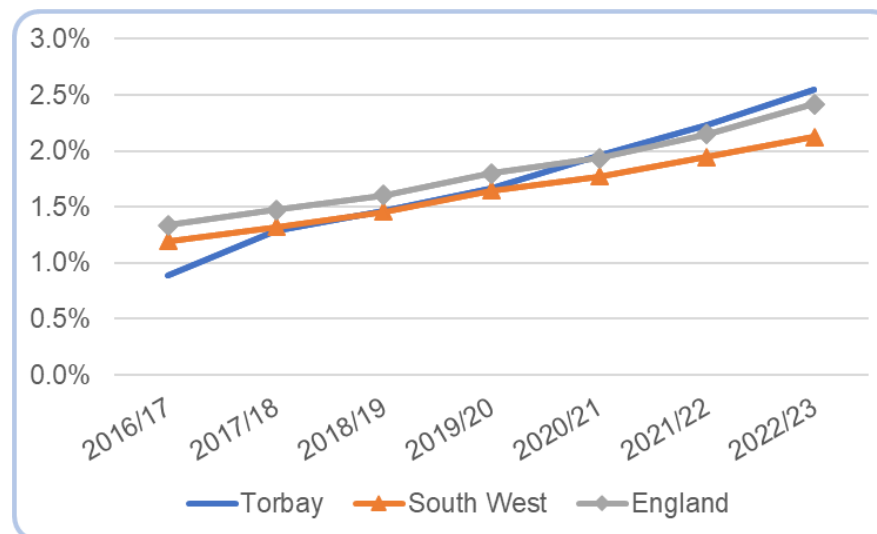


Fig 44: Percentage of state Torbay school pupils with a primary need of Autistic Spectrum Disorder

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

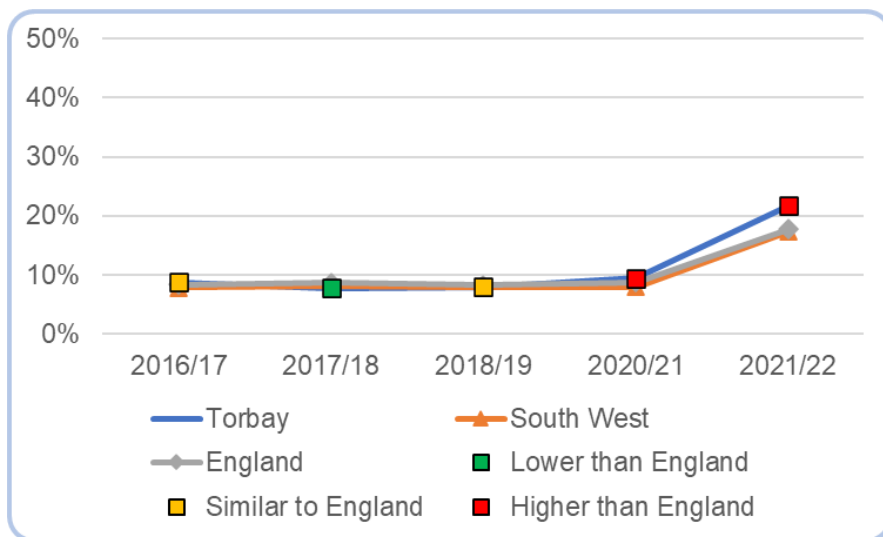
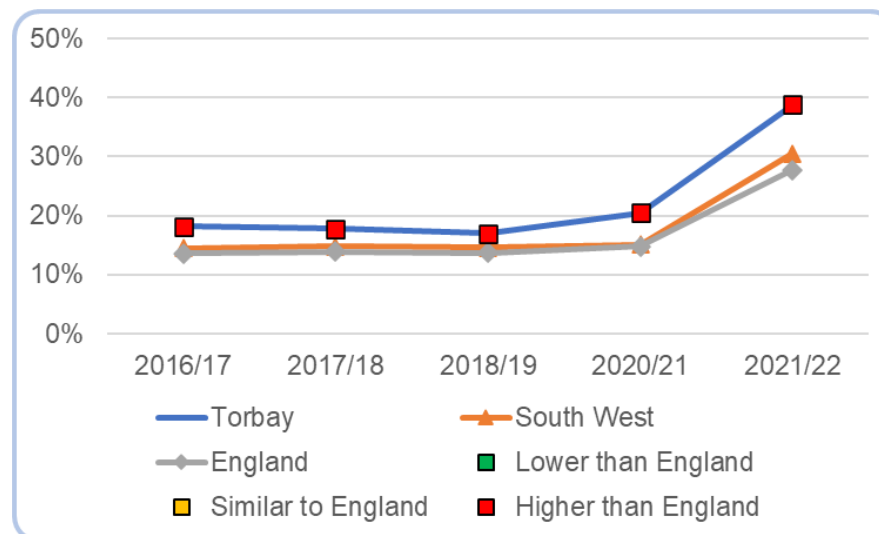


Fig 46: Percentage of state secondary school pupils classified as persistent absentees

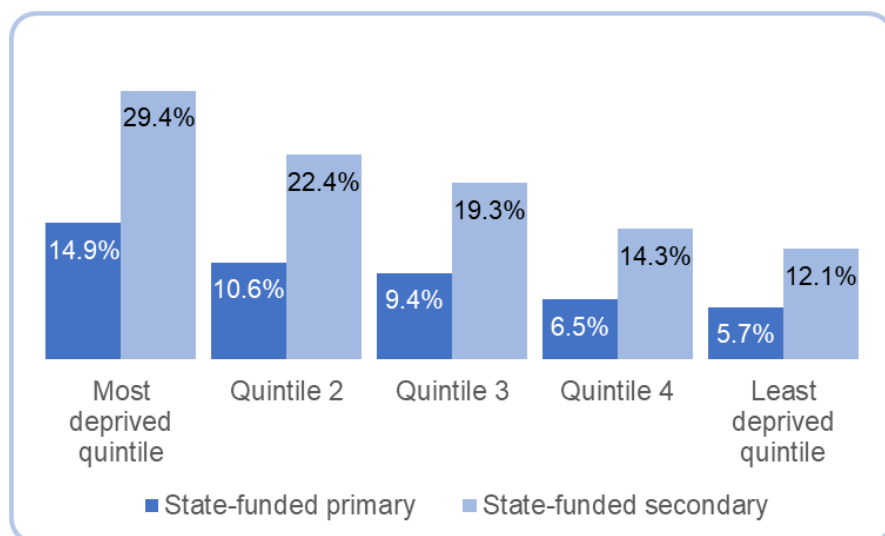
Source: Department for Education – explore education statistics



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



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

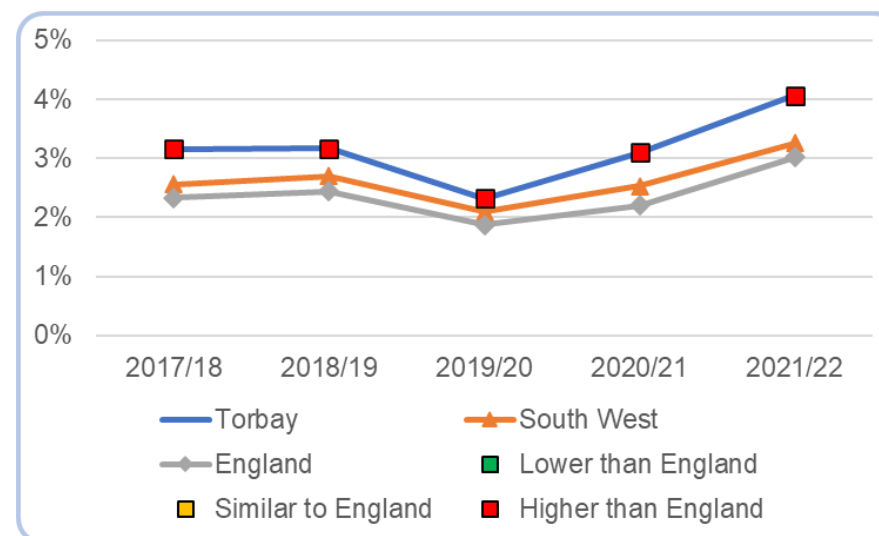
Among those at Torbay state primary schools, the rate was 1.0% for 2021/22, for Torbay state secondary schools, the rate was 7.3%, in Torbay special schools, the rate was 9.0%. Torbay rates of suspensions (Fig 48) and permanent exclusions remain significantly higher than England.

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.

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

Source: Department for Education – explore education statistics

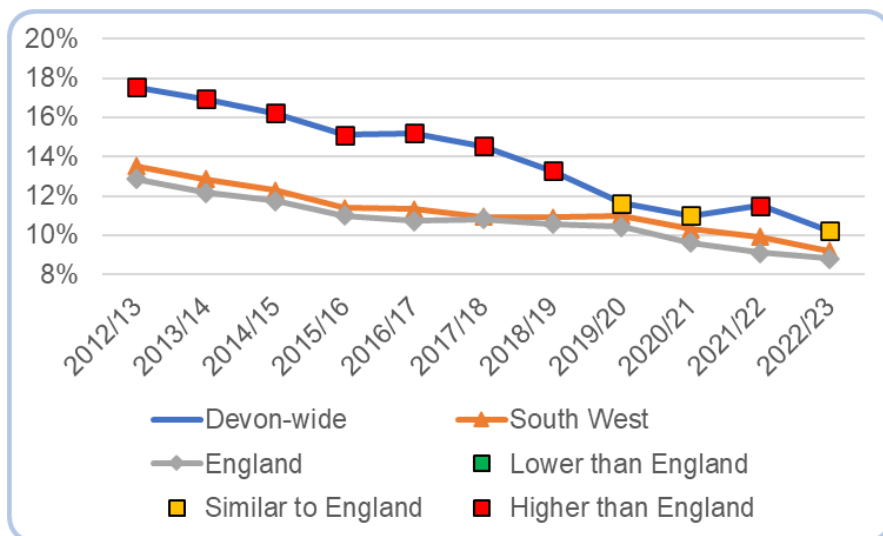


Health – Early Years

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



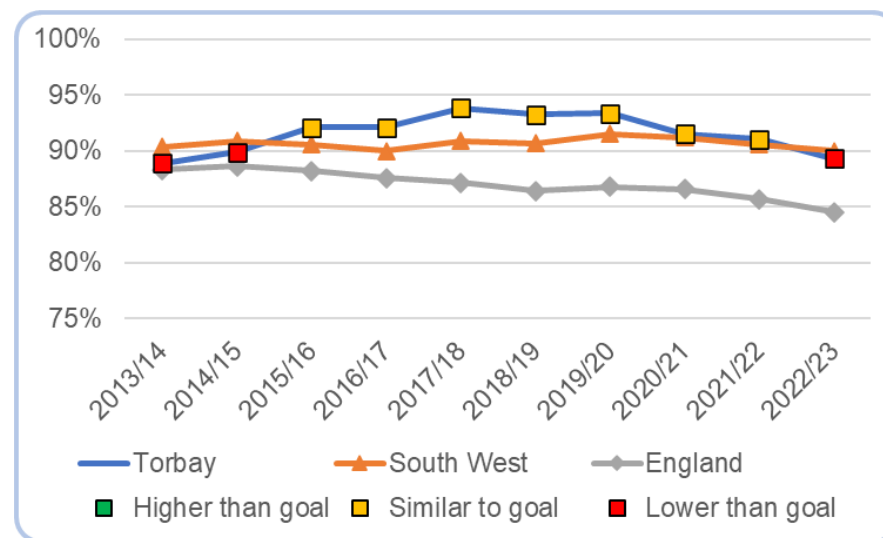
Breast milk provides the ideal nutrition for infants in the first stages of life. Data around breastfeeding at 6 to 8 weeks after birth is frequently not published for large numbers of geographical areas due to significant data issues. For 2022/23, 50% of Torbay mothers were breastfeeding at 6 to 8 weeks 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.

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



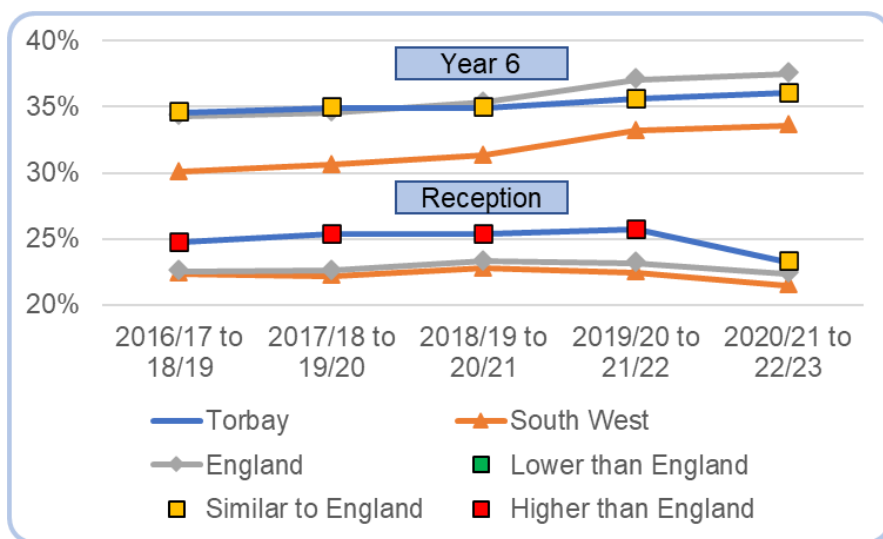
Health – Weight and Activity

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.

Fig 51: Percentage of overweight (including obese) children

Source: Fingertips



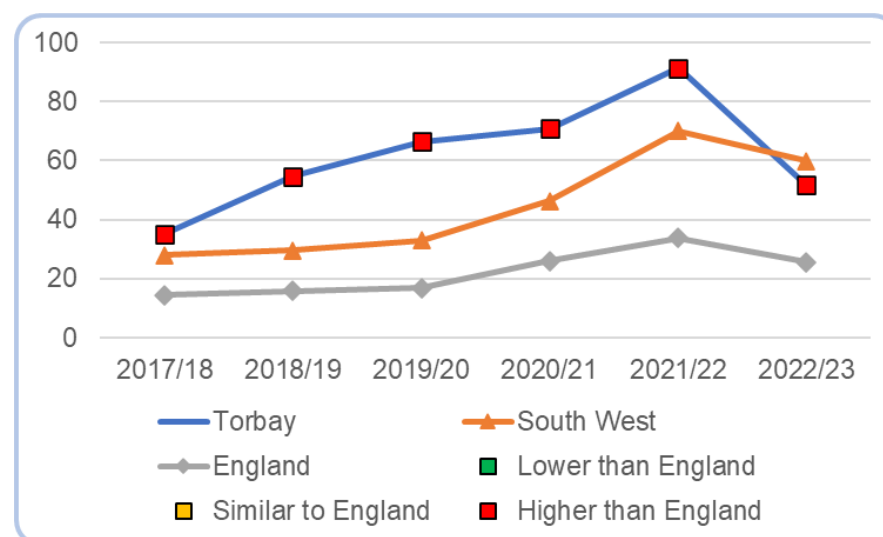
Weight and dietary issues are often talked about in terms of being overweight or obese. However, people also suffer from anorexia,

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

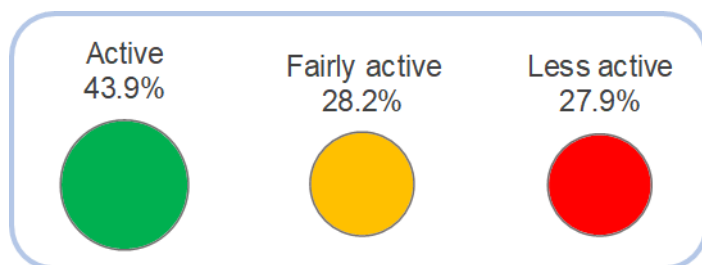


The Active Lives Children's Survey asks a number of questions around children's level of activity.

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



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](#)).

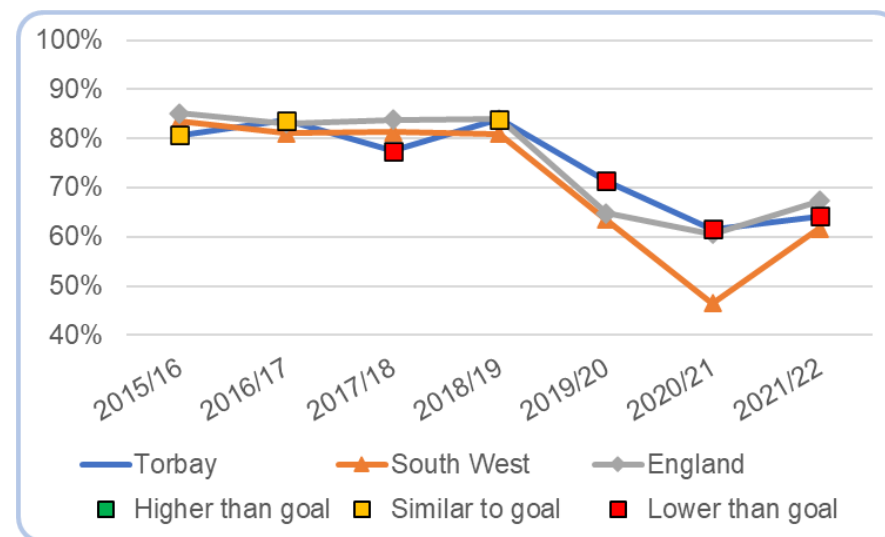
A two-dose immunisation programme is offered to 12 to 14 year olds, initially for females but extended to males from 2019. Due to the COVID-19 pandemic there were impacts on coverage in the 2019/20 and 2020/21 academic years across England. These years saw decreases in the percentage of 13 to 14 year 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



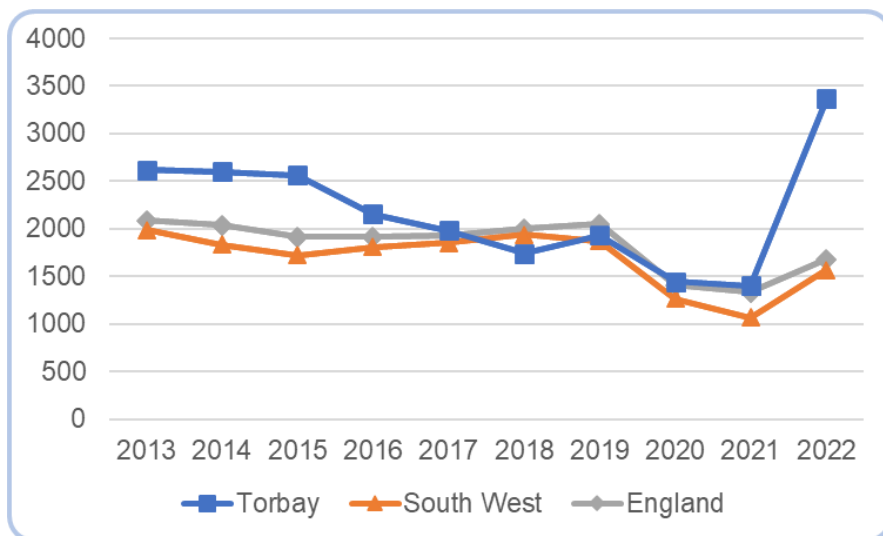
Chlamydia causes avoidable sexual and reproductive ill health and in England is the most commonly diagnosed, bacterial, sexually transmitted infection (STI) with rates higher in young adults than in other age groups (OHID Fingertips, Public Health Profiles).

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

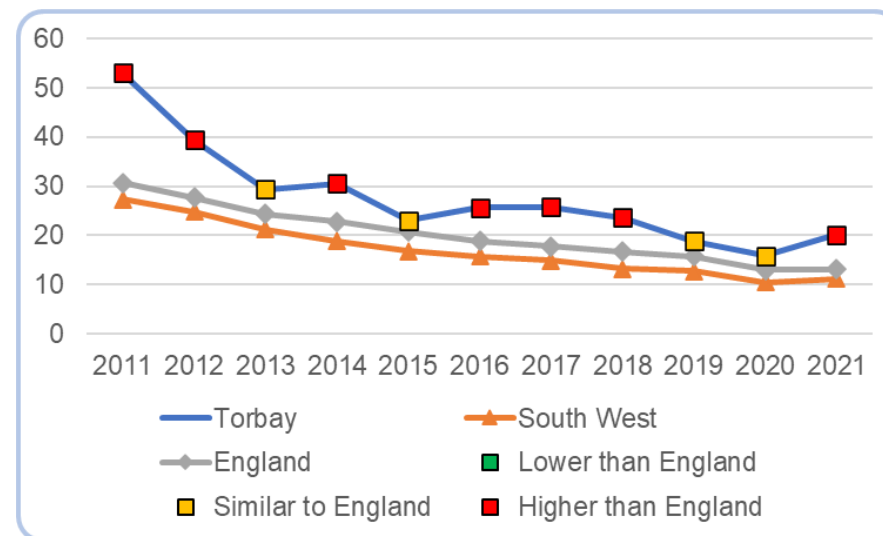


Inequality in health and education is a cause and consequence of teenage pregnancy for young parents and their children, and children of teenage mothers are more likely to live in poverty (UKHSA, 2023).

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.

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

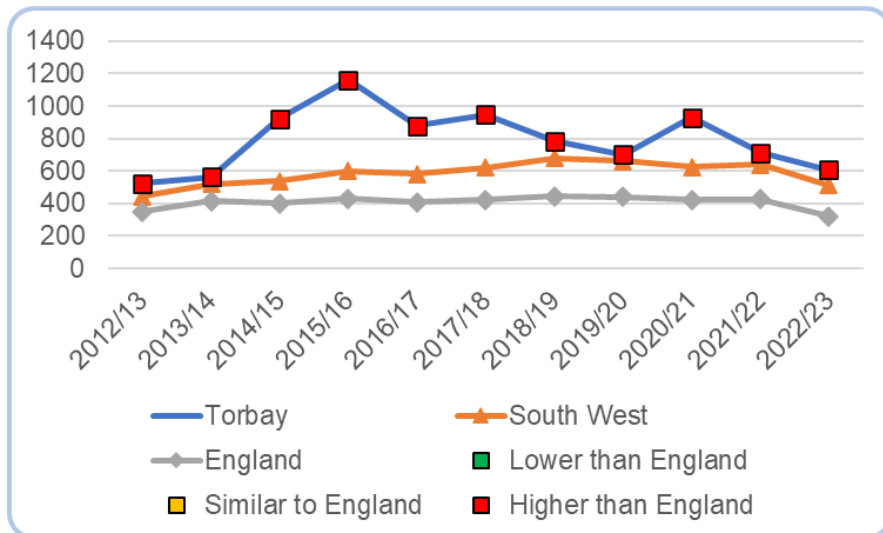
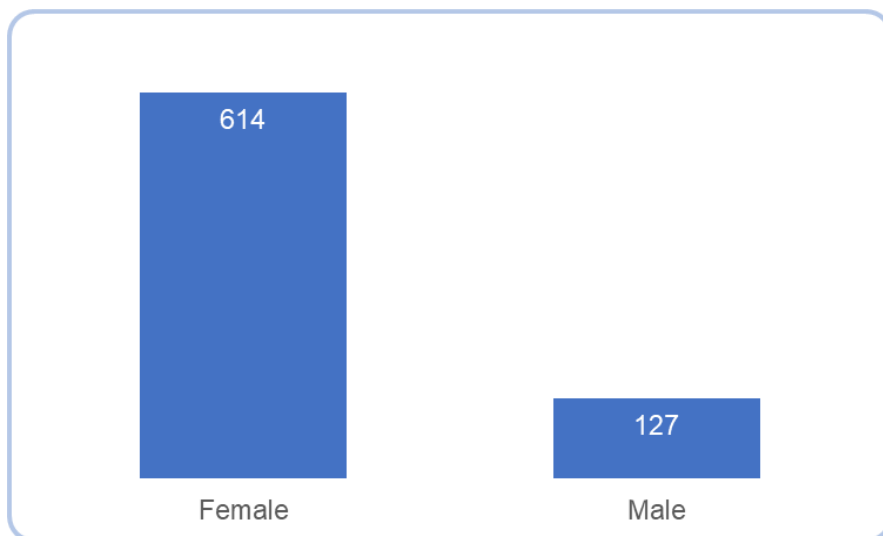


Fig 58: Hospital admissions as a result of self-harm, aged 10 to 24 – Torbay (2018/19 to 2022/23)

Source: Hospital Episode Statistics

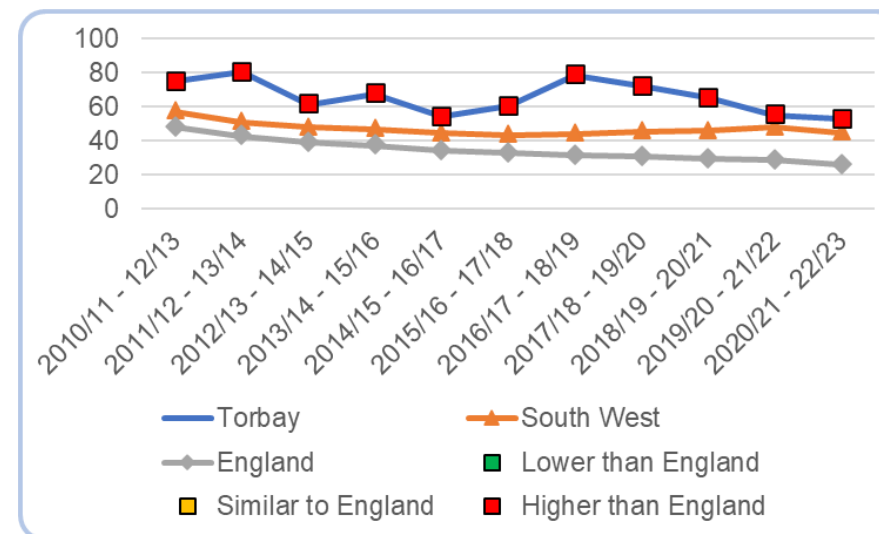


Health – Alcohol, Tobacco, Dental

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

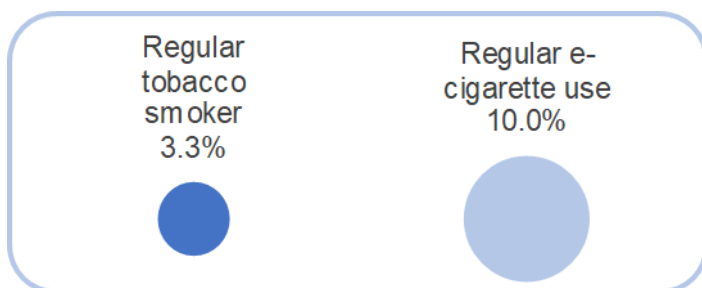
occasionally smoke have fallen in the same period from 9% to 5.5%. In the 2021 survey, regular smoking was broadly similar amongst 15 year old boys and girls, occasional smoking was more prevalent amongst 15 year old girls. Regular tobacco smoking is now significantly less common among 15 year olds than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

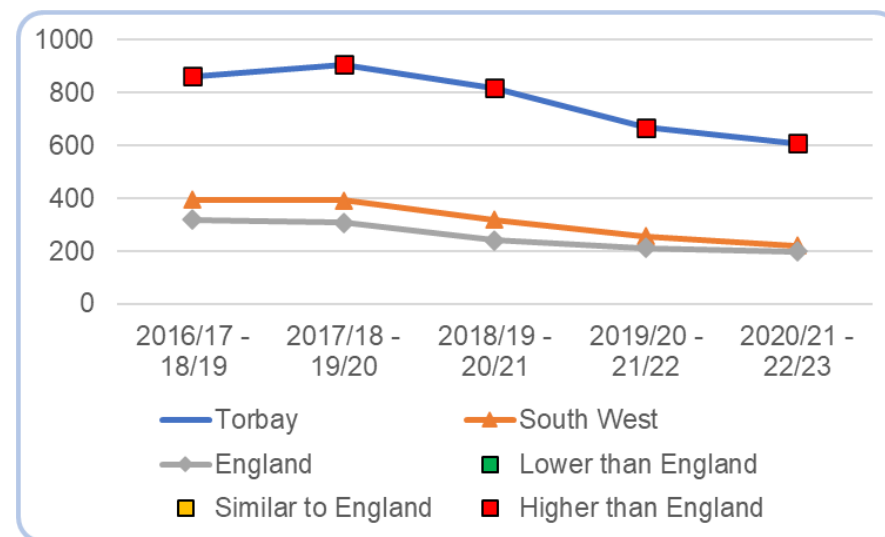
Source: SDD – NHS Digital



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

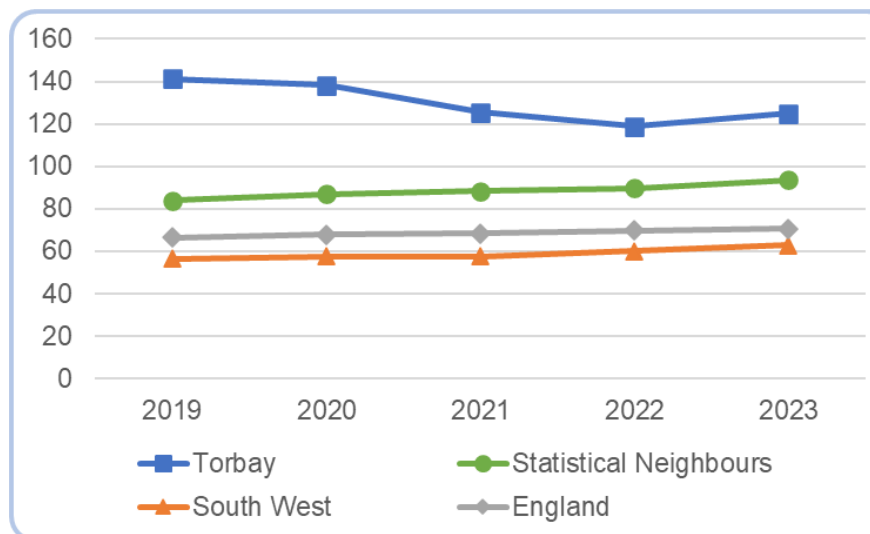


Fig 63: Rate of children who are subject to a child protection plan per 10,000 at 31 March

Source: Department for Education – Characteristics of children in need

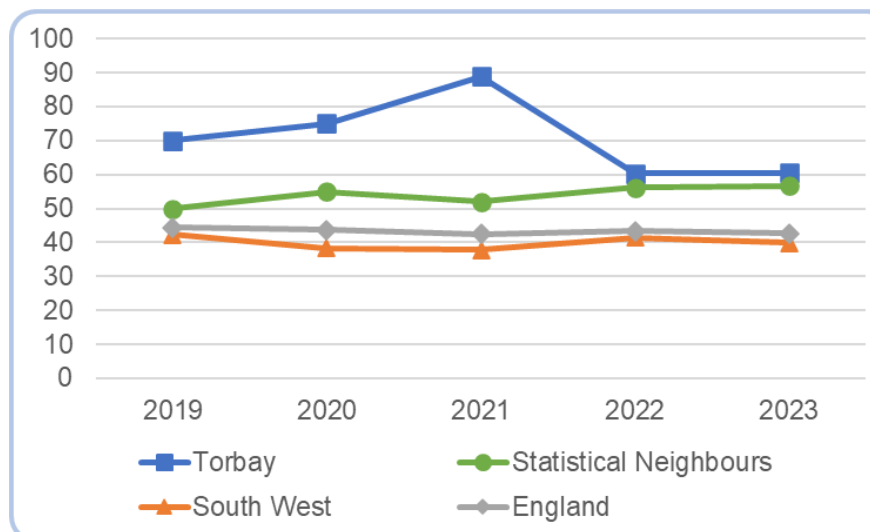


Fig 64: Rate of Children in Need per 10,000 at 31 March

Source: Department for Education – Characteristics of children in need

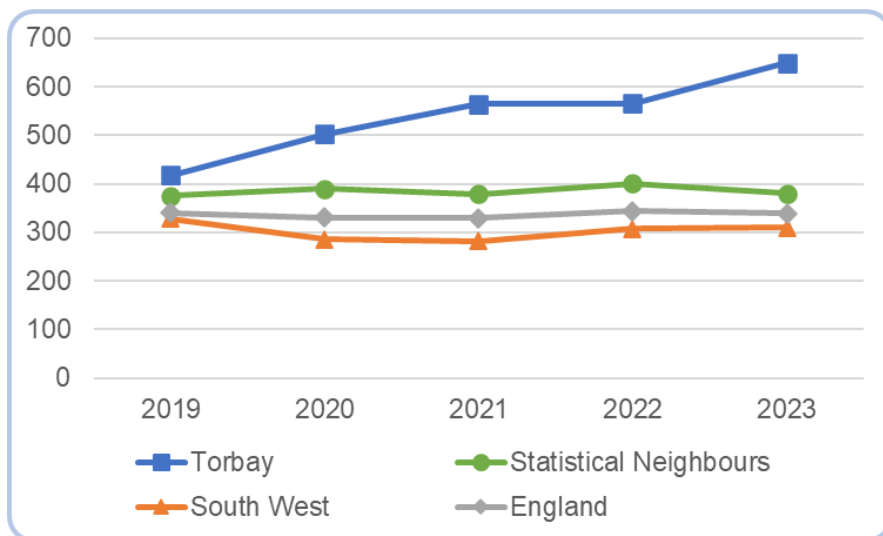
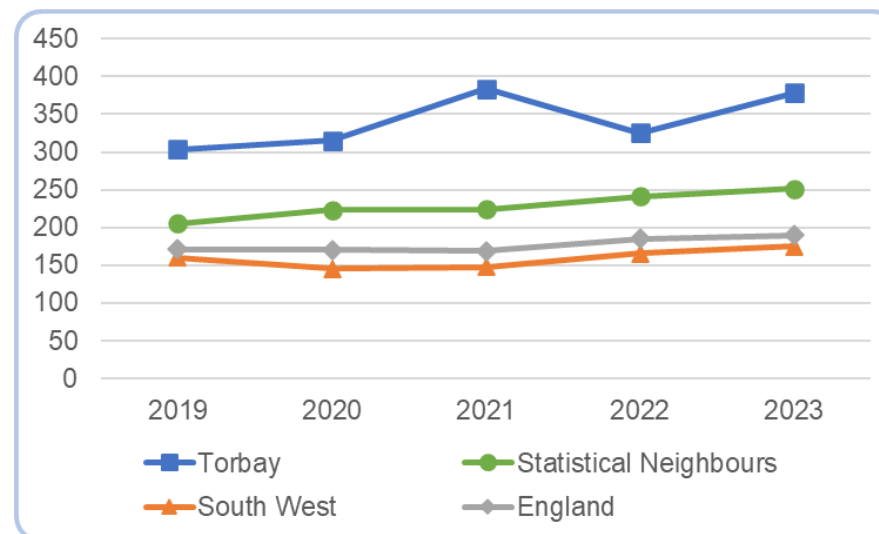


Fig 65: Rate of Section 47 referrals per 10,000 which started during the year

Source: Department for Education – Characteristics of children in need



Section 47 referrals

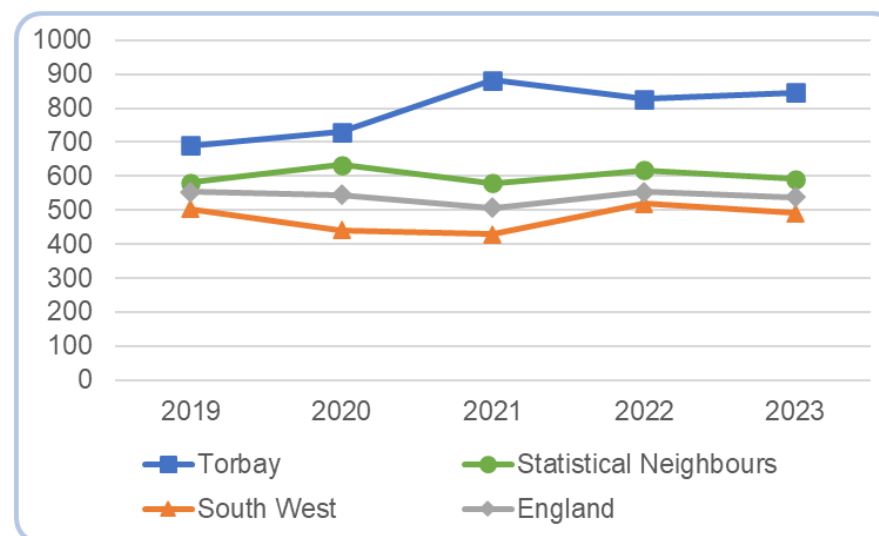
A Section 47 enquiry is carried out to ascertain if any and what type of action is required to safeguard and promote the welfare of a child who is suspected of, or likely to be, suffering significant harm. Rates of Section 47 referrals have consistently been significantly higher than our statistical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

Fig 66: Rate of referrals per 10,000

Source: Department for Education – Characteristics of children in need



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 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

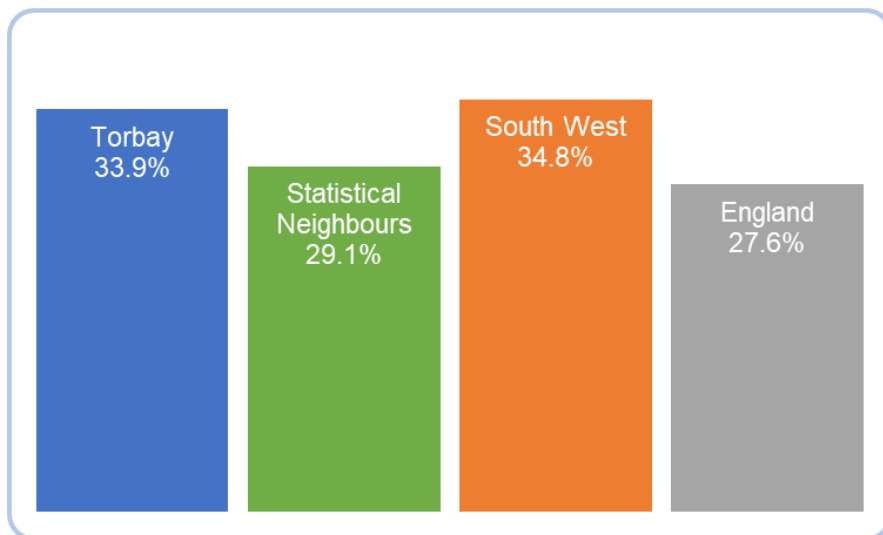
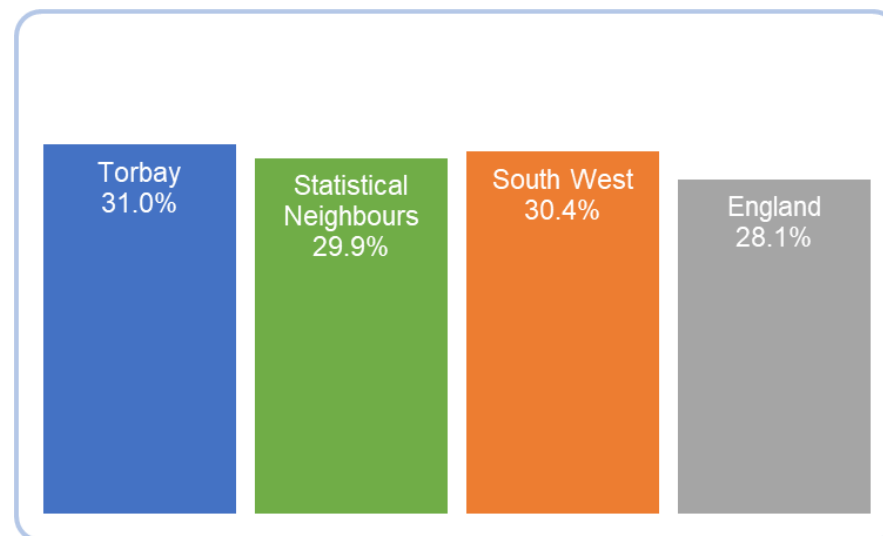


Fig 68: Percentage of Cared for Children receiving SEN Support (2017 to 2022)

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 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

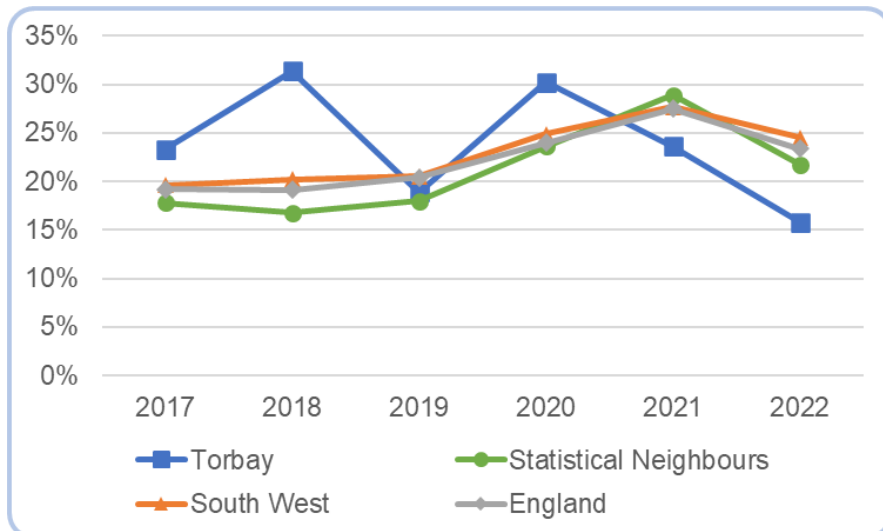
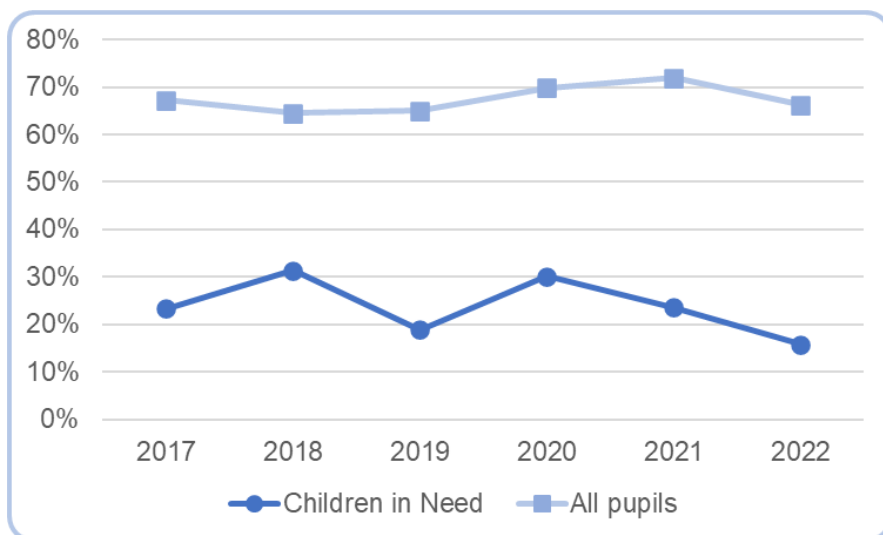


Fig 70: Percentage of Torbay children achieving a 9-4 pass in English and Maths (Children in Need and All pupils)

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

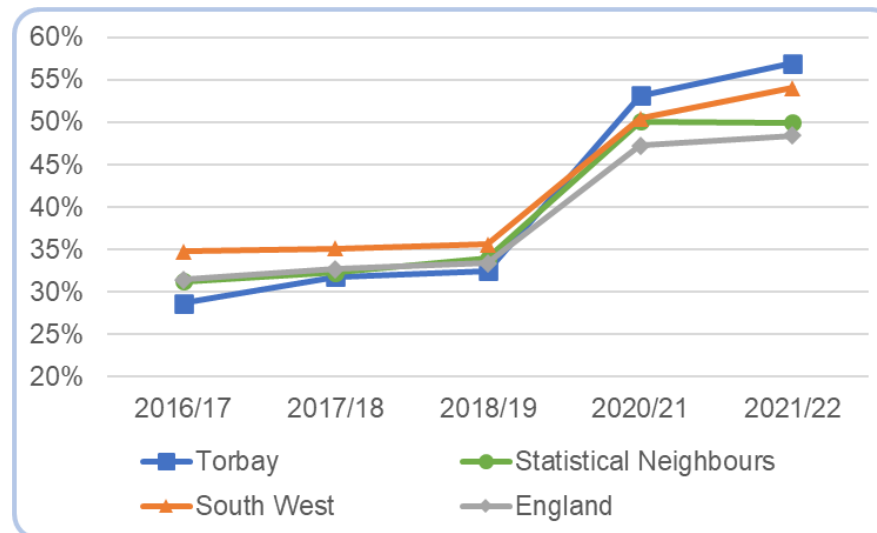
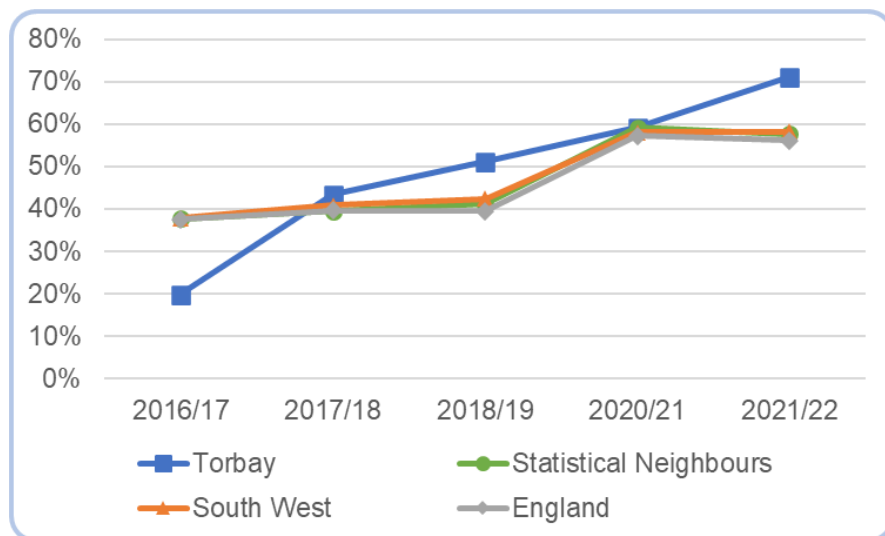


Fig 72: Percentage of those with a Child Protection Plan who were persistently absent (No data for 2019/20)

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



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).

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

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 \(www.gov.uk\)](https://www.gov.uk/government/interactive/local-authority-interactive-tool).

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

- 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.

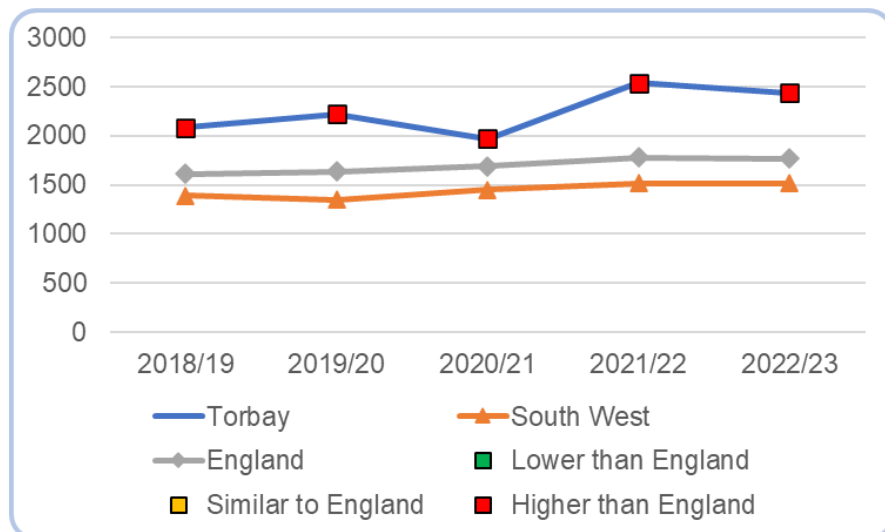
There are a number of documents related to Adult Social Care in Torbay at [Adult Social Care in Torbay - Torbay and South Devon NHS Foundation Trust](#)

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 8,635 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

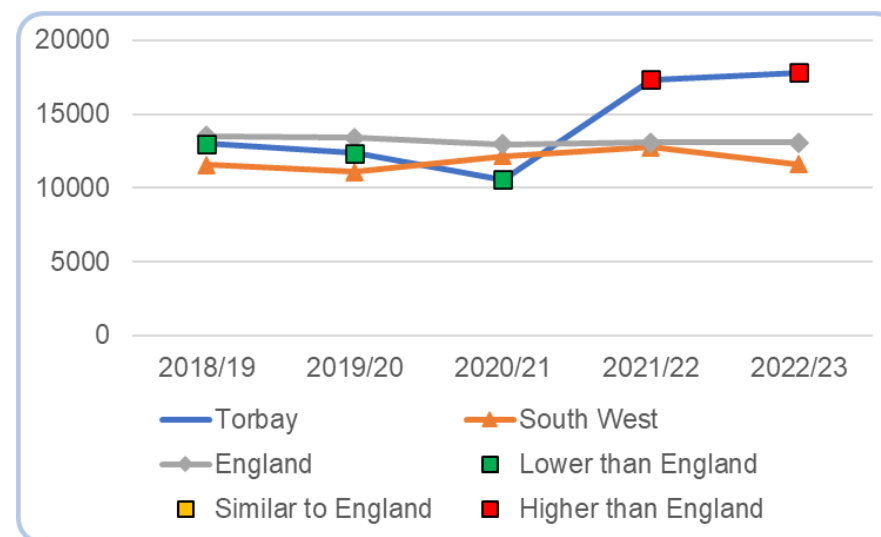
Source: Adult Social Care Activity & Finance Report



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

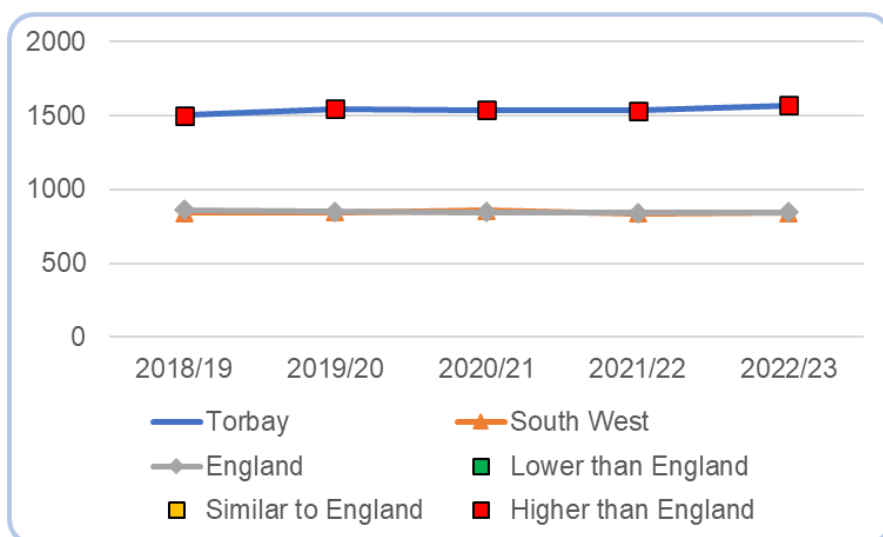
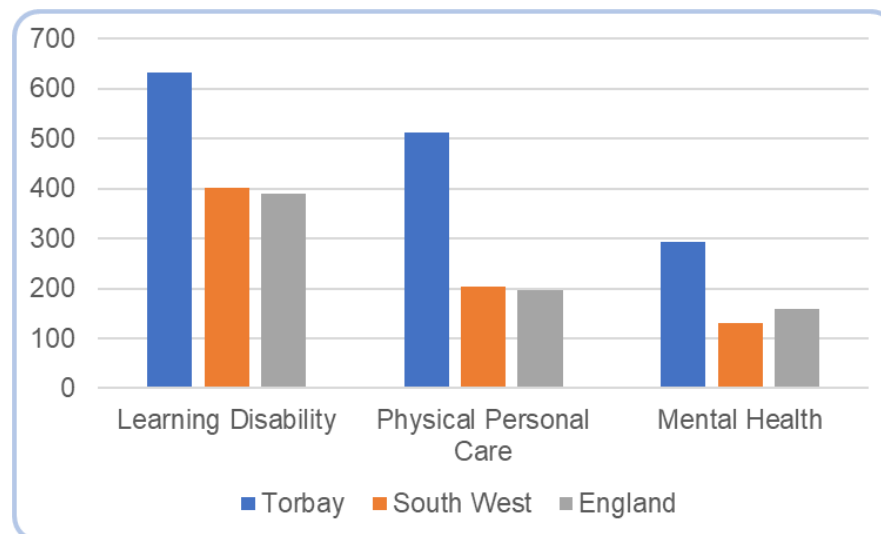


Fig 77: Rate of long-term support by 3 most prevalent primary support reasons for those aged 18 to 64 per 100,000

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

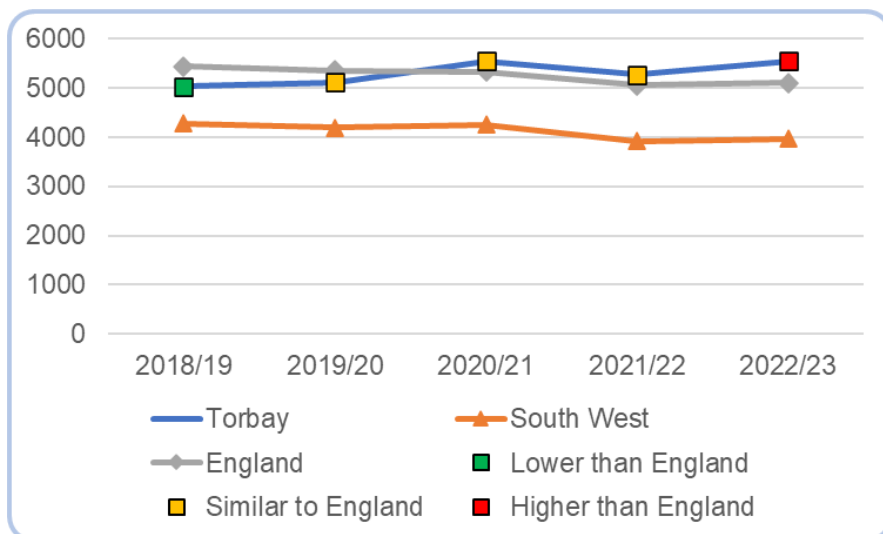
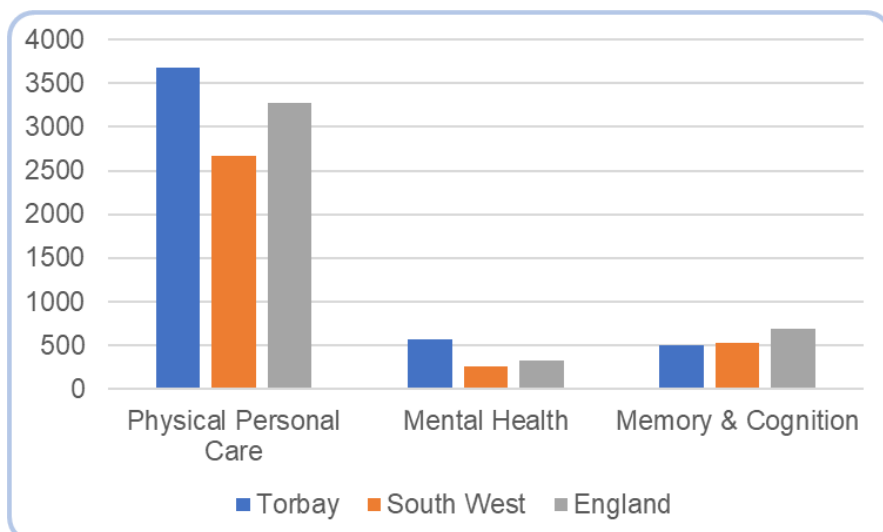


Fig 79: Rate of long-term support by 3 most prevalent primary support reasons for those aged 65+ per 100,000

Source: Adult Social Care Activity & Finance Report

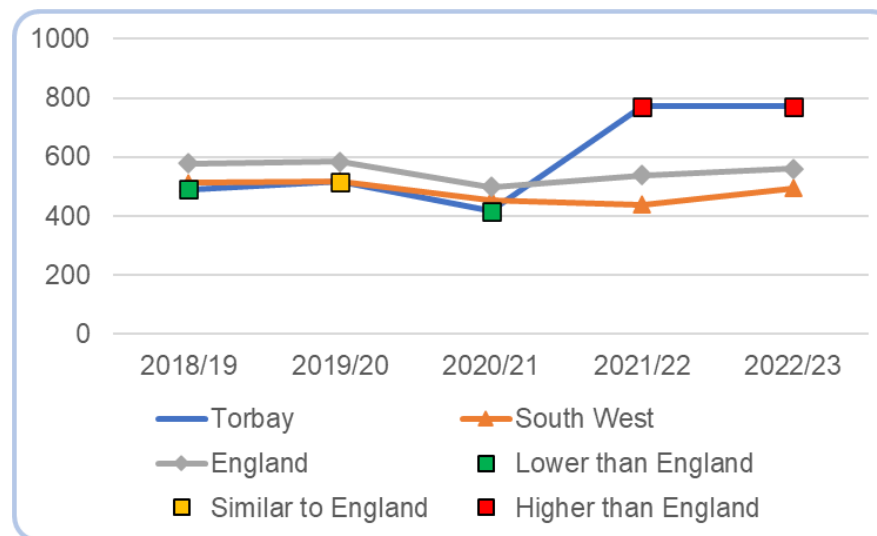


For rates of long-term support being met by permanent admission to residential and care homes for those aged 65 and over, Torbay had broadly lower rates than England until 2021/22 (Fig 80). For 2021/22 and 2022/23, an average of 287 older people were permanently admitted annually, this is more than 100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

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



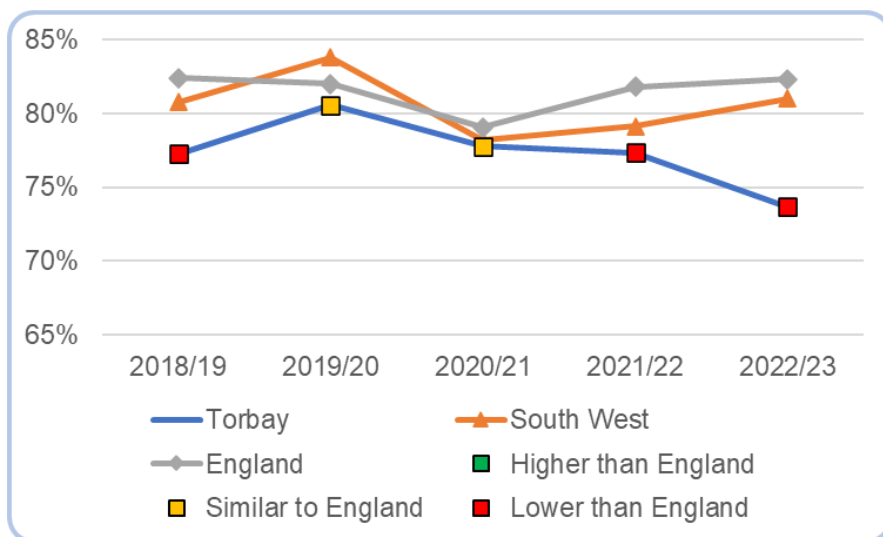
Still at home 91 days after discharge – 65+

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.

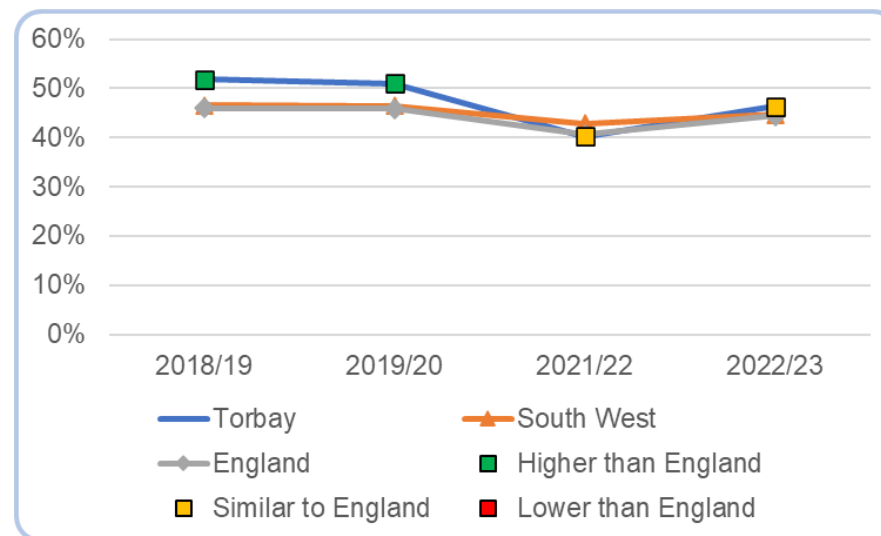
2021/22 was the first time since 2018/19 that carers reported whether they had as much social contact as they would like in the

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

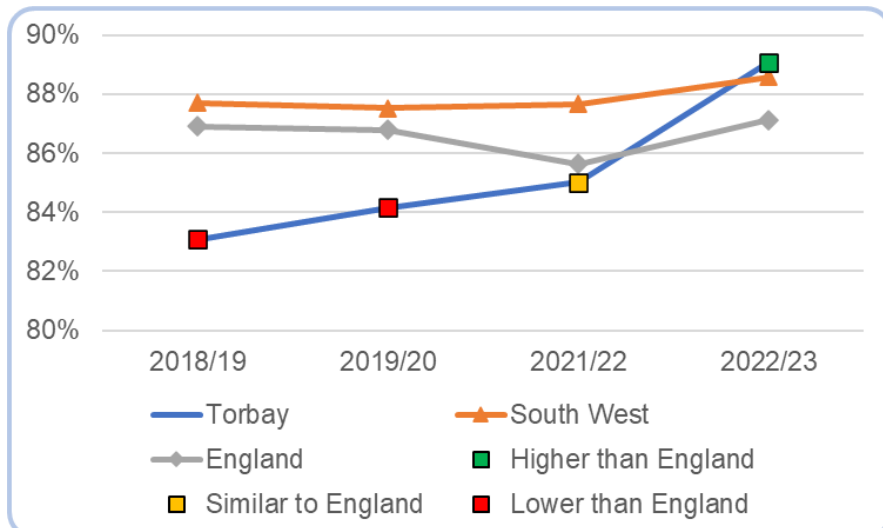
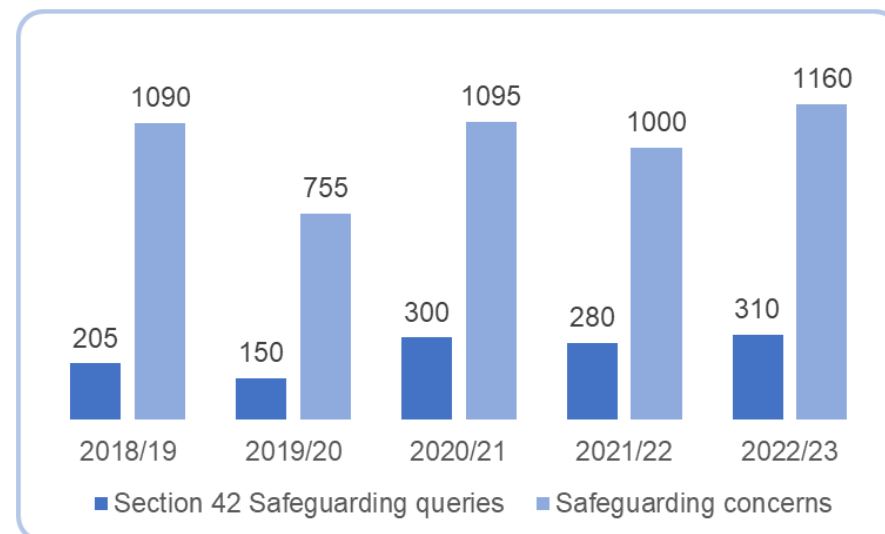


Fig 84: Number of safeguarding concerns and Section 42 enquiries – Torbay

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

- 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.

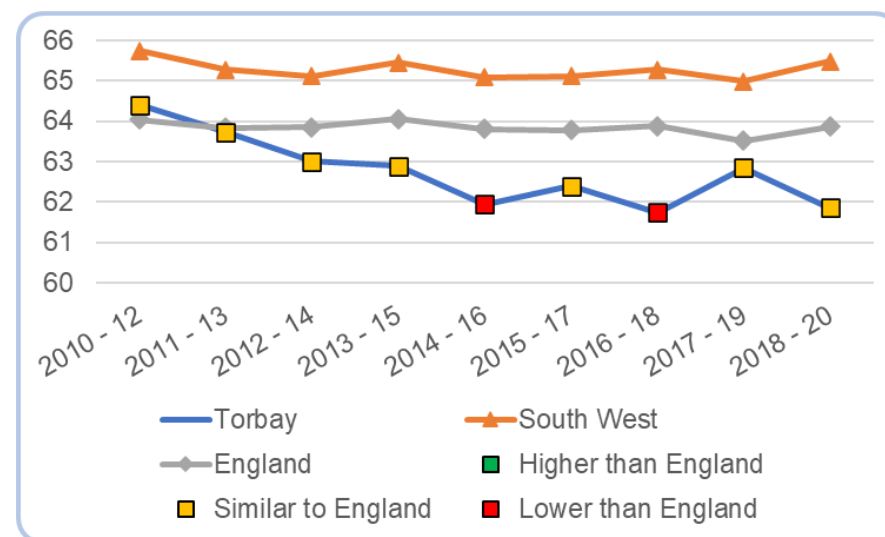
Fig 85: Sex by age group - Torbay
Source: ONS mid-year population estimates 2022

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.

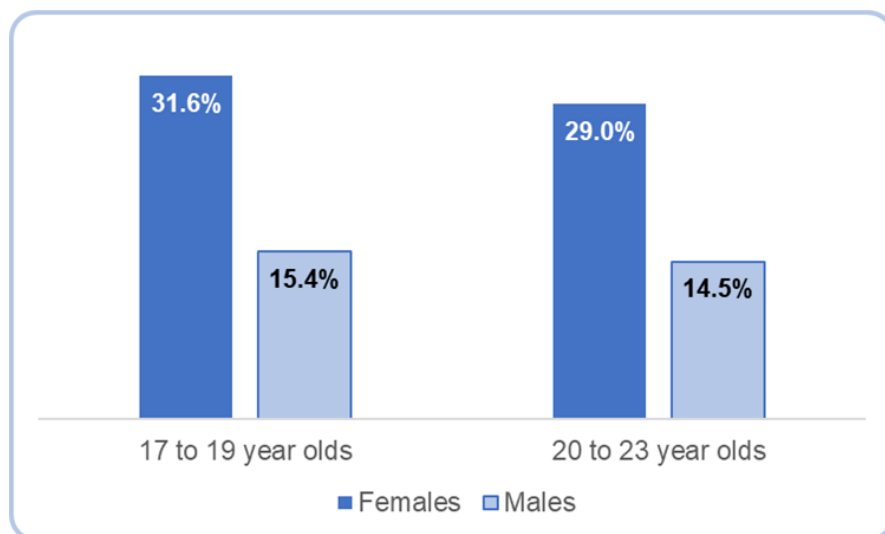
Mental health

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



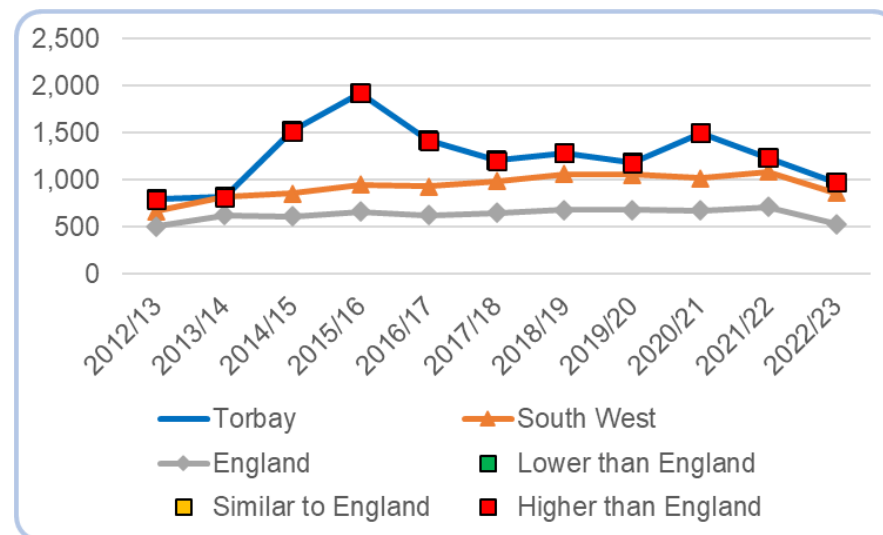
Hospital admissions for self-harm are used as a proxy for the prevalence of severe self-harm and are only the tip of the iceberg in terms of self-harm taking place.

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)

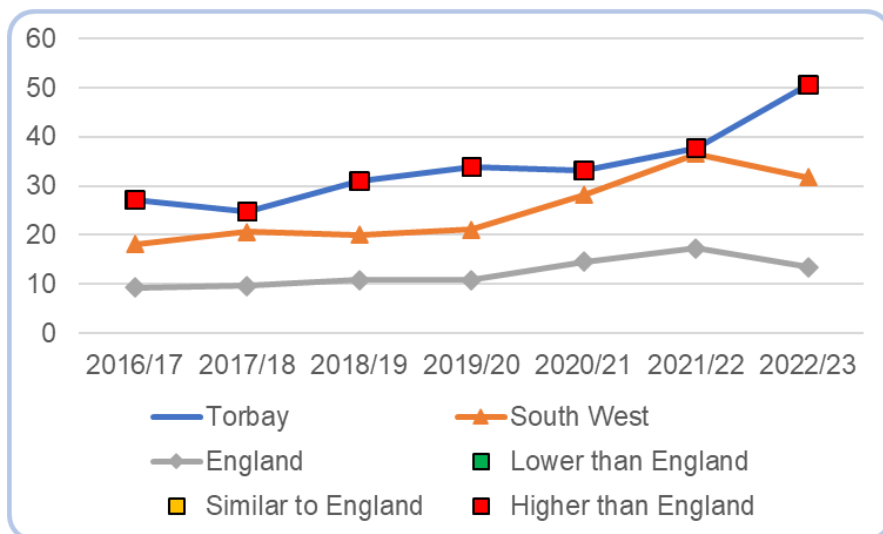
Source: Fingertips



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



Chlamydia

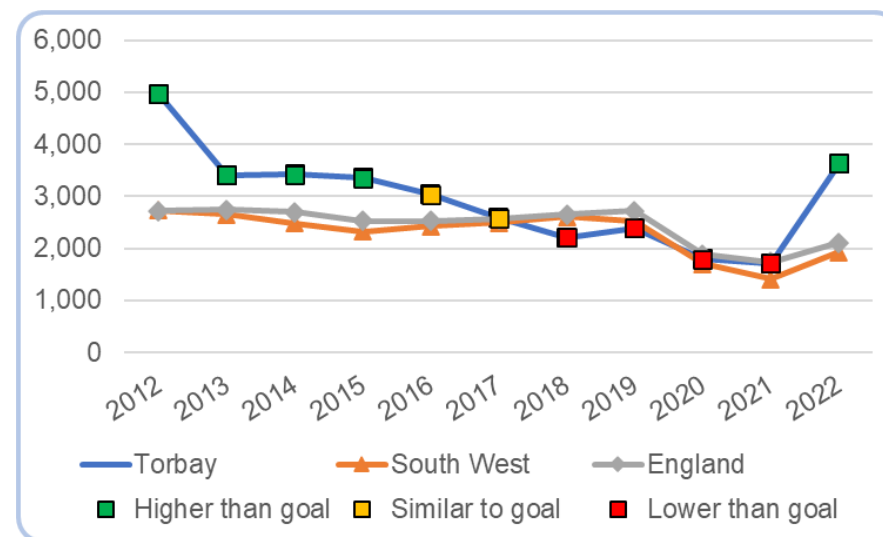
Chlamydia causes avoidable sexual and reproductive ill health and rates are higher in young adults than in other age groups (OHID Sexual and Reproductive Health profiles). Rates are also much higher in females.

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.

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



Pelvic inflammatory disease

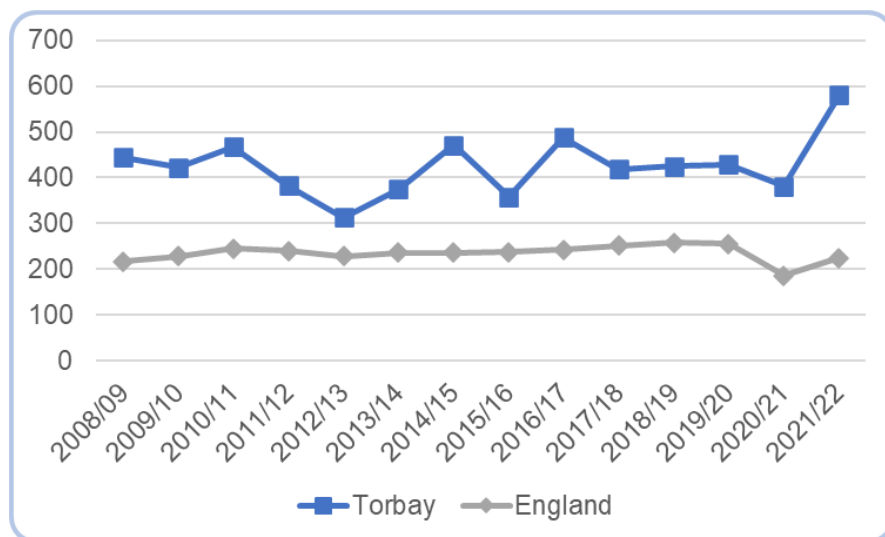
Chlamydial infection and other sexually transmitted infections are considered major causes of pelvic inflammatory disease which can lead to ectopic pregnancy and infertility. Increased identification of chlamydia through screening and then successful treatment should lead to a decrease in this condition. 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)

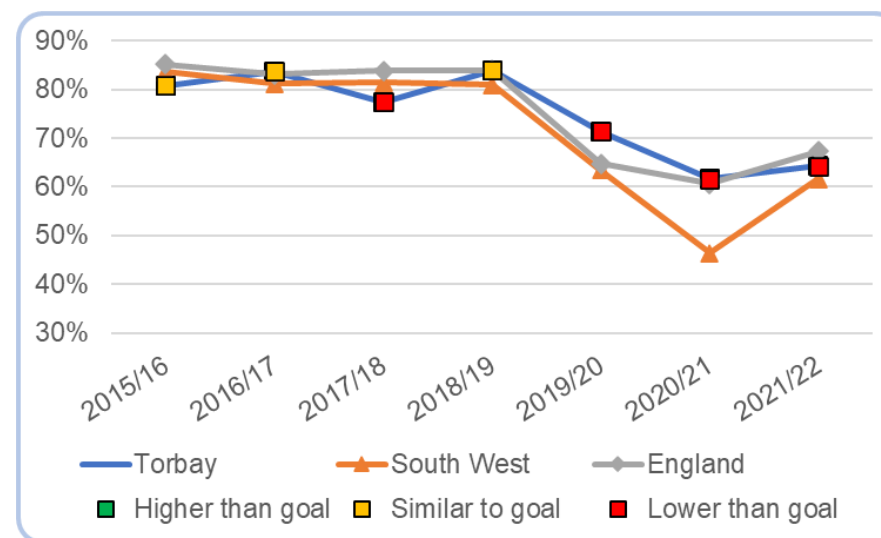
HPV is usually asymptomatic. Some types however can lead to genital warts. High risk types of HPV can cause some cancers including cervical cancer.

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



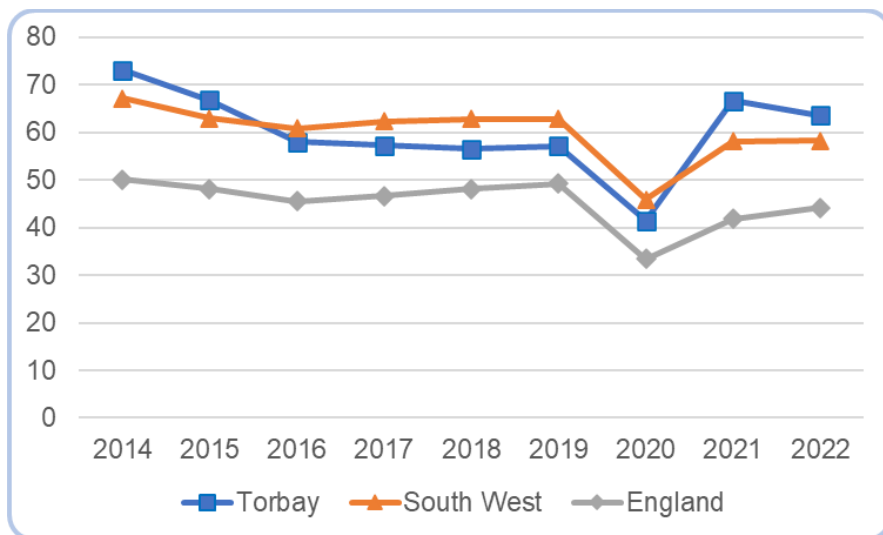
Contraception

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



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.

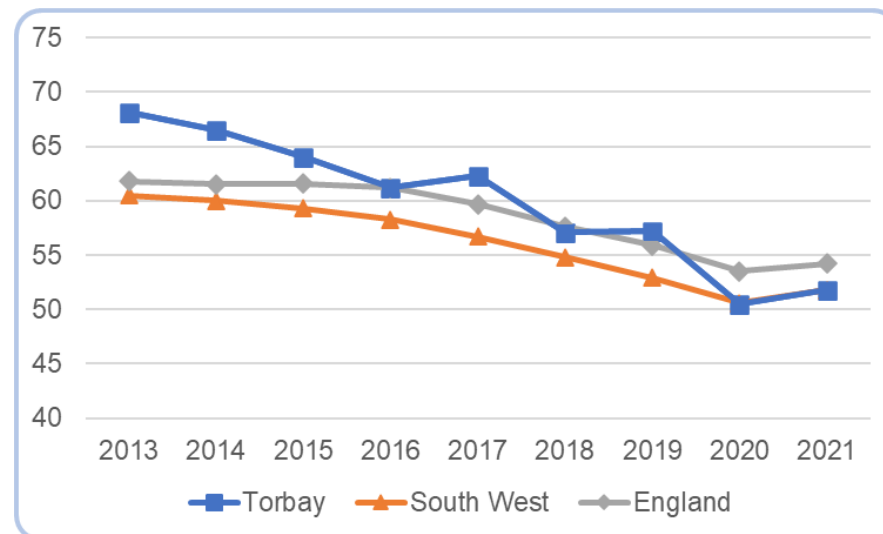
Fertility and conceptions

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)

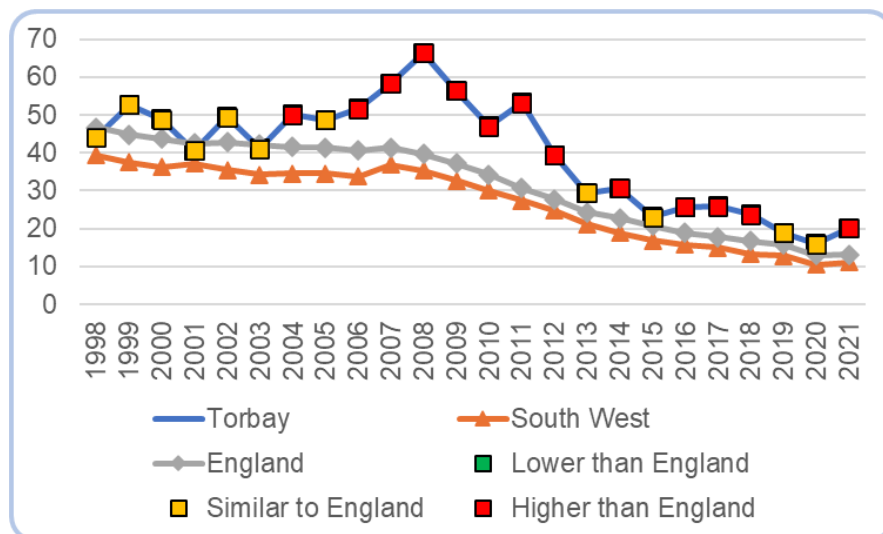


Inequality in health and education is a cause and consequence of teenage pregnancy for young parents and their children, and children of teenage mothers are more likely to live in poverty ([UK Health Security Agency](#)).

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



Abortions

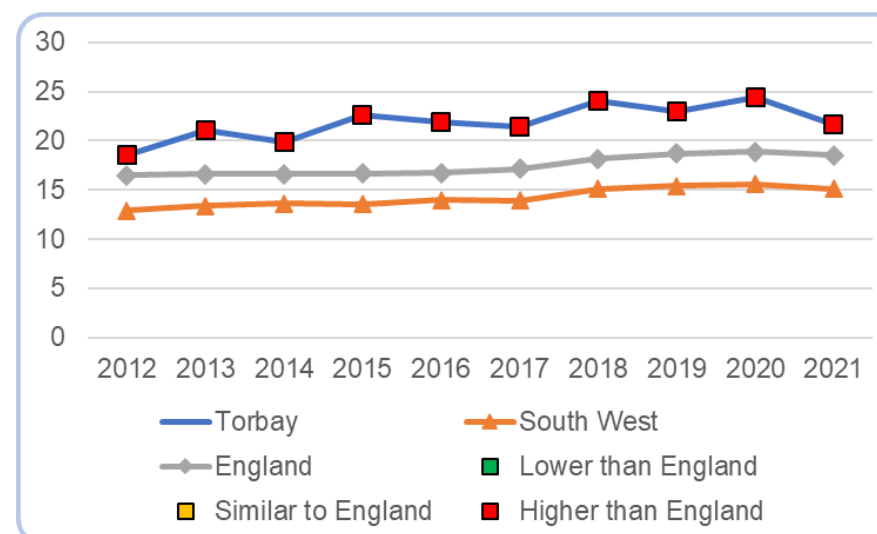
Torbay has consistently had significantly higher rates of abortion than the England average for at least 10 years (Fig 96).

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.

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

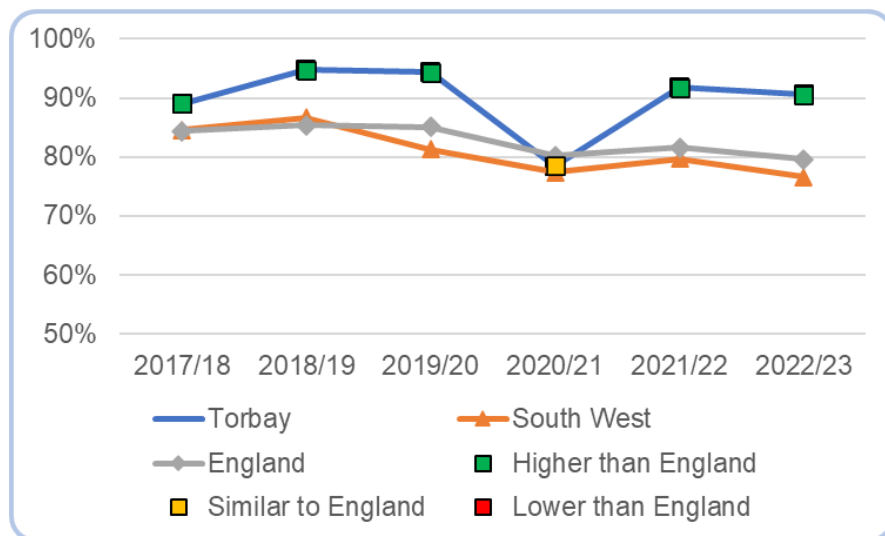


Infant 6 to 8 week review

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



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.

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%

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

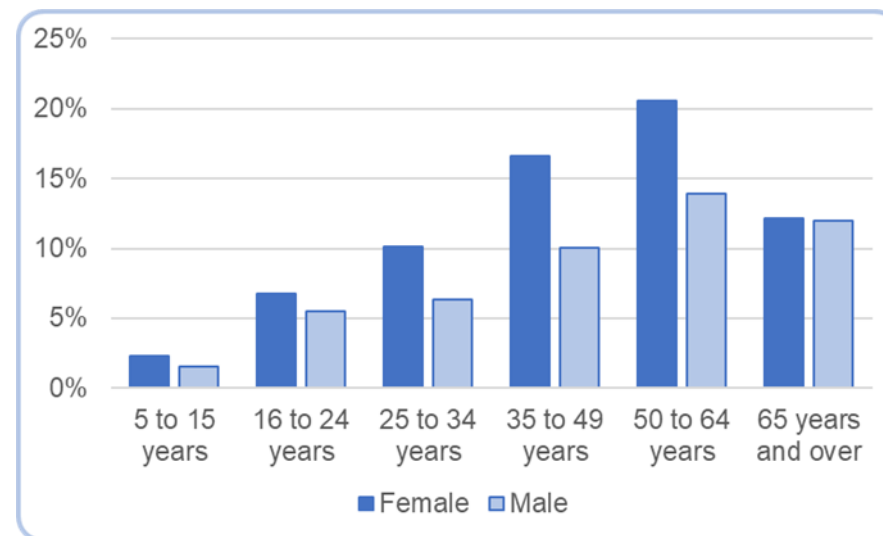
	Female	Male	All
Any domestic abuse	27.0%	13.9%	20.5%
Any sexual assault (including attempts) by a partner	7.9%	1.0%	4.5%
Any sexual assault (including attempts) by a family member	2.4%	0.2%	1.3%
Domestic stalking	9.2%	3.0%	6.1%
Non-sexual domestic abuse	23.5%	13.0%	18.3%

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

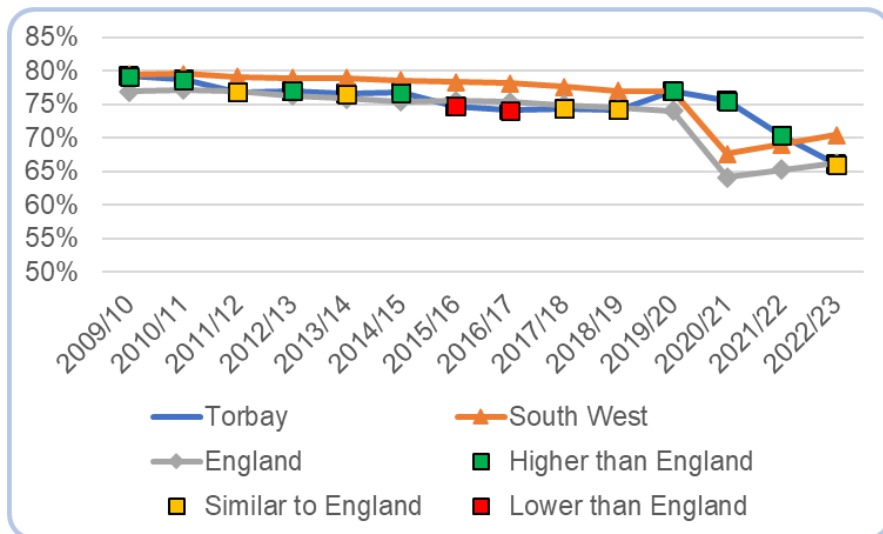
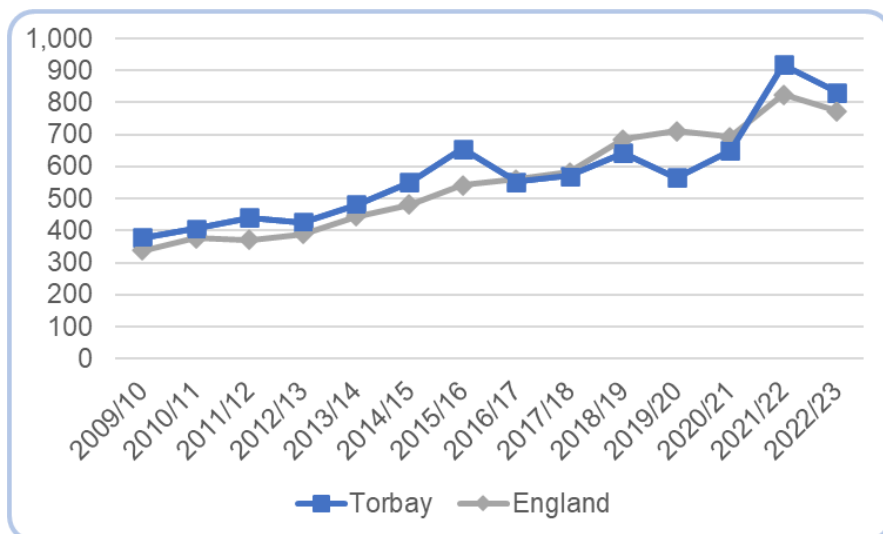


Fig 102: Breast cancer – rate of urgent suspected cancer referrals, per 100,000 GP practice population

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

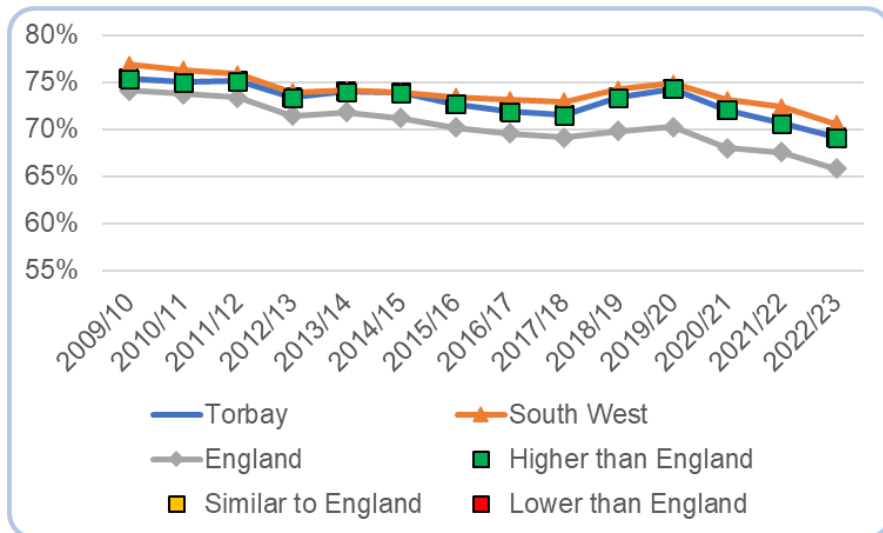
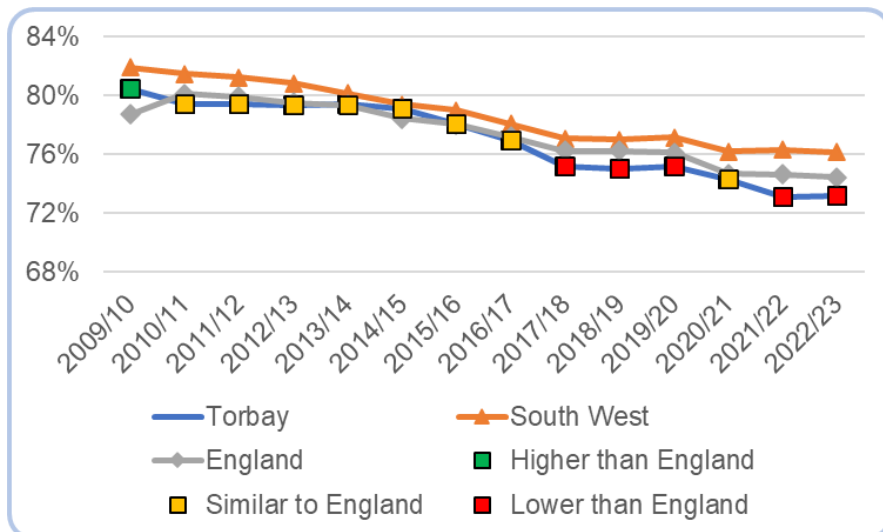


Fig 104: Percentage of women eligible for cervical cancer screening who have had a test in the previous 5½ years – Aged 50 to 64

Source: Fingertips



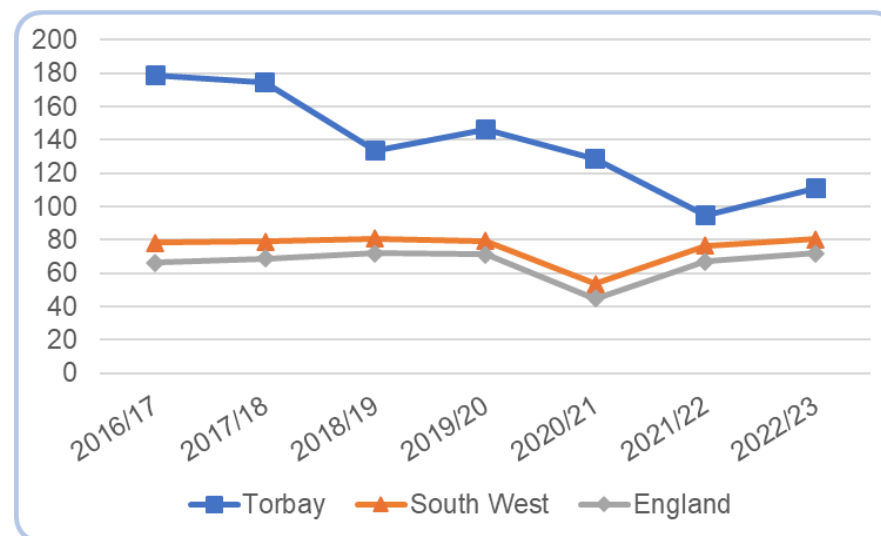
Endometriosis

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

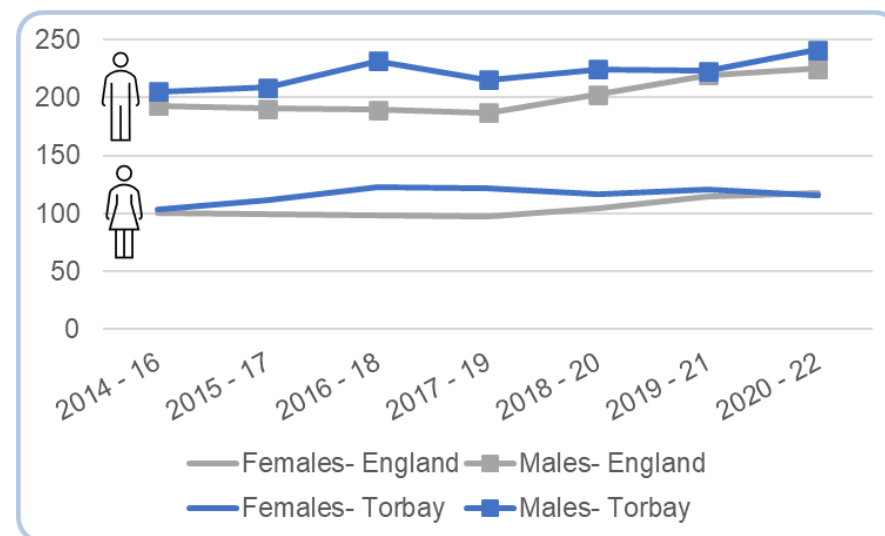
OHID defines preventable mortality as relating to deaths that are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause could mainly be avoided through effective public health and primary prevention 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

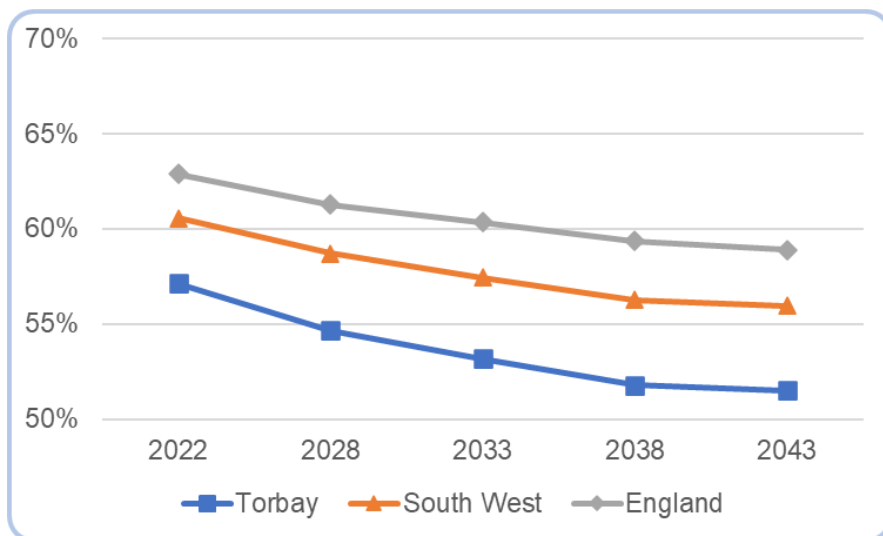
The levels and quality of employment underpin a community. A person who cannot find adequate employment which pays them enough to live without overwhelming financial worries is likely to have an increased risk of physical and mental ill health. Those with higher incomes can expect to have a higher life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

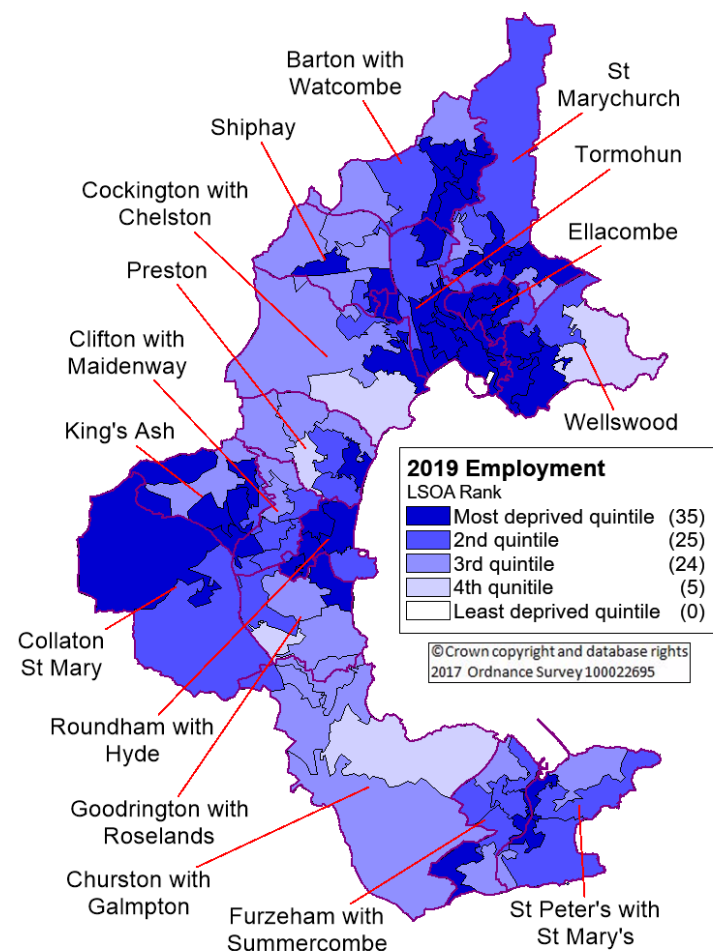
Source: NOMIS (ONS Population estimates & projections)



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

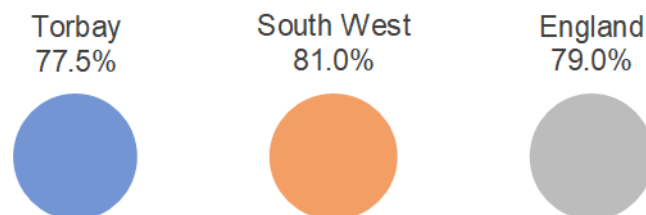


Economic activity

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)

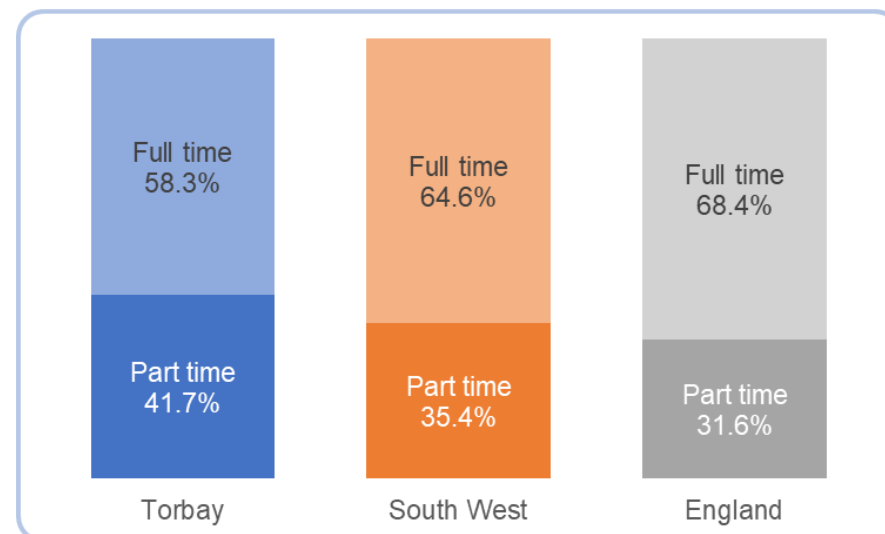
Source: NOMIS (Annual Population Survey)



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)



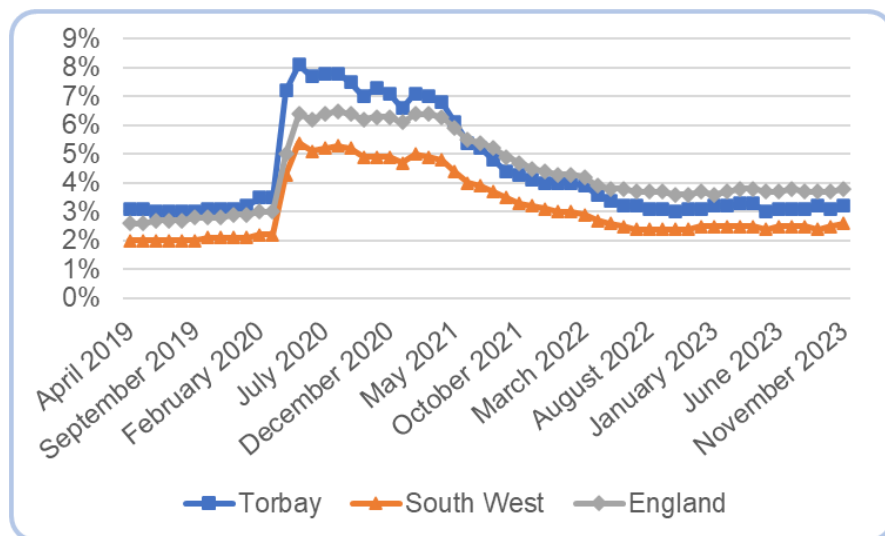
The unemployment claimant rate in Torbay rose significantly along with the rest of the country during 2020, rates have broadly halved from their 2020 peak to current periods (late 2023). Rates for Torbay remain lower than England but above the South West average (Fig 111). The unemployment count does 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

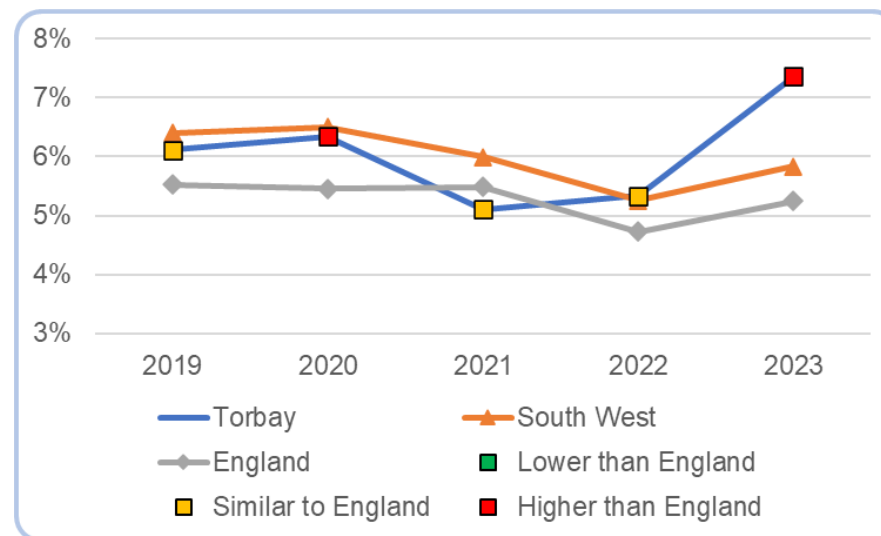
Source: NOMIS (Claimant Count)



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



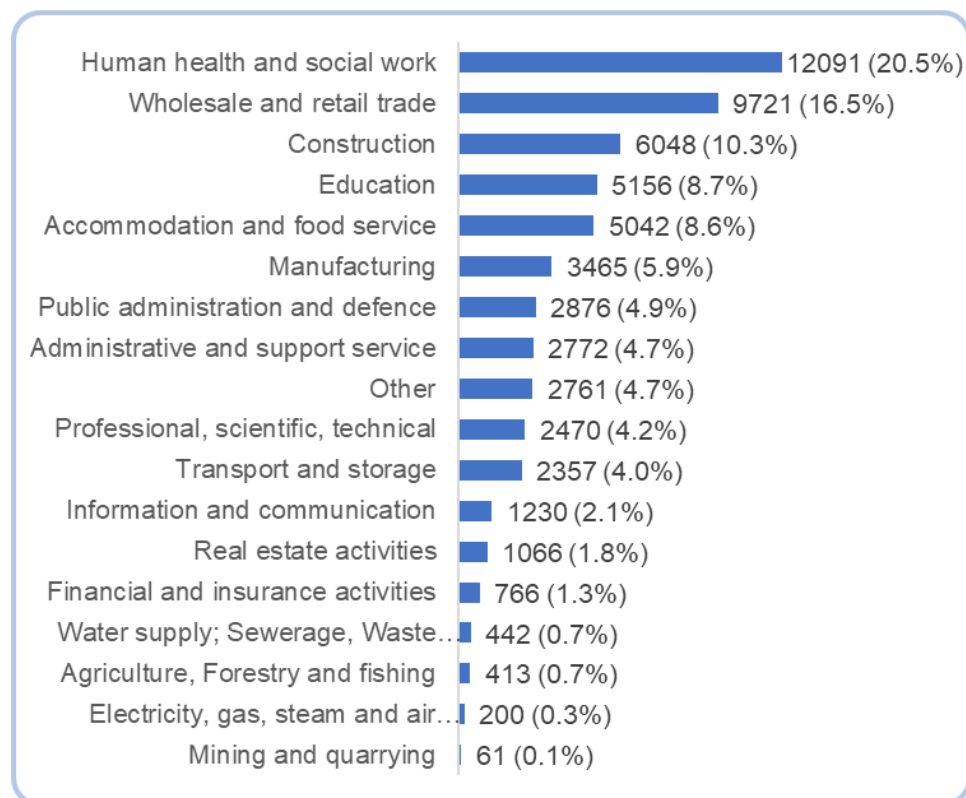
Workforce

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 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

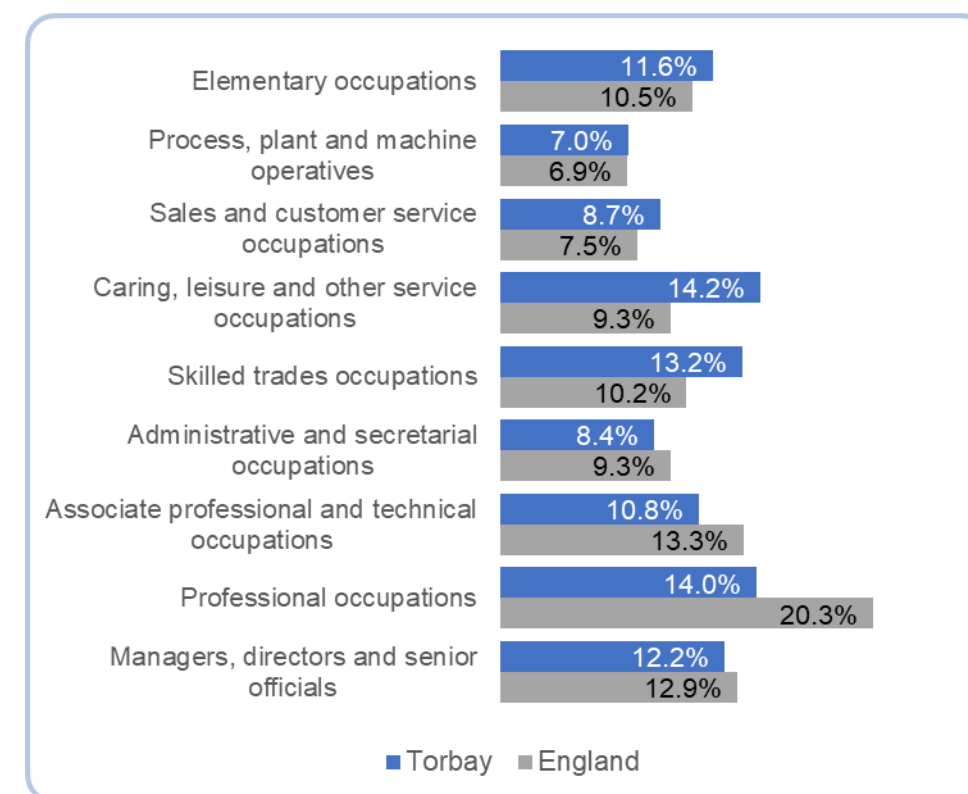


The 2021 Census was also used to derive data relating to the occupational groups that people belonged to (Fig 114). The largest proportion belonged to 'Caring, leisure and other service occupations' at 14.2%, this was significantly higher than the England average of 9.3%. The second highest proportion 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 115: Average (Median) Full-time salary (2023) - Residents

Source: NOMIS (Annual Survey of Hours and Earnings)

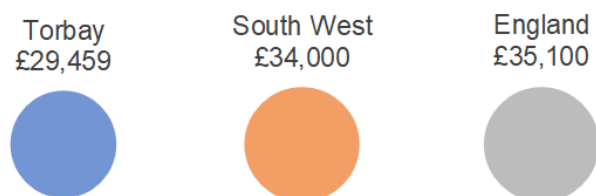


Fig 116: Average (Median) Hourly Rate (2023) - Residents

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)

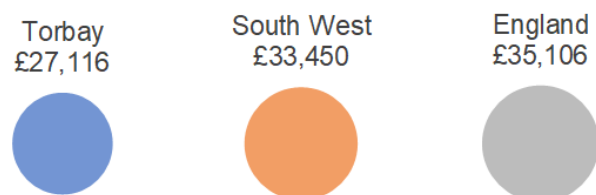


Fig 118: Average (Median) Hourly Rate (2023) - Workplace

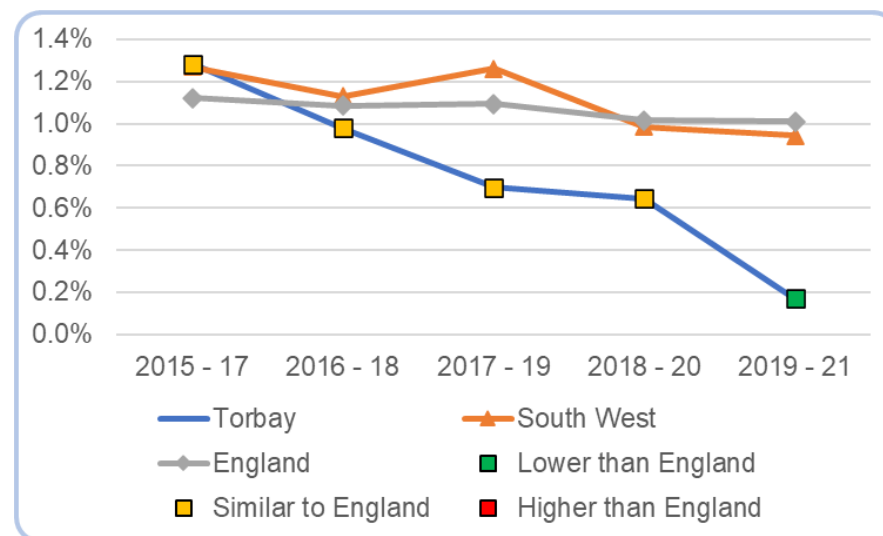
Source: NOMIS (Annual Survey of Hours and Earnings)

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 119: Percentage of working days lost due to sickness absence

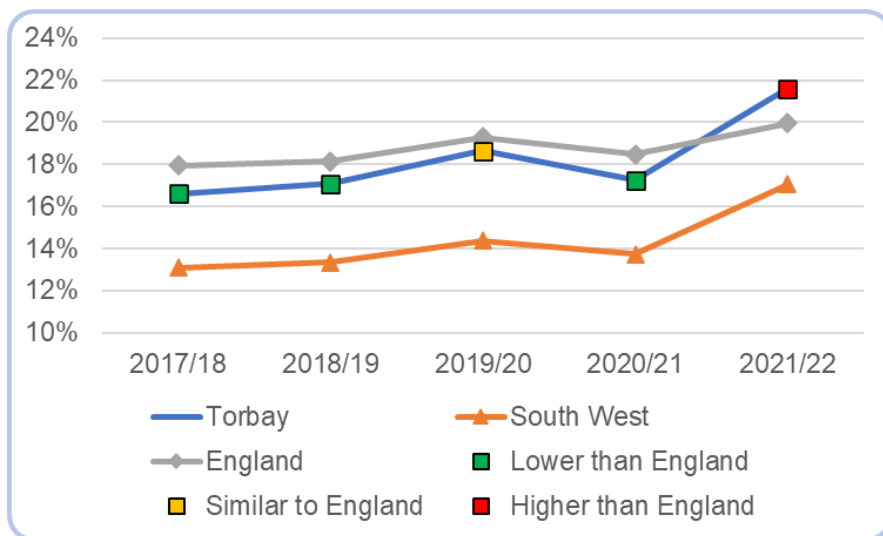
Source: Fingertips



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

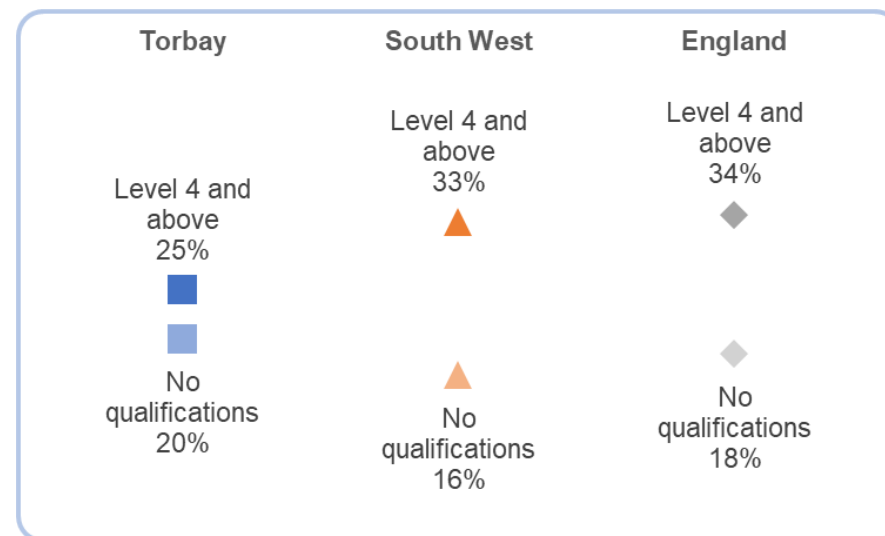
Source: Fingertips



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 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.

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

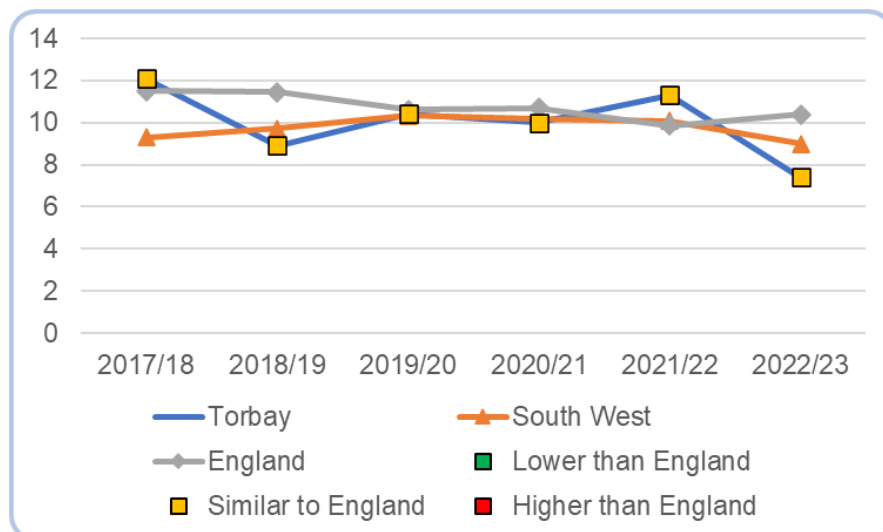
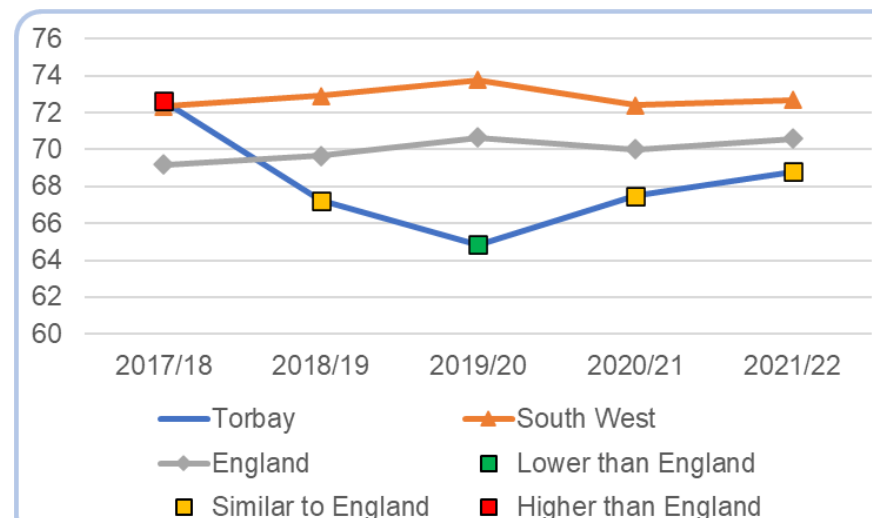


Fig 123: Gap in employment rate between those in receipt of long term support for a learning disability and the overall employment rate – Percentage points

Source: Fingertips



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)

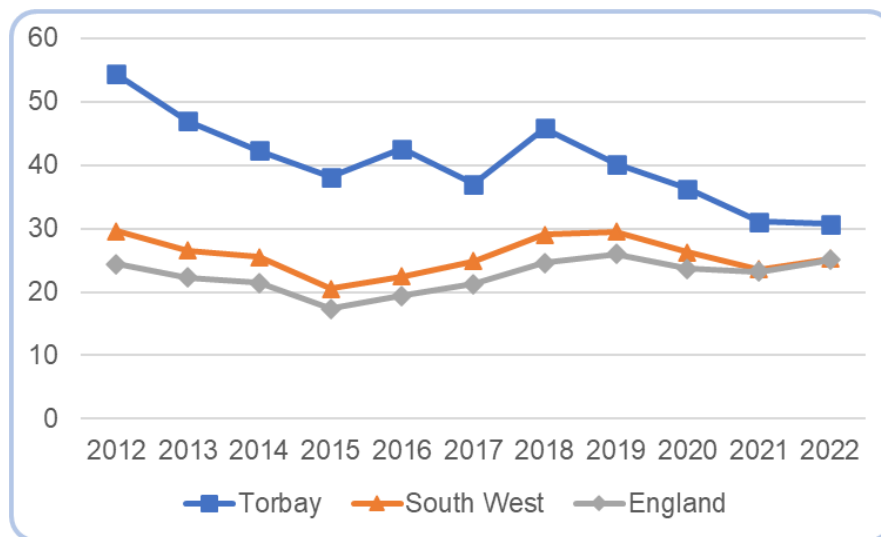
Source: Ofcom Connected Nations

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



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
- 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.

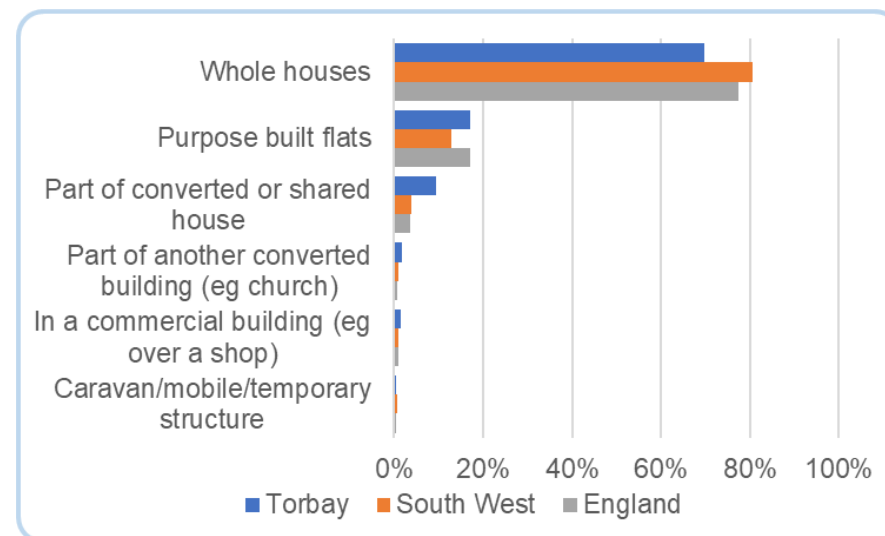
Households and housing mix

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

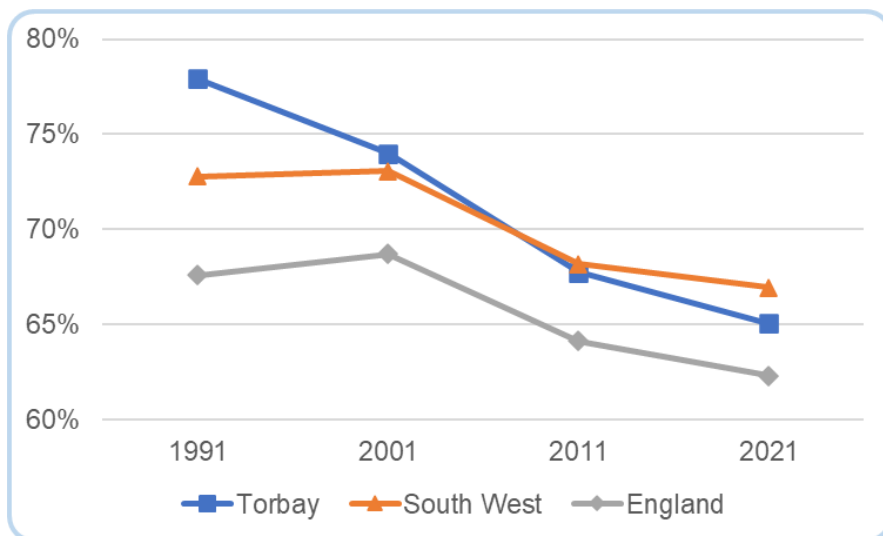
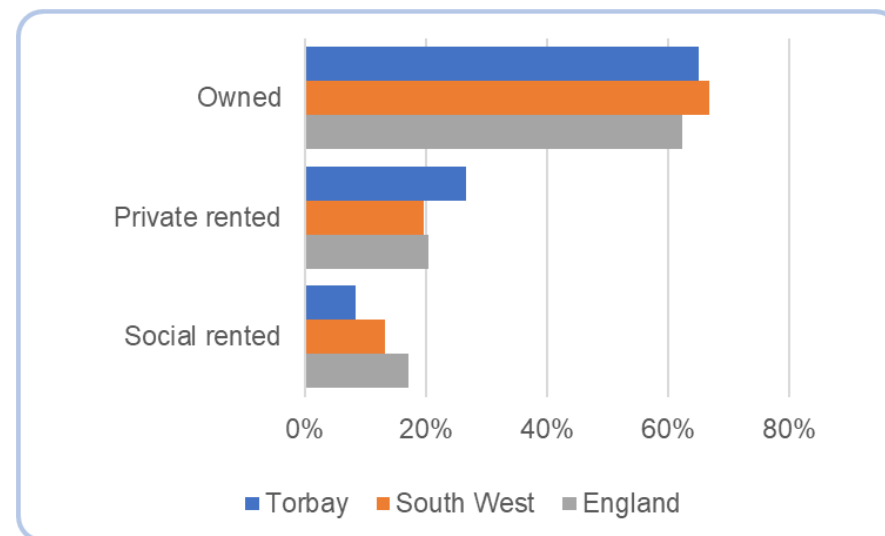


Fig 129: Housing Tenure (2021)

Source: Census 2021

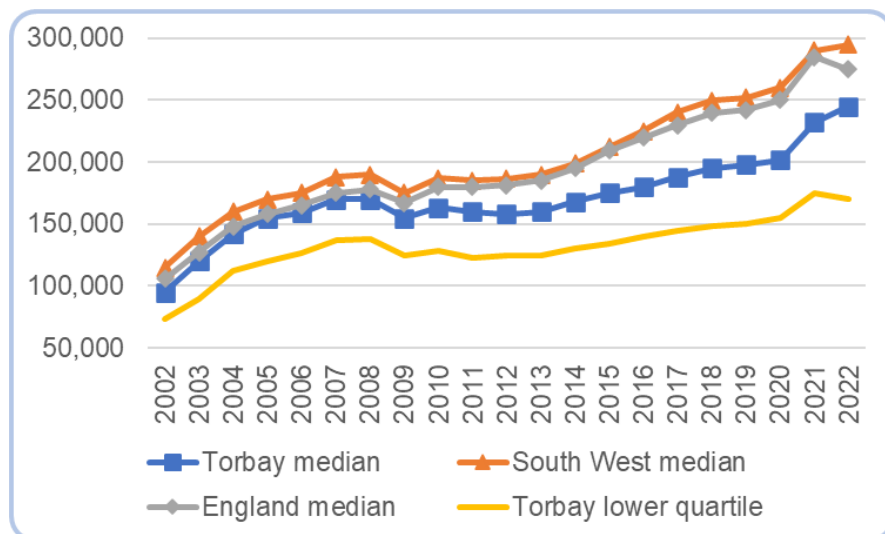


House prices and rents

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)

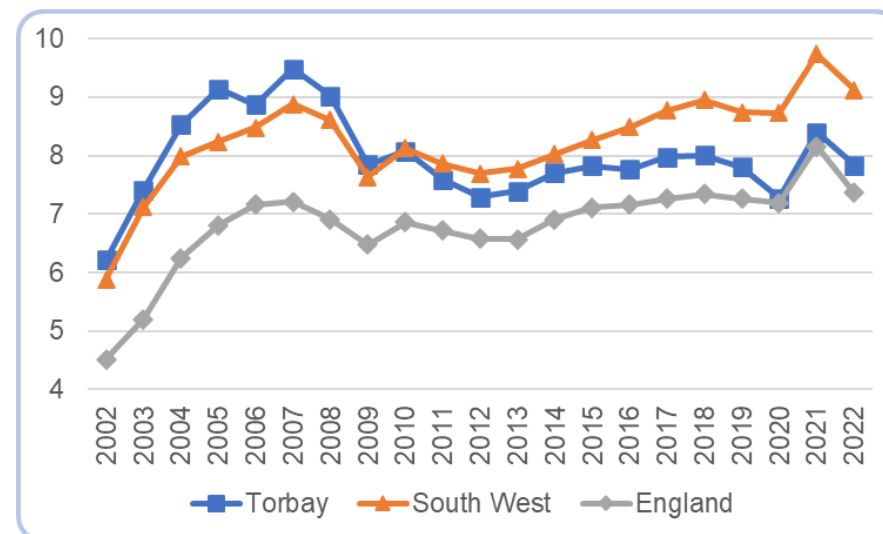
Source: Office for National Statistics



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.

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

Source: Office for National Statistics



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

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

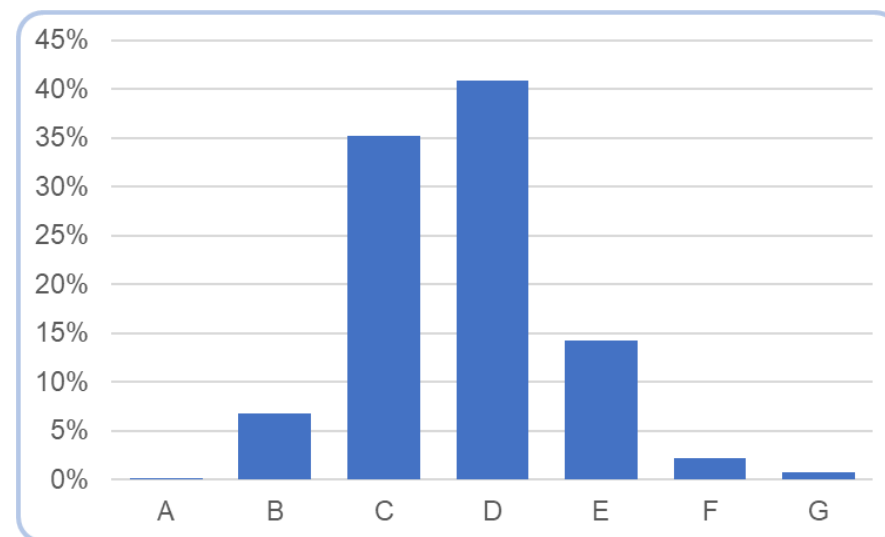
[Health inequalities: Cold or damp homes - House of Commons Library \(parliament.uk\).](#)

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

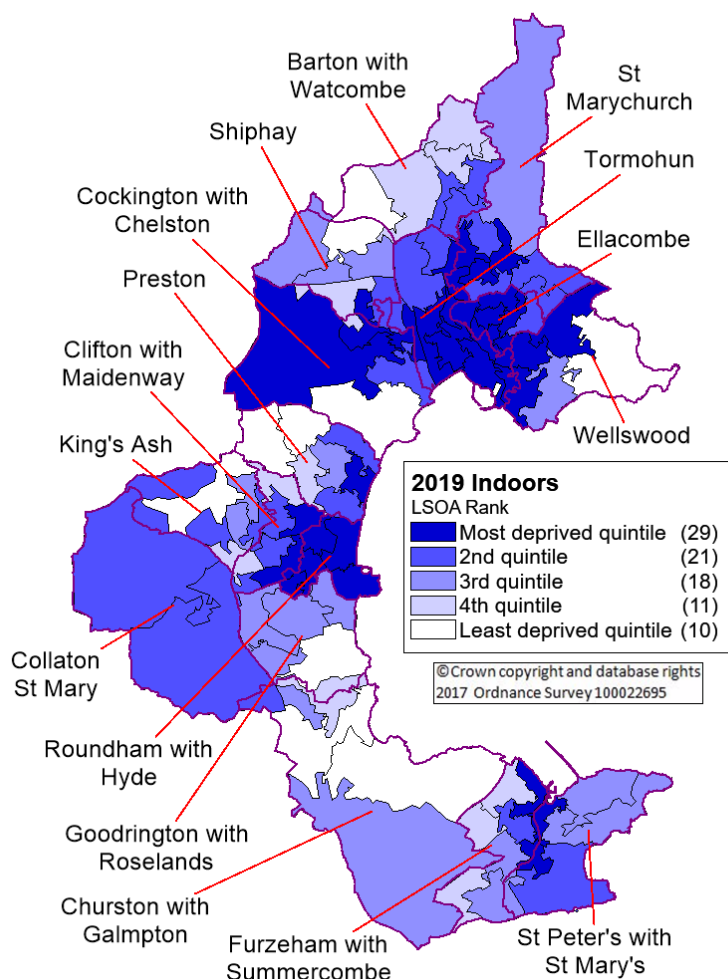


Indoor deprivation is a sub-section of the Index of Multiple Deprivation 2019. Indoor deprivation measures the quality of

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



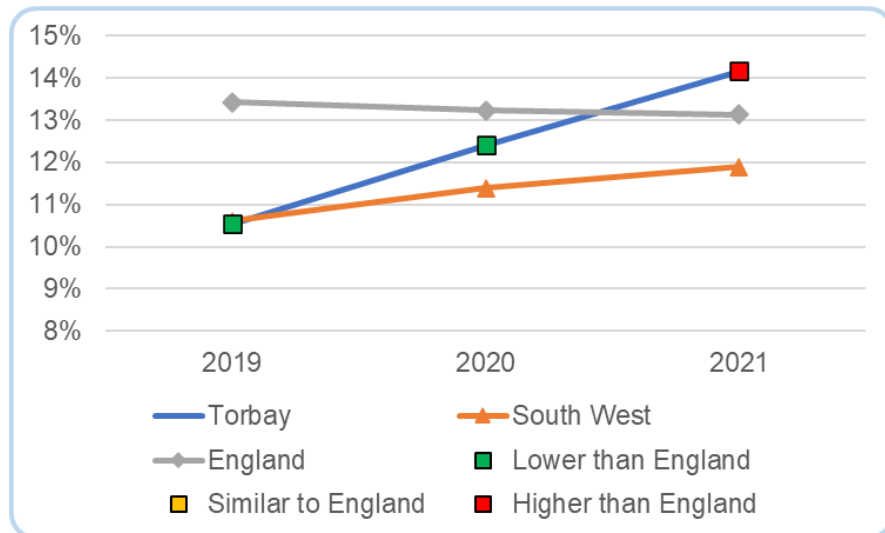
1,420 households in Torbay had no central heating according to the 2021 Census. This equates to 2.3% of households (England 1.5%) and has fallen from 2,925 households in 2011. Rates were highest in Tormohun (4.4%) and Roundham with Hyde (3.8%).

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/fuel-poverty-statistics).

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

Source: Fingertips



Housing needs and homelessness

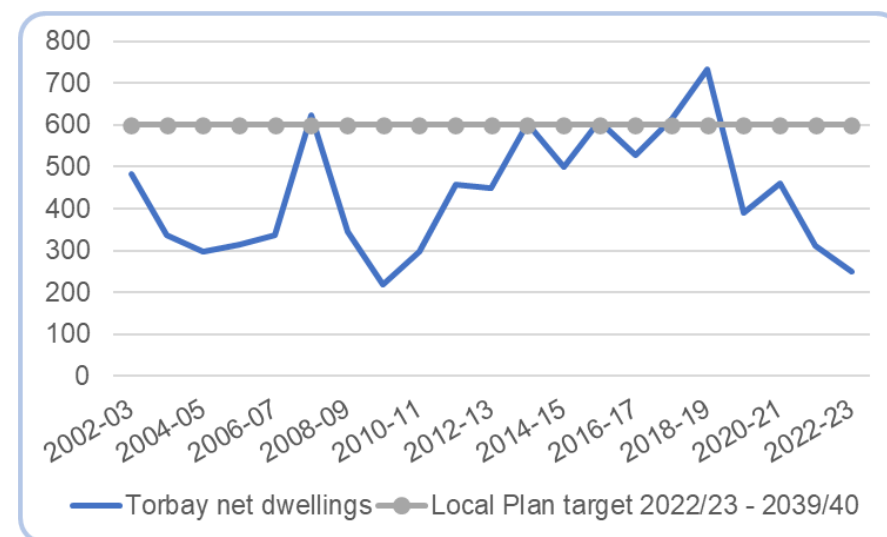
On 31st March 2023, Torbay Council had 1,674 households on its housing waiting lists, this is a significant increase compared to 31st March 2019 when there were 1,045 households on the list. However, rates are much lower than the beginning and middle of the last decade. Of the 1,674 households, 868 required 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

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



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

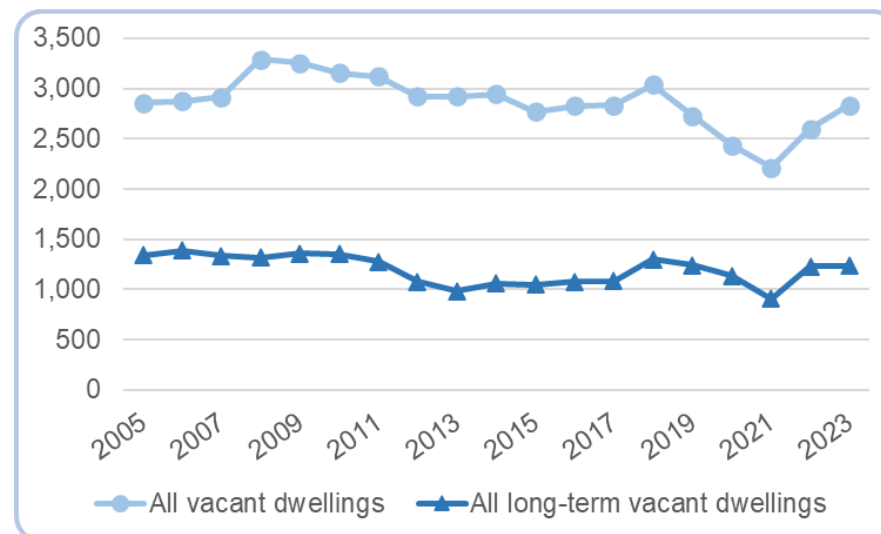
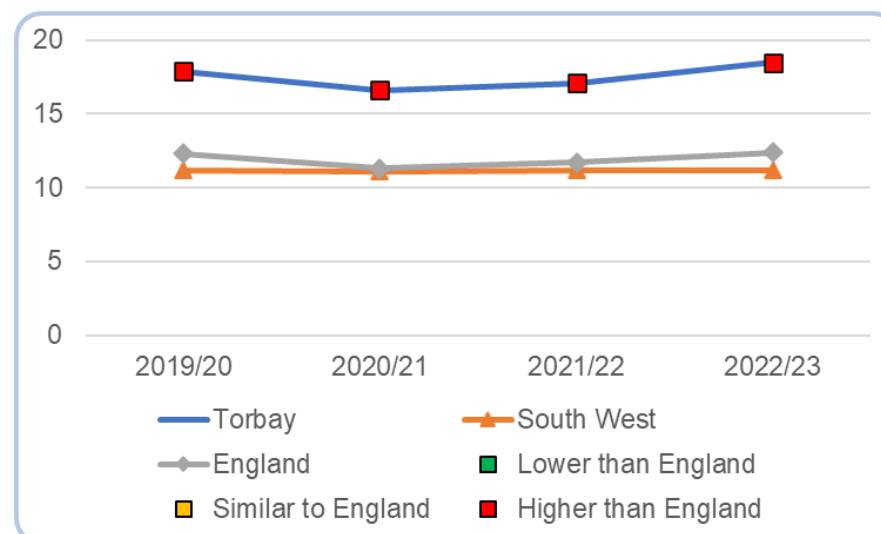


Fig 139: Homelessness: Rate of households owed a duty under the Homelessness Reduction Act, per 1,000

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%

By far the main reason for the threat of loss of last settled home for those owed a *prevention duty* 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%

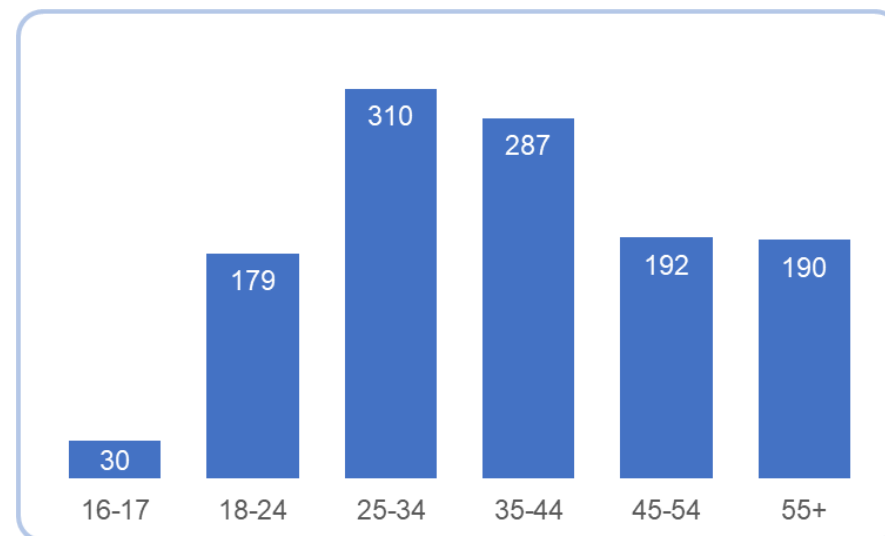
All of these support needs were more common in Torbay than across England over the same period, for instance 27% had a history of

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.

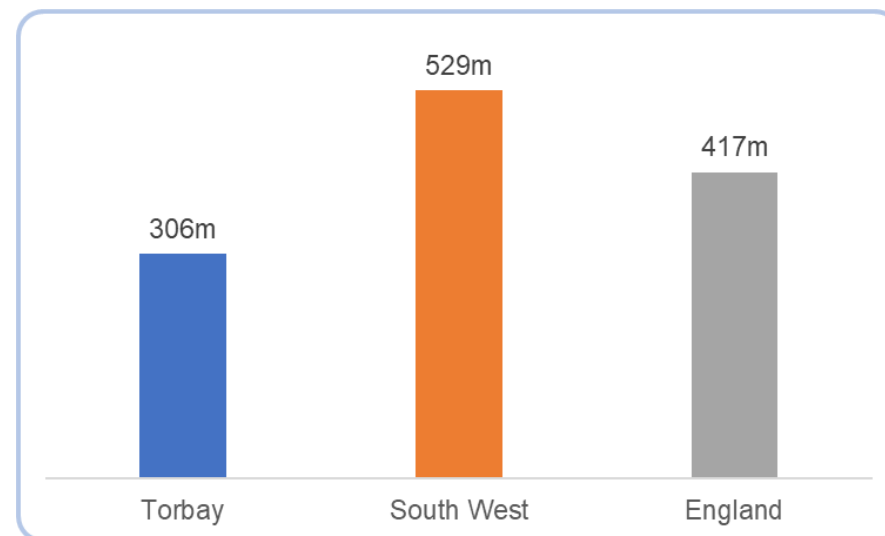
Access to Greenspace

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).

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

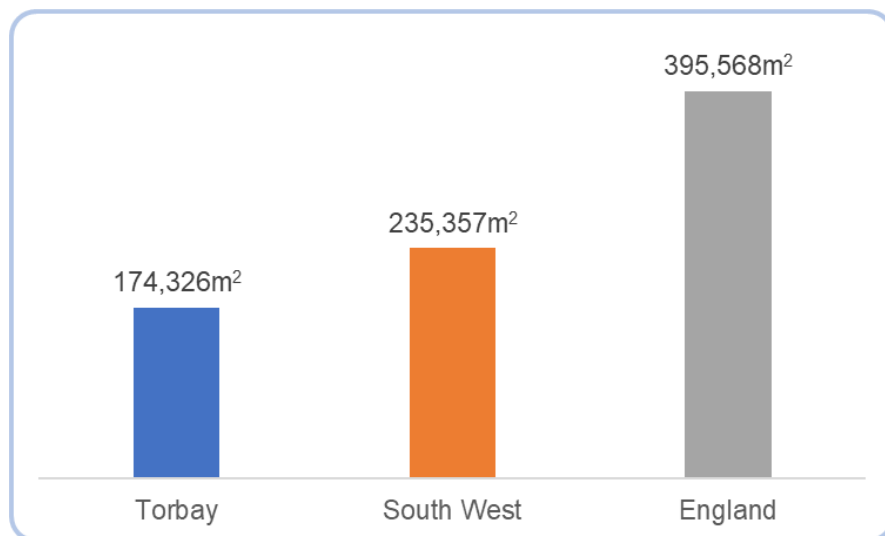
Source: ONS (Ordnance Survey Greenspace)



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)

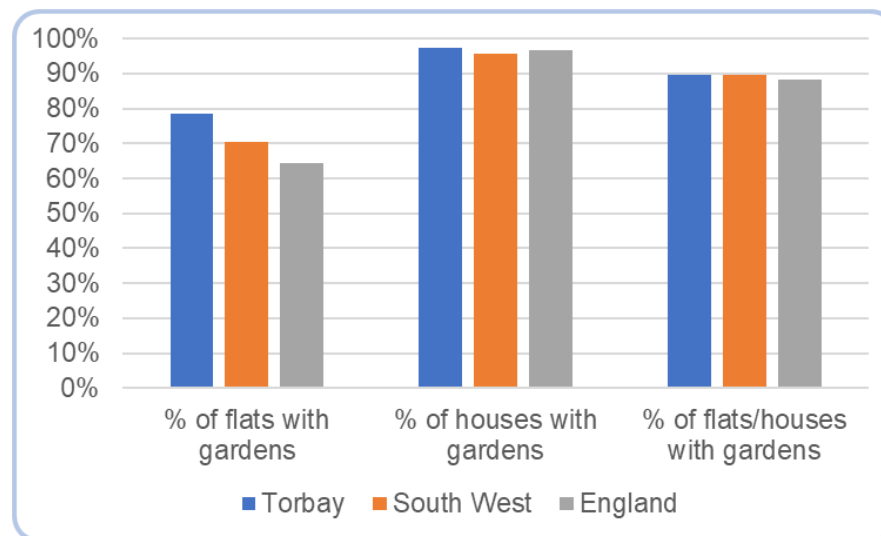


Homes with gardens

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%.

Fig 143: Percentage of houses and flats with a garden, 2020

Source: ONS (Ordnance Survey Greenspace)

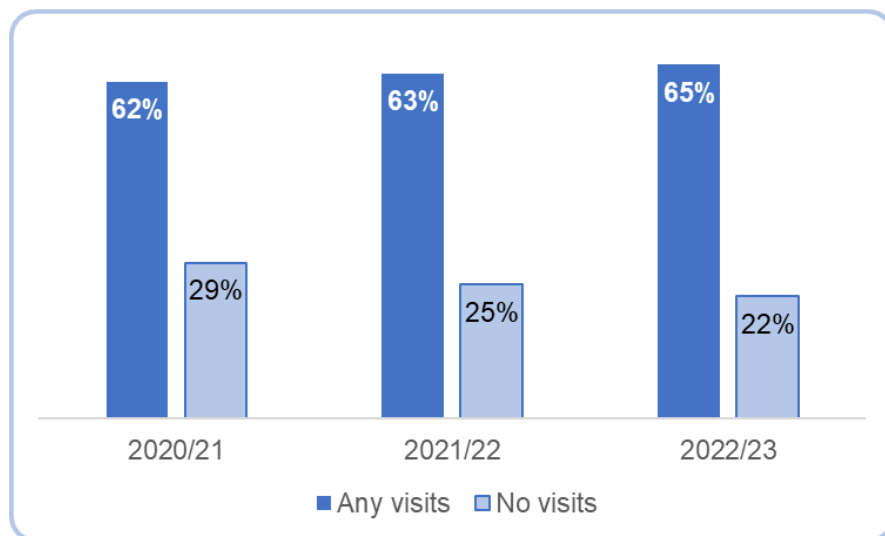


Visits to green and natural spaces

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



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.

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.

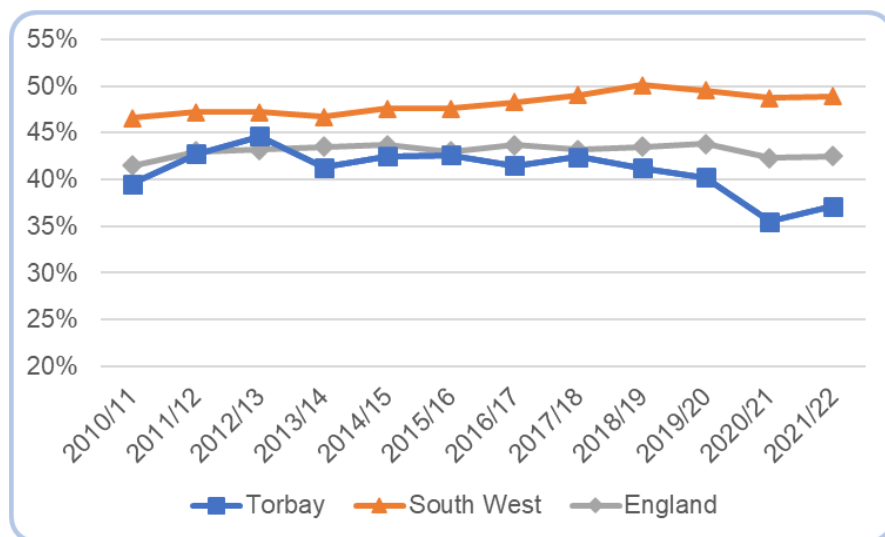
Torbay household waste collected (ex BVPI 84a measure) is on a reducing trend at 418kg per person in 2021/22, down from 428kg the year before. Torbay is level with England in 2021/22 but lower than

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



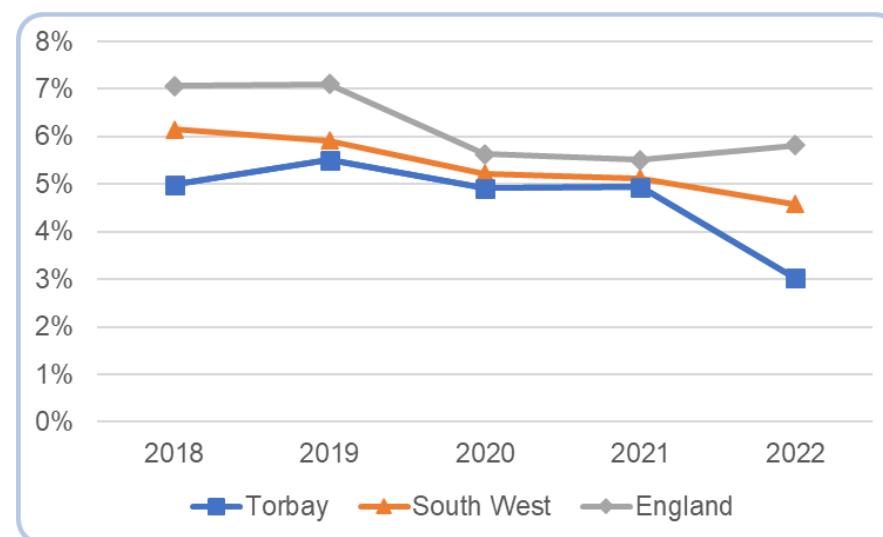
Air pollution

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 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

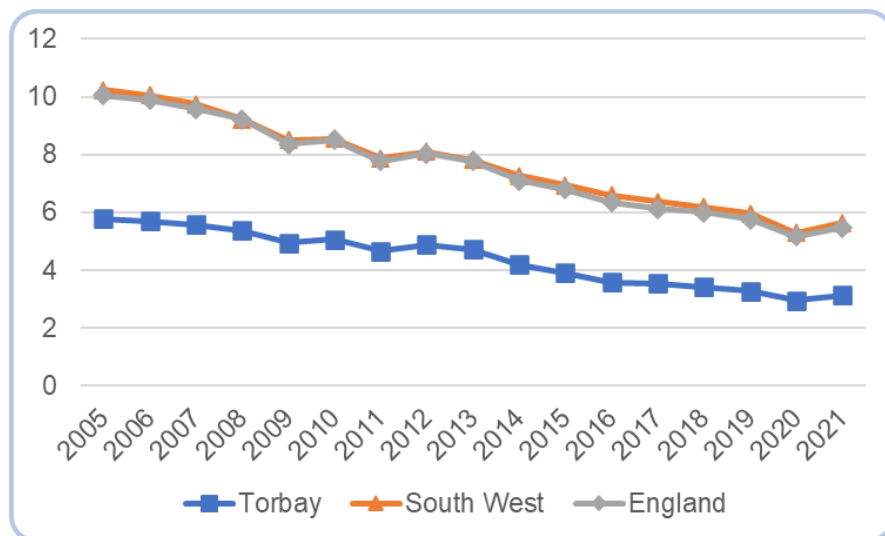
The planet is warming, linked by scientific evidence to human induced greenhouse gas emissions. Consequences of climate change include rising sea levels and increased likelihood of severe weather events such as storms, heatwaves, drought and wildfires. It has been agreed that avoiding global warming 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](#)

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

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

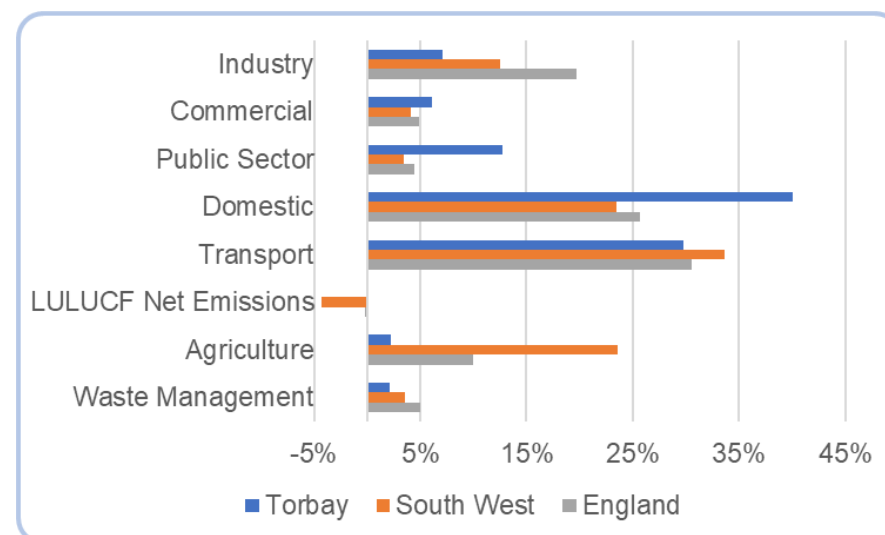
Greenhouse gases in Fig 147 are carbon dioxide, methane and nitrous oxide. This shows a reducing trend in greenhouse gas

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 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.

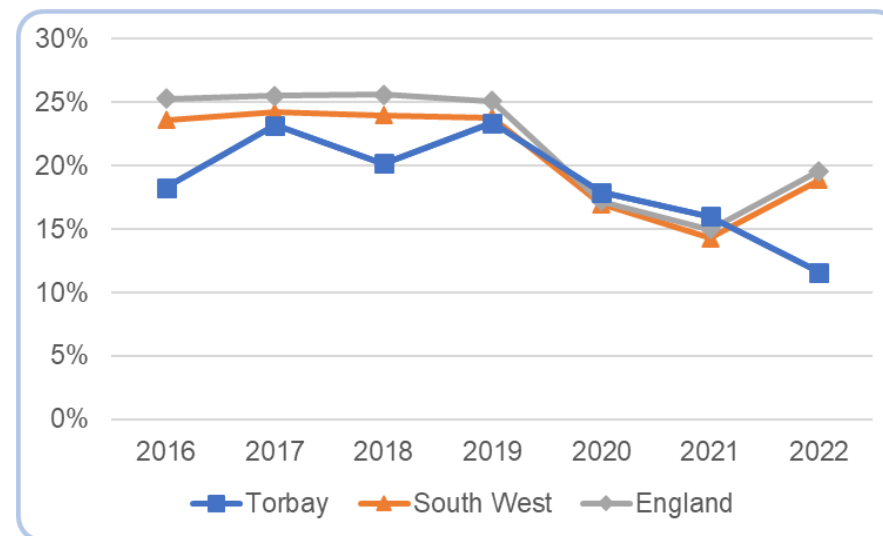
Walking and cycling

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

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

- 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)

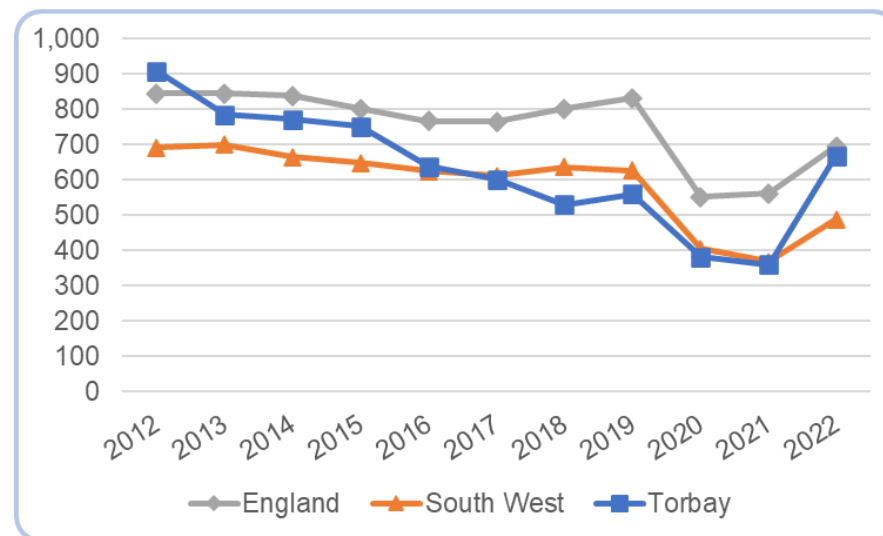
STIs can have serious longer-term consequences such as ectopic pregnancy and infertility. Therefore, early detection and treatment is important.

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

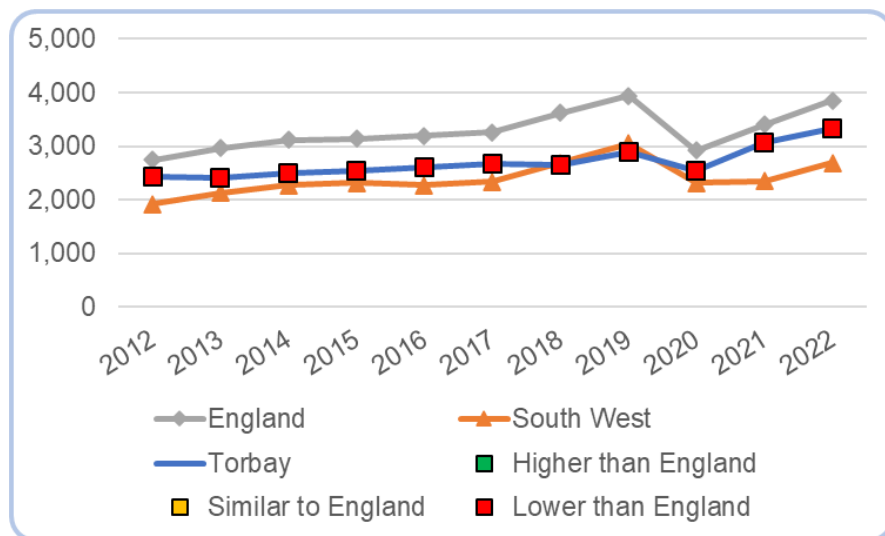
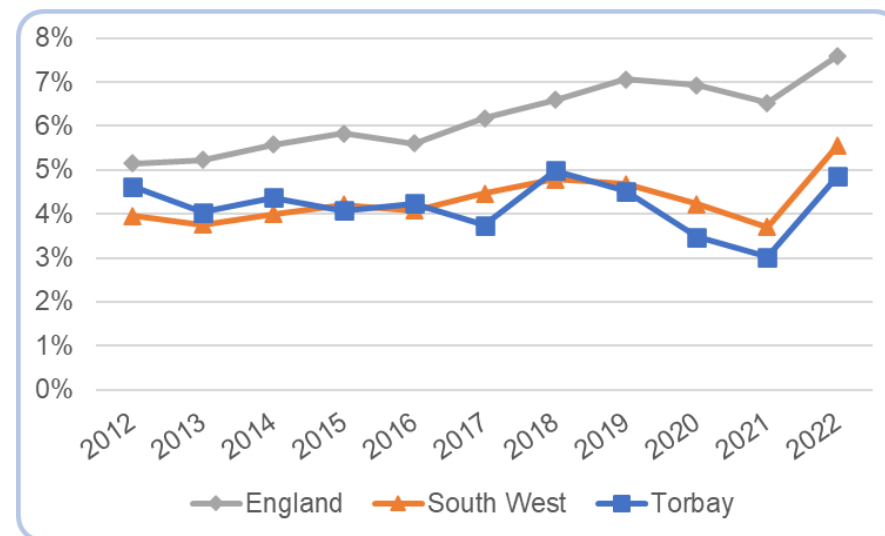


Fig 154, as in Fig 153, includes syphilis, HIV, gonorrhoea and chlamydia (excluding chlamydia in under 25 year olds). These are the standard tests recommended for people attending for a new episode of STI related care if indicated by sexual history (OHID Sexual and reproductive health (SRH) profiles). 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.

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

Source: Fingertips - Sexual and Reproductive Health Profiles



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.

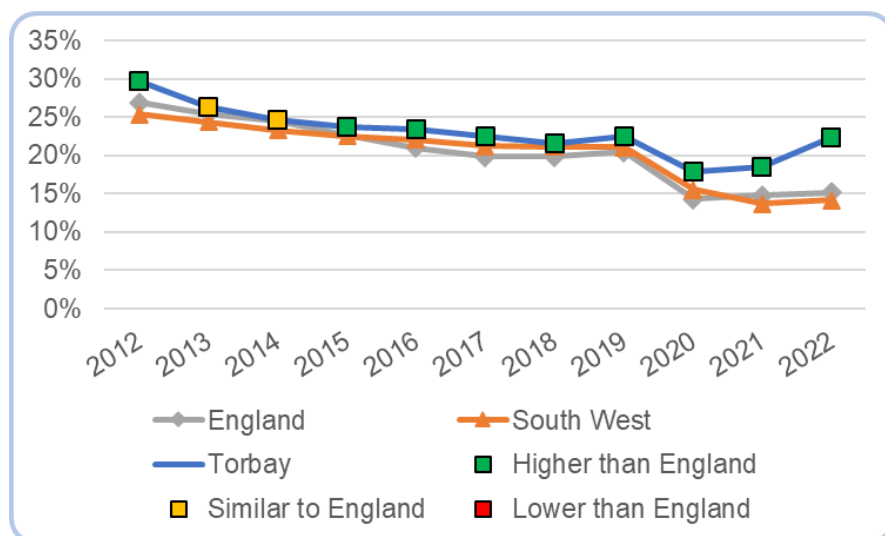
Chlamydia

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.

Fig 155: Chlamydia- proportion of 15 to 24 year olds screened

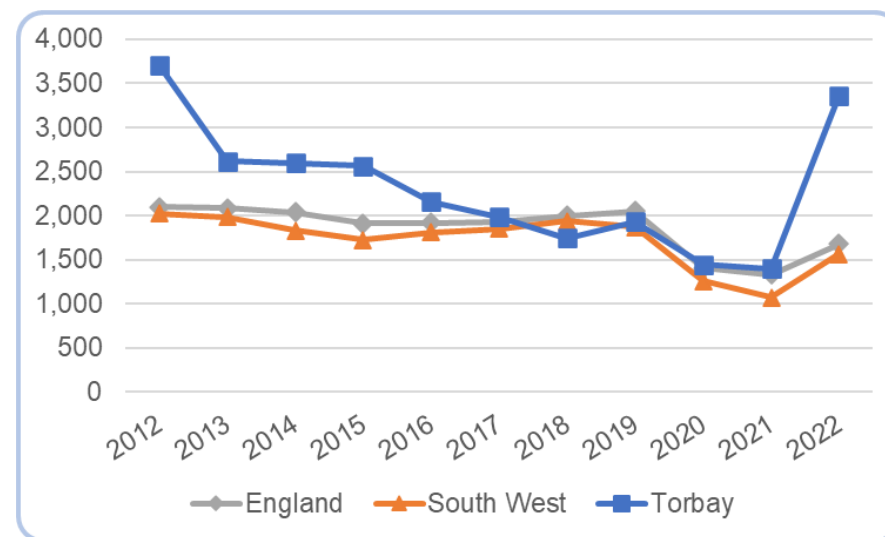
Source: Fingertips - Sexual and Reproductive Health Profiles



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

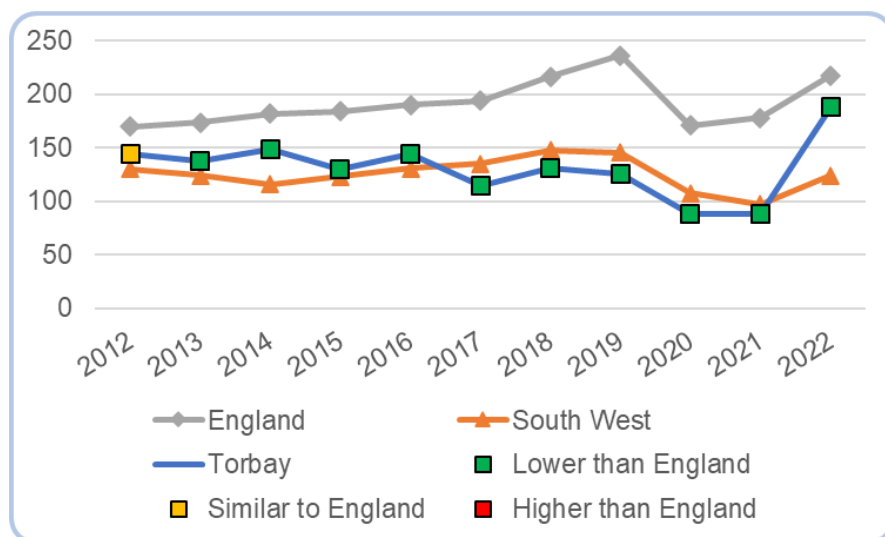
JSNA 2024/25 – Sexual and Reproductive Health

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

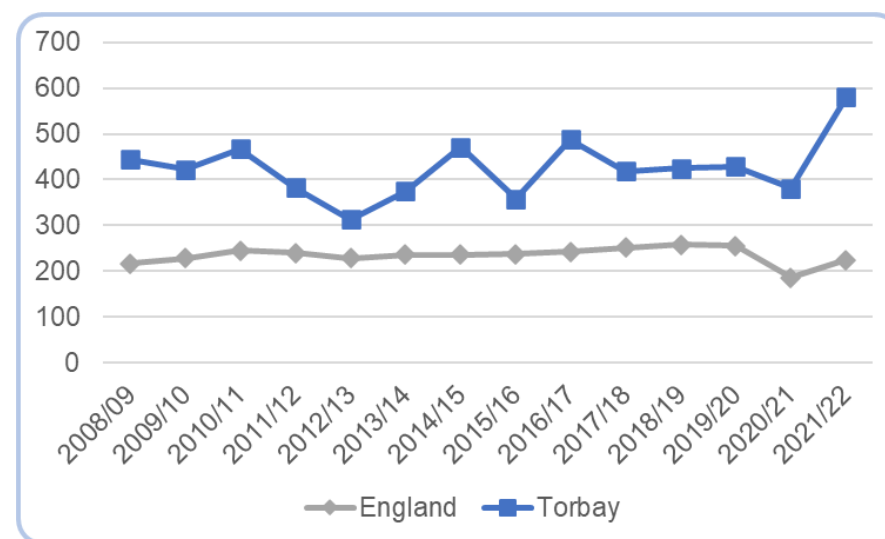
Chlamydial infection and other STIs are considered major causes of pelvic inflammatory disease (PID) which can lead to ectopic pregnancy and infertility. Increased identification of chlamydia through screening and then successful treatment should lead to a decrease in this condition. PID may need a hospital 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)

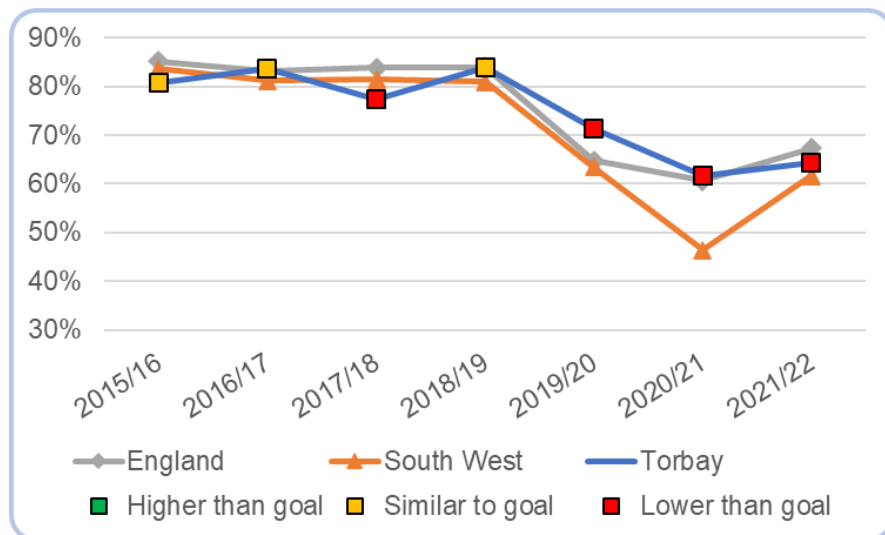
HPV is usually asymptomatic. Some types, however, can lead to genital warts. High risk types of HPV can cause some cancers including cervical cancer. (NHS- [HPV](#)).

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

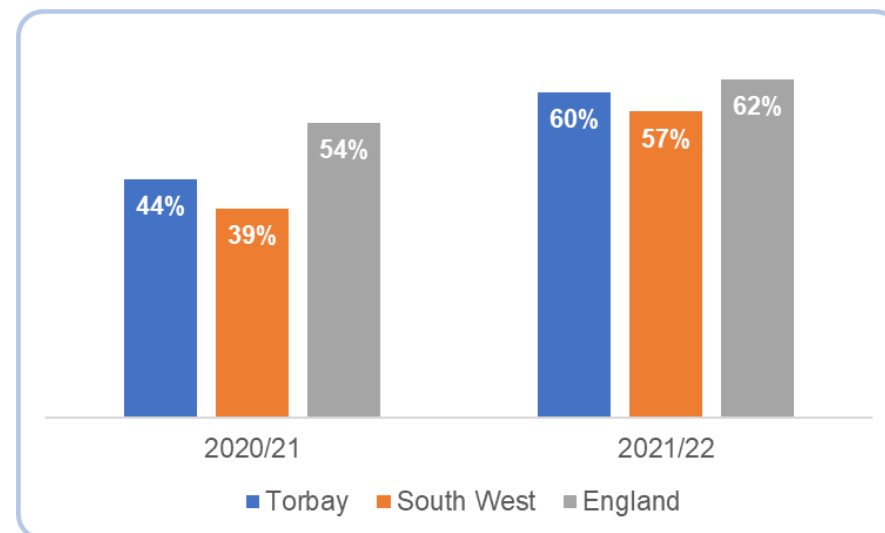
Source: Fingertips



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)

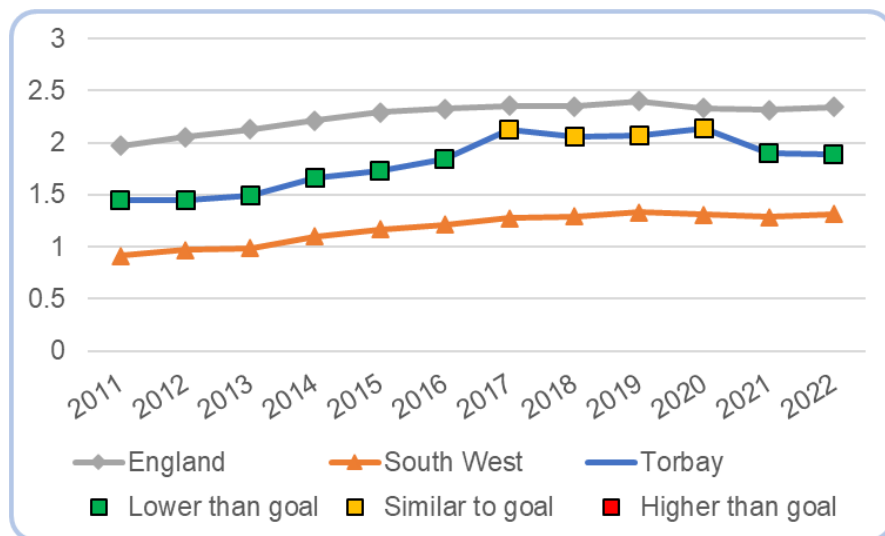
The reconfiguration of sexual health services during the COVID-19 pandemic will have affected 2020 and 2021 data relating to HIV.

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

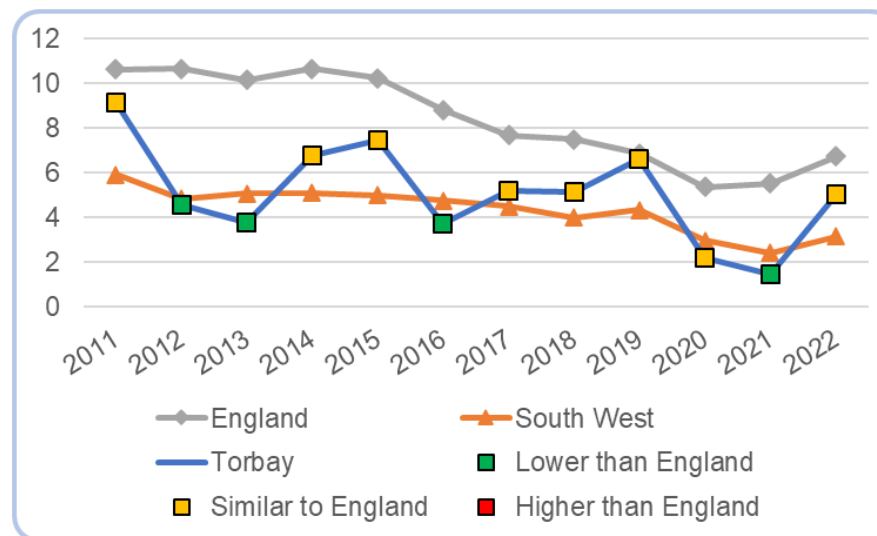
Source: Fingertips - Sexual and Reproductive Health Profiles



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

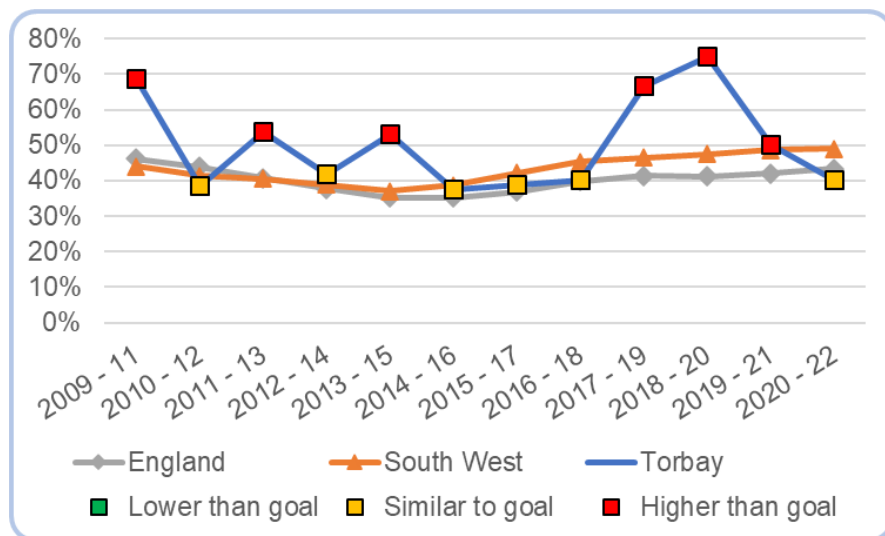
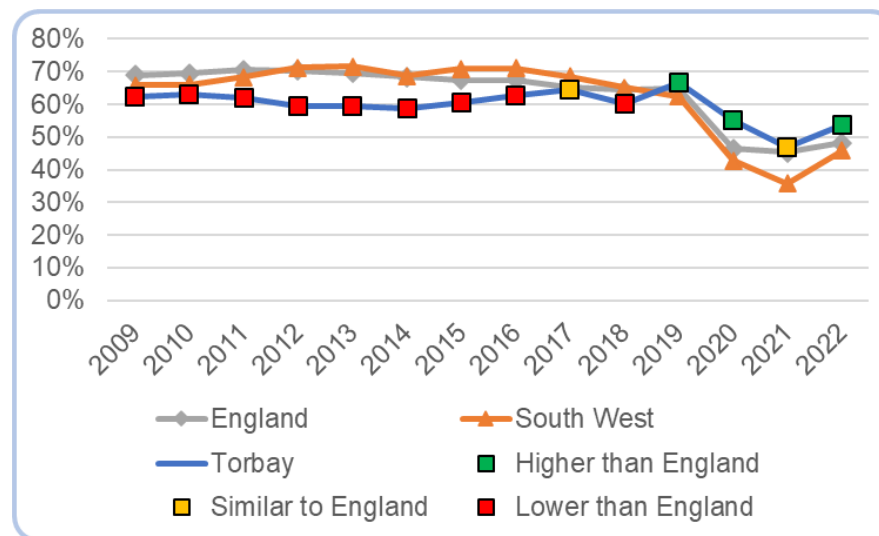


Fig 164 shows the percentage of eligible attendees of specialist sexual health services who accepted a test. Percentages dropped in 2020, likely affected by the COVID-19 pandemic. Torbay rose in 2022 and is significantly higher than England in this year but lower than 2019 and the preceding decade. Splitting 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.

Fig 164: Percentage of HIV testing coverage, all ages

Source: Fingertips - Sexual and Reproductive Health Profiles



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.

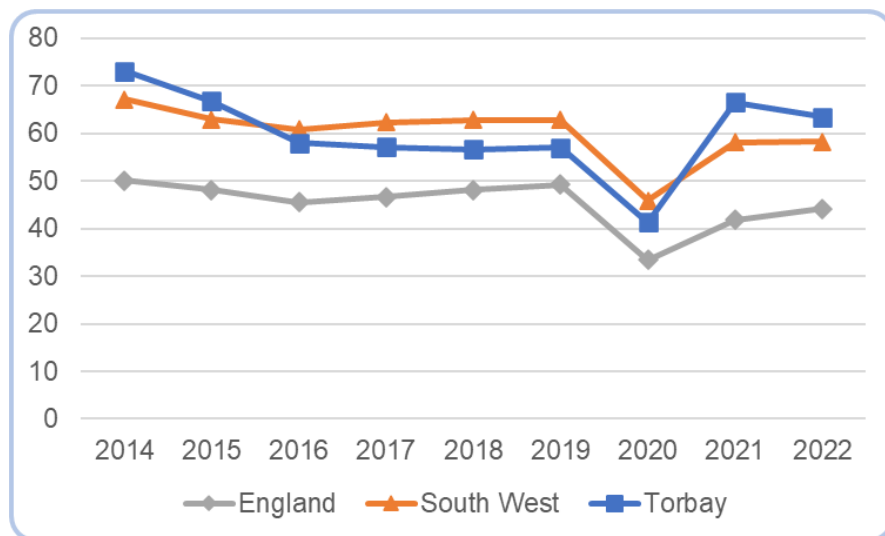
Contraception

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.

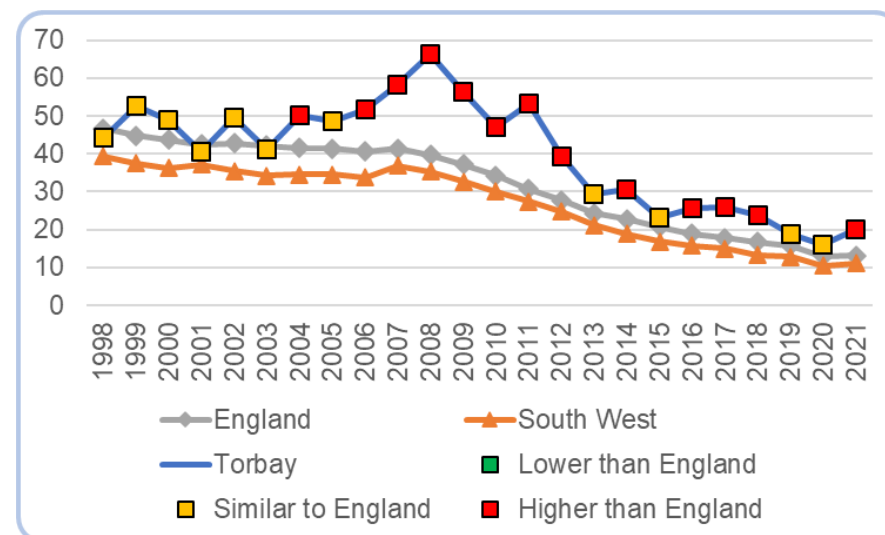
Under 18s conceptions

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

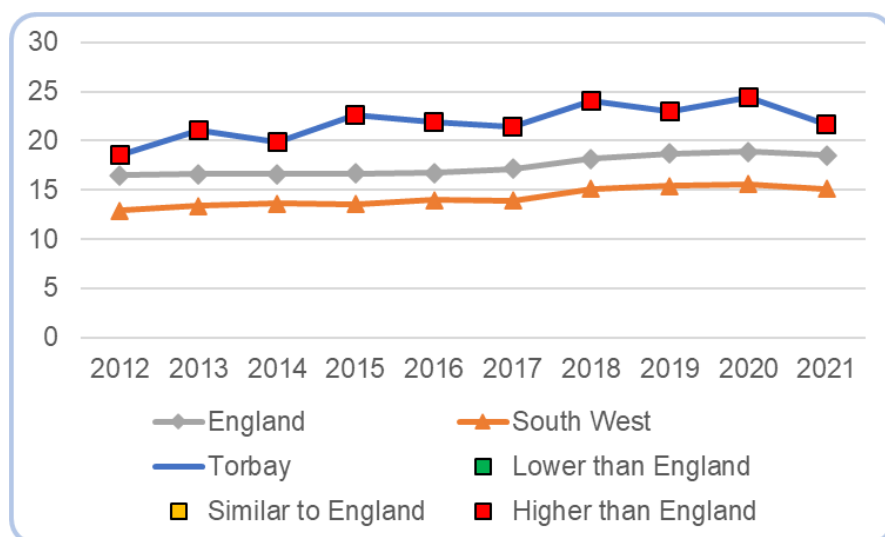


Abortions

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 (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.

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.

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%	●	↑
2 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

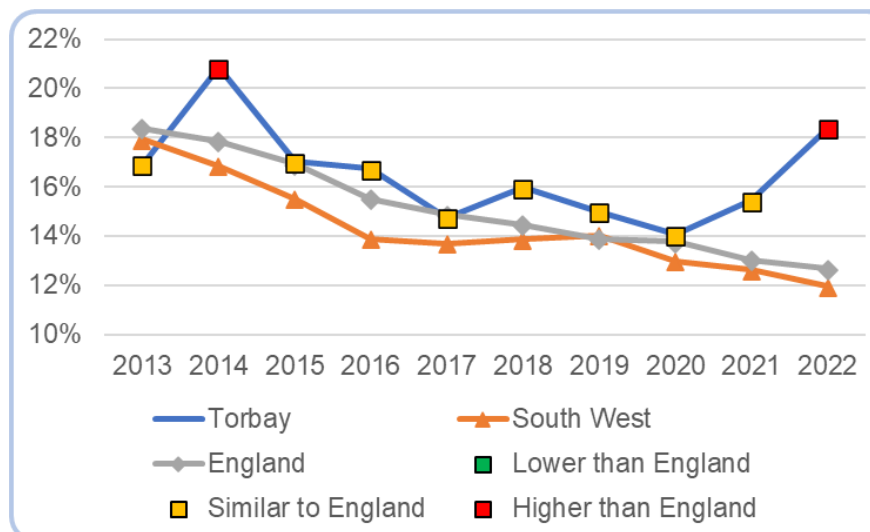
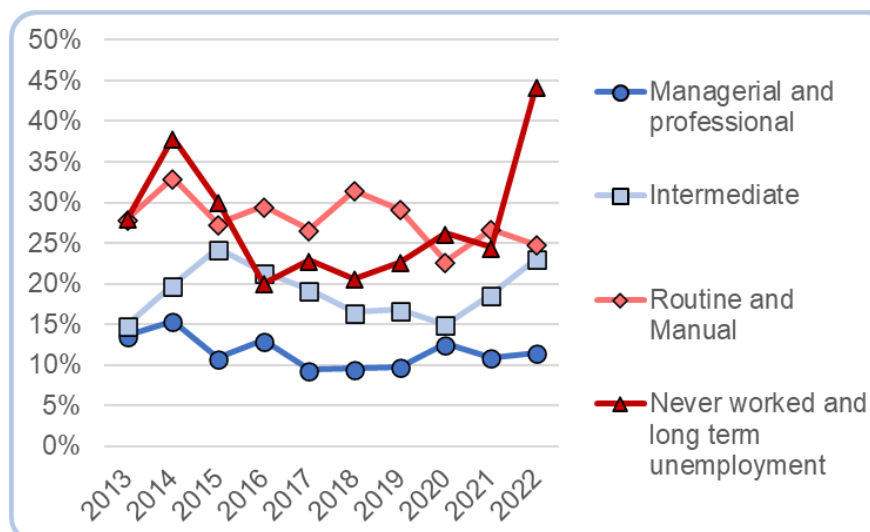


Fig 169: Smoking Prevalence in adults by socio-economic group – Annual Population Survey (Torbay)

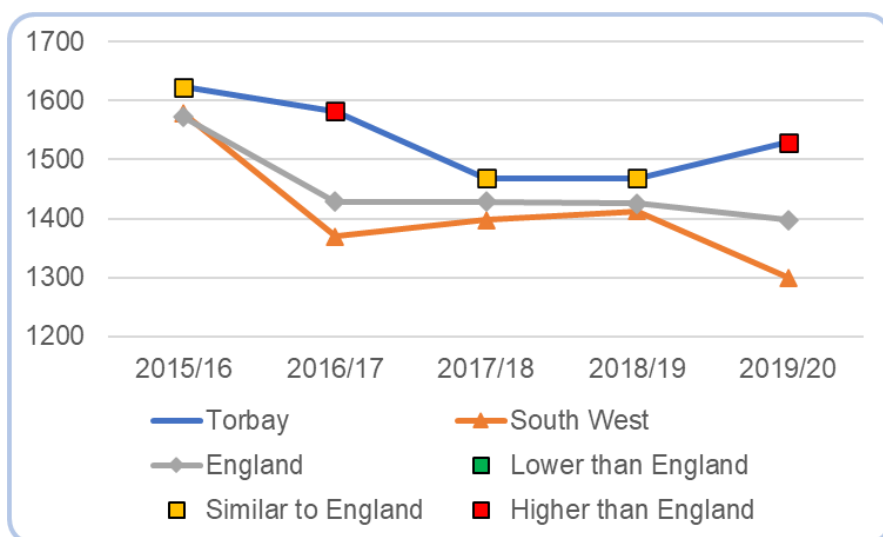
Source: Fingertips



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

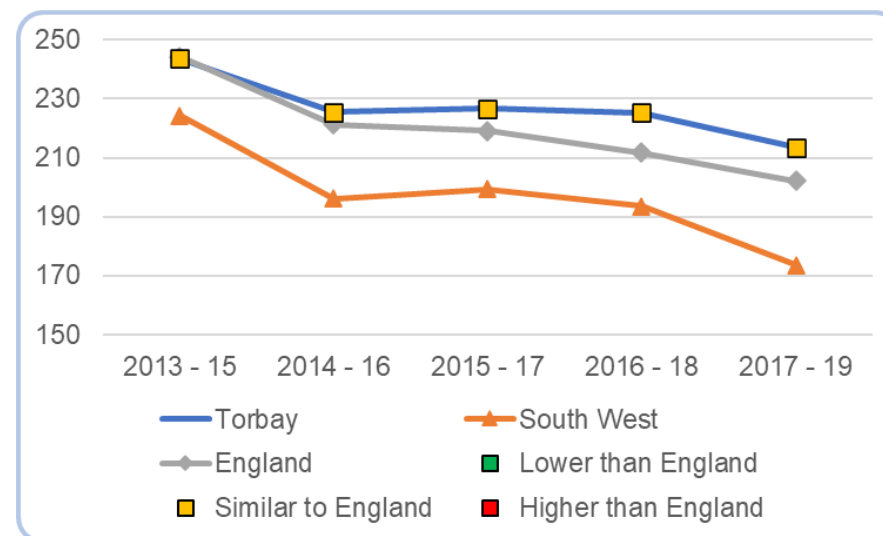


Smoking attributable mortality (adjusted to take account of differing areas' age profile) for Torbay has been broadly in line with England but significantly above the South West; rates have been falling over the last decade (Fig 171). As with smoking attributable hospital admissions, there is a very 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)

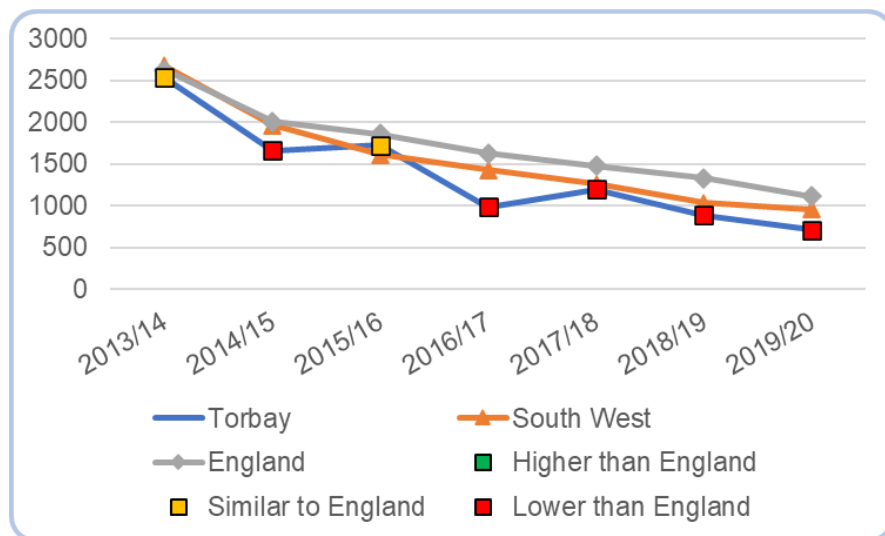
Source: Fingertips



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+)

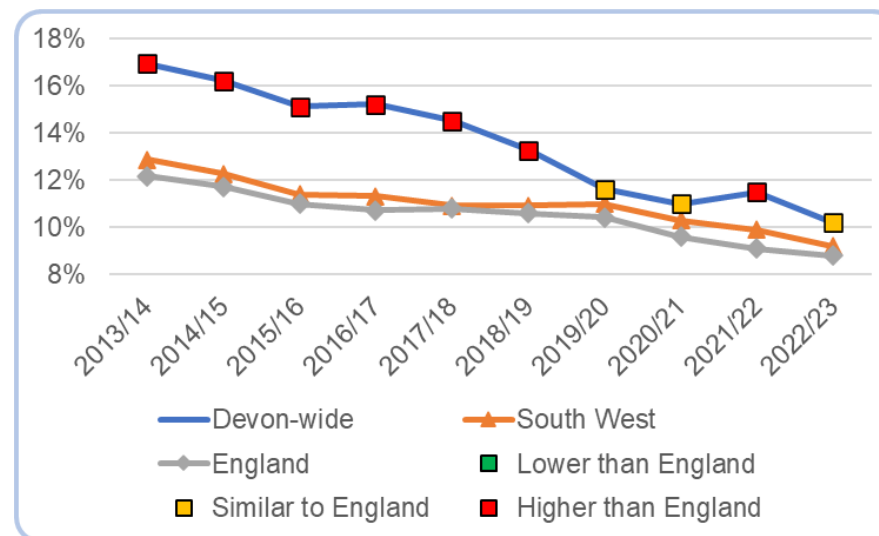
Source: Fingertips



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.

Fig 173: Percentage of women smoking at time of delivery

Source: Fingertips



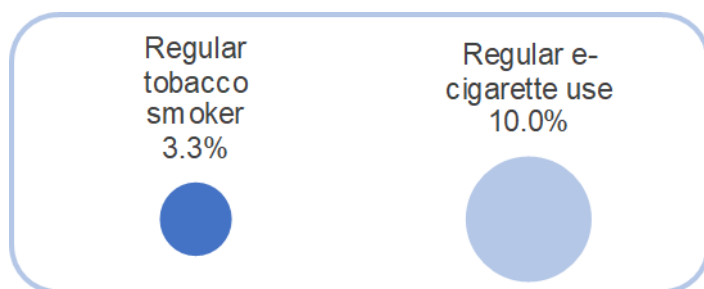
The Smoking, Drinking and Drug Use Among Young People in England (SDD) survey asked a sample of 15 year olds in England if they are regular or occasional tobacco smokers. For 2021 across England, 3.3% said that they were regular smokers which compares to 21% when the survey was undertaken in 2004, those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

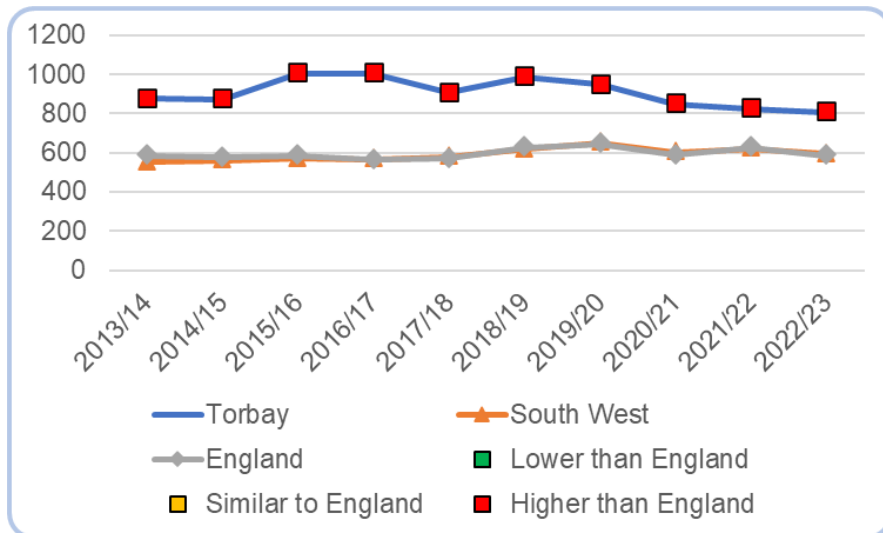
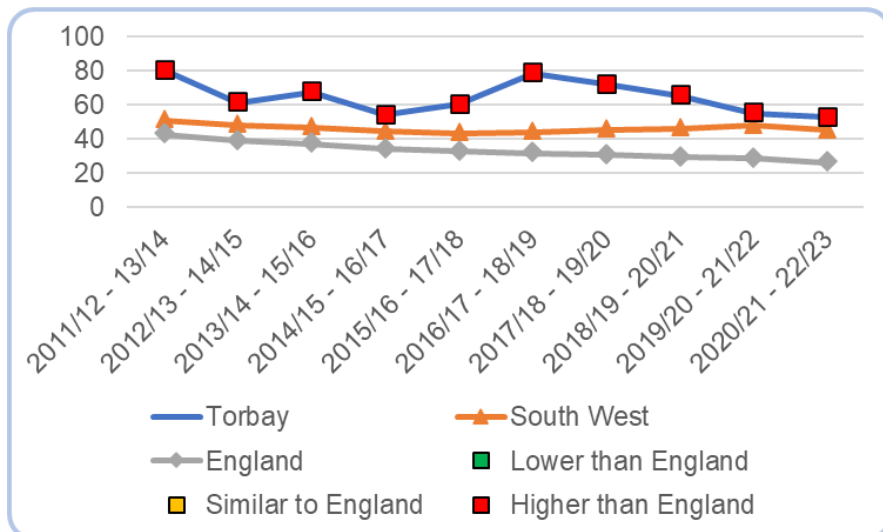


Fig 176: Rate of admission episodes for alcohol-specific conditions for Under 18s per 100,000

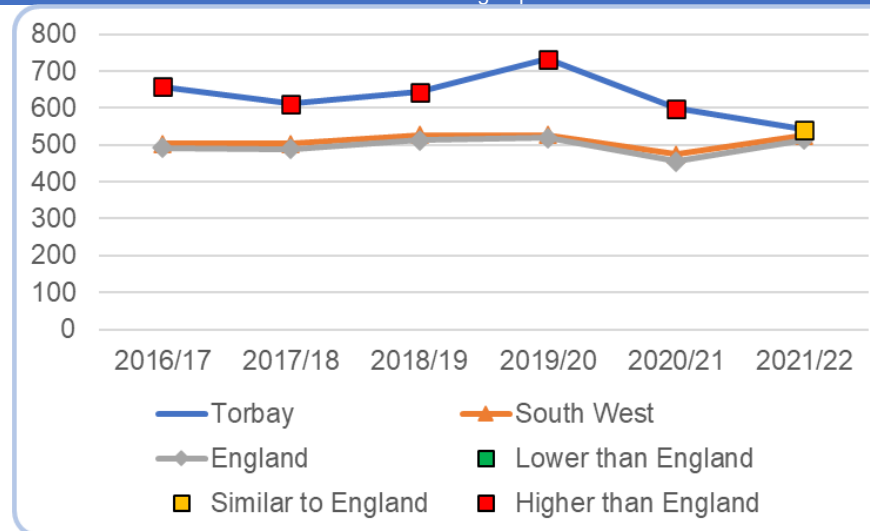
Source: Fingertips, Hospital Episode Statistics for 2021/22 and 2022/23



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)

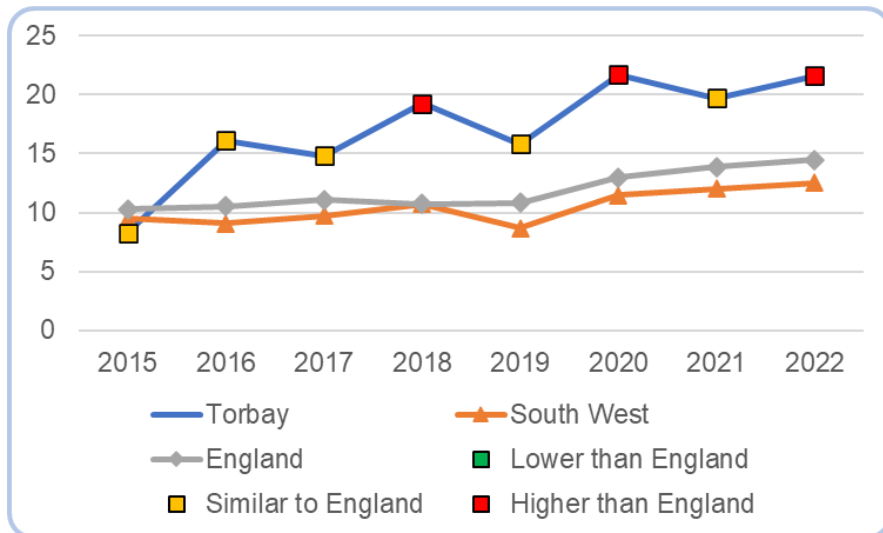
Source: Fingertips



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.

Fig 178: Rate of alcohol-specific mortality per 100,000 (Age Standardised)

Source: Fingertips



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.

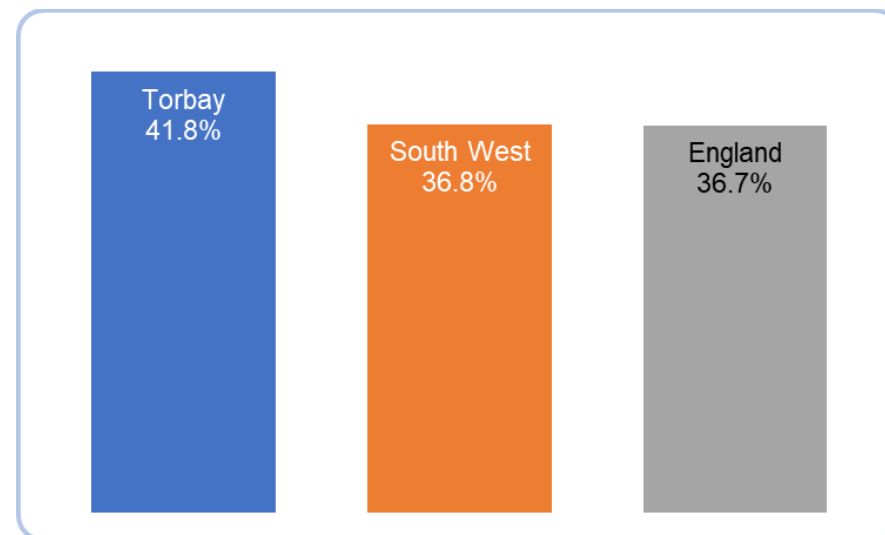
The University of Sheffield made estimates in 2019/20 that there were approximately 1,634 adults (75% male, 25% female) in Torbay with alcohol dependency. Close to half of these people are estimated to be aged between 35 and 54 years. It should be noted that this was an estimate with lower and higher 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 180: Percentage of successful structured drug treatment – Opiate user

Source: Fingertips

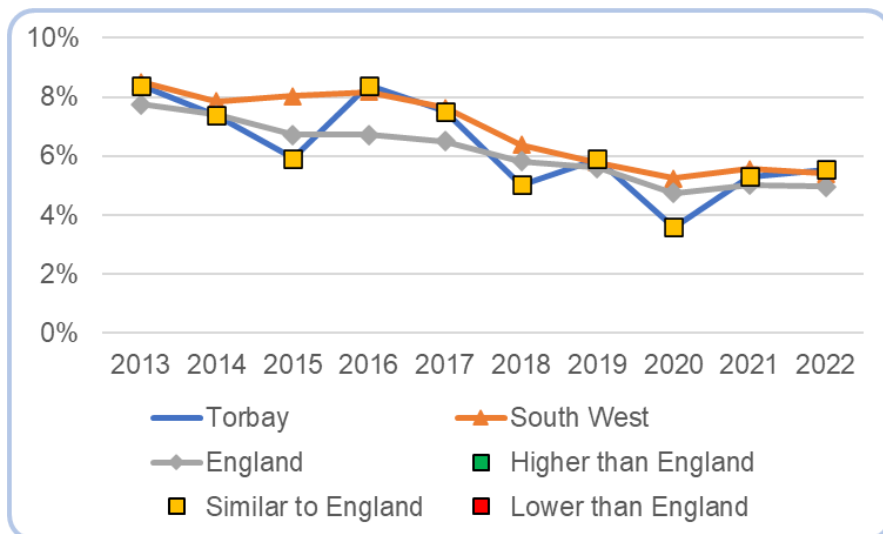


Fig 181: Percentage of successful structured drug treatment – Non opiate user

Source: Fingertips

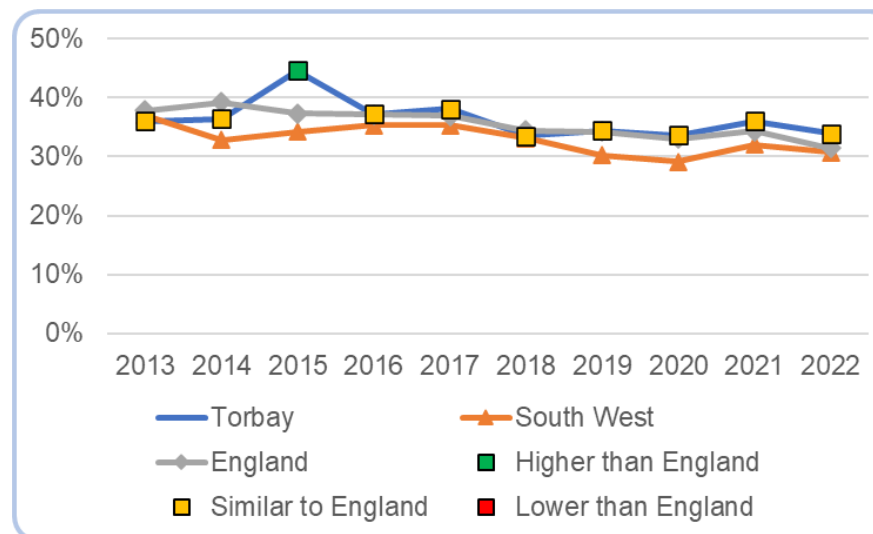
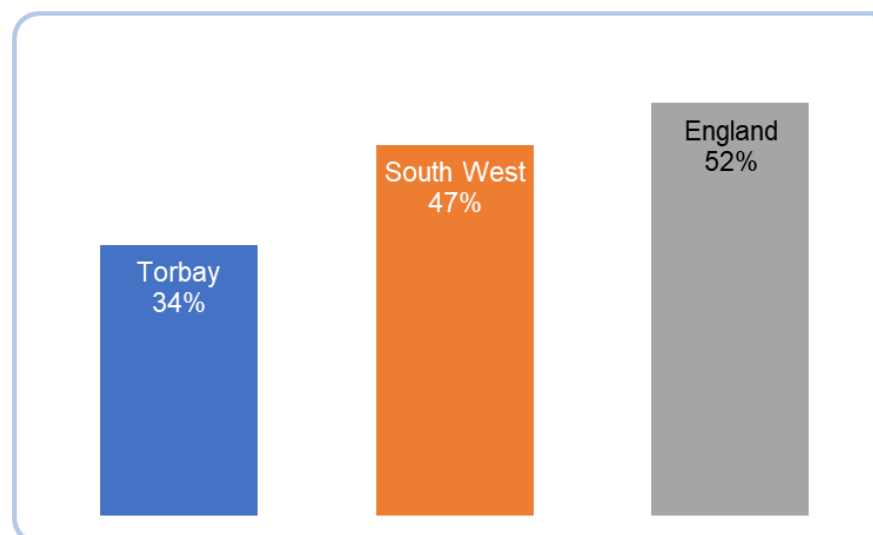


Fig 182: Estimated percentage of opiate and/or crack cocaine users not in treatment (2020/21)

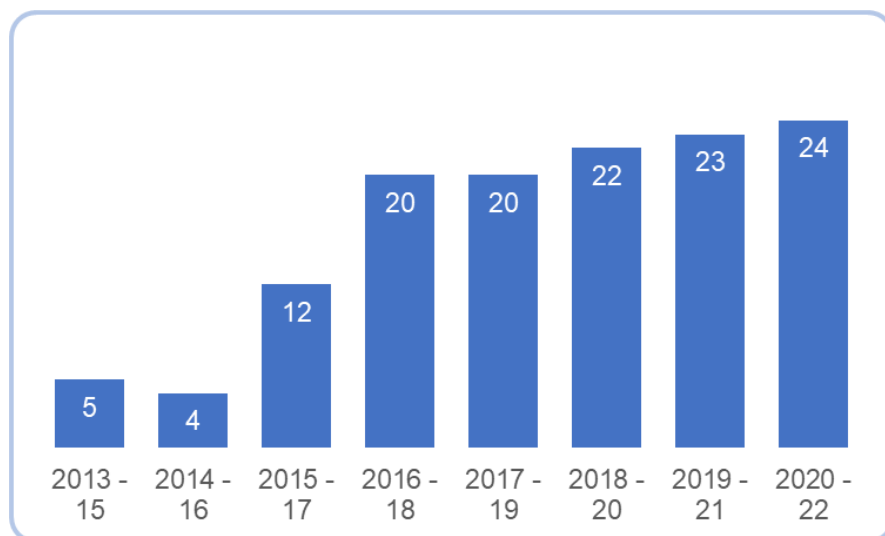
Source: Fingertips



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'.

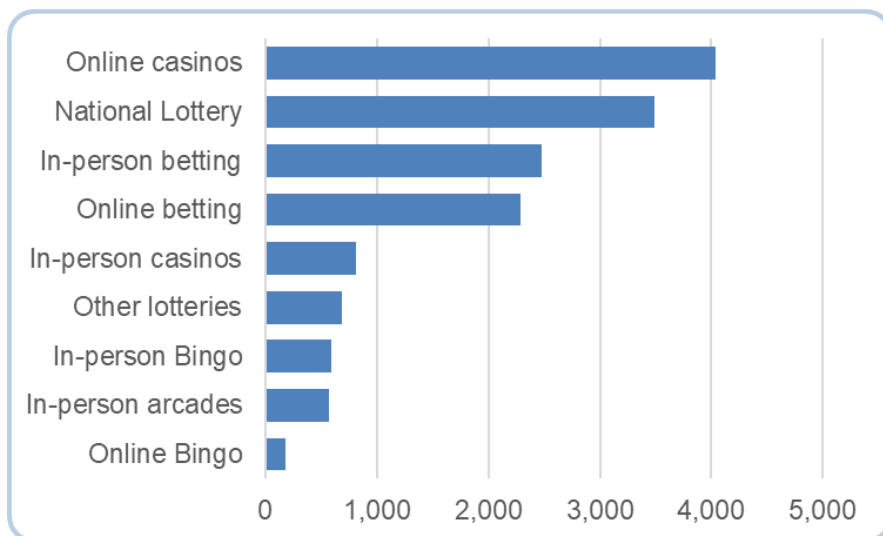
The Gambling commission's survey of young people 'Young People and Gambling Survey 2019: a research study among 11-16 year olds in Great Britain' showed that 55,000 (1.7%) of 11 to 16 year olds, are classified as 'problem gamblers', it also suggested a variation by sex with boys more likely to be defined 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

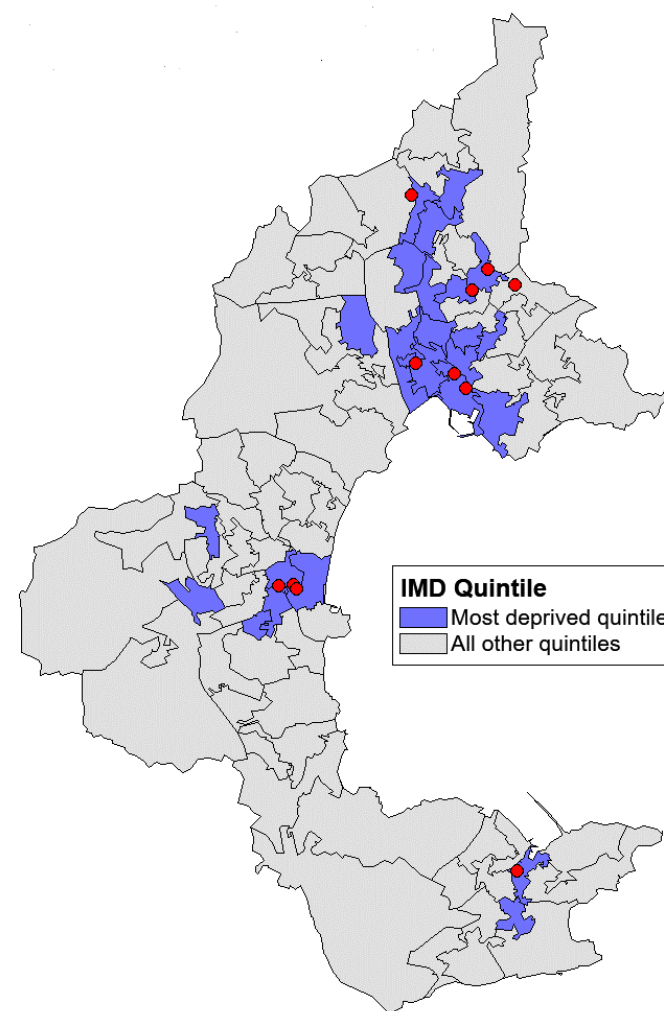


Despite the rise of on-line betting, physical betting shops still make significant sums for the gambling industry. Evidence given to the House of Lord's select committee from the 'Estates Gazette' showed that 56% of the big four's betting shops are located in the top 30% most deprived areas in England 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.

Fig 185: Open Betting Shops in Torbay – November 2023

Source: Torbay Council Gambling Register Search



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
- 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

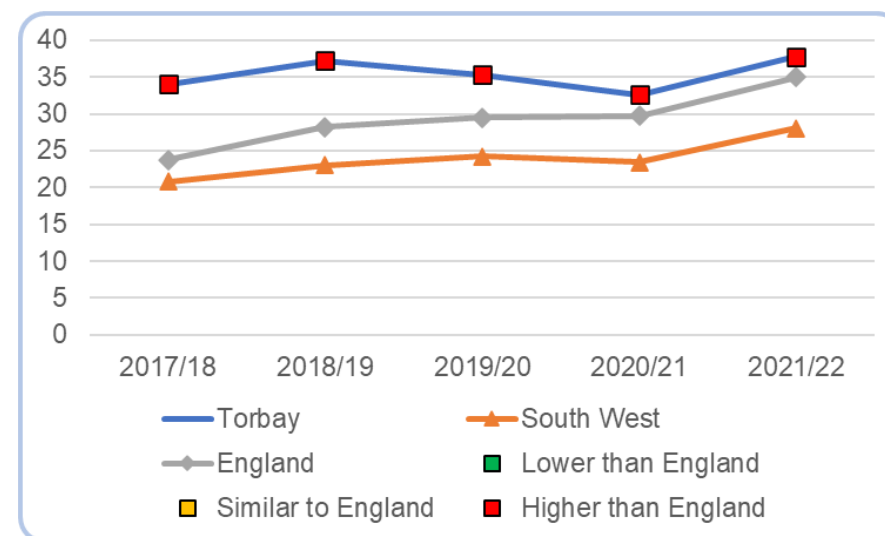
	2018/19	2019/20	2020/21	2021/22	2022/23
All Crime	12,241	11,319	10,470	11,323	11,064
All ASB	4,210	3,714	4,600	3,480	2,787
Sexual offences	442	431	364	430	454
Drug Offences	487	505	573	470	484
Acquisitive Crime	3,386	2,931	2,500	2,450	2,633

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

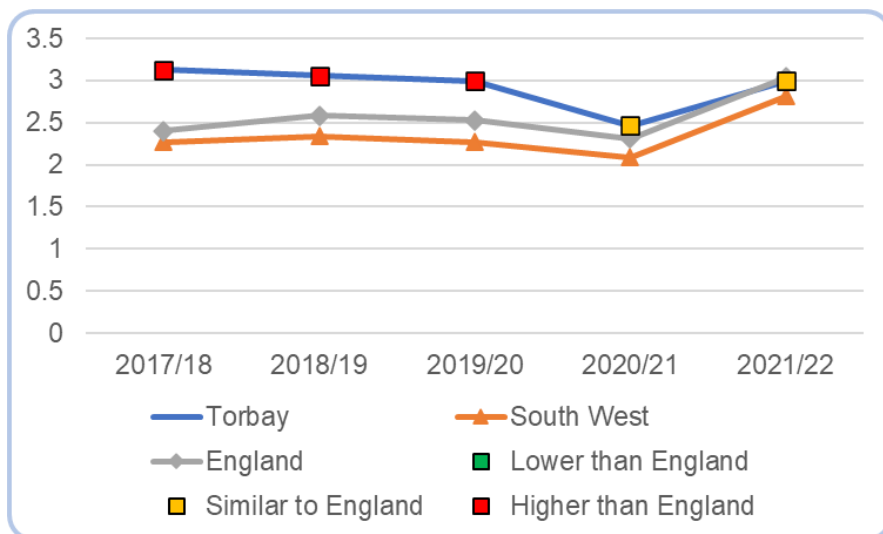


In respect of reported sexual offences, Torbay's rate is broadly in line with England and the South West (Fig 188), reported numbers fell significantly during 2020/21 in which there were multiple lockdowns

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

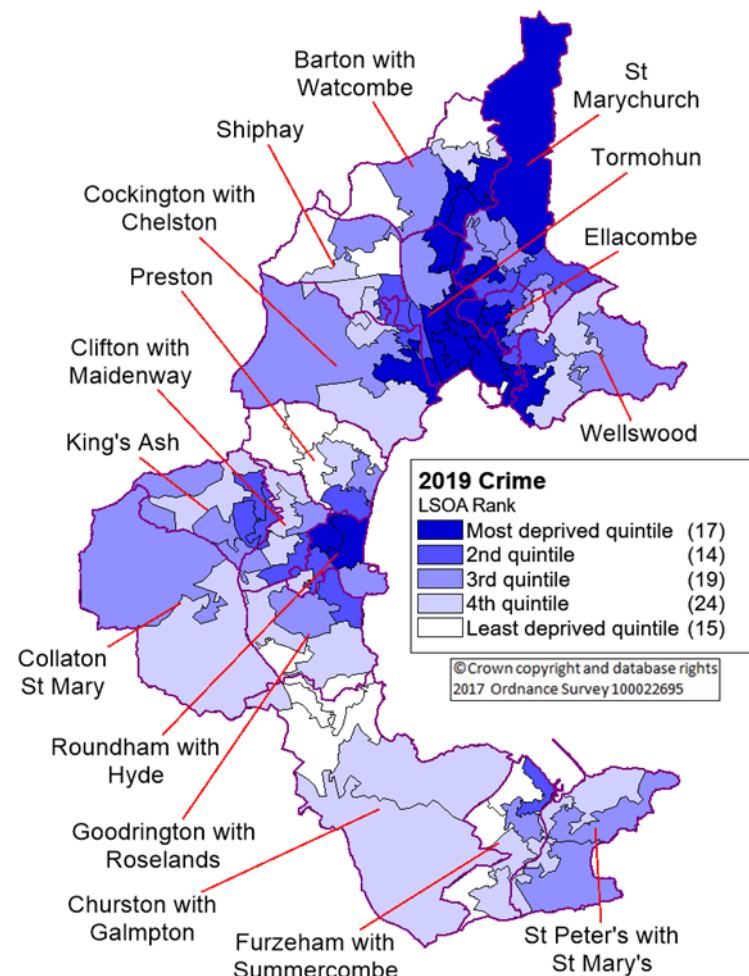


The Index of Multiple Deprivation produces a Crime Deprivation rating for small areas to give a guide to how areas are affected by crime. Although the data that it is based on relates to information gleaned in the last decade it is still a useful indicator of where levels of crime are likely to have 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, reprimand or warning within 1 year; a further 6 month period is added to this to allow offences to be proven in court.

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

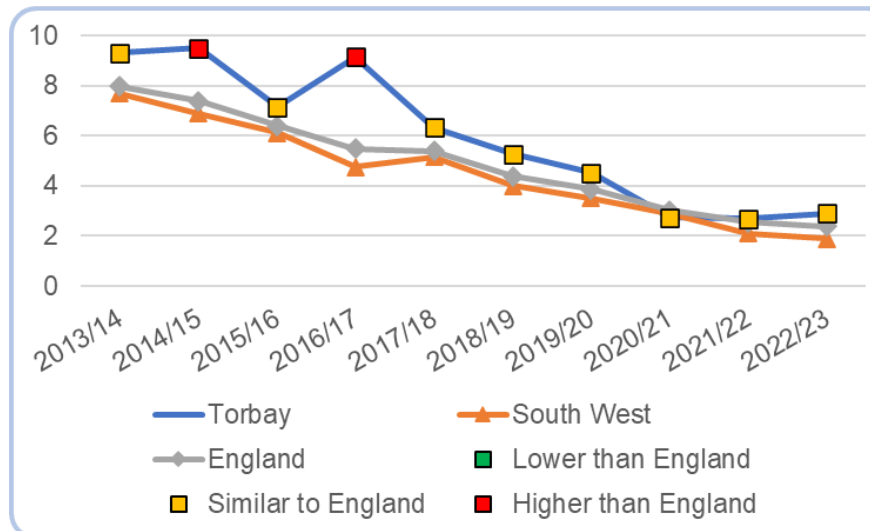
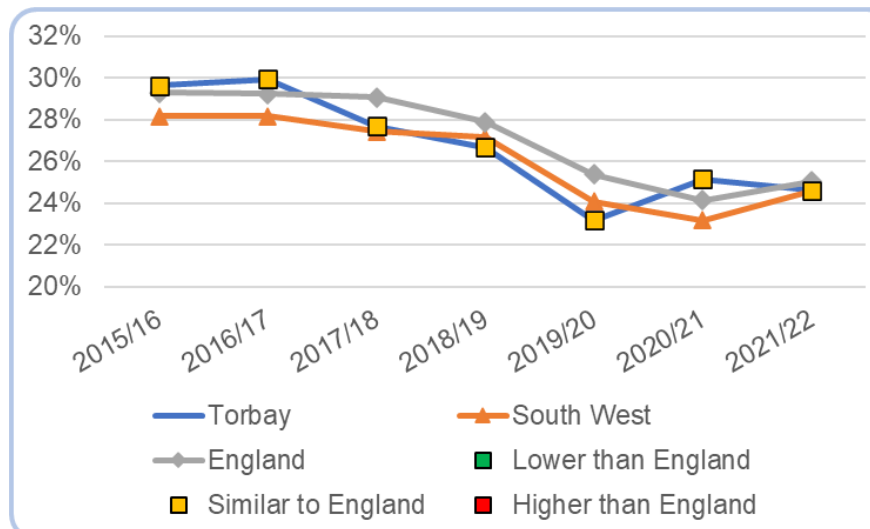


Fig 191: Percentage of proven reoffending

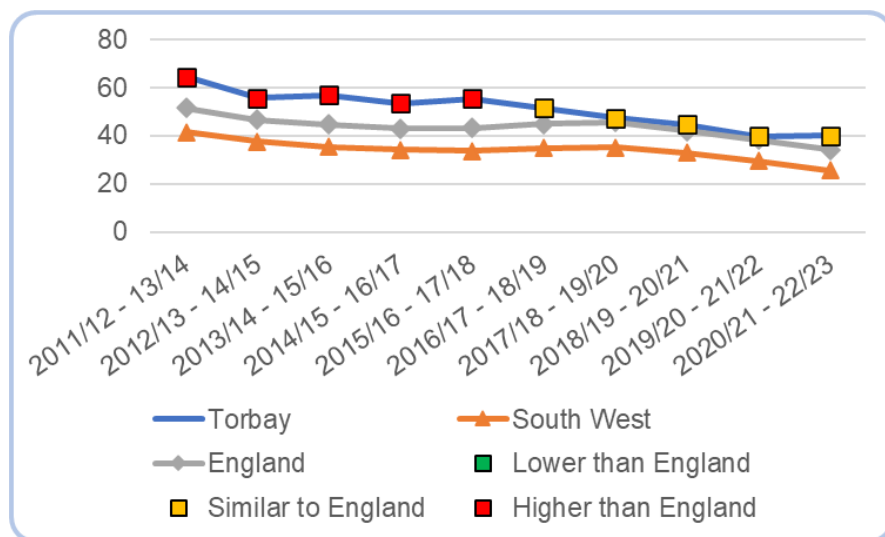
Source: Ministry of Justice



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



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.

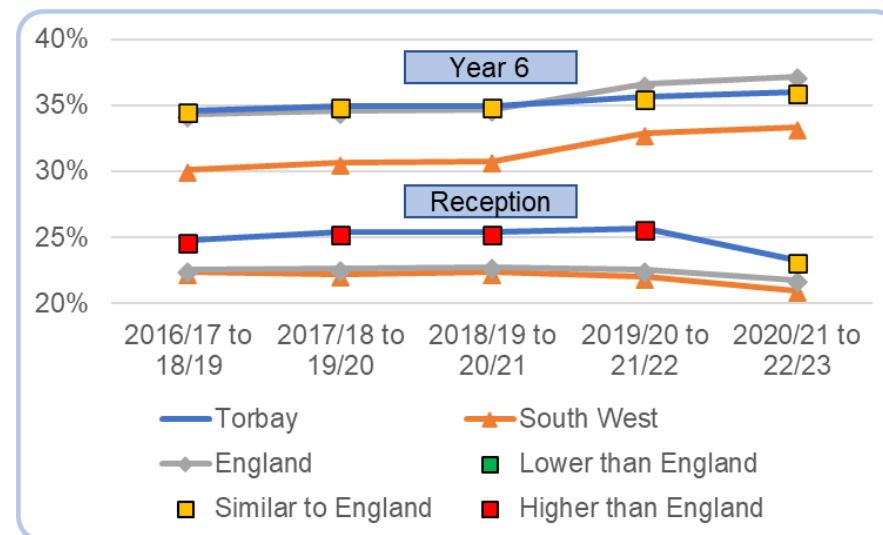
The prevalence of overweight (including obese) Reception aged children in Torbay was approximately 1 in 4 (23.2%). This was the first time during the last 5 time periods that Torbay did not have higher levels than England (Fig 195). For Year 6 children in Torbay, approximately 1 in 3 (36.0%) children 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

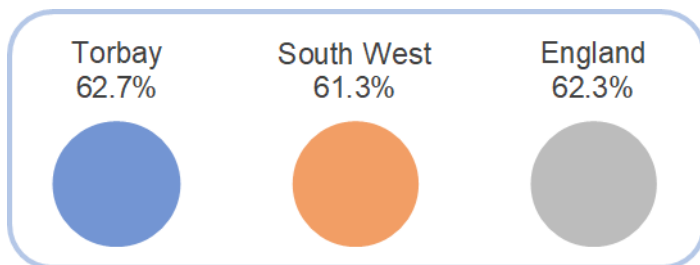
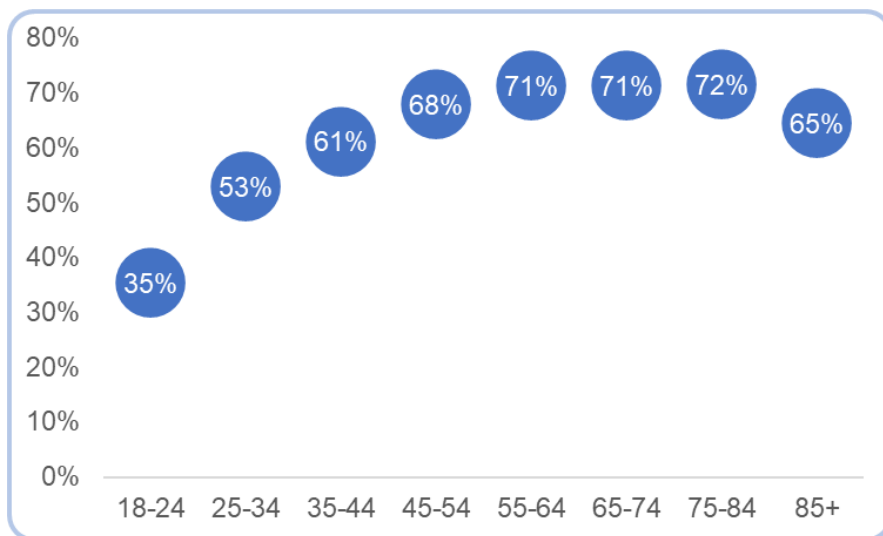


Fig 197: Percentage of adults classified as overweight or obese by age band - England (2015/16 to 2021/22)

Source: Fingertips



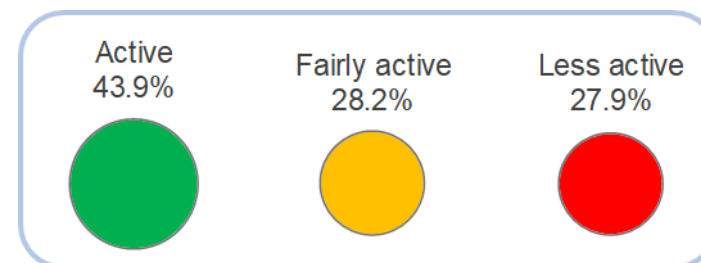
Exercise

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

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

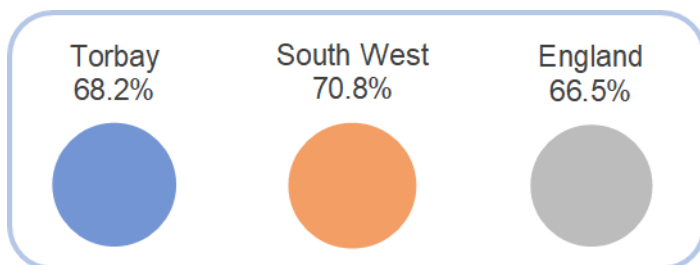
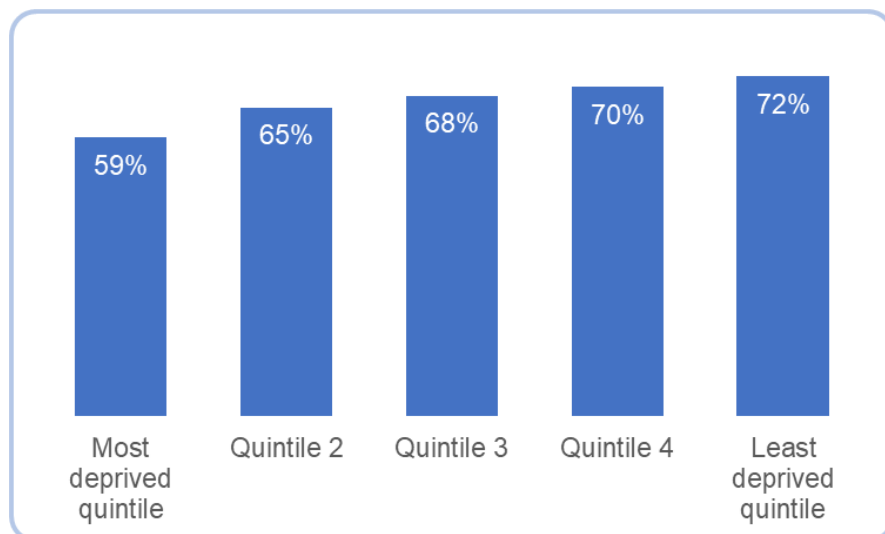


Fig 200: Percentage of adults classified as physically active by deprivation quintile - England (2015/16 to 2021/22)

Source: Fingertips



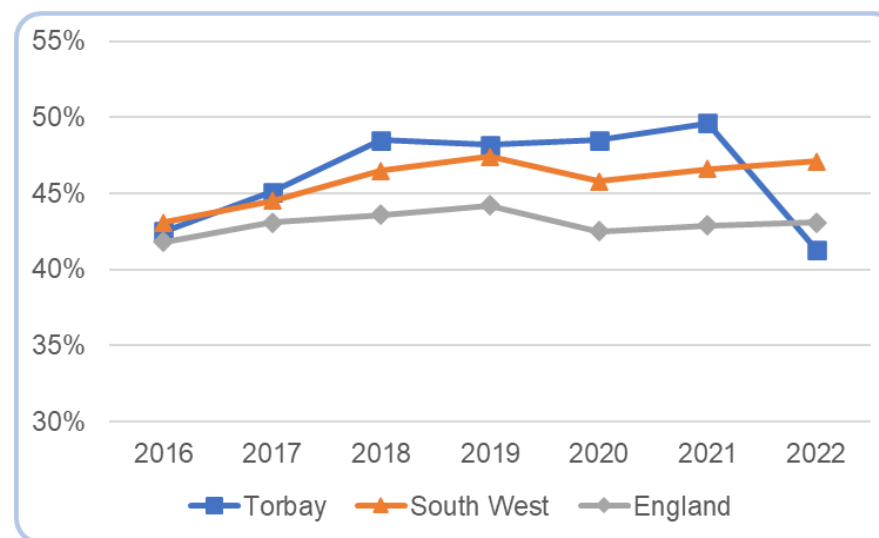
Data from the National Travel Survey and Active Lives Survey is brought together by the Department for Transport to calculate rates of walking and cycling among the population.

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 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

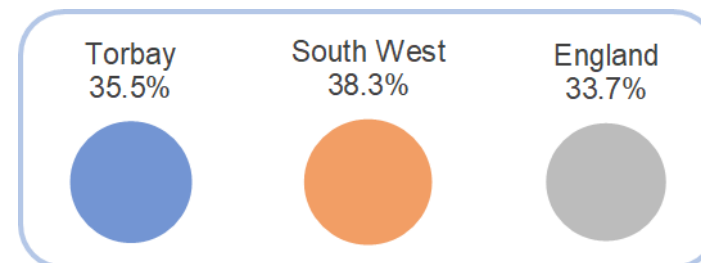
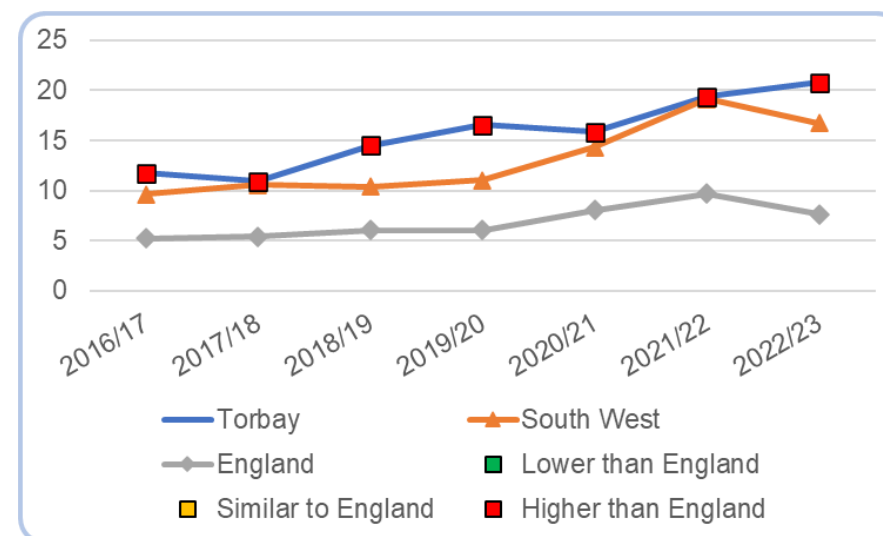


Fig 203: Rate of hospital admissions due to primary diagnosis of an eating disorder, per 100,000

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

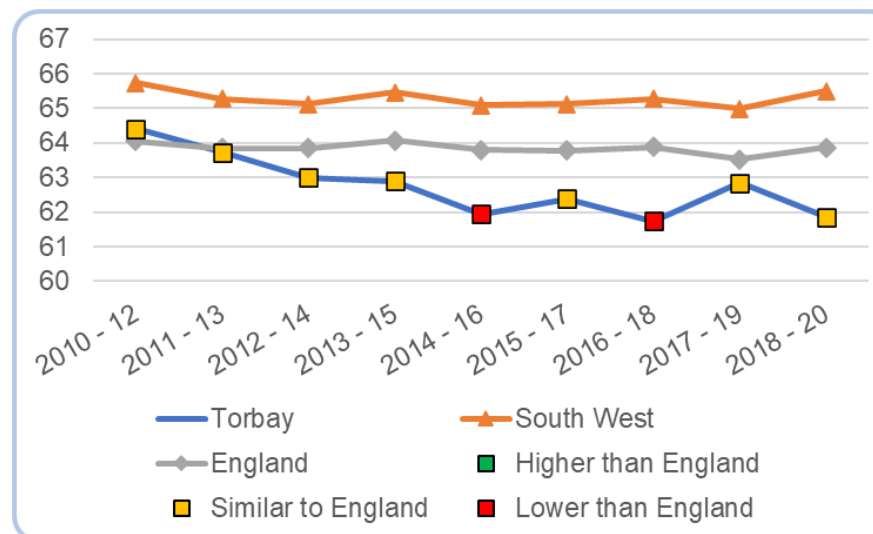
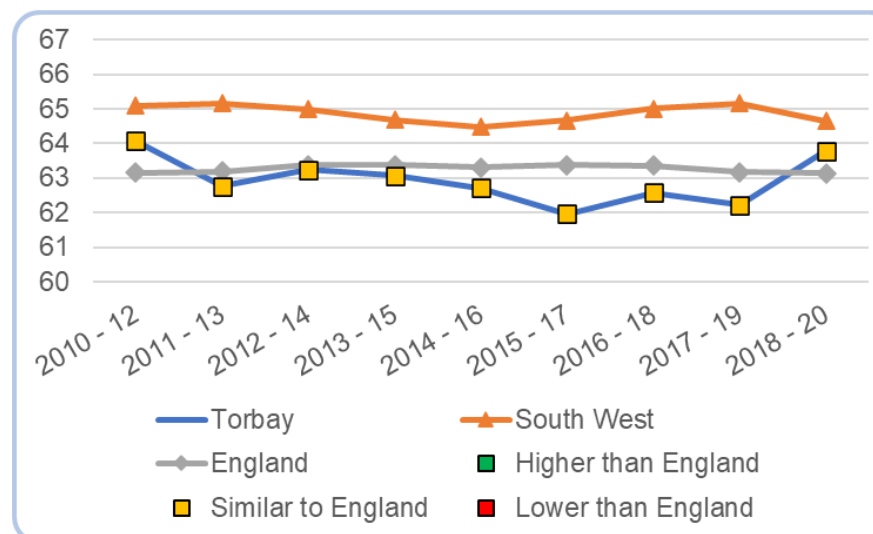


Fig 205: Healthy life expectancy at birth - Males

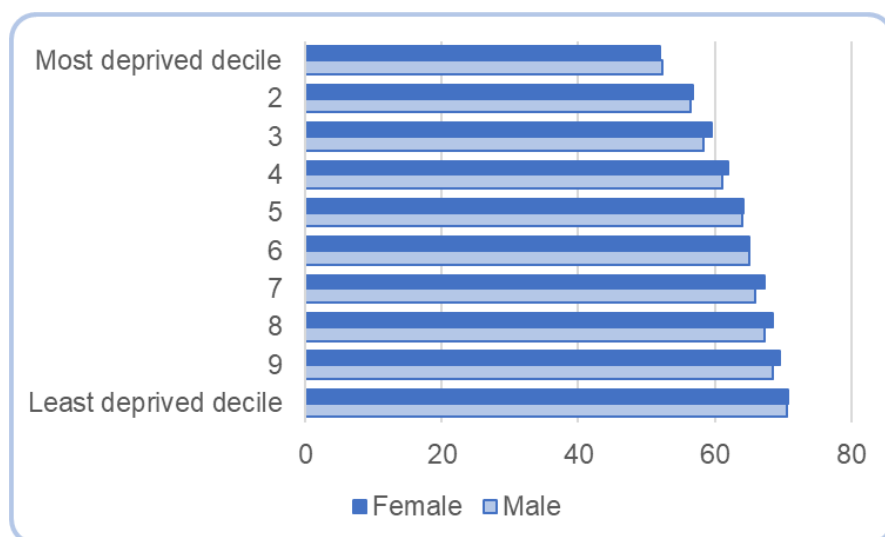
Source: Fingertips



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).

Fig 206: Healthy life expectancy at birth by deprivation decile – England (2018 – 20)

Source: Fingertips

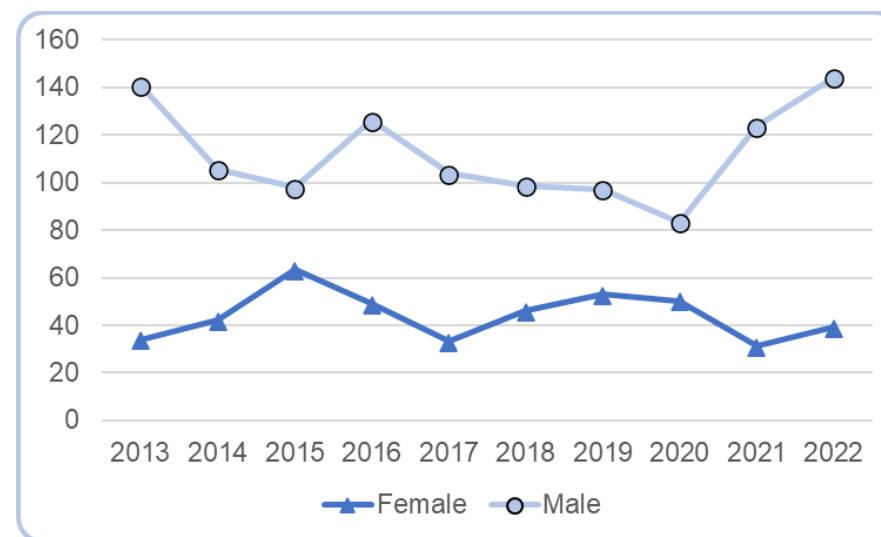


Mortality rates from circulatory diseases includes cardiovascular diseases such as coronary heart disease and strokes. Risks are heightened by high levels of cholesterol, lack of exercise, obesity and hypertension as well as smoking, a family history of cardiovascular disease and your ethnicity. Rates 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

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 207: Under 75 mortality rate from all circulatory diseases – Torbay

Source: Fingertips



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 \(www.gov.uk\)](https://www.gov.uk/government/publications/inequalities-in-oral-health-in-england). 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

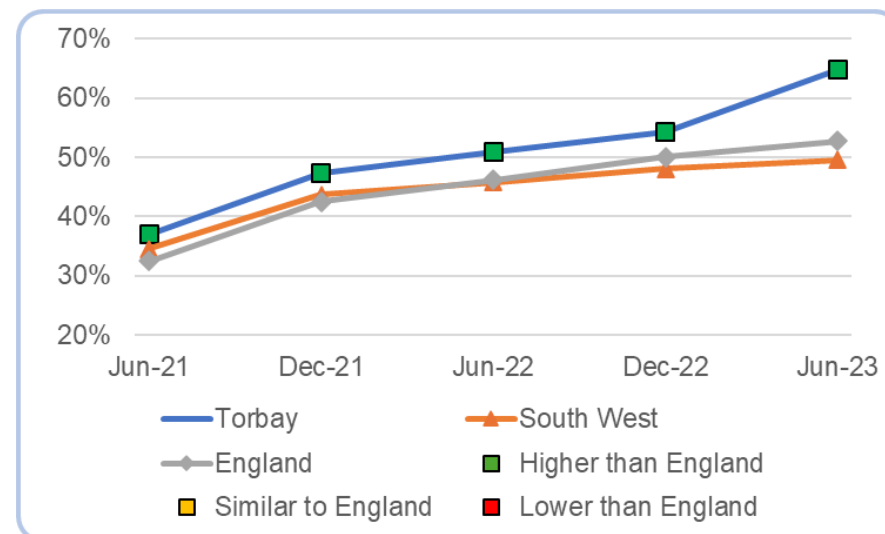
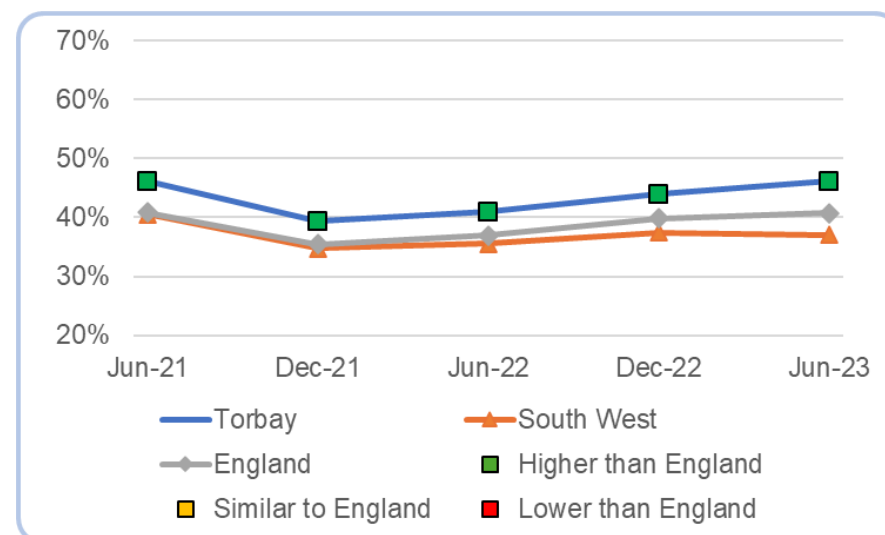


Fig 209: Percentage of adults, aged 18+, seen by an NHS dentist in the previous 2 years

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.

Fig 210: Percentage of 5 year olds with visually obvious dental decay
Source: Public Health Profiles, OHID, from National Epidemiology Programme surveys

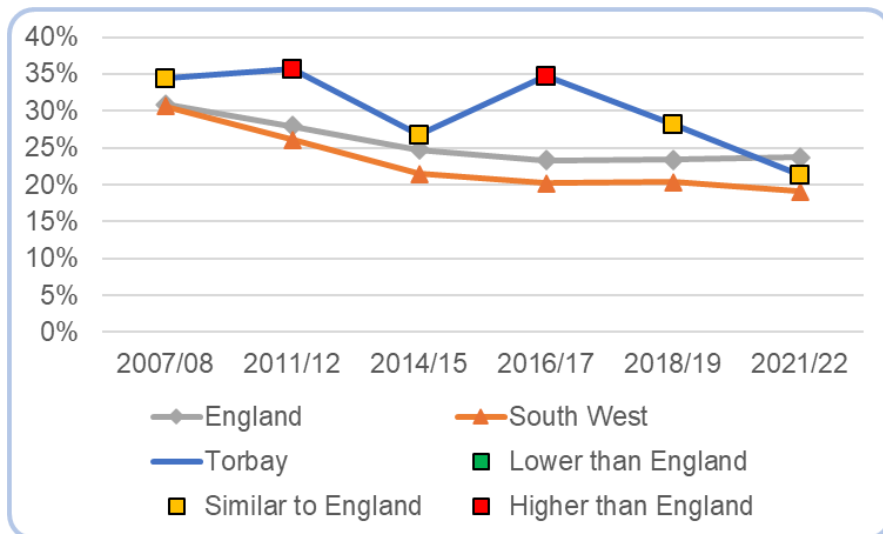


Fig 211: Average decayed, missing or filled teeth in 5 year olds
Source: Public Health Profiles, OHID, from National Epidemiology Programme surveys

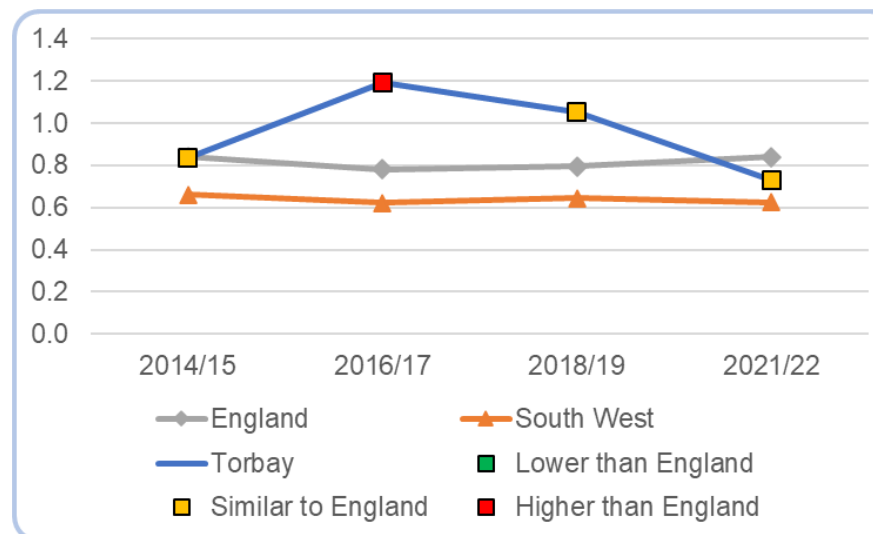
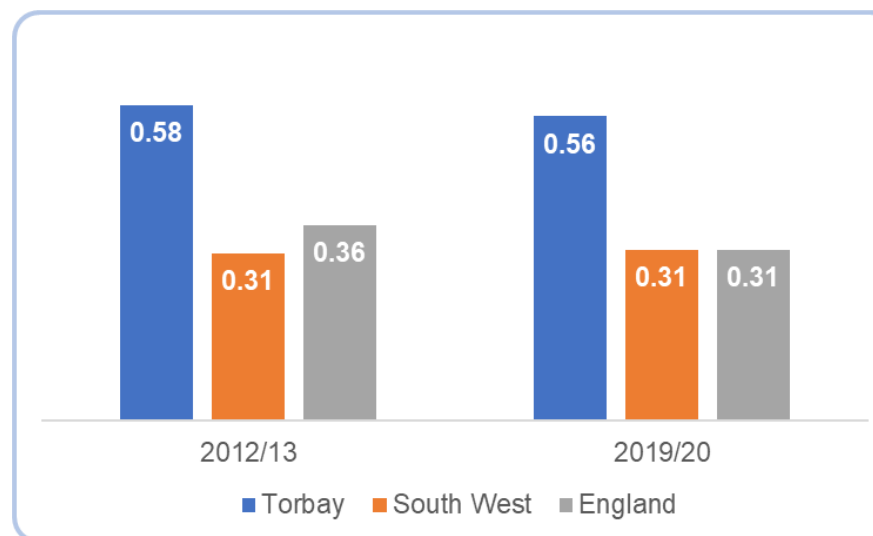


Fig 212: Average decayed, missing or filled teeth in 3 year olds
Source: Public Health Profiles, OHID, from National Epidemiology Programme surveys



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

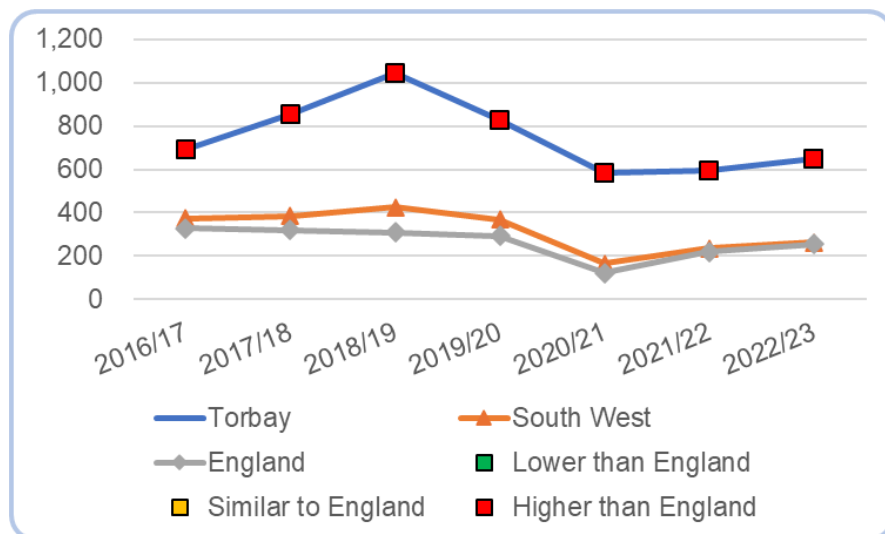
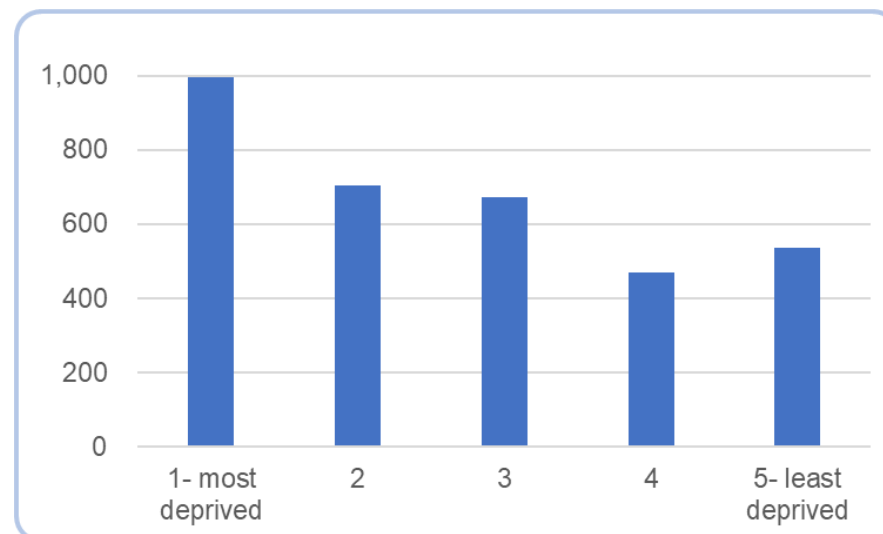


Fig 214: Torbay rates of hospital tooth extractions due to dental caries, aged 0-17, per 100,000, 2016/17–22/23, by deprivation

Source: Hospital Episode Statistics, ONS mid-year population estimates, English Indices of Deprivation 2019

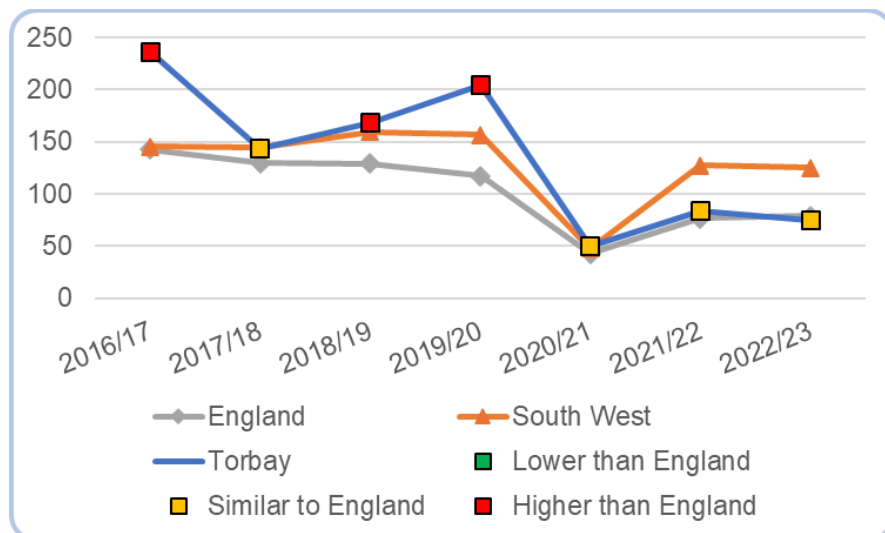


Rates of hospital tooth extractions due to caries for adults have remained similar to England levels for the last three years (2020/21 - 2022/23). Rates are showing a general downward trend over the years (Fig 215).

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.

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



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

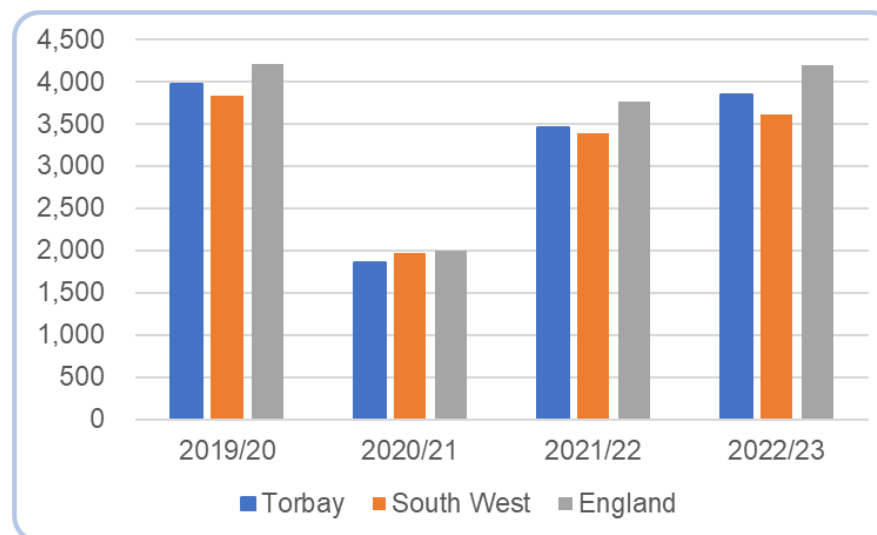


Fig 216: Torbay rates of hospital tooth extractions due to dental caries, aged 18+, per 100,000, 2016/17–22/23, by deprivation

Source: Hospital Episode Statistics, ONS mid-year pop estimates, English Indices of Deprivation 2019

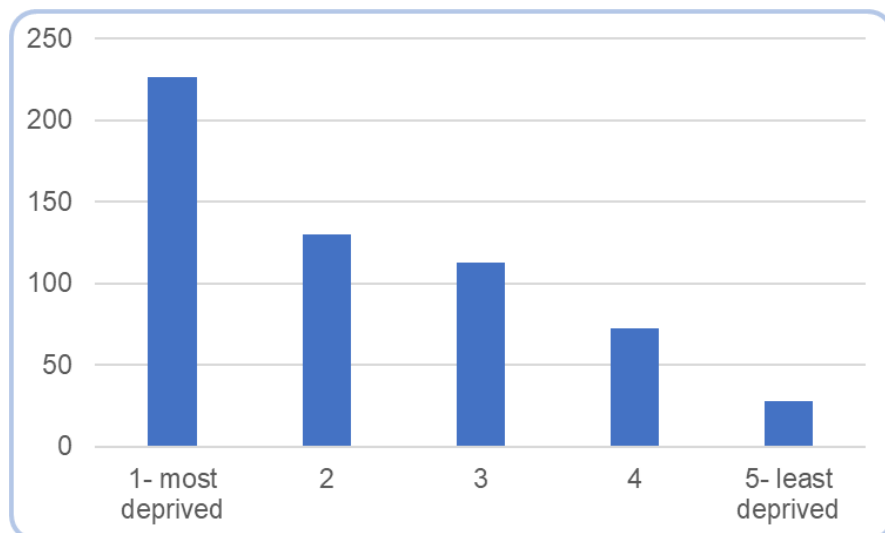
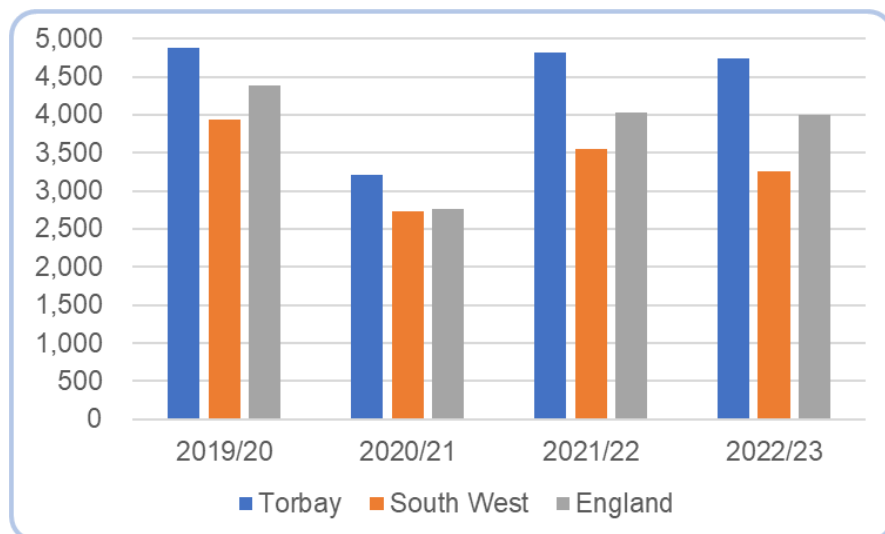


Fig 218: Rate of courses of treatment by NHS dentists that contain tooth extractions, aged 18+, per 100,000

Source: NHS Dental Statistics – NHS Digital, ONS mid-year population estimates



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 219: Rate of oral cancer registrations, all ages, per 100,000 (Age Standardised)

Source: Fingertips

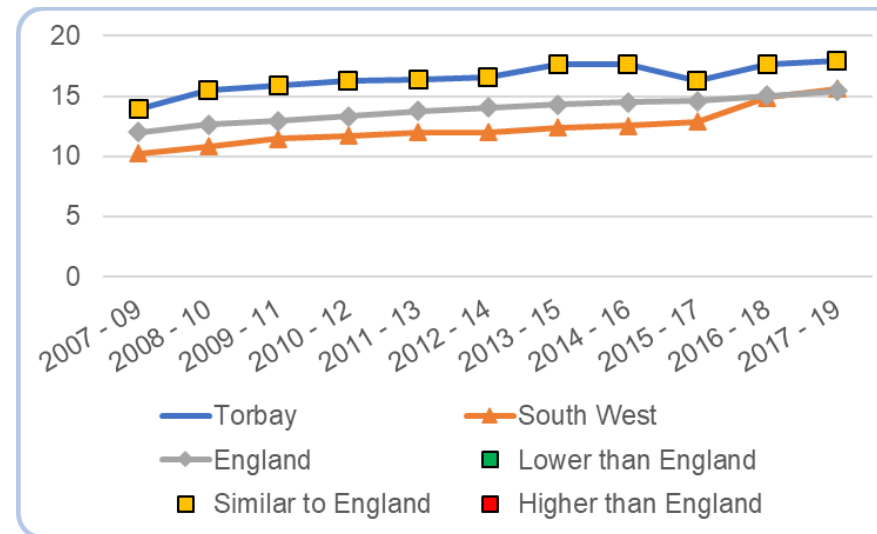
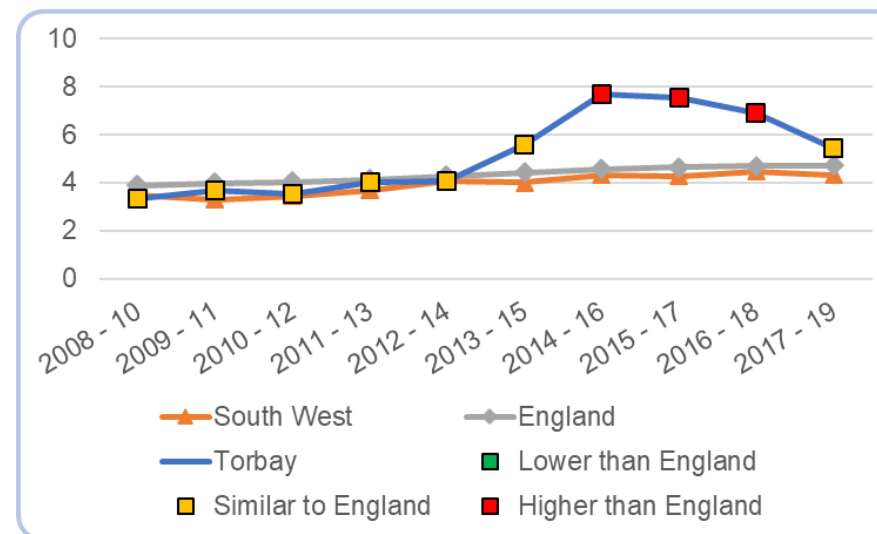


Fig 220: Mortality rate from oral cancer, all ages, per 100,000 (Age Standardised)

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.

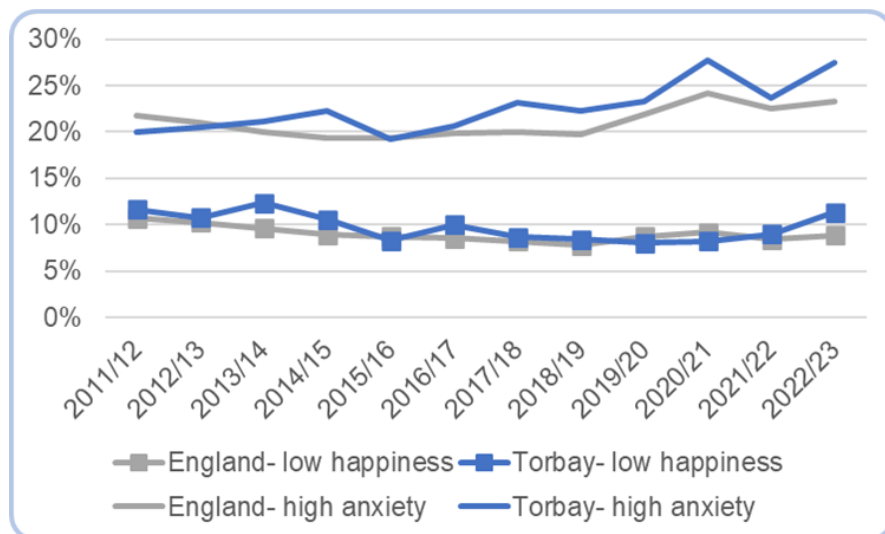
Source: Fingertips

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+

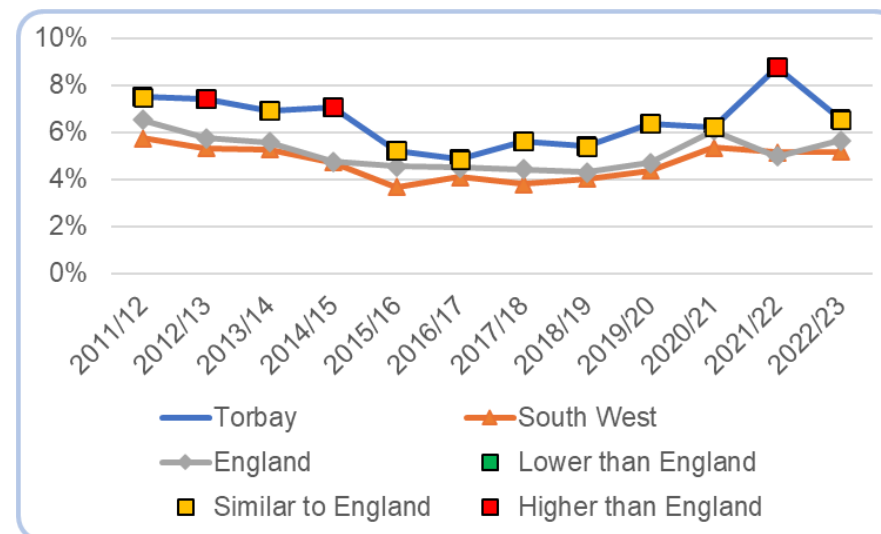
Source: Fingertips



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.

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

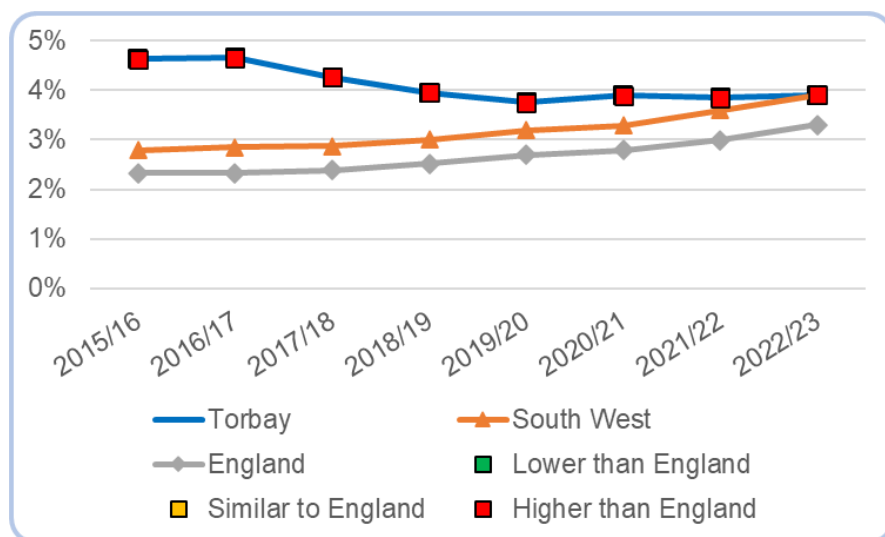
It is well known that a child's learning and development is affected by their mental health and wellbeing. Poor mental health in childhood can impact into adulthood and untreated mental health problems as a child can severely impact people throughout their lives.

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)

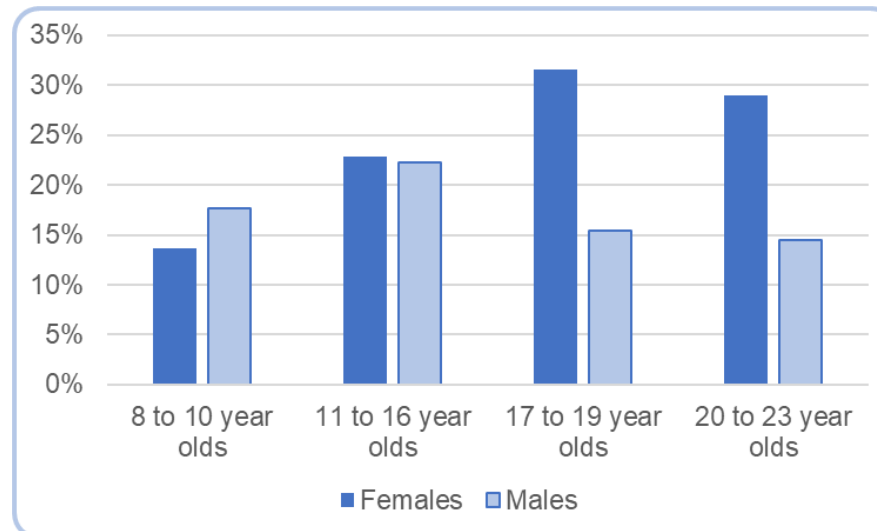
Source: Fingertips



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

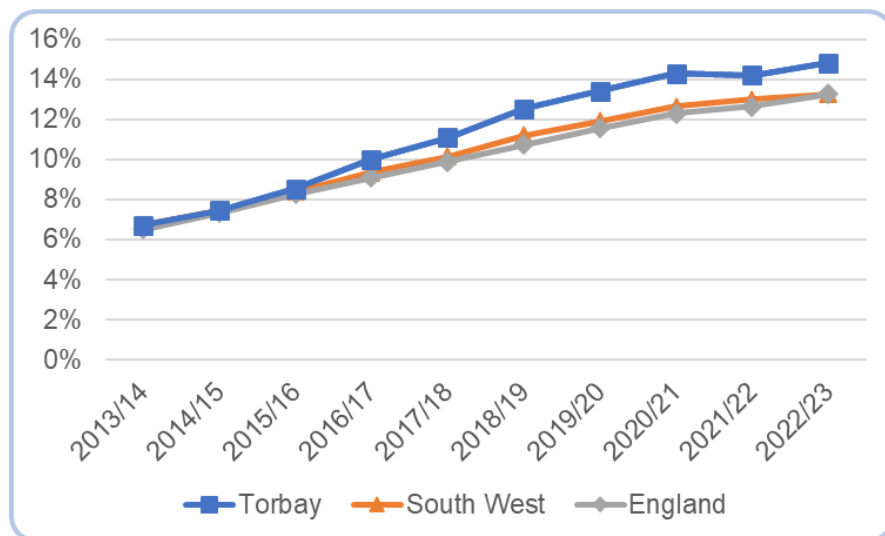


Mental health on GP registers

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+

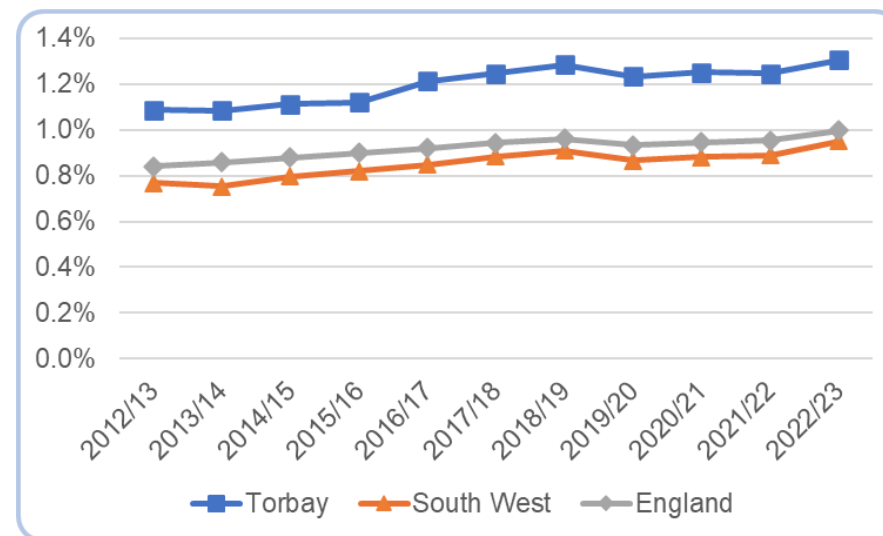
Source: Fingertips



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.

Fig 226: Percentage of patients with schizophrenia, bipolar affective disorder and other psychoses on GP registers

Source: Fingertips



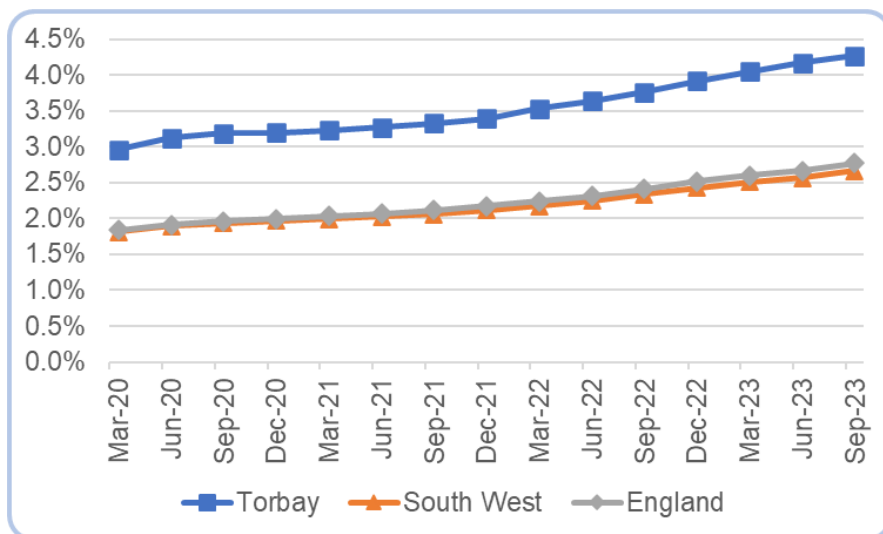
Personal Independence Payments

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

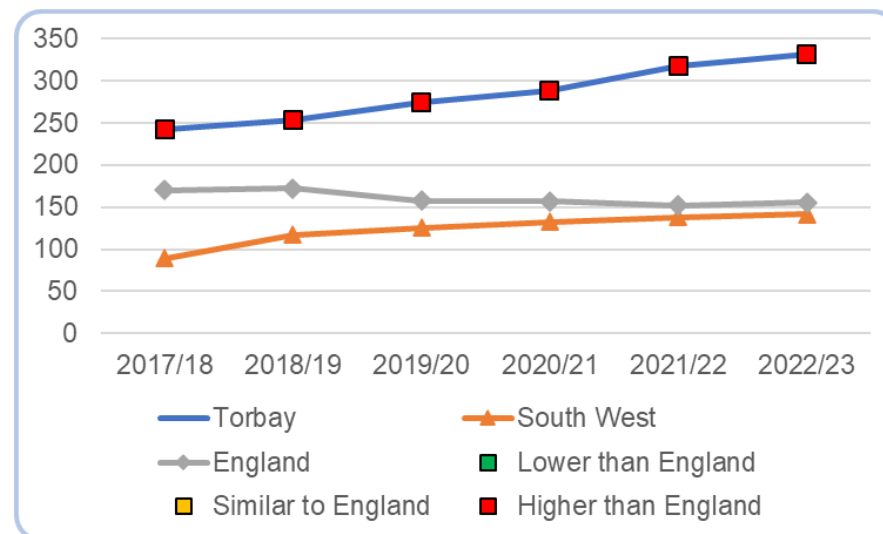


Adult Social Care

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.

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

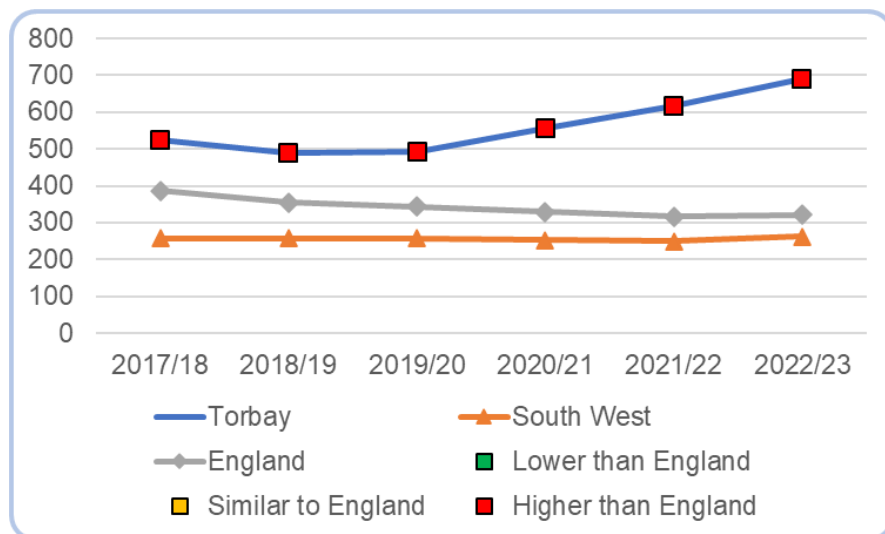
Source: Source: Adult Social Care Activity & Finance Report



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

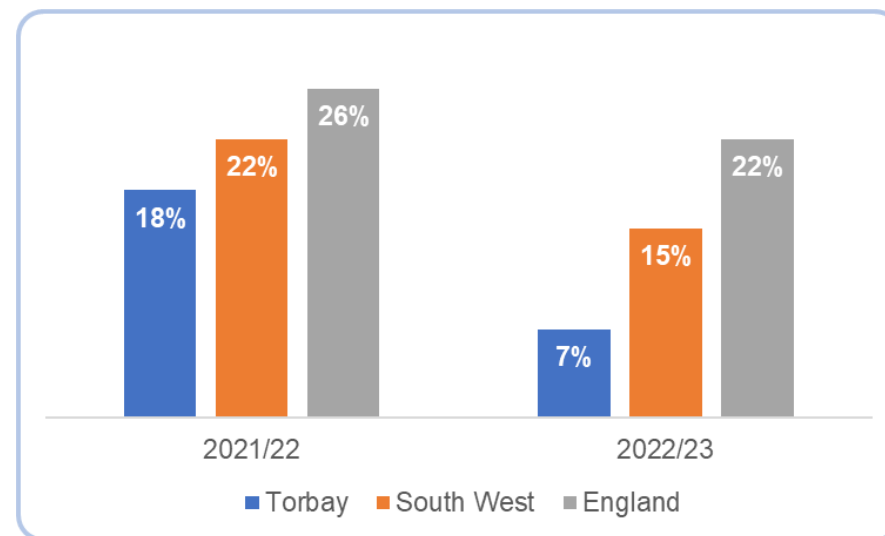


Housing

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.

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)

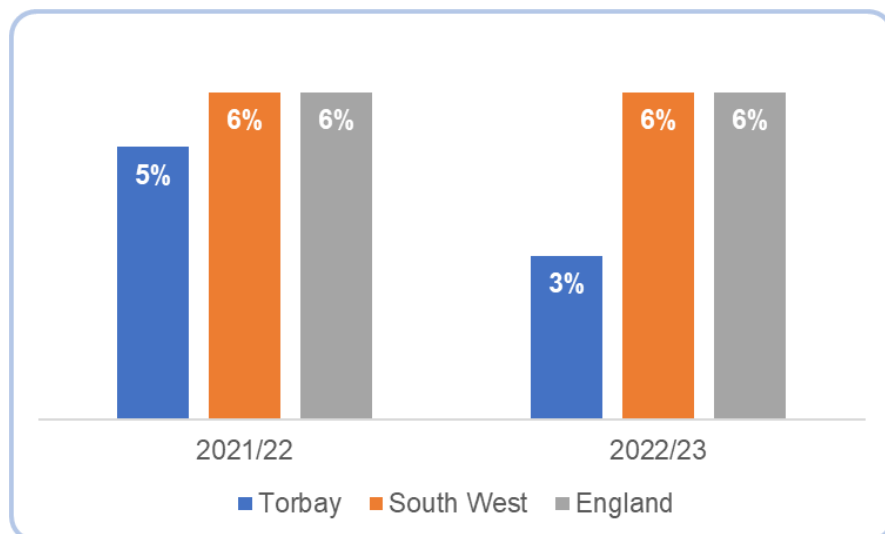


Employment

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)



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

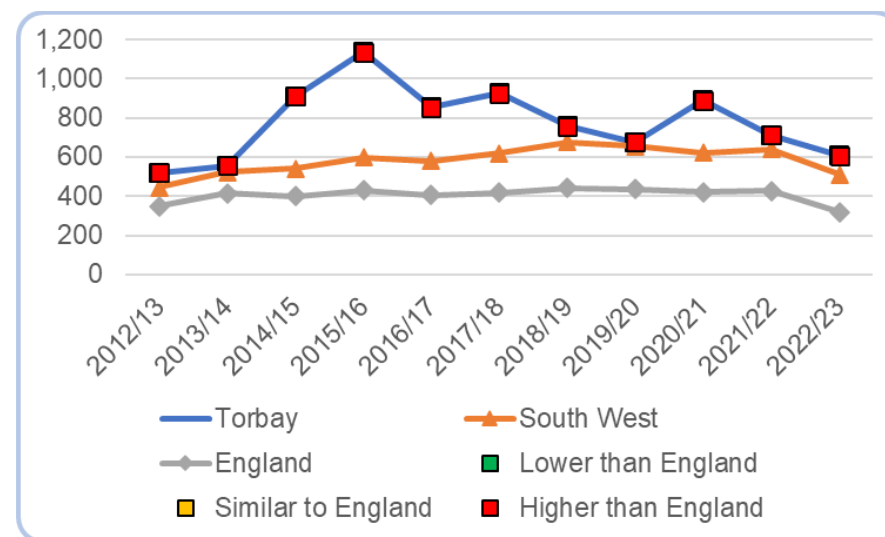
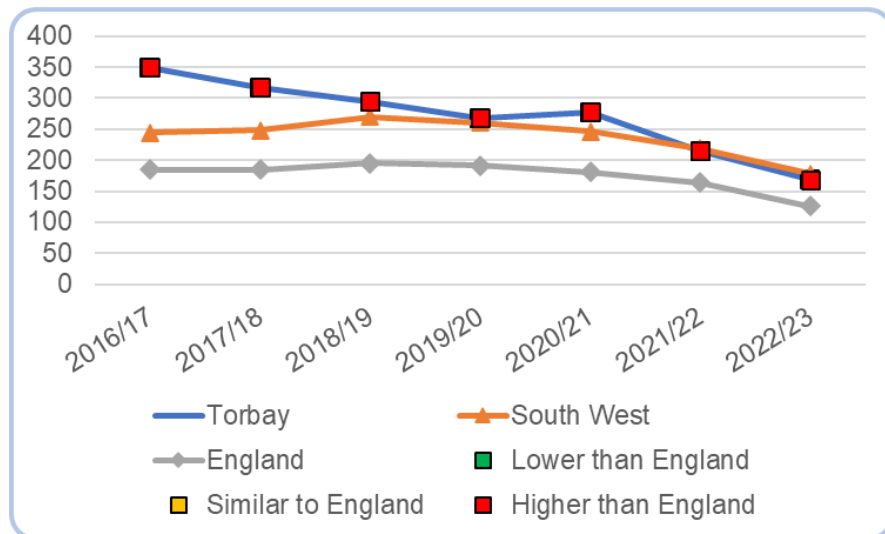


Fig 233 shows emergency hospital admissions for self-harm for all ages (approximately 99% of self-harm admissions are emergencies). Torbay is on a reducing trend over the 7 years but remains significantly higher than England throughout. Admissions are more prevalent in females, in the 7 years combined 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

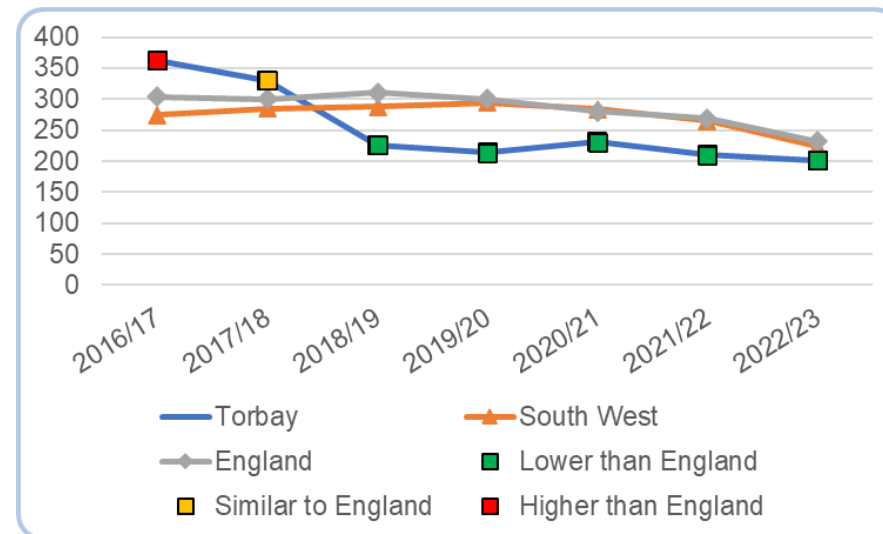


Mental health hospital admissions

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'.

Fig 234: Rate of hospital admissions for mental health conditions, all ages, per 100,000 (Age standardised)

Source: Hospital Episode Statistics



Premature mortality

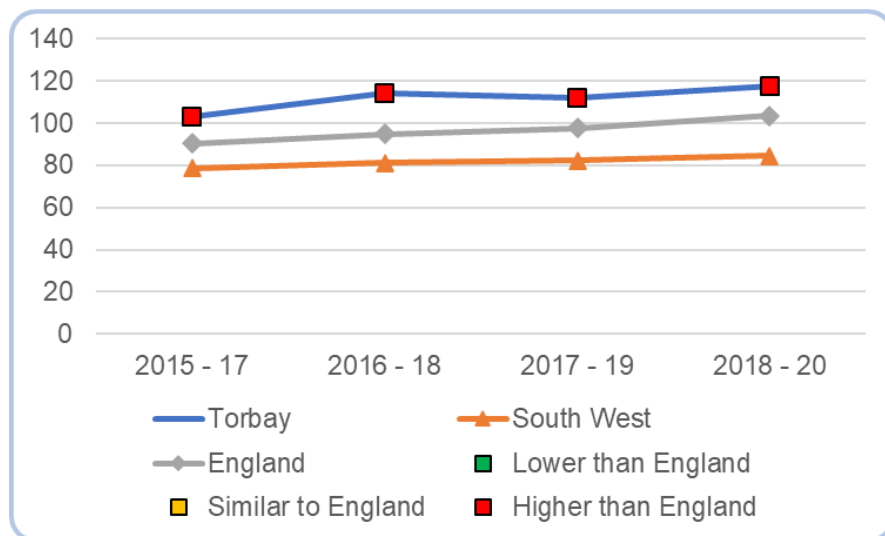
Torbay has significantly higher rates of premature mortality of people with severe mental illness than the South West and England for the 4 periods shown (Fig 235). Rates are much higher for men than they are for women in all 3 geographical areas.

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



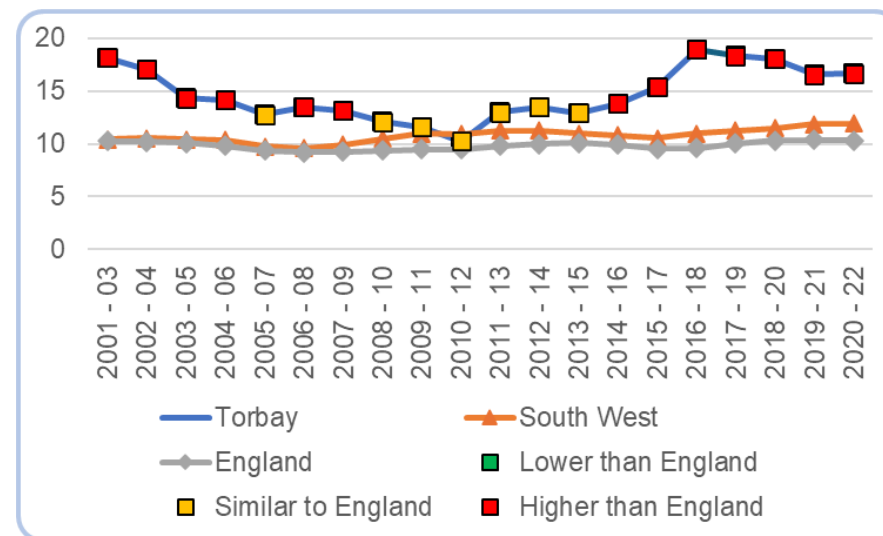
Suicide

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.

Fig 236: Suicide rate per 100,000 (Age standardised)

Source: Fingertips



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

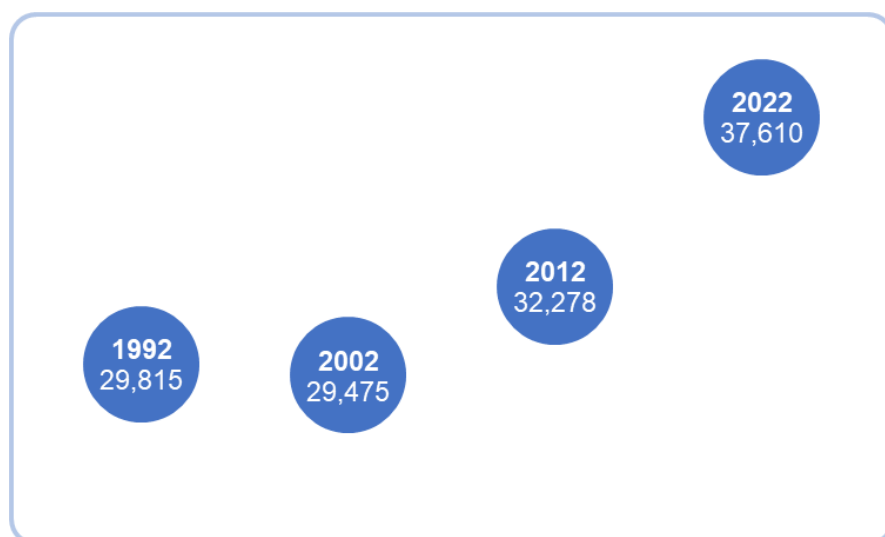
- 65 and over population has risen in Torbay by 17% (just over 5,300 people) between 2012 and 2022.
Source: ONS Mid-year population estimates
- 65 and over share of Torbay population projected to rise from 27% in 2021 to 34% by 2043.
Source: NOMIS
- Healthy life expectancy of 11 years for the 65 and 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



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

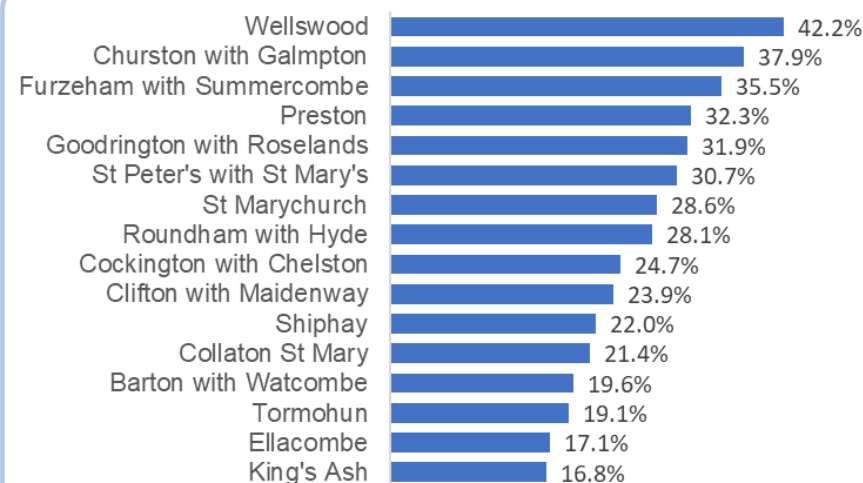
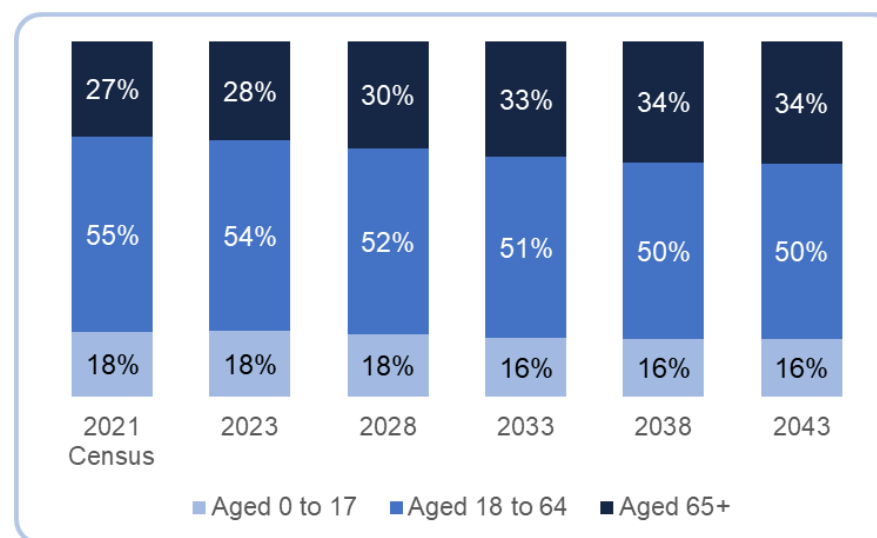


Fig 239: Population projections – Torbay

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

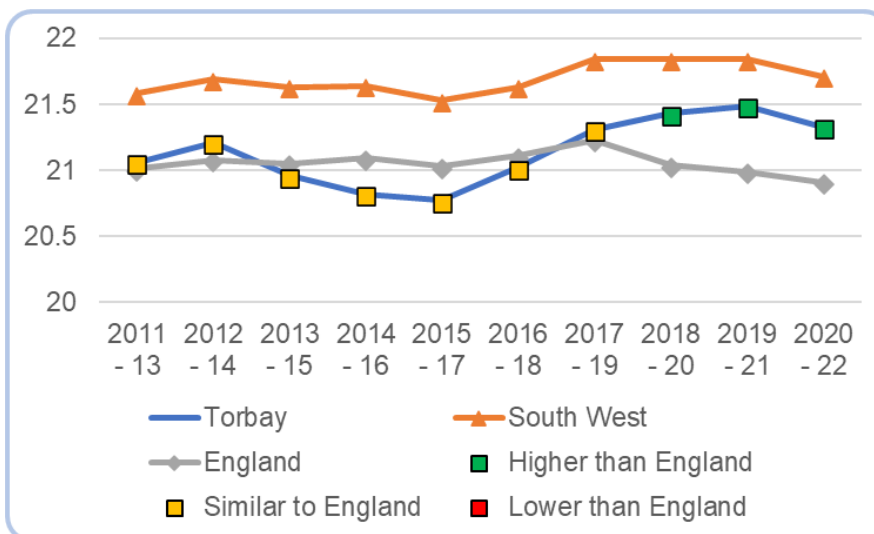


Fig 241: Life expectancy at age 65 – Male

Source: ONS Life expectancy for local areas

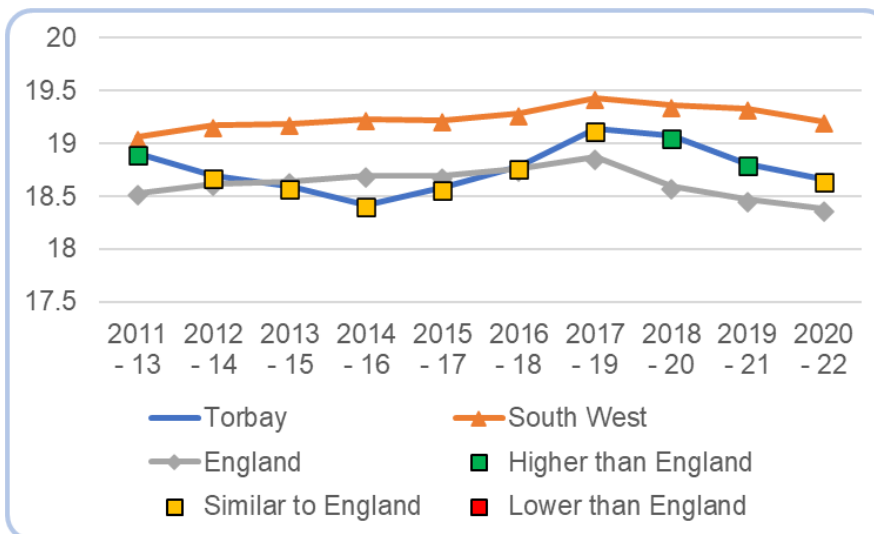
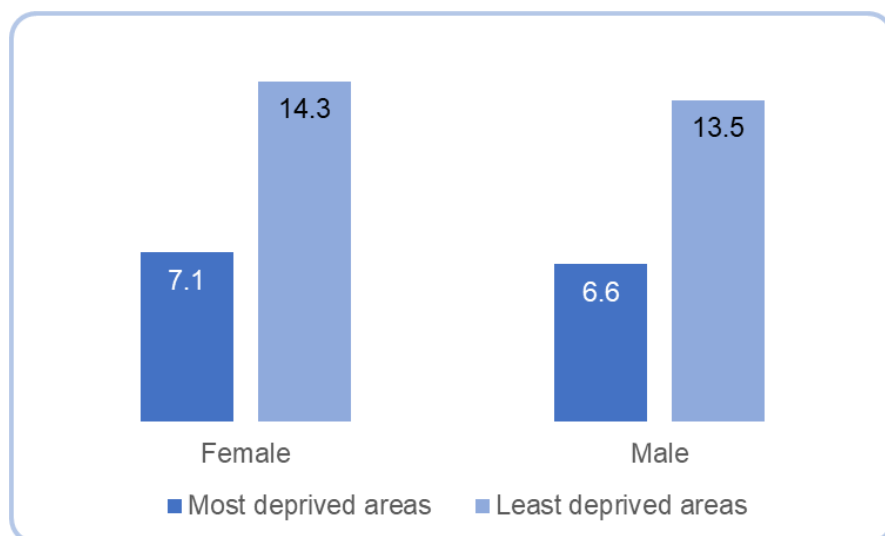


Fig 242: Healthy life expectancy at age 65 by most and least deprived areas (2018 – 2020) – England

Source: Fingertips



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).

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%

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

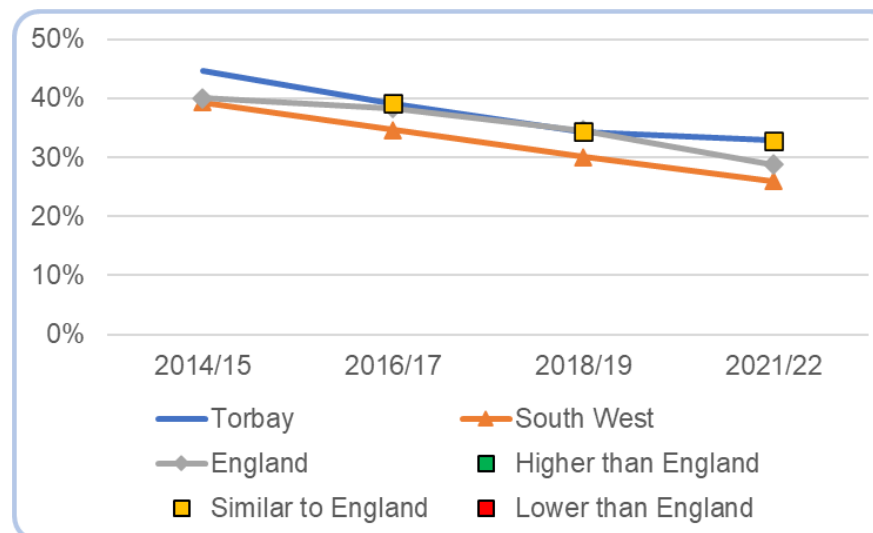


Fig 246: Percentage of adult social care users aged 65 and over who have as much social contact as they would like (No data for 2020/21)

Source: Adult Social Care Activity & Finance Report

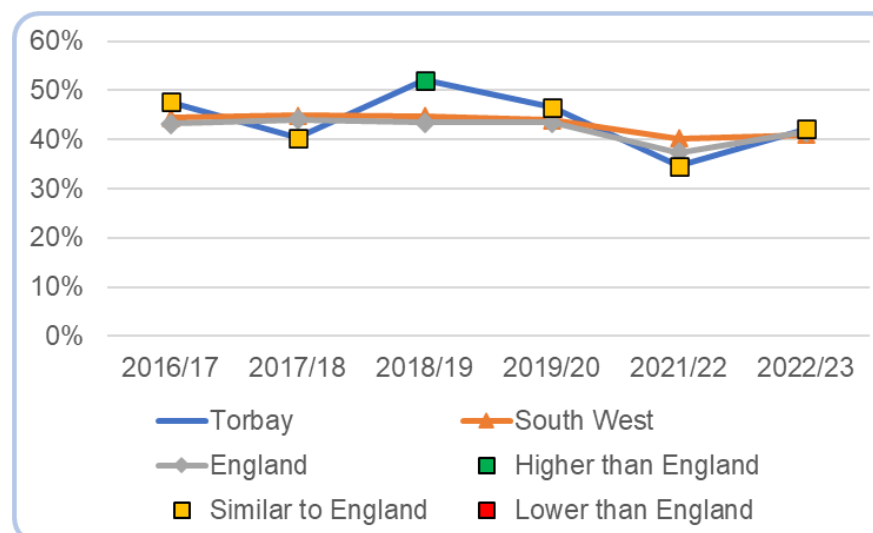
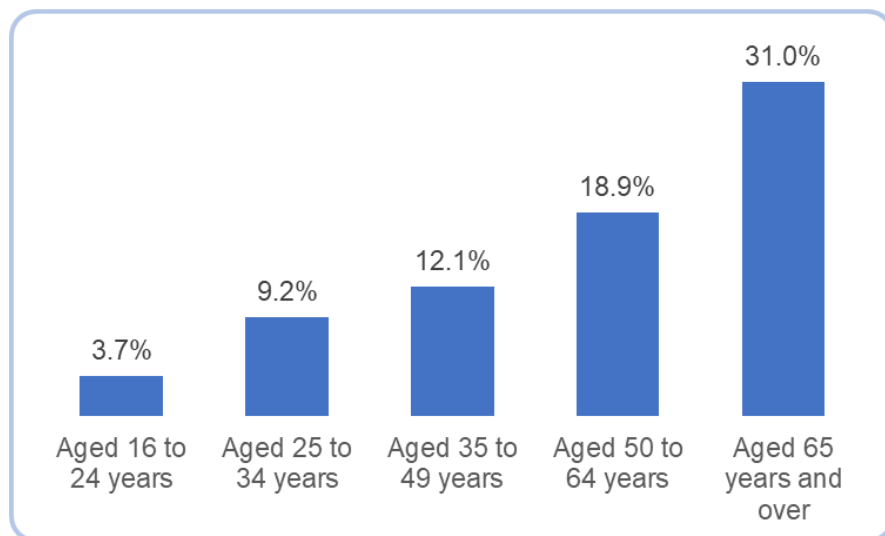


Fig 247: Percentage who live in a 1 person household (2021) – Torbay

Source: Census 2021

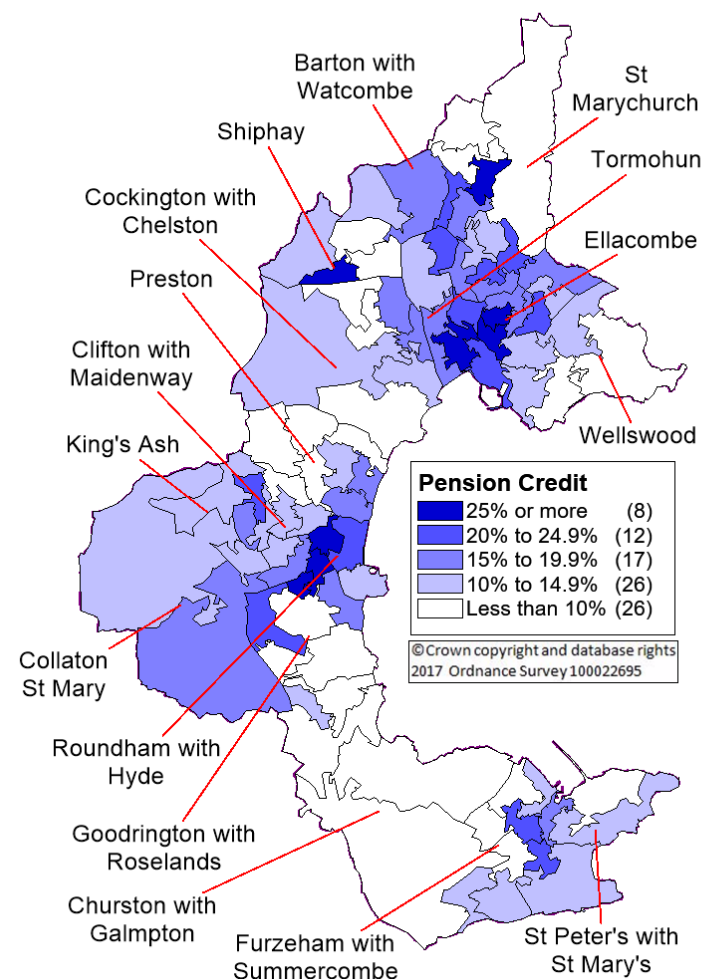


Pension Credit

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).

Fig 248: Percentage of those aged 65 and over in receipt of pension credit (August 2022 to May 2023)

Source: Stat-Xplore



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 15.7% 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%).

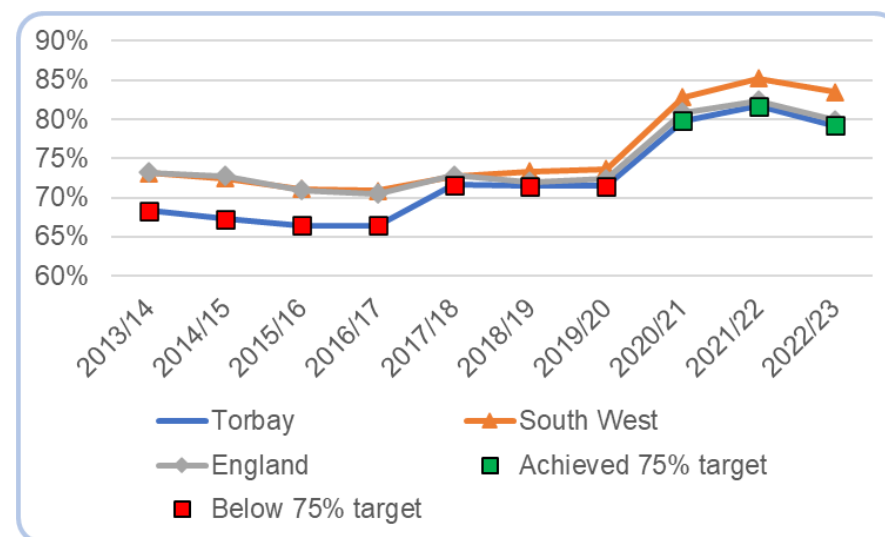
Flu vaccination rates amongst those aged 65 and over have consistently been lower than the South West and England although the gap has closed considerably in recent years, the latest period had a gap of less than 1% between Torbay and England (Fig 249).

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

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

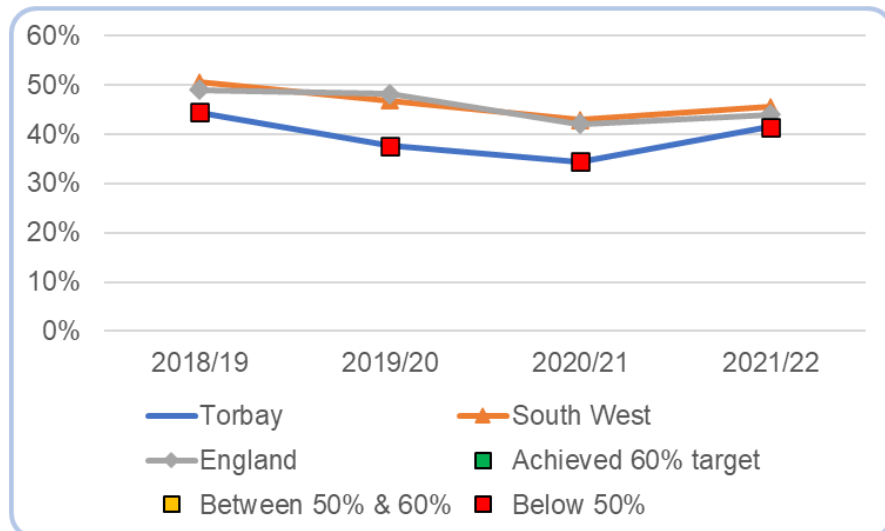
Source: Fingertips



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

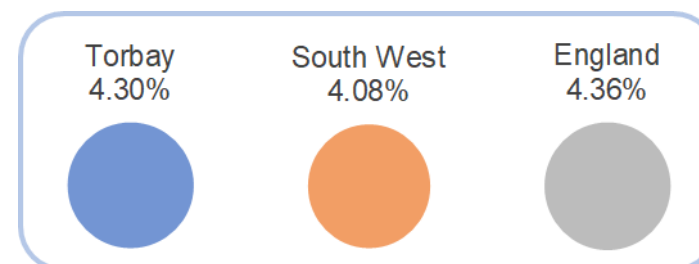


Dementia rates for those aged 65 and over are recorded by GP practices, prevalence rates within Torbay are largely in line with national rates at approximately 4.3% (Fig 251). It should be noted that these are cases where dementia has been diagnosed, the figure of 4.3% will be an underestimate. It is 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 251: Recorded prevalence of Dementia for those aged 65 and over (December 2023)

Source: NHS Digital Recorded Dementia Diagnoses



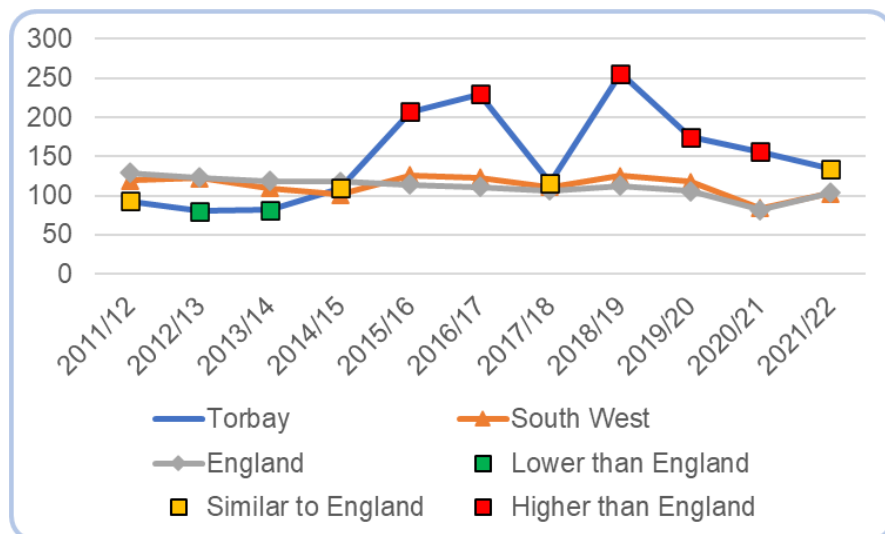
Age-related macular degeneration normally first affects people when they are aged in their 50s and 60s. It affects the middle part of vision and can impact everyday activities. Dry AMD is common and worsens gradually- usually over several years. Wet AMD is less common and can worsen quickly, sometimes 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.

Fig 252: Age-related macular degeneration (AMD) – rates of new Certificates of Vision Impairment (CVIs), aged 65+, per 100,000

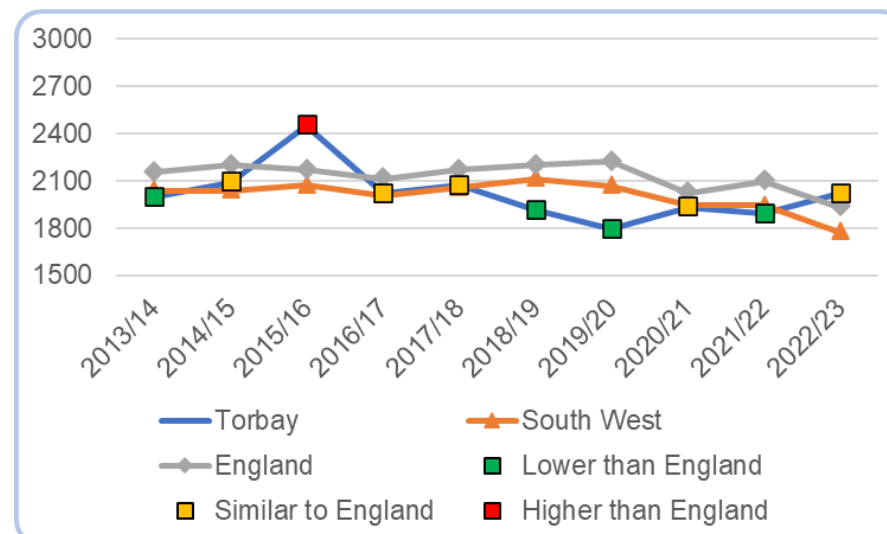
Source: Fingertips



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).

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

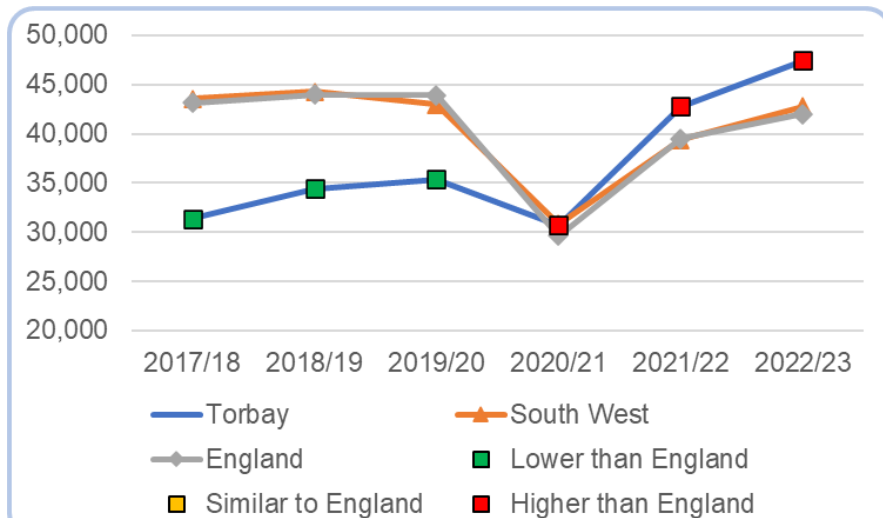


For planned admissions amongst those aged 65 and over, Torbay had consistently been significantly lower than the England average until the last 3 years (Fig 254). Planned admission numbers have accelerated quicker than the South West and England after the badly affected COVID-19 year of 2020/21.

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

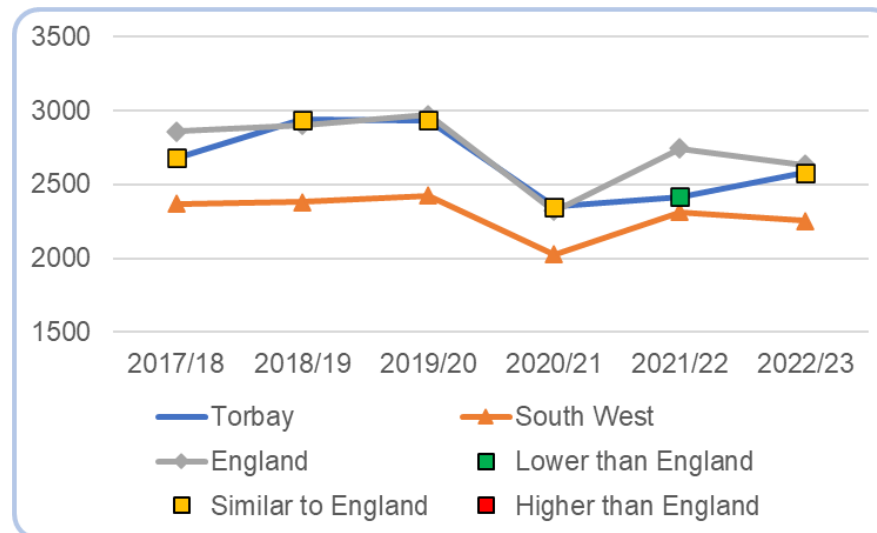


Ambulatory care sensitive (ACS) conditions are conditions where hospital admissions may be prevented by interventions in primary care. Common types of ACS conditions are Influenza, Diabetes complications, COPD and Asthma.

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.

Fig 256: Emergency hospital admissions for ACS conditions for those aged 65 and over, per 100,000 (Age Standardised)

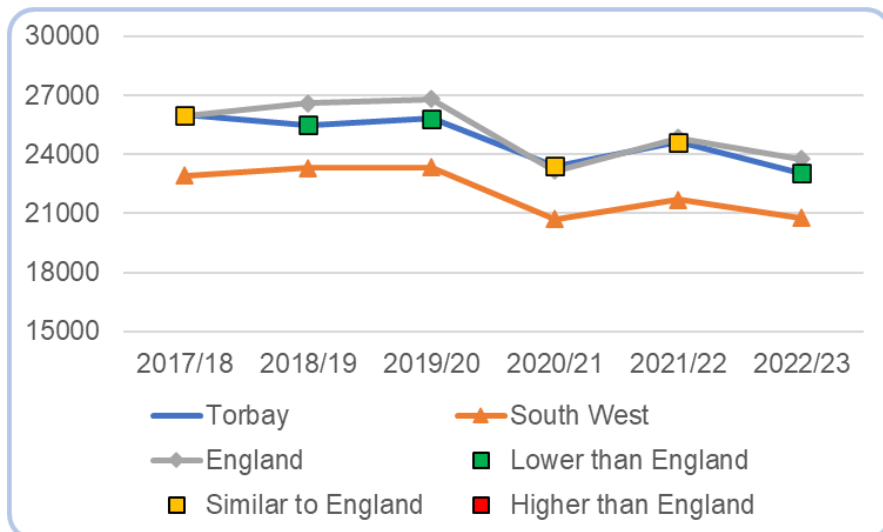
Source: Hospital Episode Statistics



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

Fig 255: Unplanned admissions to hospital for those aged 65 and over, per 100,000 (Age Standardised)

Source: Hospital Episode Statistics



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

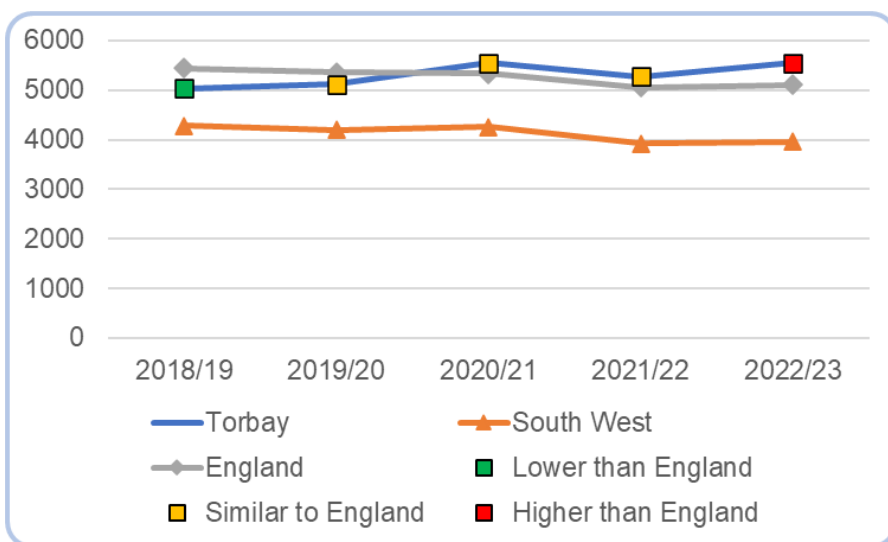
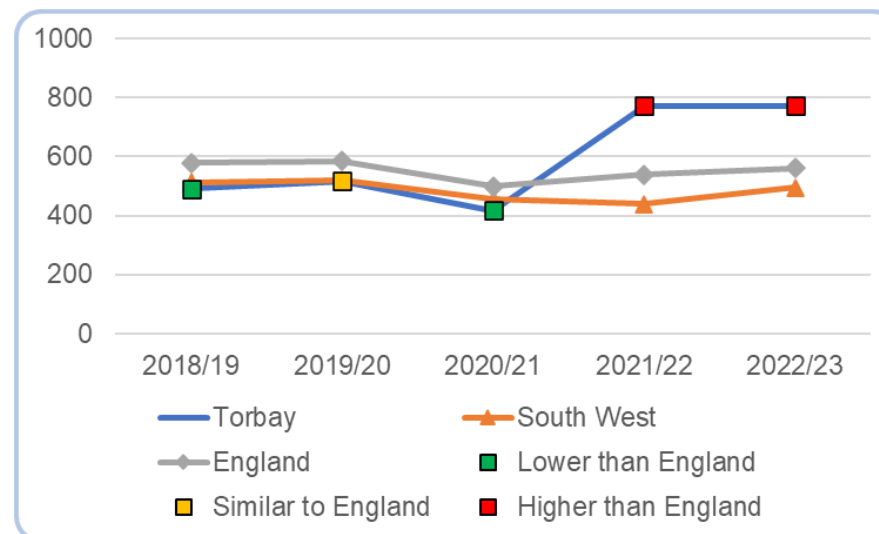


Fig 258: Rate of long-term support met by permanent admission to residential & nursing care homes aged 65+, per 100,000

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

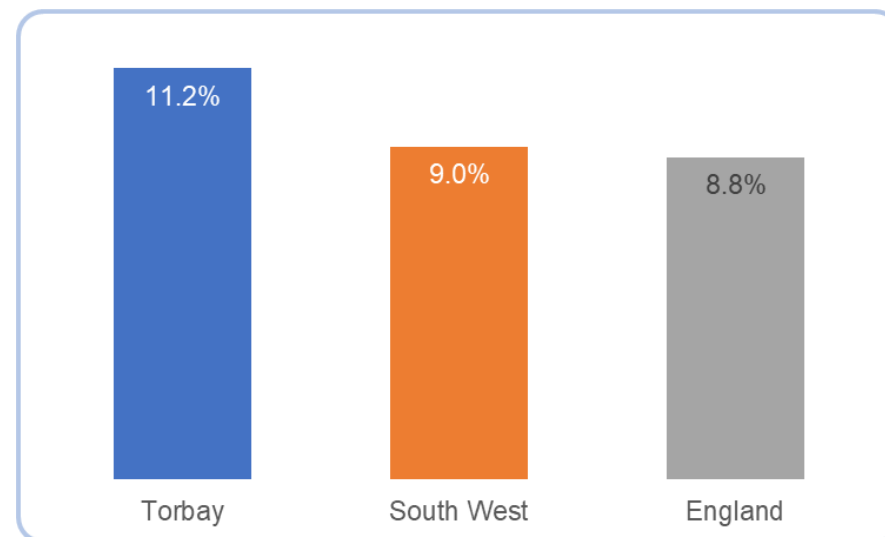


Fig 260: Unpaid carers by age group - Torbay

Source: Census 2021

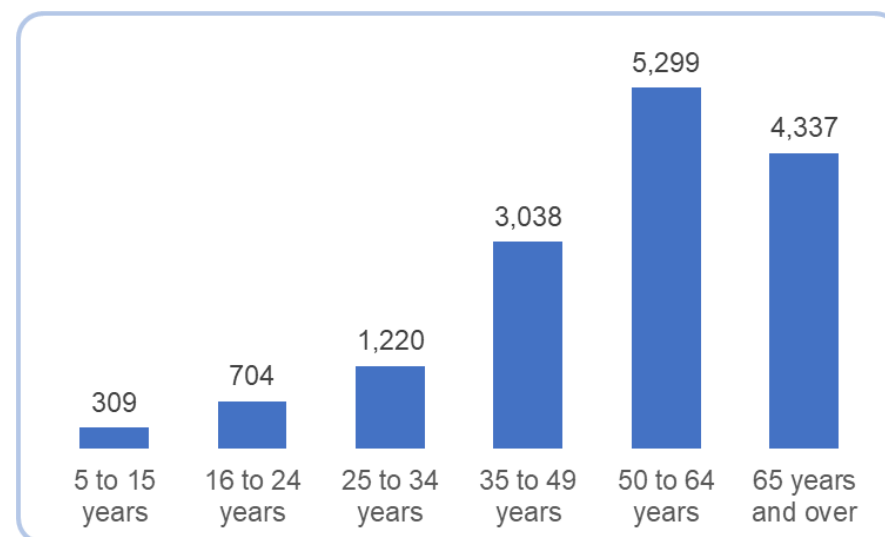
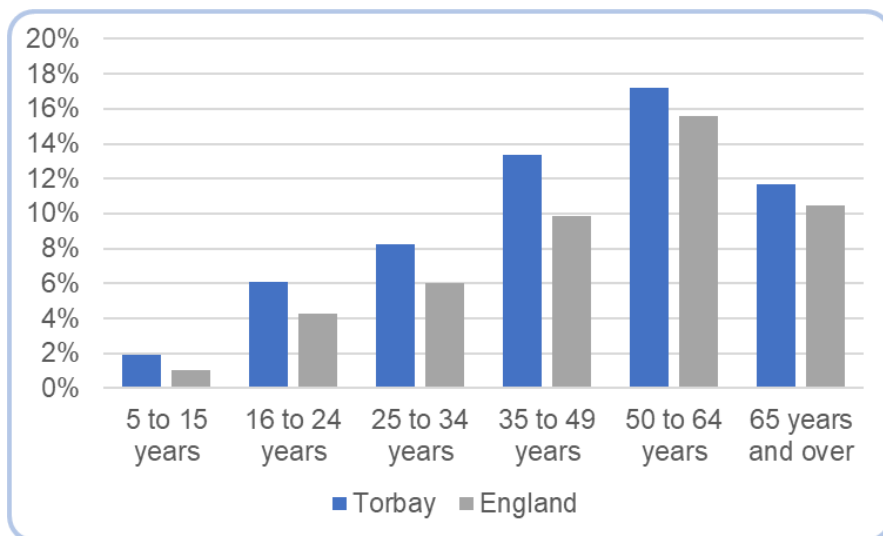


Fig 261: Percentage of unpaid carers by age group

Source: Census 2021



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 262: Percentage of economically active for those providing or not providing unpaid care - Torbay

Source: Census 2021

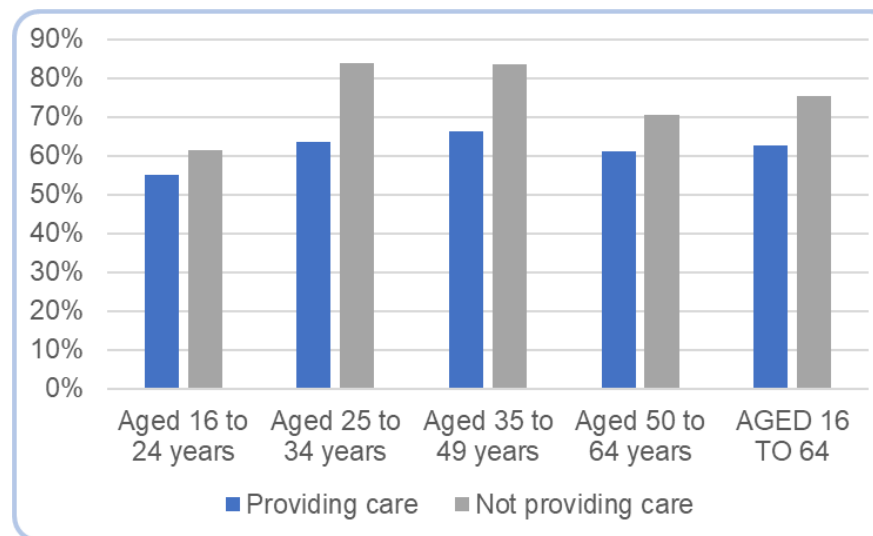


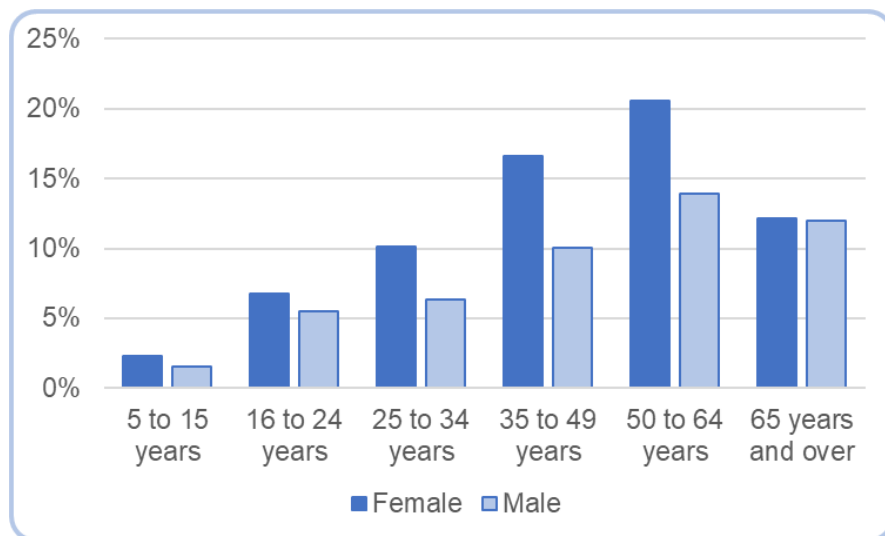
Fig 263: Percentage of unpaid carers, by sex - Torbay

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%

Fig 264: Percentage of unpaid carers, by age group, by sex - Torbay

Source: Census 2021



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 265: Percentage of unpaid carers, by output area

Source: Census 2021

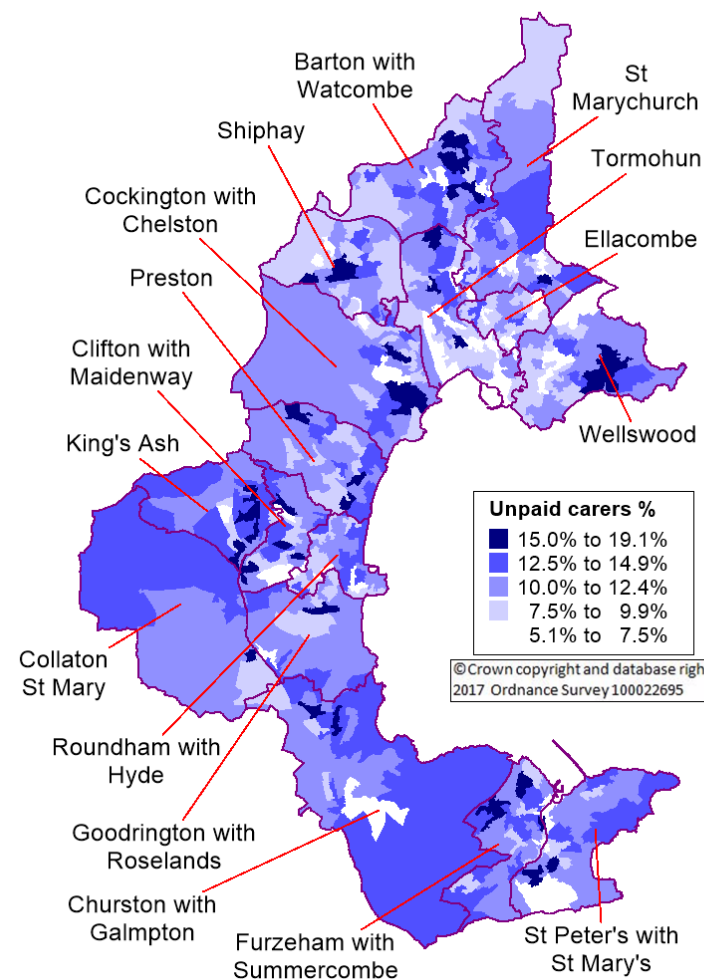
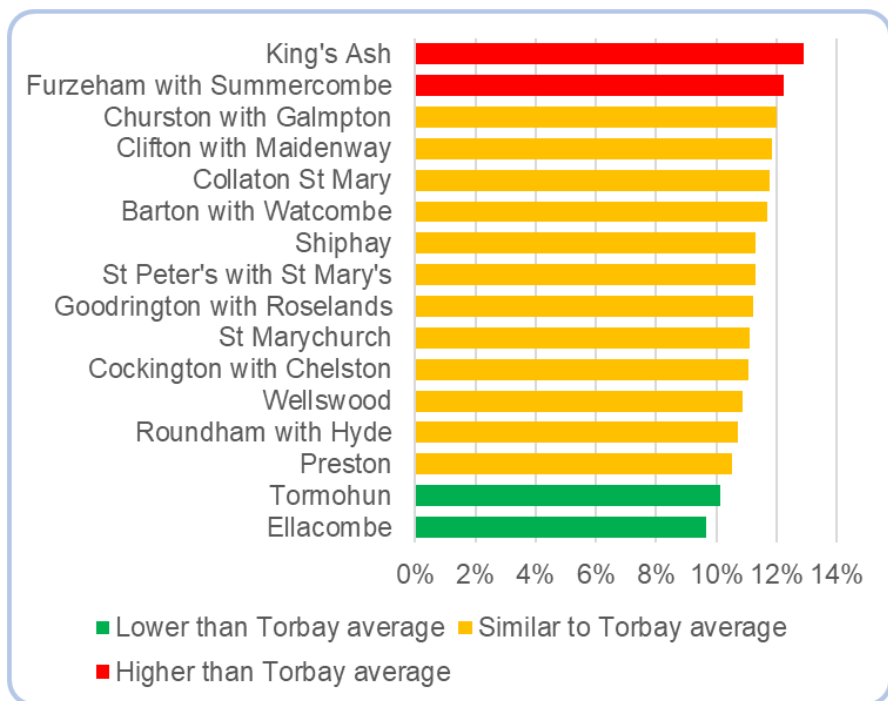


Fig 266: Percentage of unpaid carers, by ward

Source: Census 2021



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

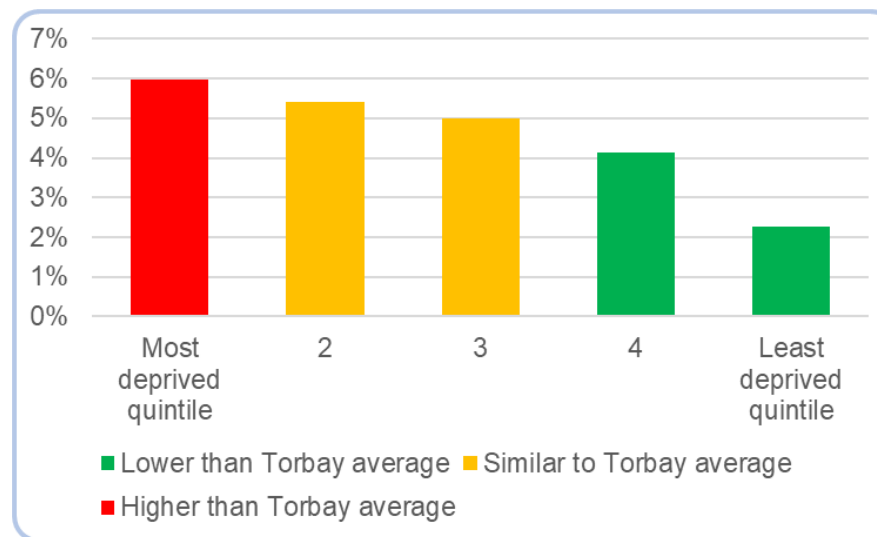
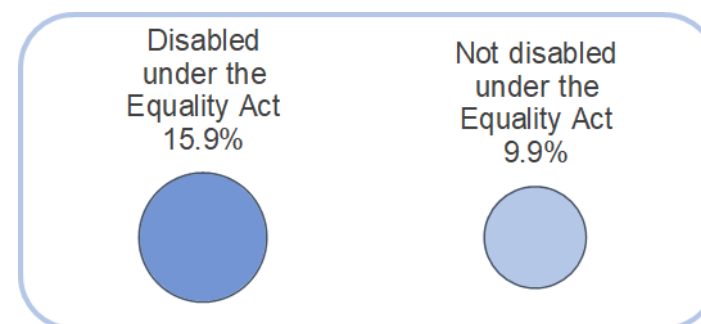


Fig 268: Percentage of unpaid carers, by disability status - Torbay

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

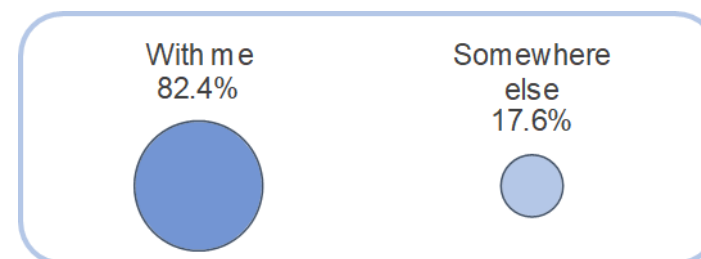
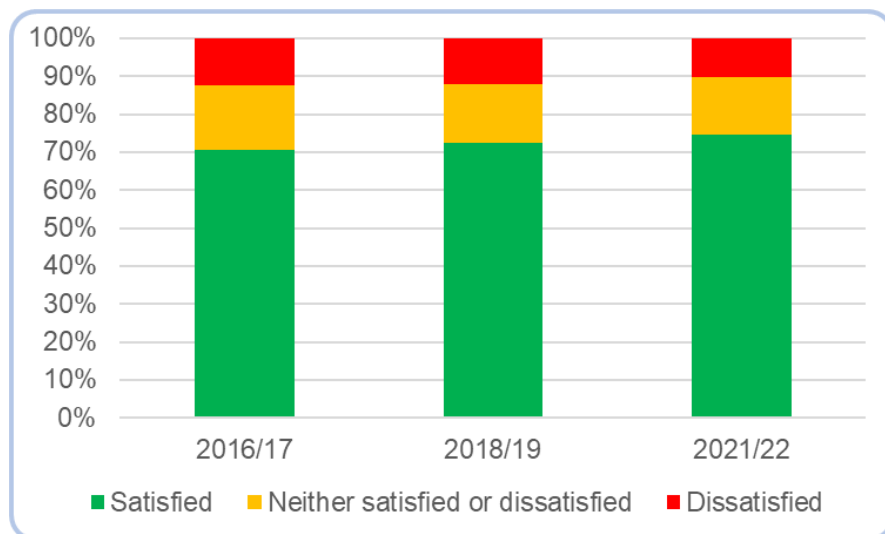


Fig 271: Levels of satisfaction with support and services carer and person cared for received from social services in last 12 months - Torbay

Source: Personal Social Services Survey of Adult Carers, 2021/22



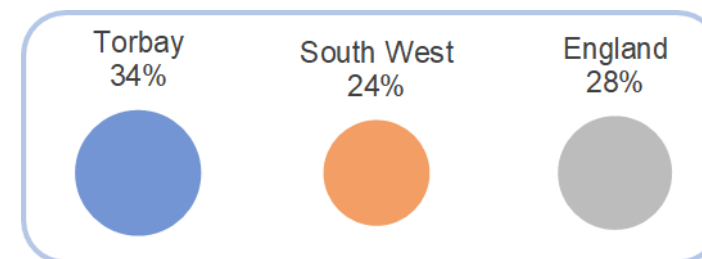
For the period 2021/22, approximately 1 in 6 Torbay adult social carers (17.0%) state that they are able to spend their time doing things that they value or enjoy, a similar number (17.8%) state they don't do anything that they value or enjoy with their time. Most carers (65.2%) state that they do some 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.

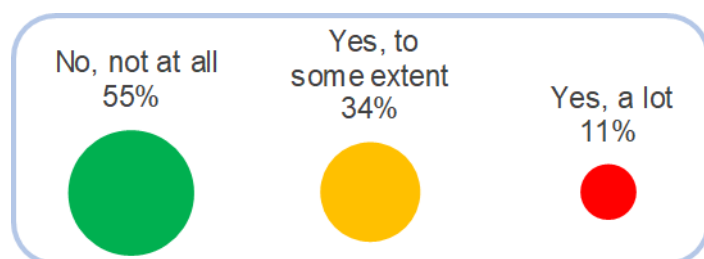
Fig 273: Percentage of adult social carers whose health had been affected by caring role in the ways listed - Torbay (2021/22)

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)

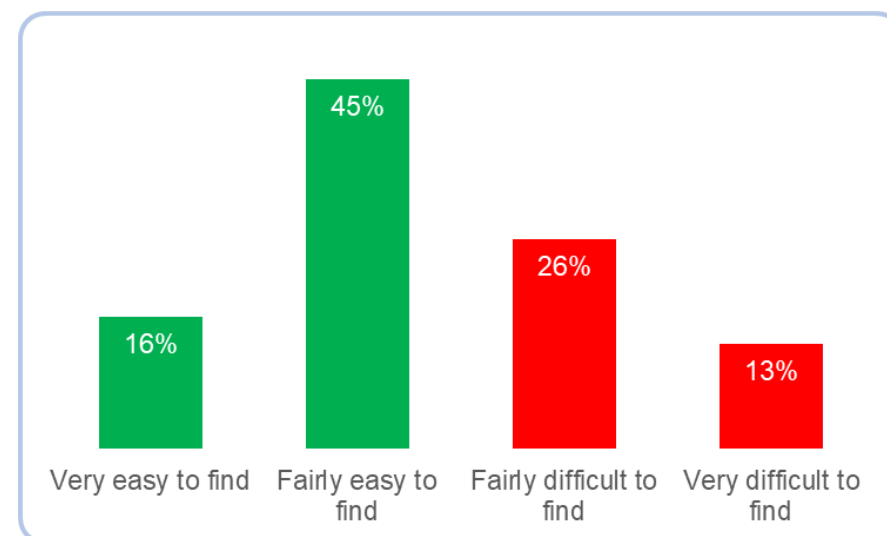
Source: Personal Social Services Survey of Adult Carers, 2021/22



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

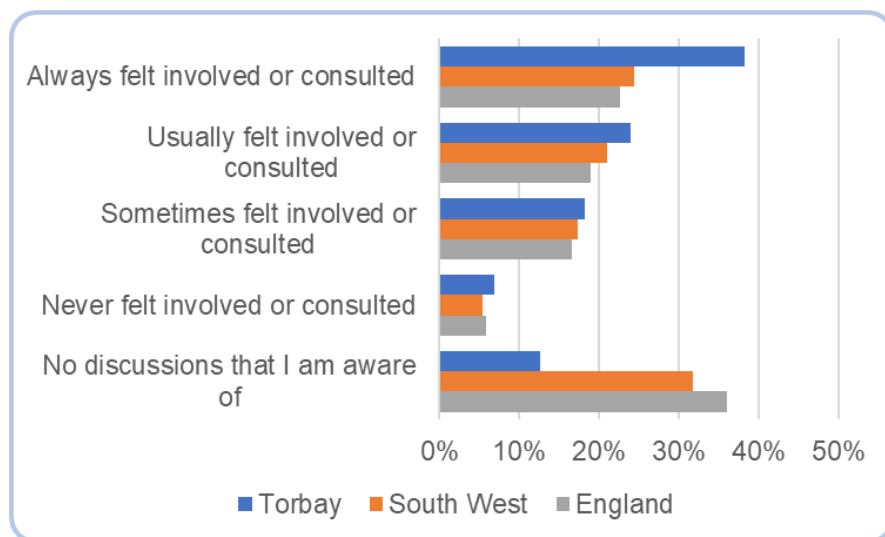


Adult social carers were asked if they have been involved or consulted as much as they would want to be, in discussions about the support or services provided to the person they care for. For Torbay during 2021/22, approximately 1 in 8 (12.7%) were not aware

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



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)

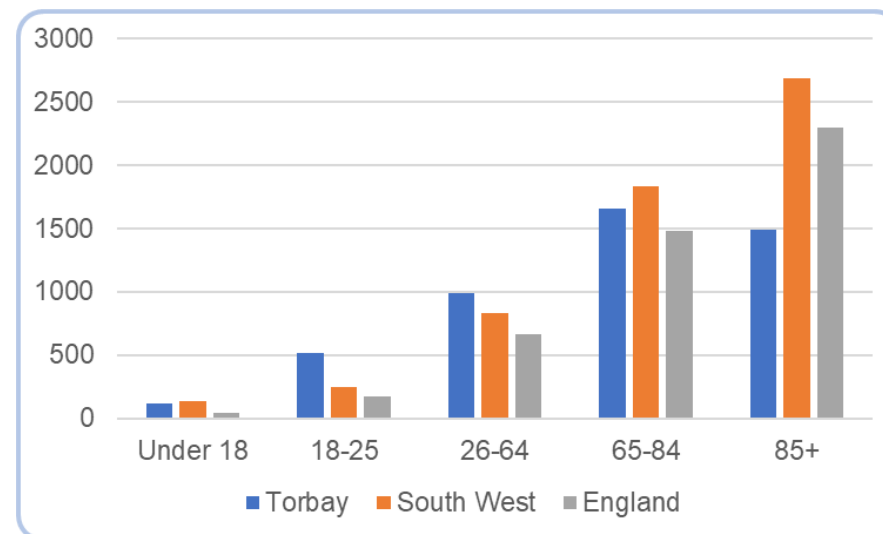
Support provided to carers

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).

Fig 278: Under 75 mortality rate from causes considered preventable, per 100,000 (Age Standardised)

Source: Fingertips

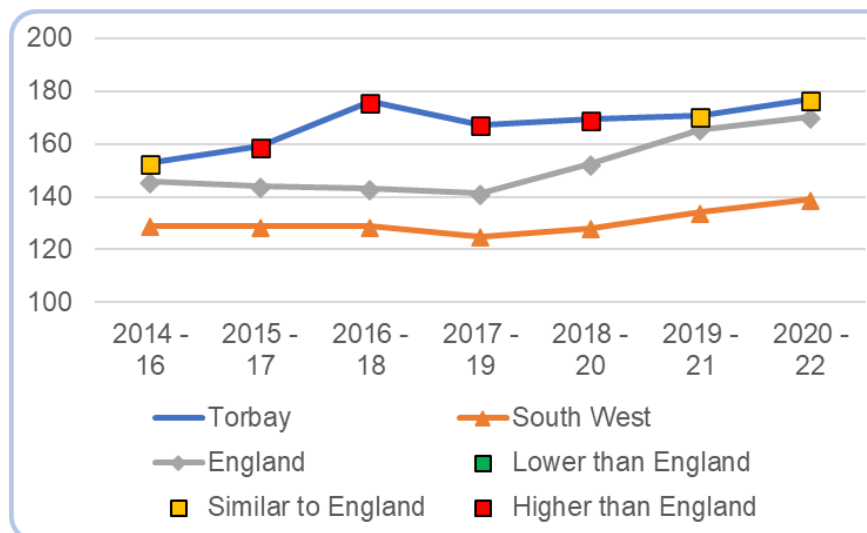


Fig 279: Under 75 mortality rate from causes considered preventable, per 100,000 (Age Standardised) - Female

Source: Fingertips

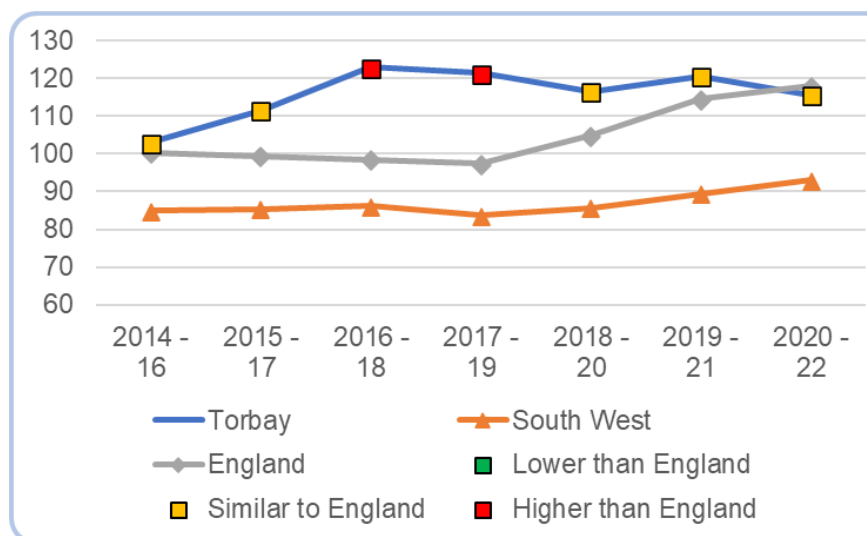


Fig 280: Under 75 mortality rate from causes considered preventable, per 100,000 (Age Standardised) - Male

Source: Fingertips

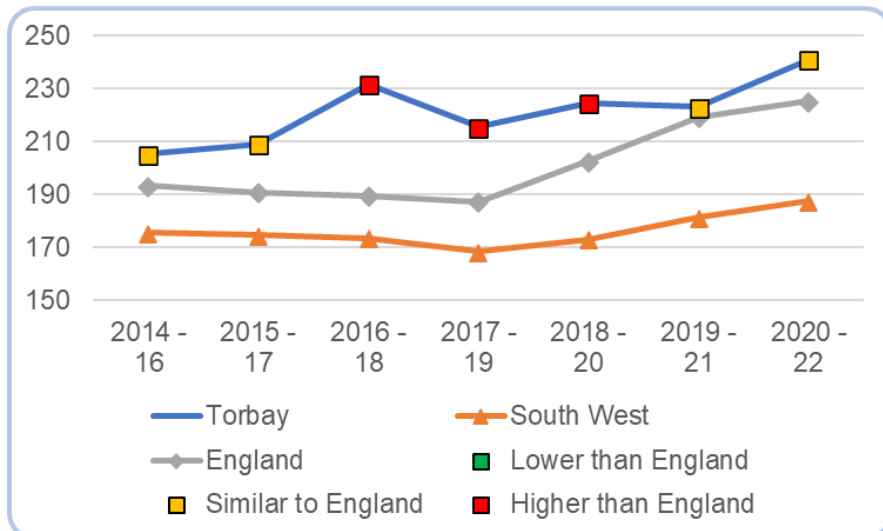
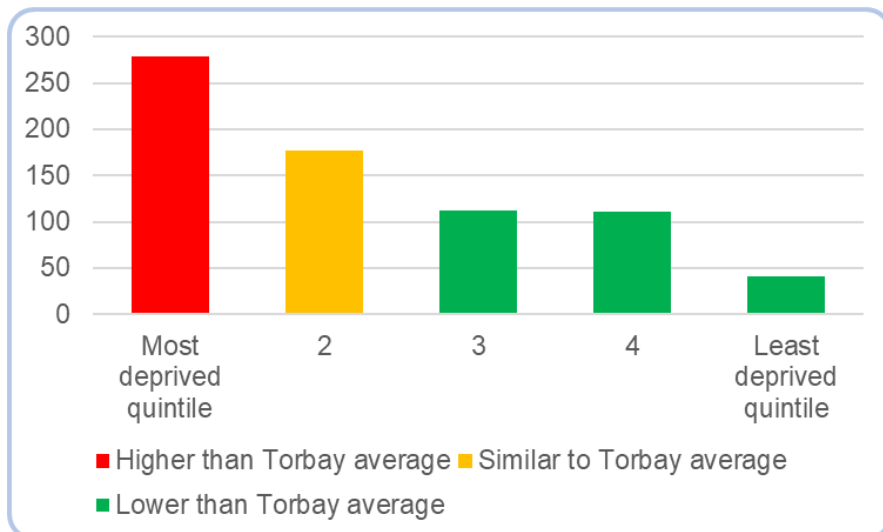


Fig 281: Under 75 mortality rate from causes considered preventable, per 100,000 (Age Standardised) – Torbay (2018–2022)

Source: Primary Care Mortality Database



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.

Fig 282: Under 75 mortality rate with underlying cause of cancer that was considered preventable, per 100,000 (Age Standardised)

Source: Fingertips

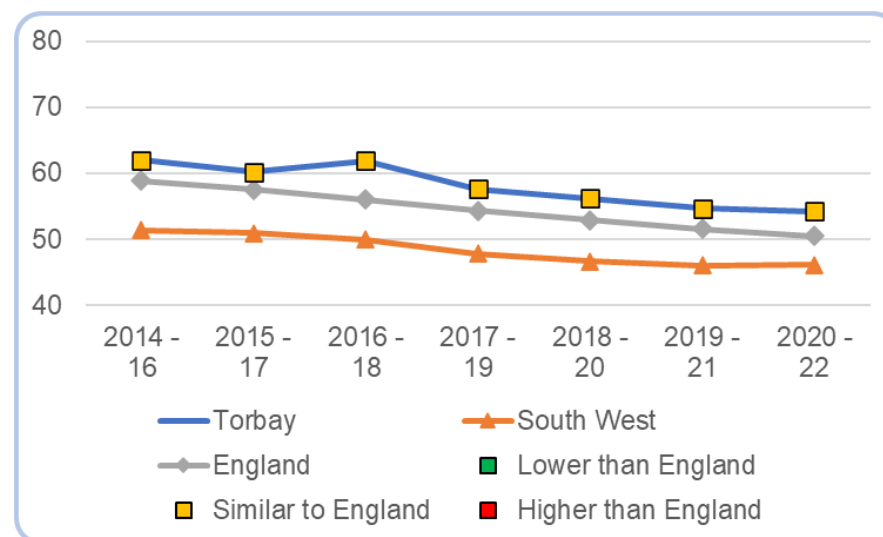
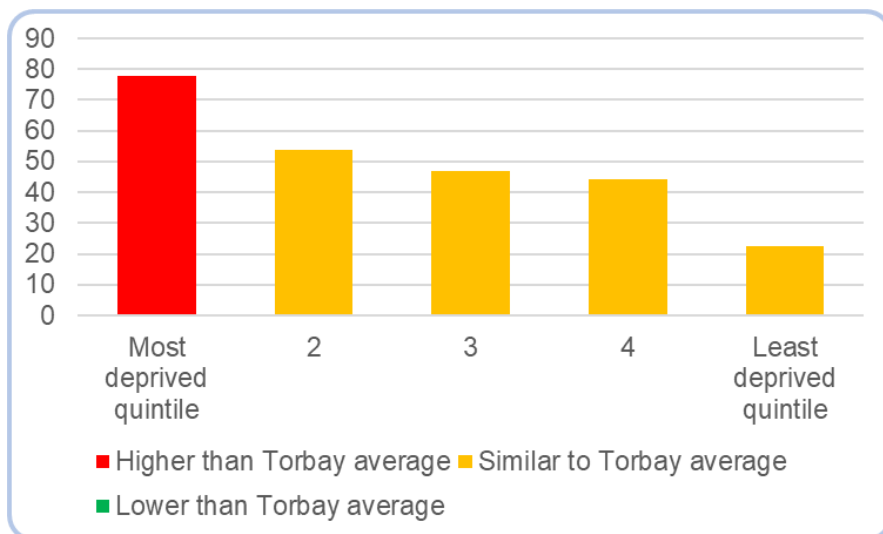


Fig 283: Under 75 mortality rate with underlying cause of cancer that was considered preventable, per 100,000 (Age Standardised) – Torbay (2018 – 2022)

Source: Primary Care Mortality Database



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.

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

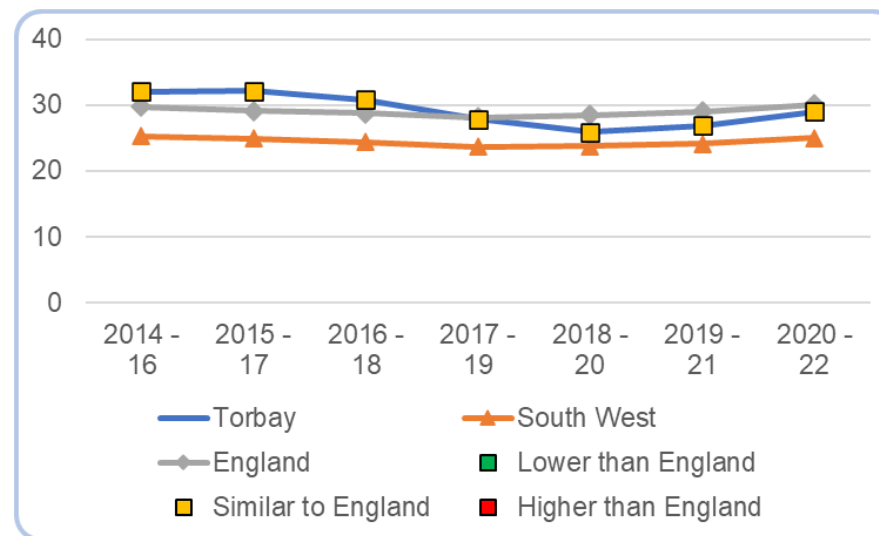
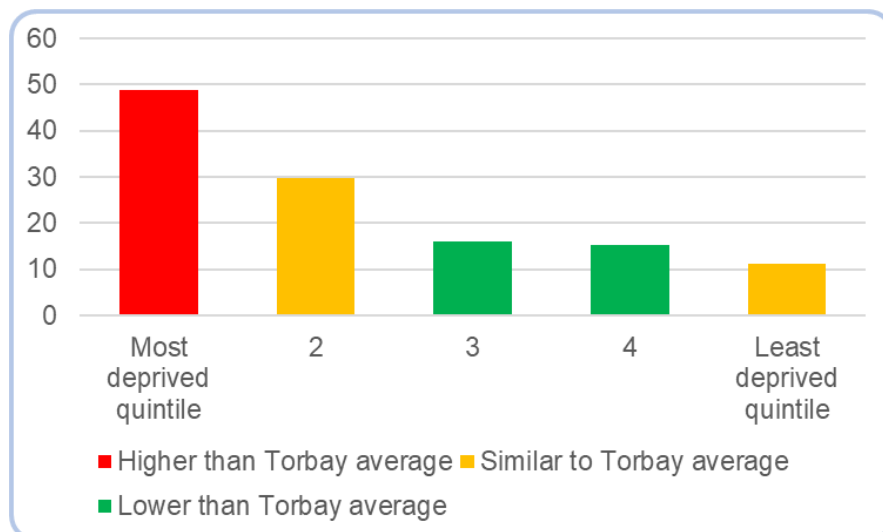


Fig 285: Under 75 mortality rate with underlying cause of circulatory disease that was considered preventable, per 100,000 (Age Standardised) – Torbay (2018 – 2022)

Source: Primary Care Mortality Database



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.

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

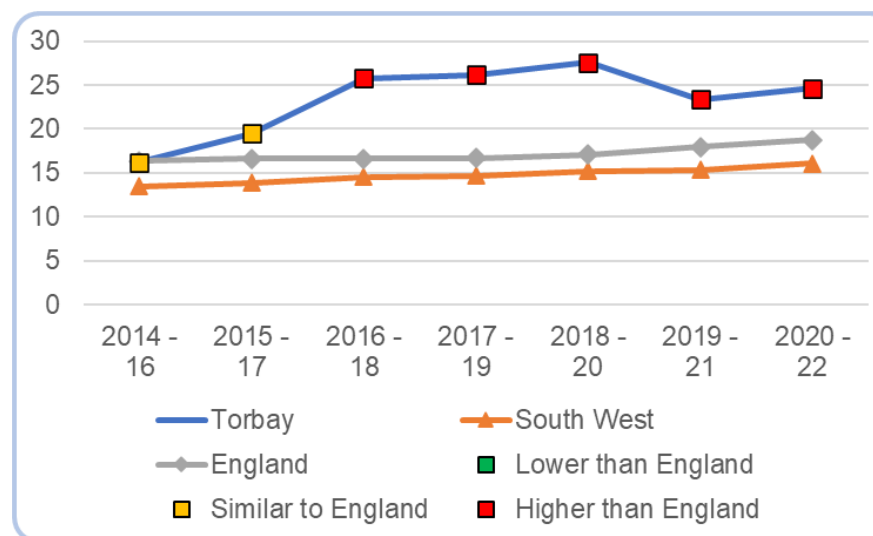
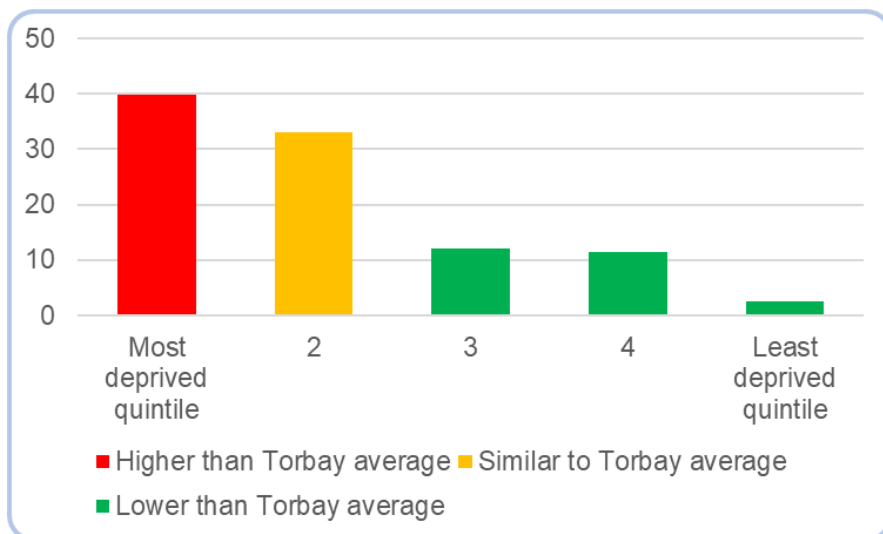


Fig 287: Under 75 mortality rate with underlying cause of liver disease that was considered preventable, per 100,000 (Age Standardised) – Torbay (2018 – 2022)

Source: Primary Care Mortality Database



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

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

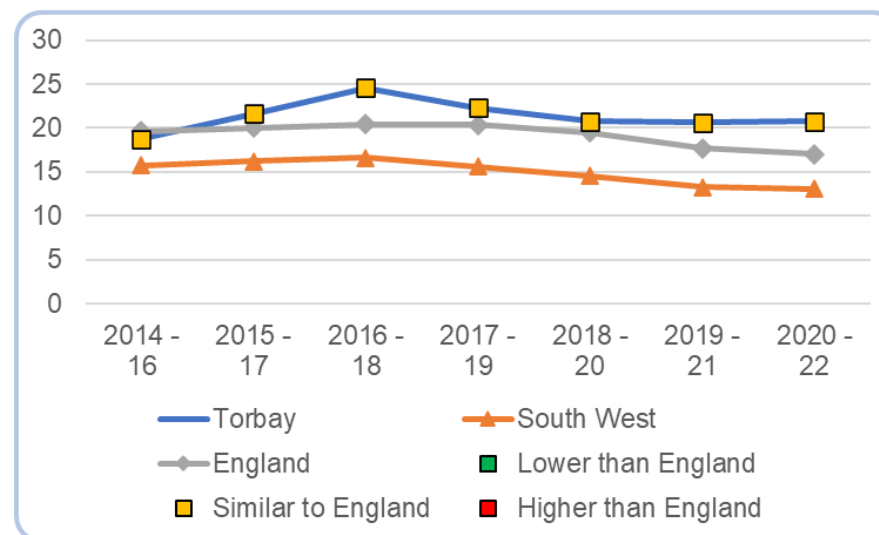
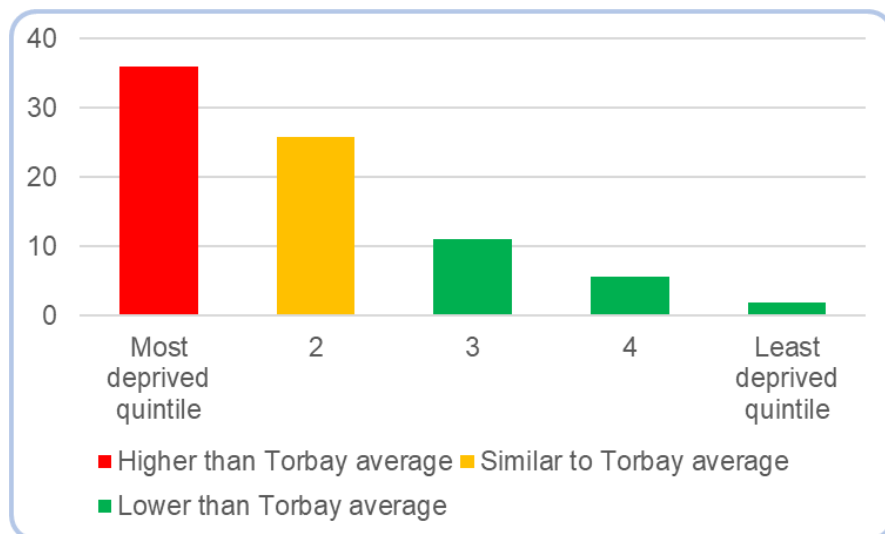


Fig 289: Under 75 mortality rate with underlying cause of respiratory disease that was considered preventable, per 100,000 (Age Standardised) – Torbay (2018 – 2022)

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/Premature-Death-in-Torbay)

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

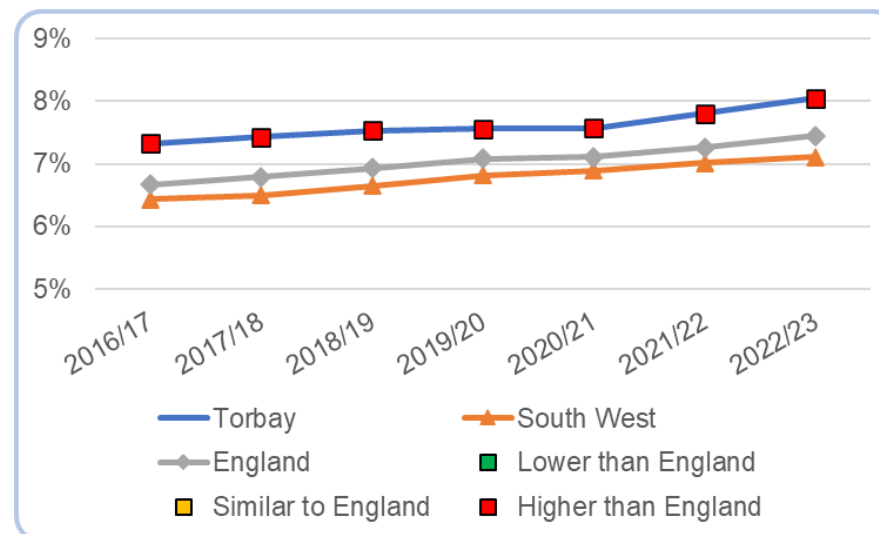


Fig 291: Number of patients recorded as having Diabetes (17+) - Torbay

Source: Fingertips

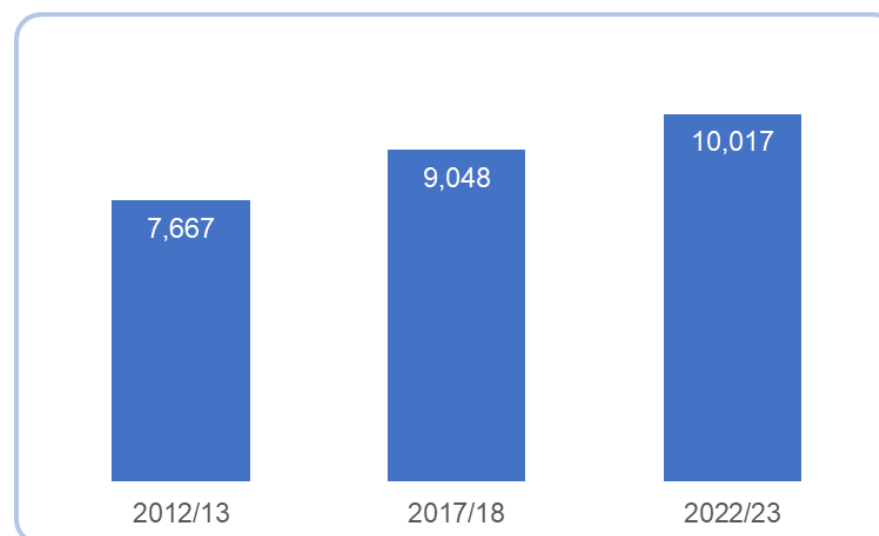


Fig 292: Number of patients with Type 2 diabetes by age group – Torbay (2022/23)

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

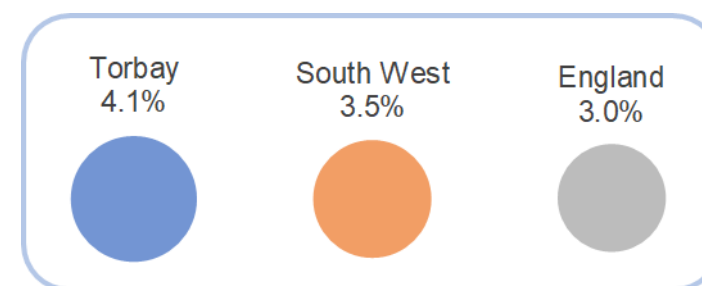
Heart Disease is a cardiovascular disease such as heart failure or coronary heart disease. Coronary heart disease is the single most common cause of premature death in the UK (OHID – Fingertips).

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

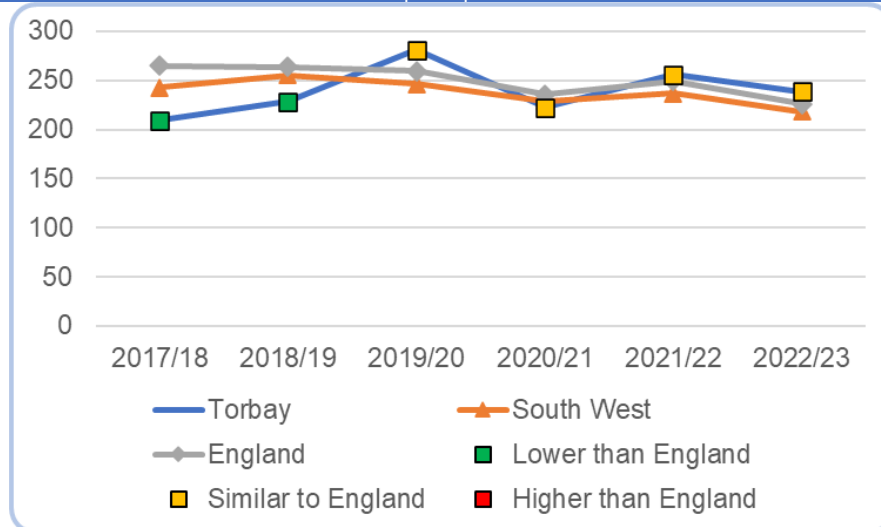


Fig 295: Rate of emergency hospital admissions for coronary heart disease per 100,000 (Age Standardised) by deprivation quintile – Torbay (2017/18 to 2022/23)

Source: Hospital Episode Statistics

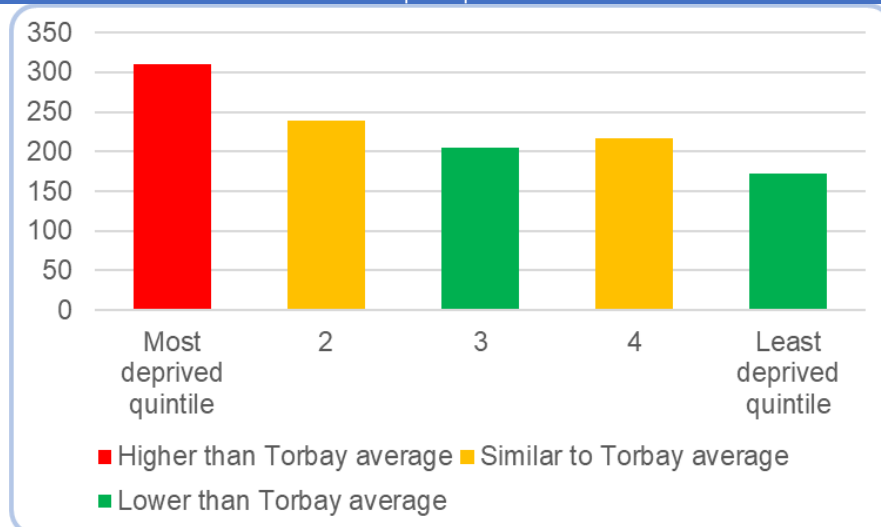
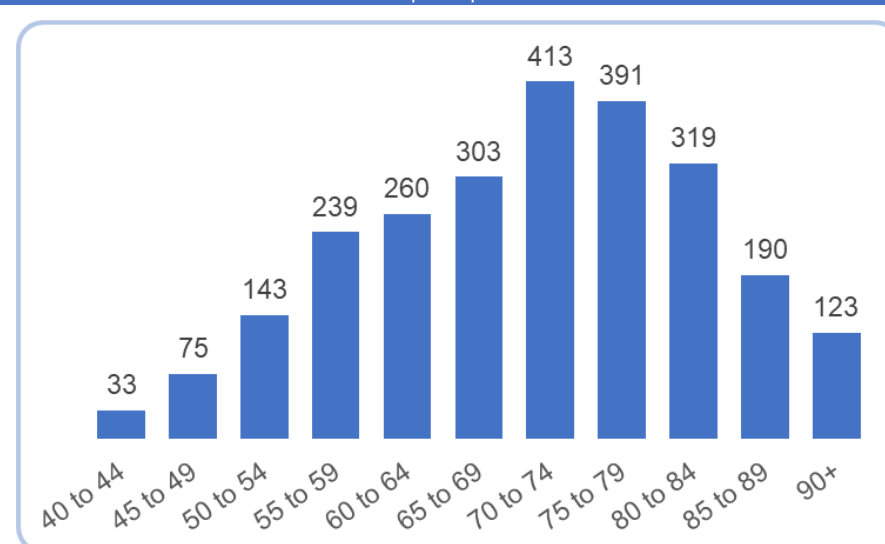


Fig 296: Number of emergency hospital admissions for coronary heart disease by age group – Torbay (2017/18 to 2022/23)

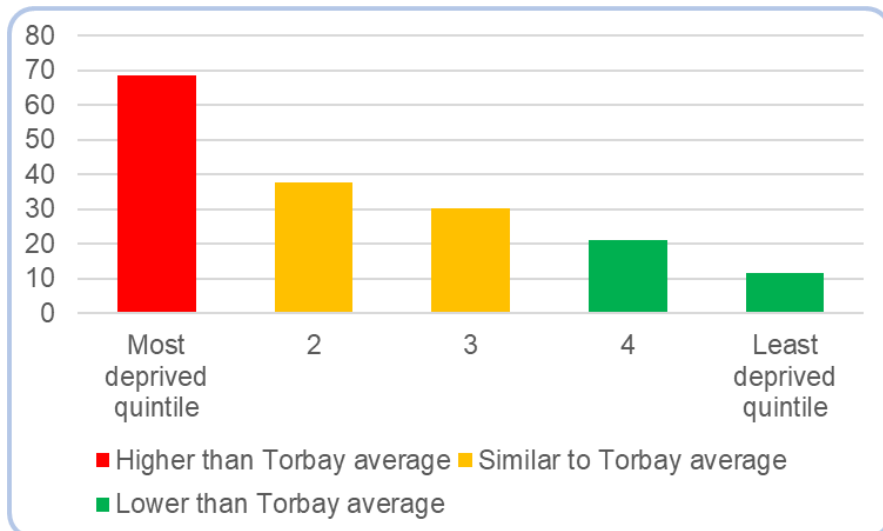
Source: Hospital Episode Statistics



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



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

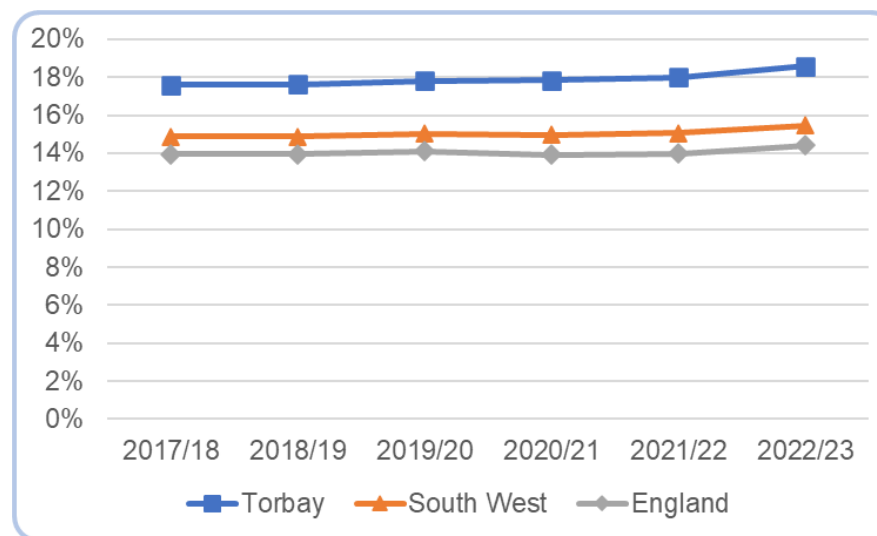
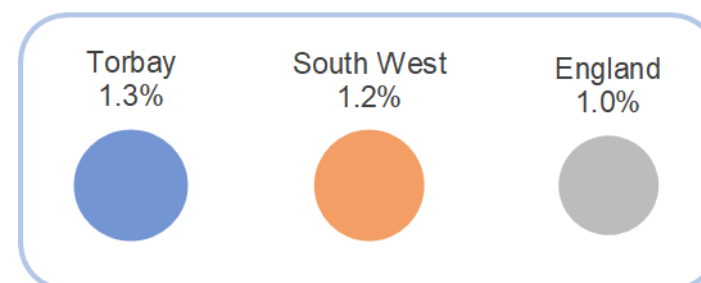


Fig 299: Heart Failure Prevalence (2022/23)

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 \(www.nhs.uk\)](https://www.nhs.uk).

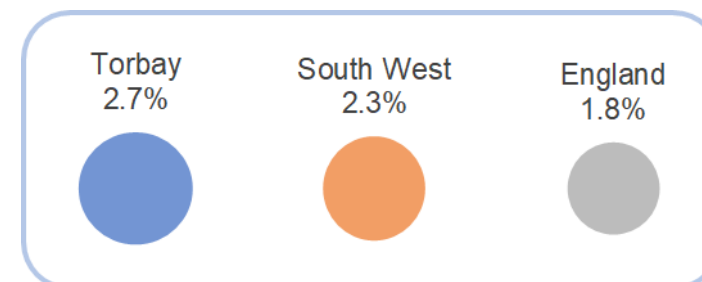
Strokes accounted for the second largest percentage (4.6%) of Disability-Adjusted Life Years (DALYs) within Torbay during 2019 according to the Global Burden of Disease [VizHub - GBD Compare \(healthdata.org\)](https://vizhub.healthdata.org). A DALY represents the loss of one year due to premature mortality 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

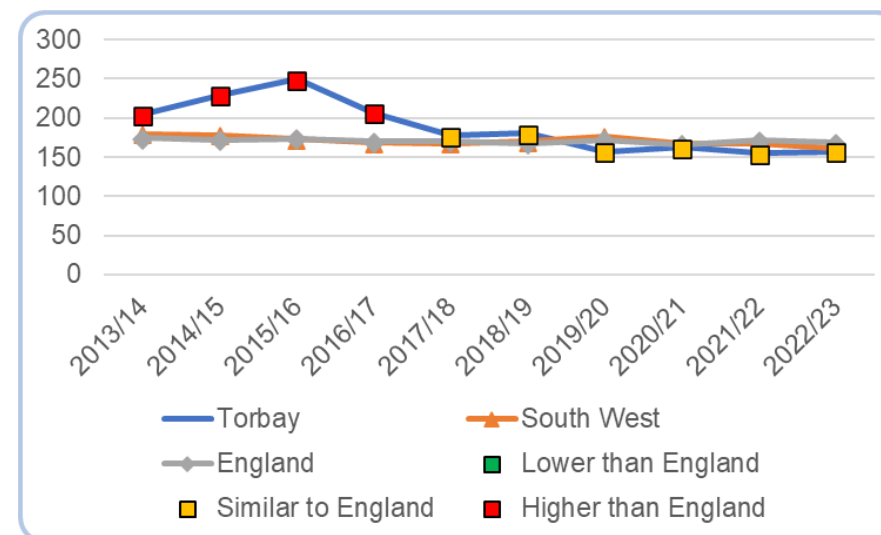
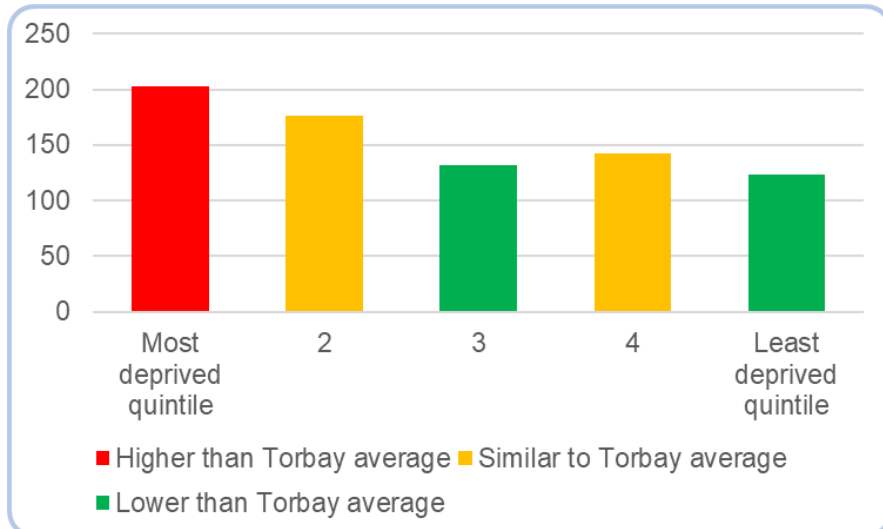


Fig 302: Rate of hospital admissions for strokes per 100,000 (Age Standardised) by deprivation quintile – Torbay (2017/18 to 2022/23)

Source: Hospital Episode Statistics



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.

Fig 303: Rate of under 75 mortality from strokes per 100,000 (Age Standardised)

Source: Fingertips

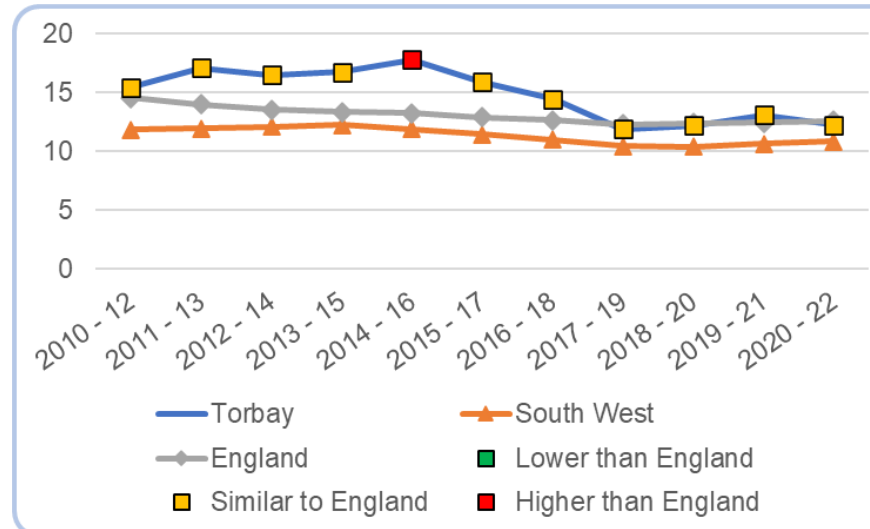
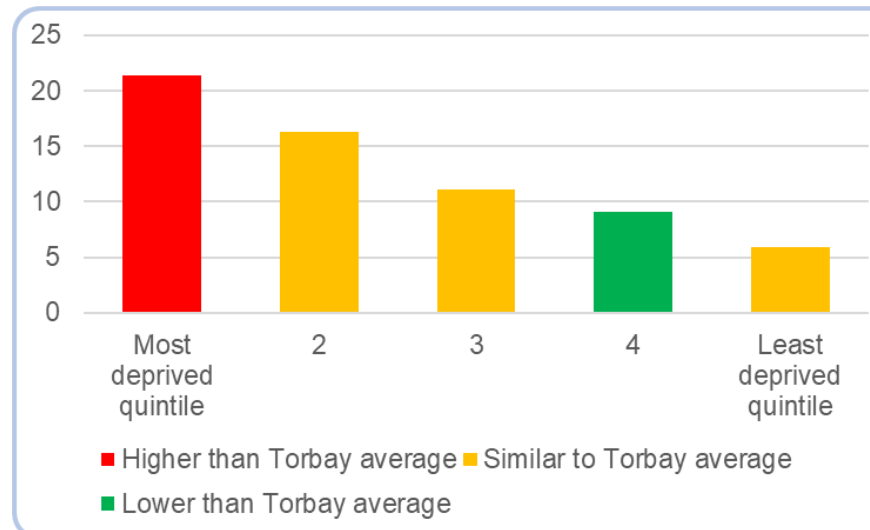


Fig 304: Rate of under 75 mortality from strokes per 100,000 (Age Standardised) – Torbay (2011 to 2022)

Source: Primary Care Mortality Database



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

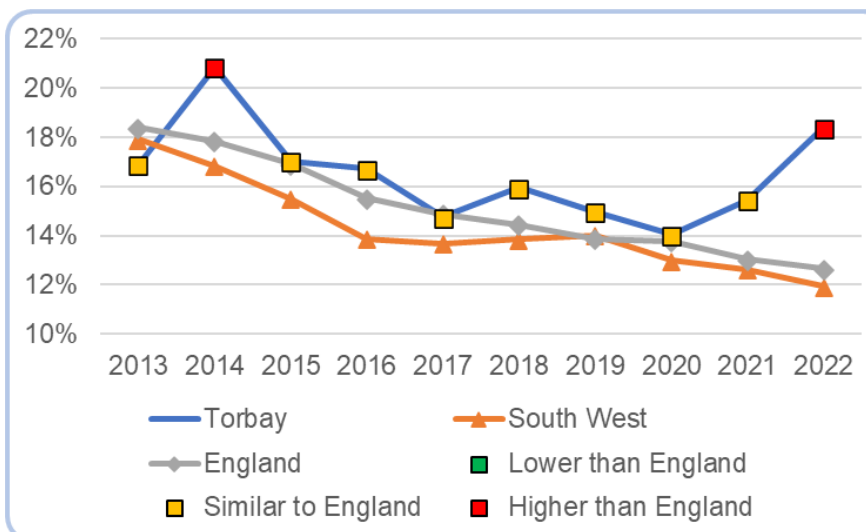
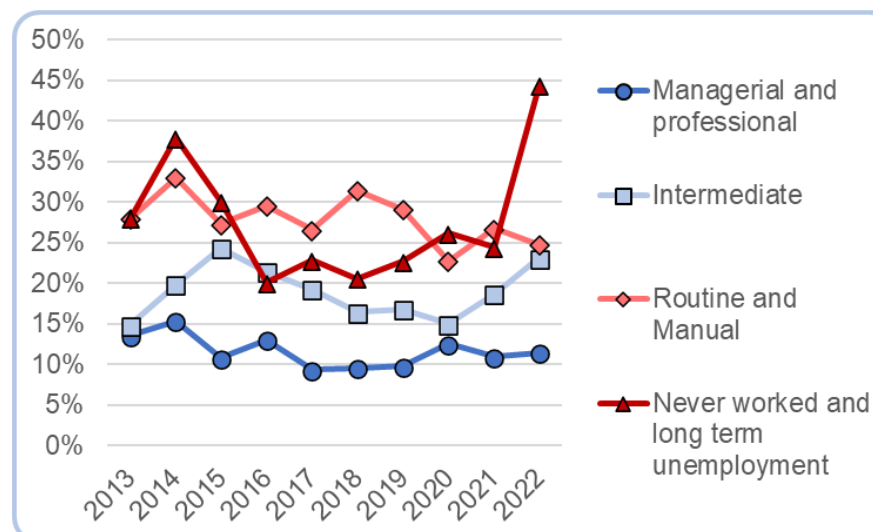


Fig 306: Smoking Prevalence in adults by socio-economic group (Torbay)

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 307: Percentage of adults classified as overweight or obese (2015/16 to 2021/22)

Source: Fingertips

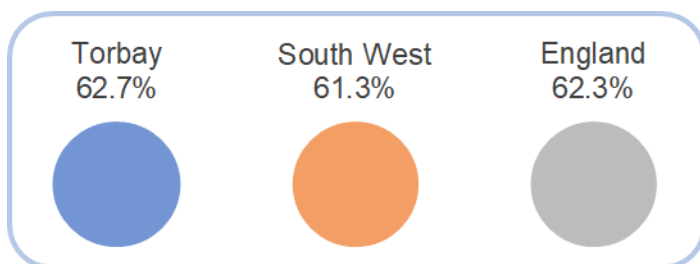
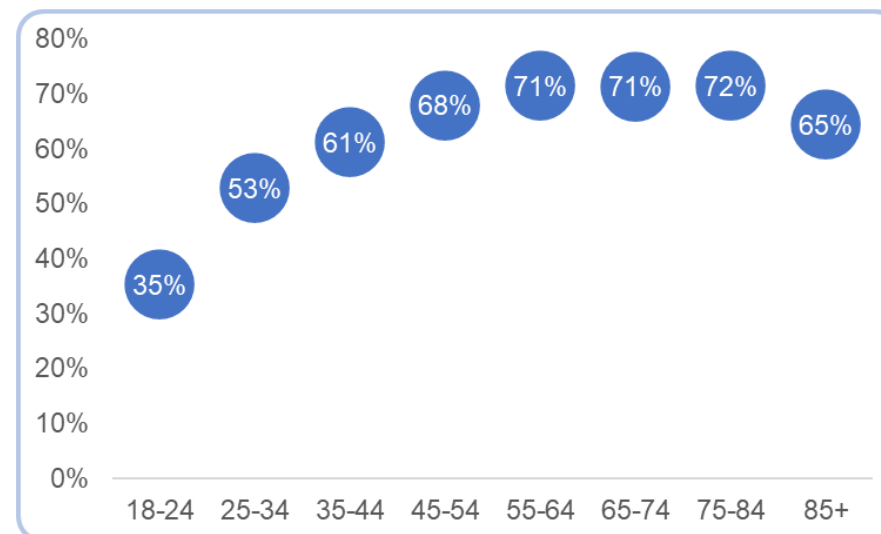


Fig 308: Percentage of adults classified as overweight or obese by age band - England (2015/16 to 2021/22)

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 309: Percentage of adults classified as physically active (2015/16 to 2021/22)

Source: Fingertips

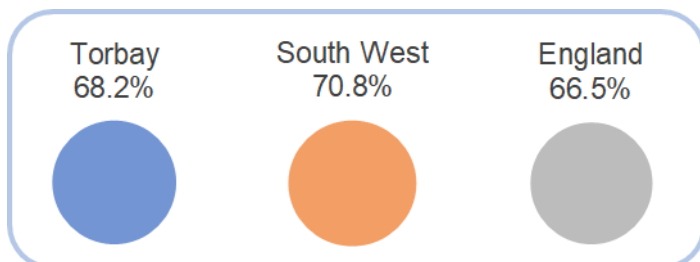
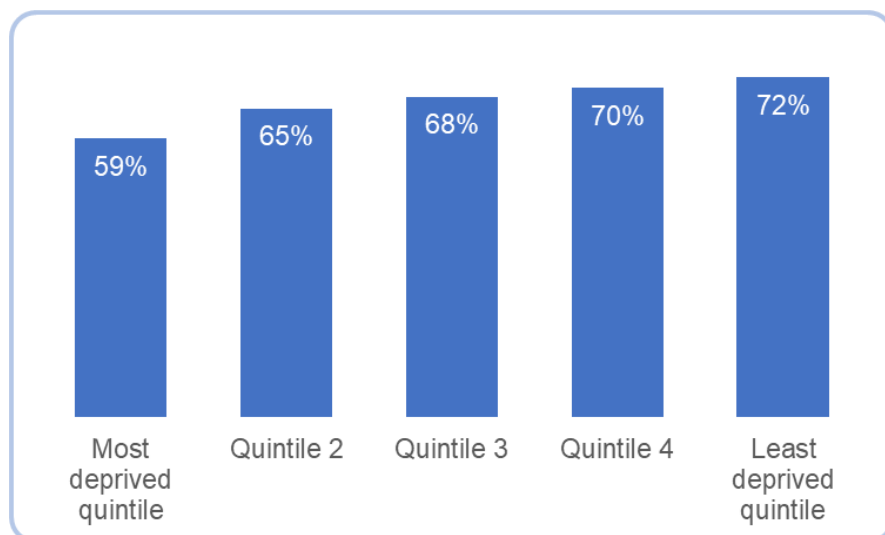


Fig 310: Percentage of adults classified as physically active by deprivation quintile - England (2015/16 to 2021/22)

Source: Fingertips

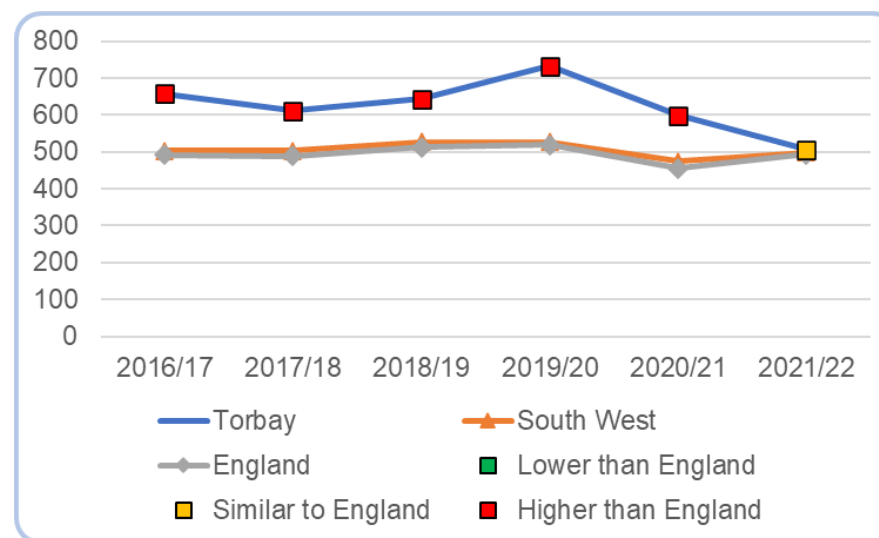


Torbay has historically had a significantly higher rate of alcohol-related admissions to hospital (Fig 311), for 2021/22, the number of alcohol-related admissions was broadly in line with England and the South West for the first time since the current method of calculation was used in 2016/17. The fall in the Torbay rate for 2021/22 when compared to the previous year is almost entirely within the female

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



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

- 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

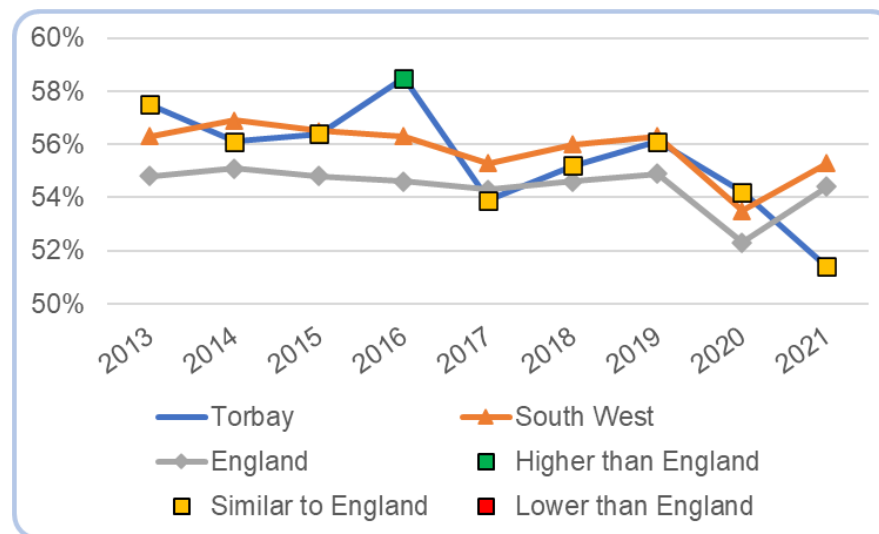
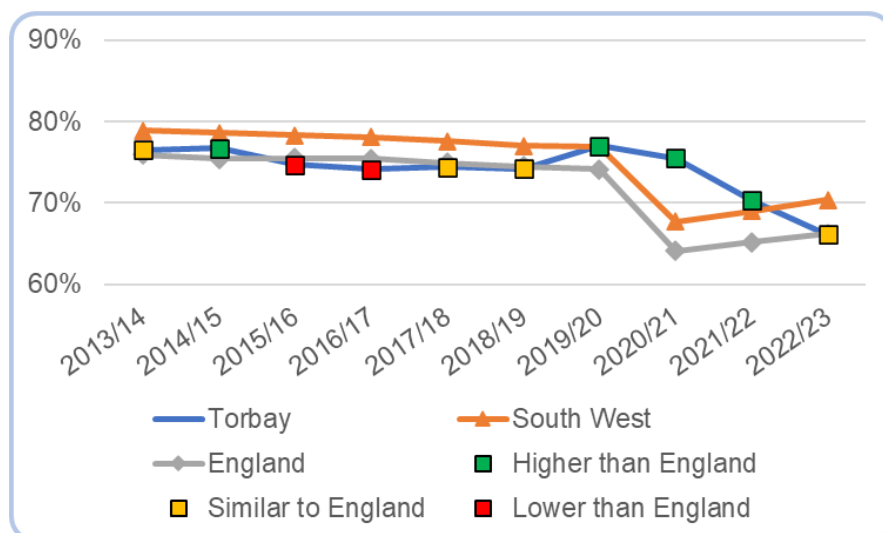


Fig 313: Percentage of women eligible for breast screening who have had a test in the previous 3 years – Aged 53 to 70 years

Source: Fingertips



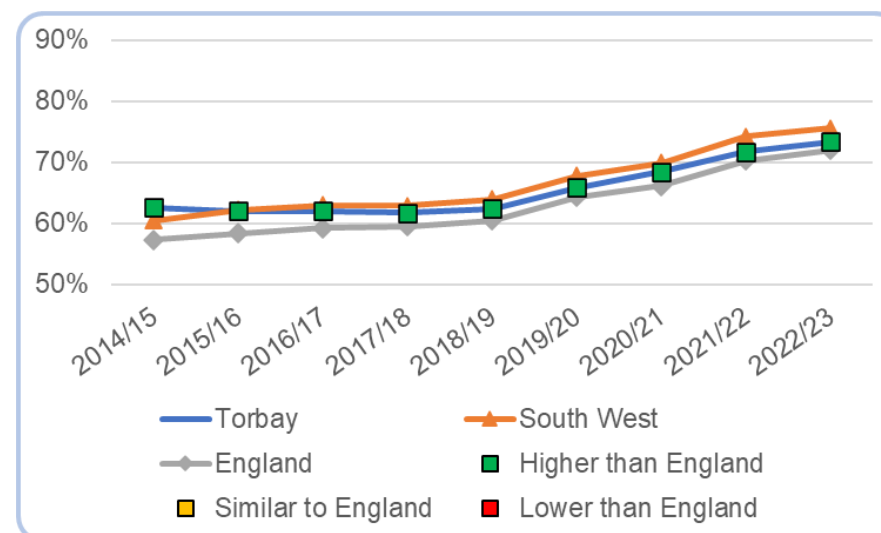
Levels of people eligible for bowel screening who have had a test in the previous 30 months have increased over the last 9 years, Torbay has consistently had a higher rate of bowel screening than England (Fig 314). Unlike breast screening there was no fall during the COVID-19 period.

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.

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



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

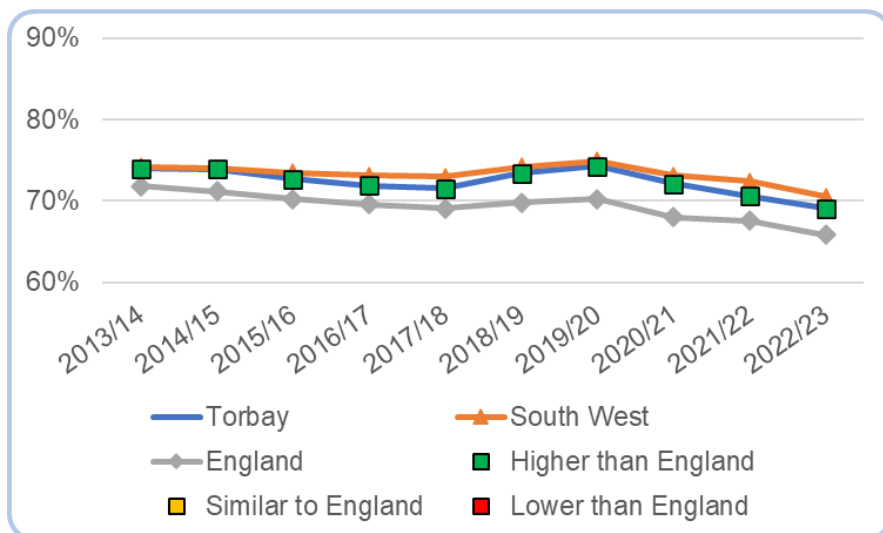
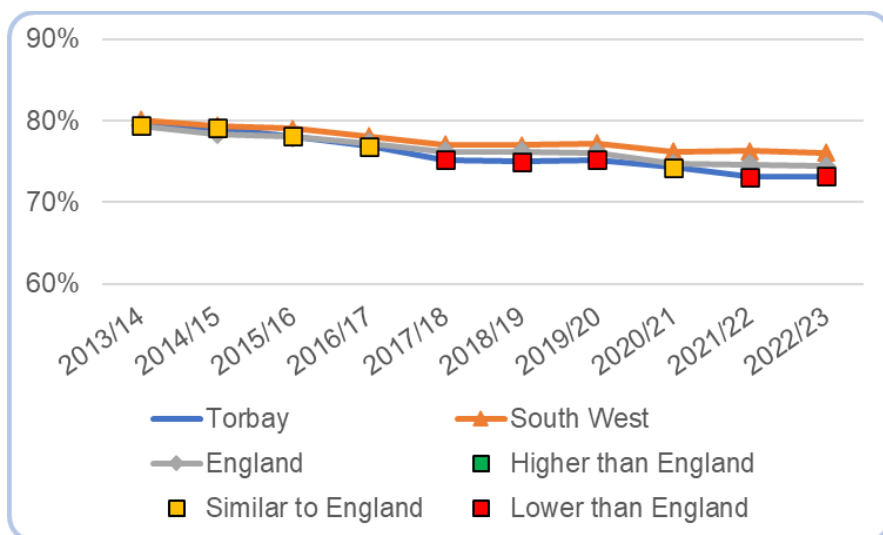


Fig 316: Percentage of women eligible for cervical screening who have had a test in the previous 5½ years – Aged 50 to 64 years

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

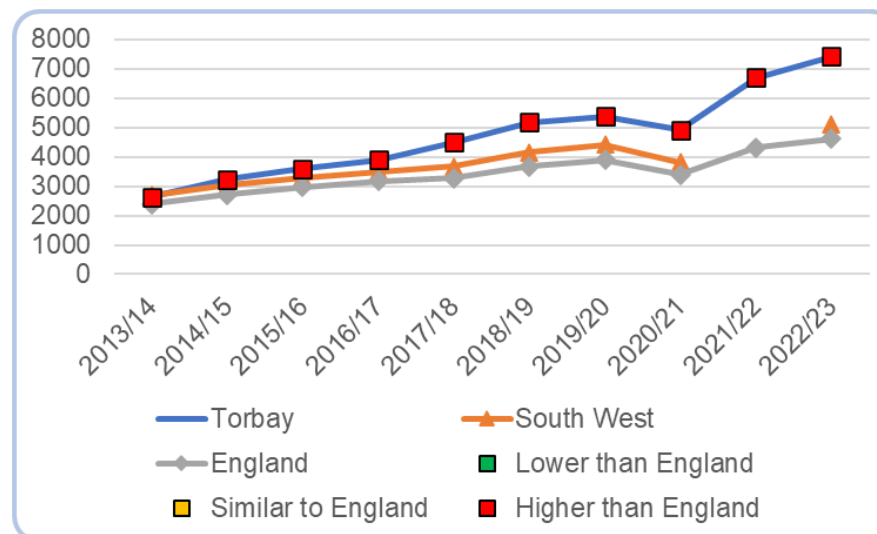
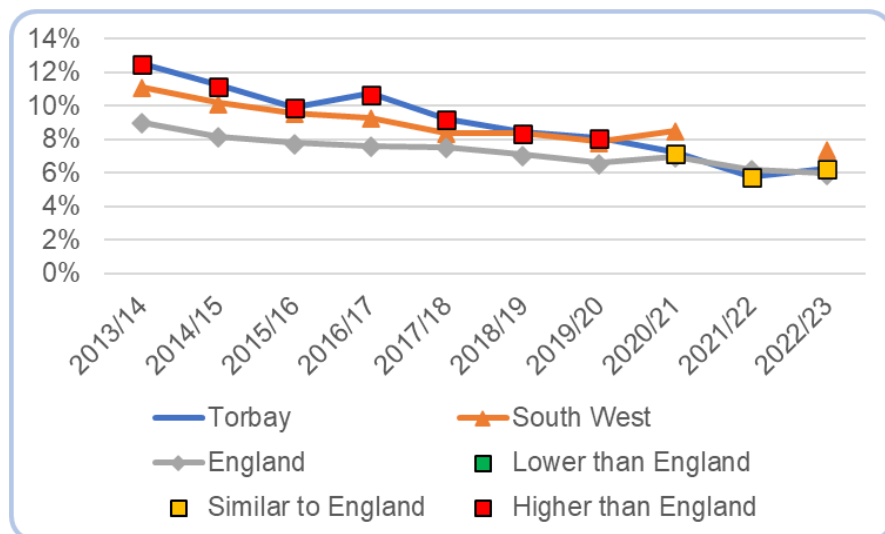


Fig 318: Percentage of urgent suspected cancer referrals resulting in a diagnosis of cancer

Source: Fingertips



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.

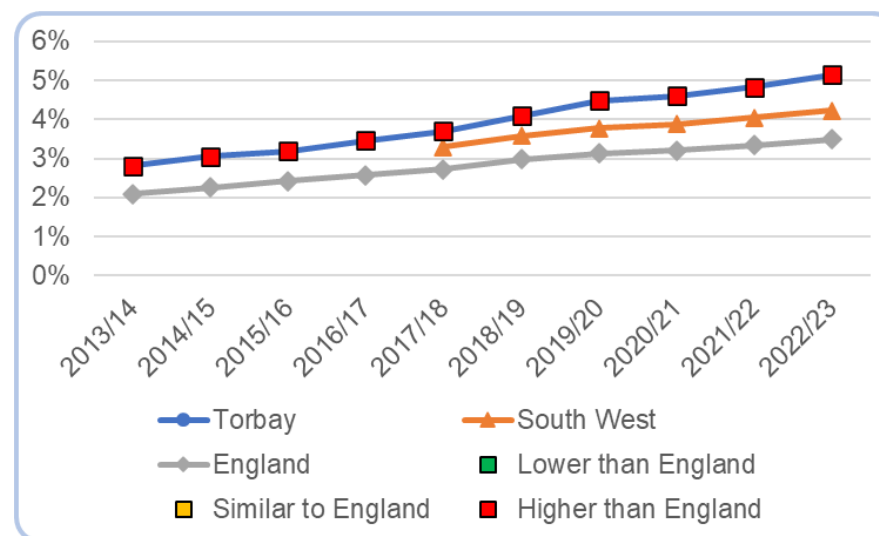
Prevalence

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

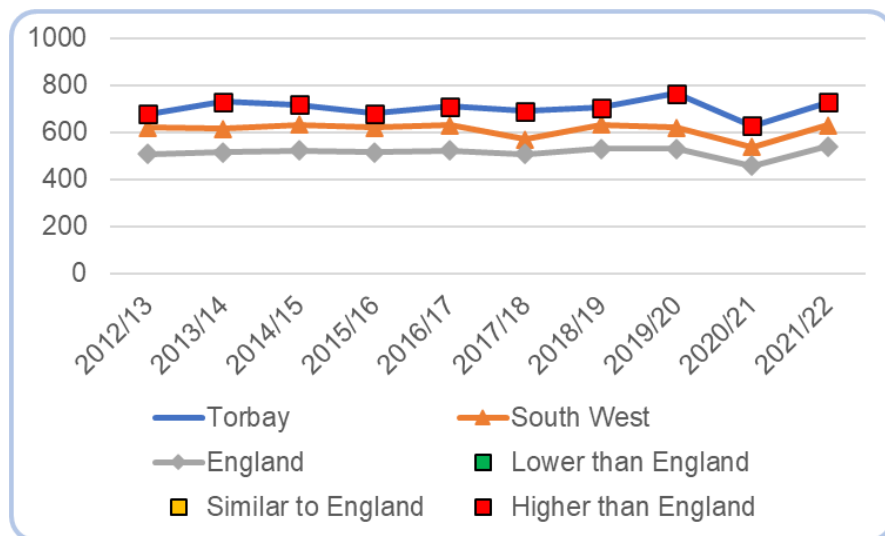
Source: Fingertips



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



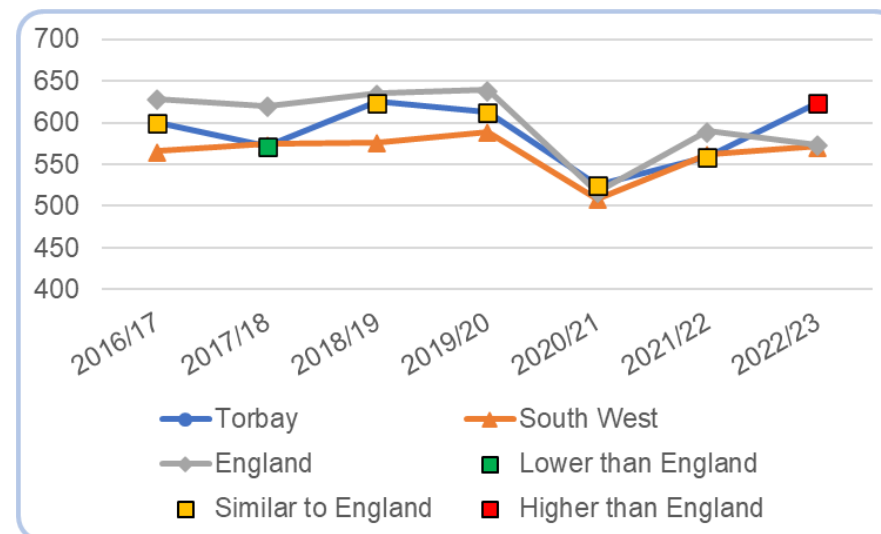
Hospital admissions

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.

Fig 321: Rate of emergency admissions for cancer per 100,000 (Age-Standardised)

Source: Hospital Episode Statistics



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

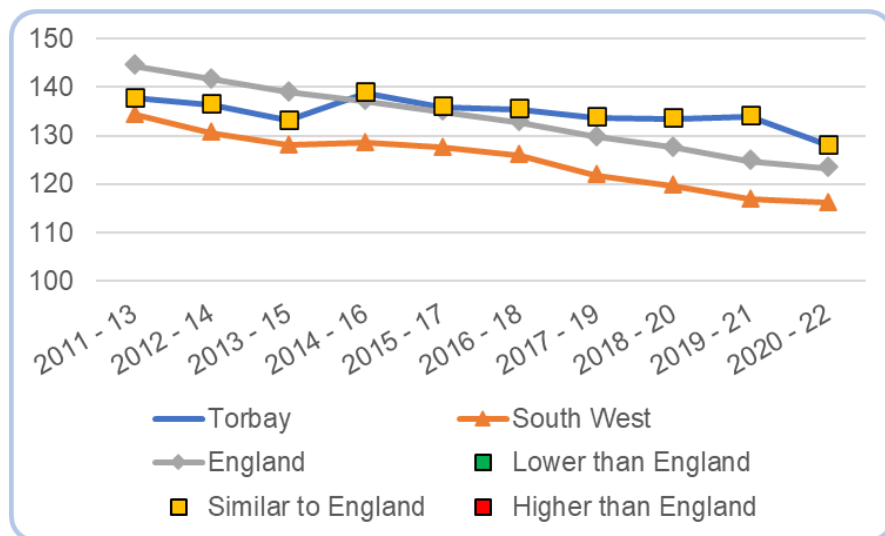
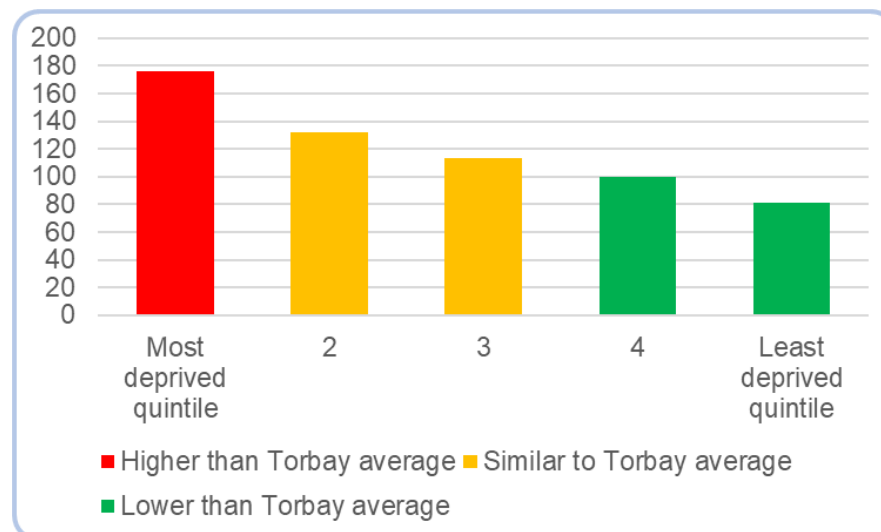


Fig 323: Under 75 mortality rate with an underlying cause of cancer per 100,000 (Age Standardised) by deprivation quintile – Torbay (2017 to 2022)

Source: Primary Care Mortality Database



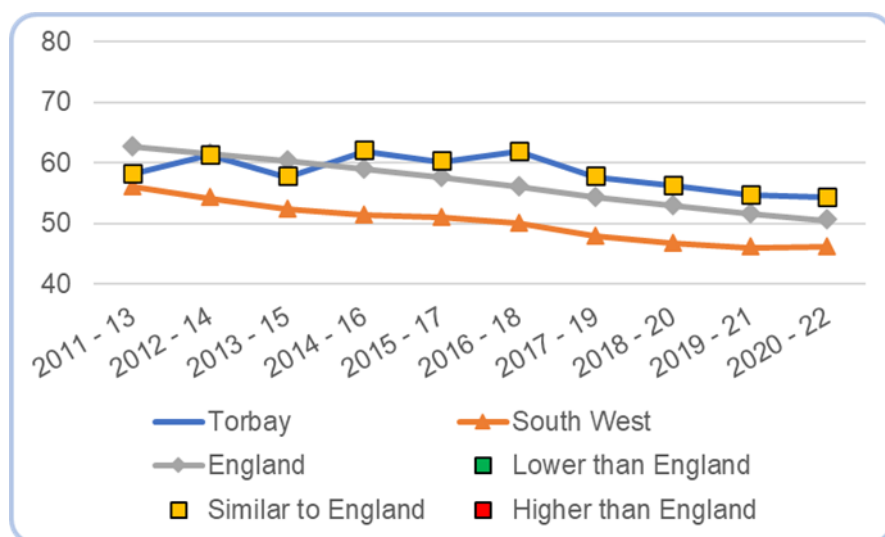
Over the 6 year period 2017 to 2022, there were 2,847 deaths with an underlying cause of cancer, of these 1,202 (42%) deaths occurred before the age of 75 with 1,645 (58%) occurring among those aged 75 and over. 46% of deaths with an underlying cause of lung cancer occurred before the age of 75, this 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)

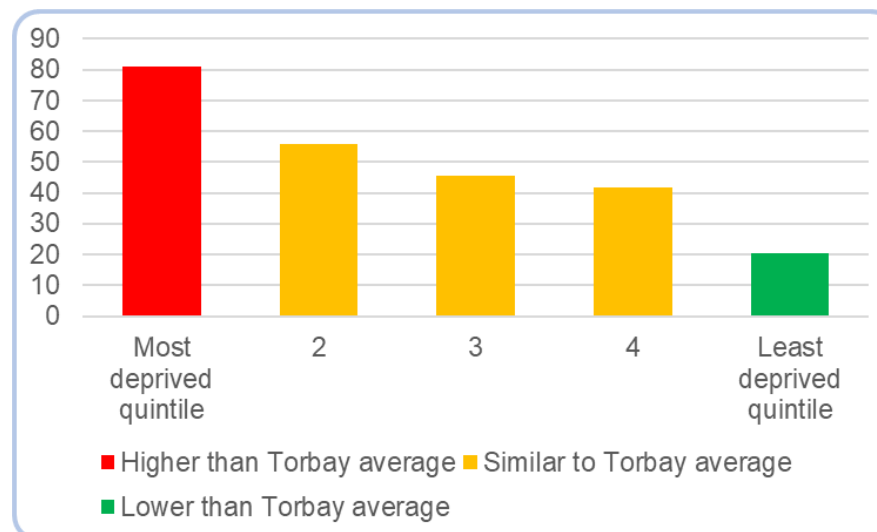
Source: Fingertips



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.

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



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
- 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

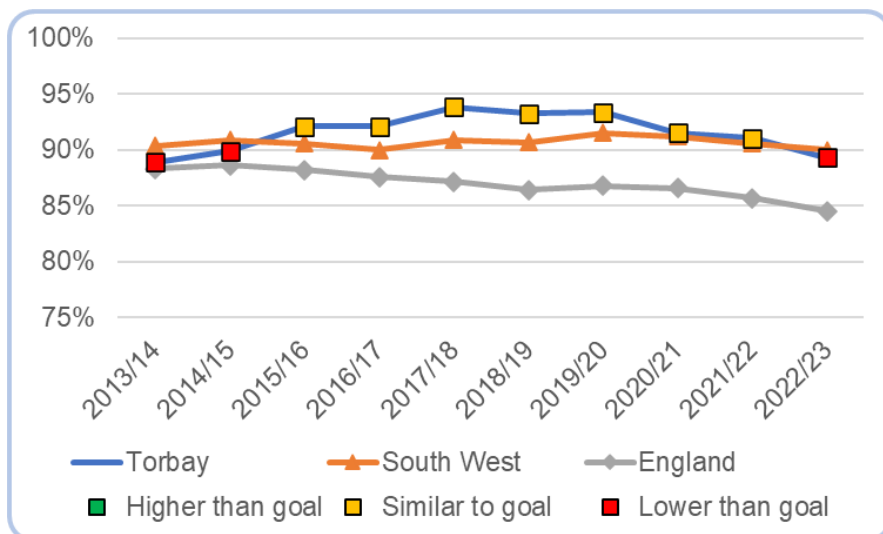
Health Protection is the protection of populations to prevent and mitigate the impact of infectious disease, environmental, chemical and radiological threats [Oxford Academic \(oup.com\)](https://oup.com). This chapter will deal almost exclusively with infectious disease prevention.

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



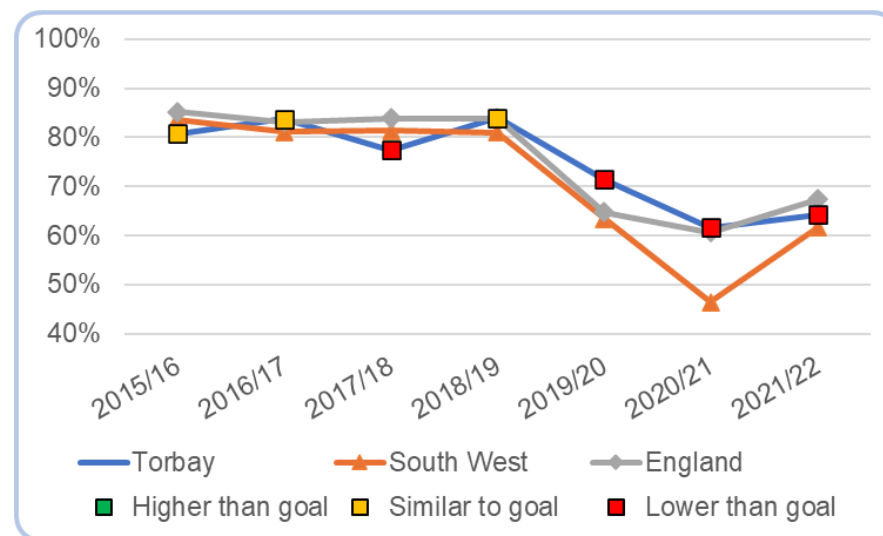
HPV

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

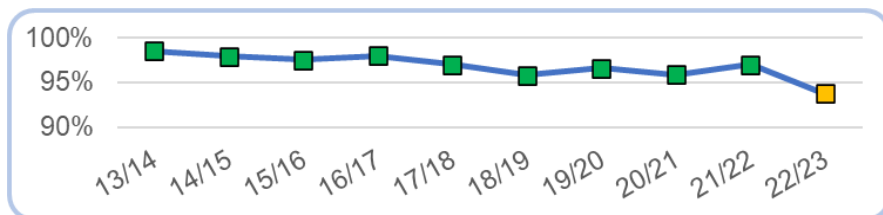
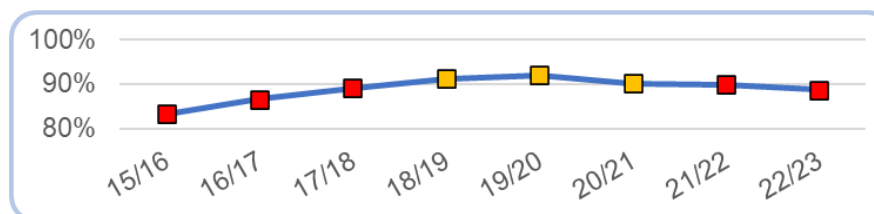


Fig 329: Percentage receiving the DTaP and IPV booster aged 5 years – Torbay

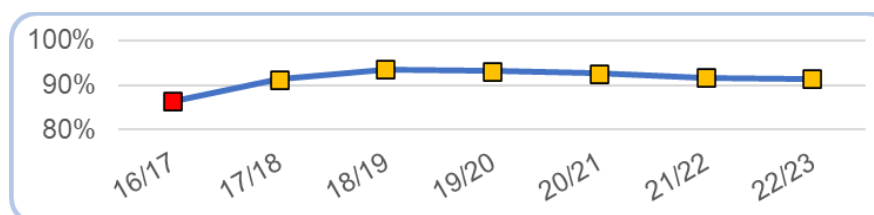
Red – Less than 90%, Amber – 90% to 95%, Green 95% or more
Source: Fingertips



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 331: Percentage receiving the MenB vaccine aged 1 year – Torbay

Red – Less than 90%, Amber – 90% to 95%, Green 95% or more
Source: Fingertips

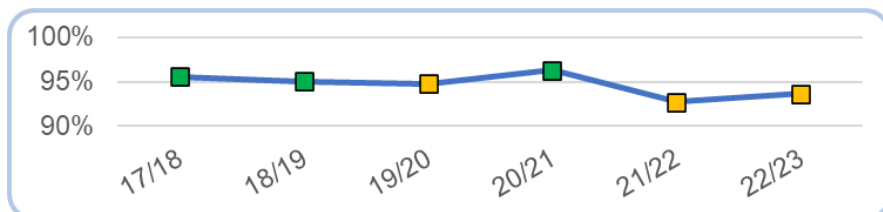


Fig 332: Percentage receiving the MenB booster aged 2 years – Torbay

Red – Less than 90%, Amber – 90% to 95%, Green 95% or more
Source: Fingertips

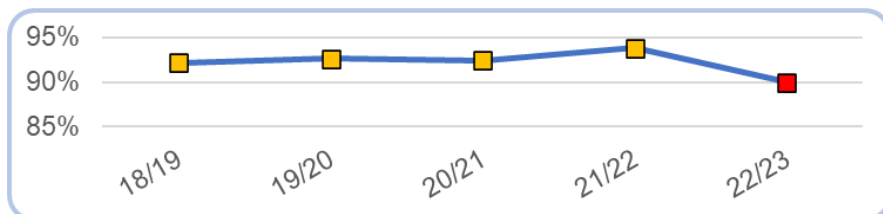
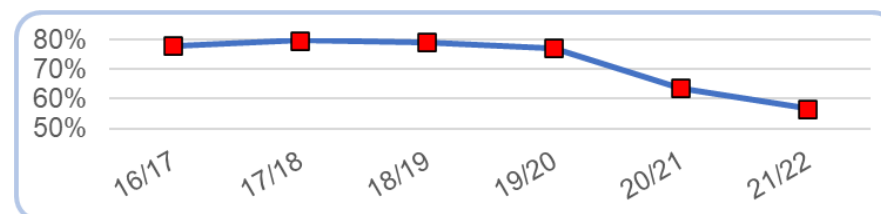


Fig 333: Percentage receiving the MenACWY vaccine aged 14 to 15 years – Torbay

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.

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

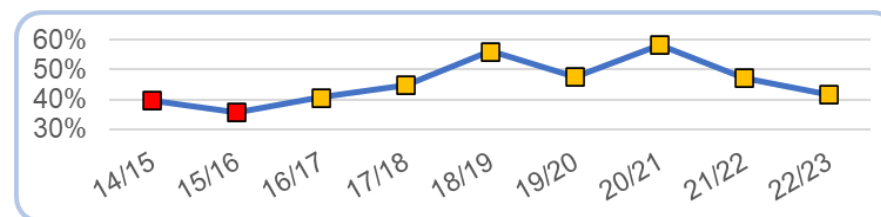
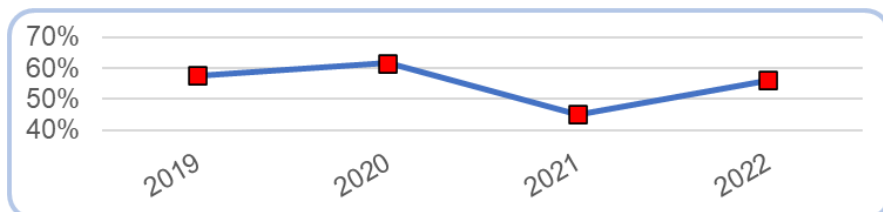


Fig 335: Percentage receiving the Flu vaccine (Primary School pupils) – Torbay

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

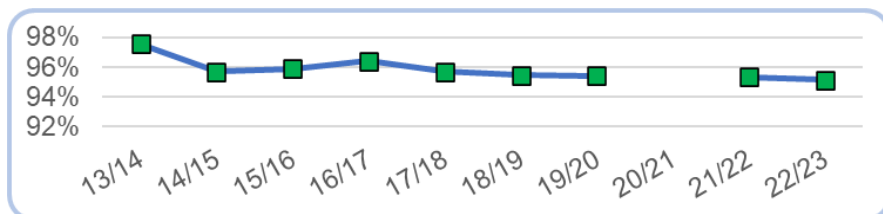
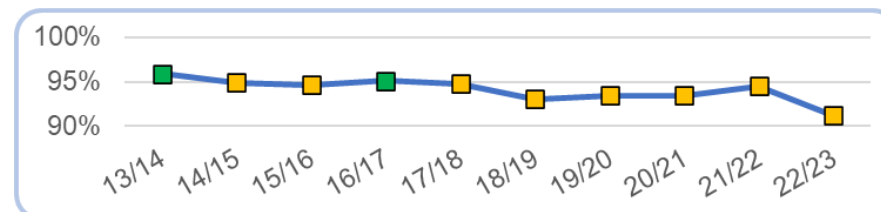


Fig 337: Percentage receiving the PCV booster aged 2 years – Torbay

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.

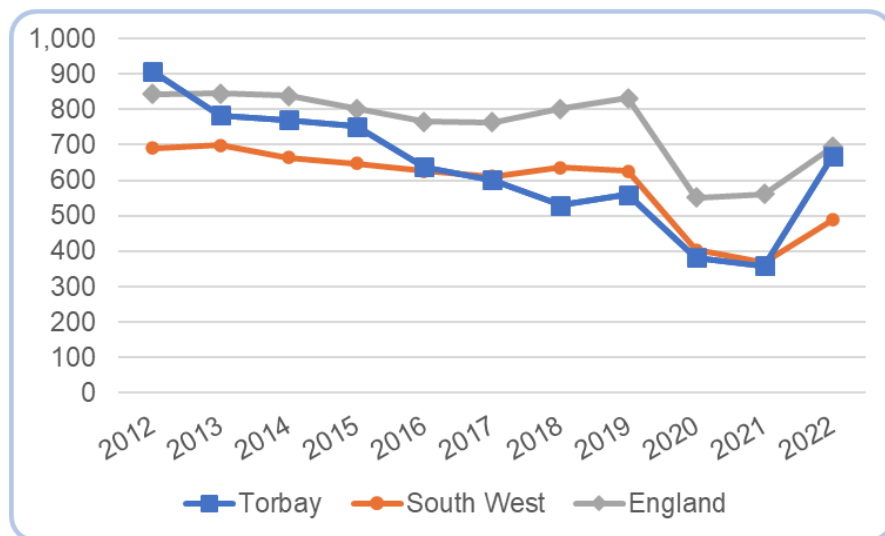
The delivery of local sexual health services was reconfigured in 2020 in response to and across the duration of the COVID-19 pandemic responses. This included the use of clinician initiated STI home testing and screening kits. Responses to COVID-19 will be reflected in 2020 and 2021 figures.

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



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

significantly below England for the last 5 years. England is on an increasing trend.

Chlamydia

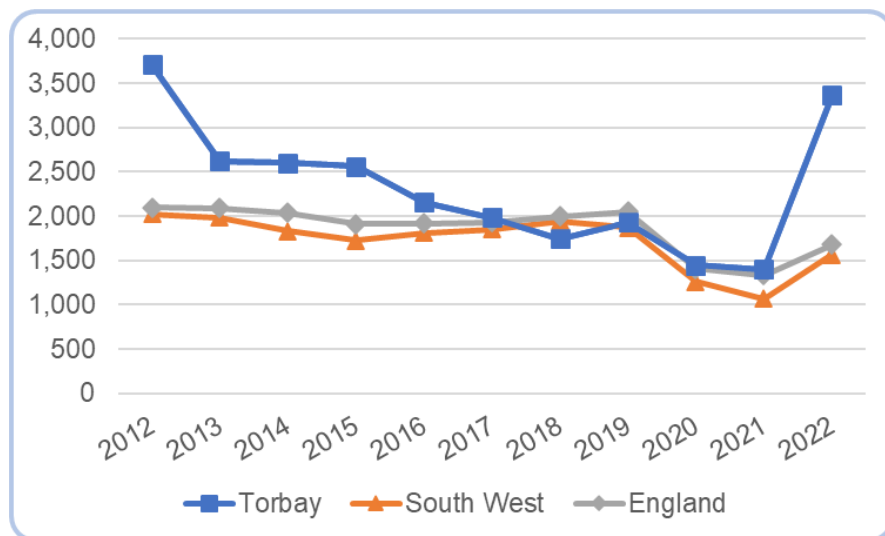
Chlamydia causes avoidable sexual and reproductive ill health and rates are higher in young adults than in other age groups (OHID SRH profiles).

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.

Fig 339: Chlamydia detection rate, aged 15 to 24, per 100,000

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 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

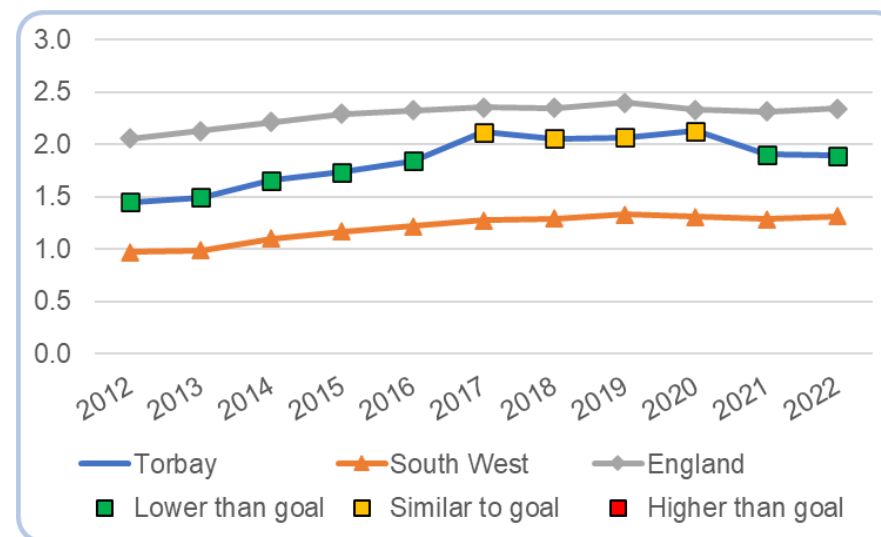


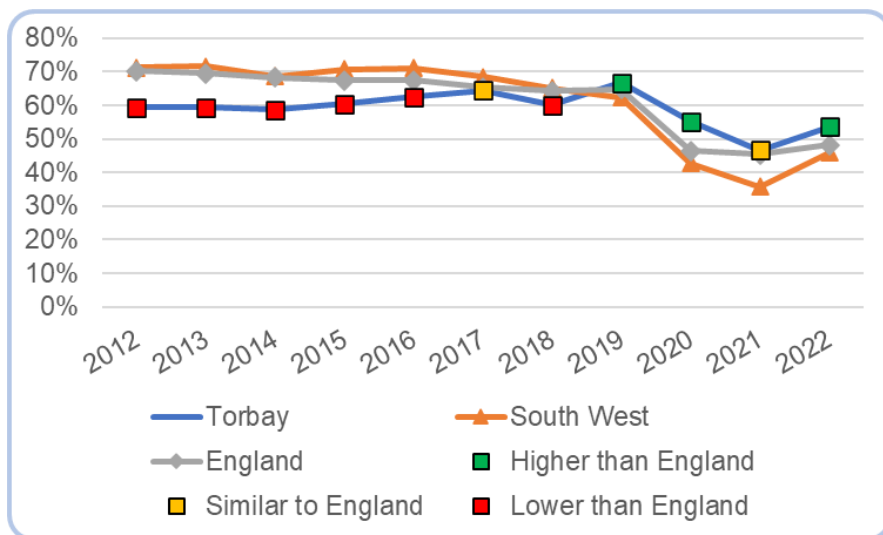
Fig 341 shows the percentage of eligible attendees of specialist sexual health services who accepted a test. Percentages dropped in 2020, likely affected by the COVID-19 pandemic. Torbay rose in 2022 and is significantly higher than England in this year but lower than 2019 and the preceding decade. Splitting 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

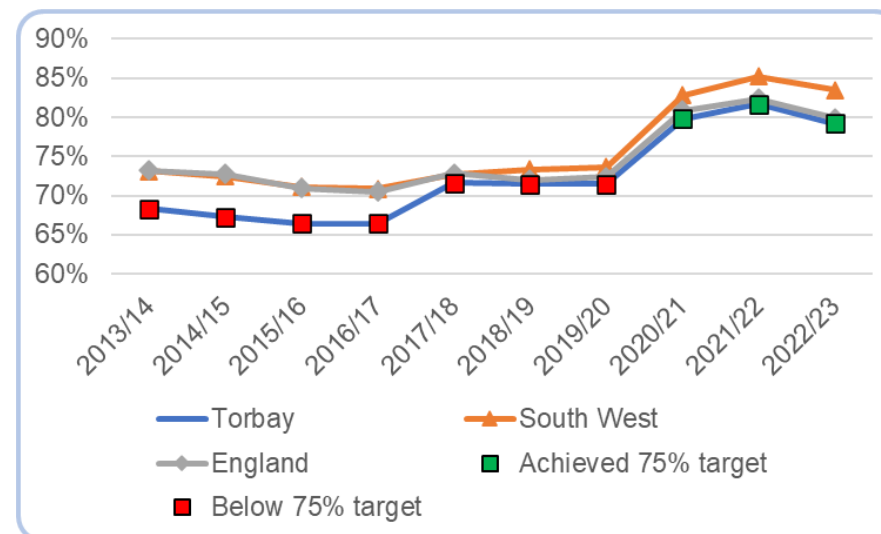


Flu among older and at-risk populations

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

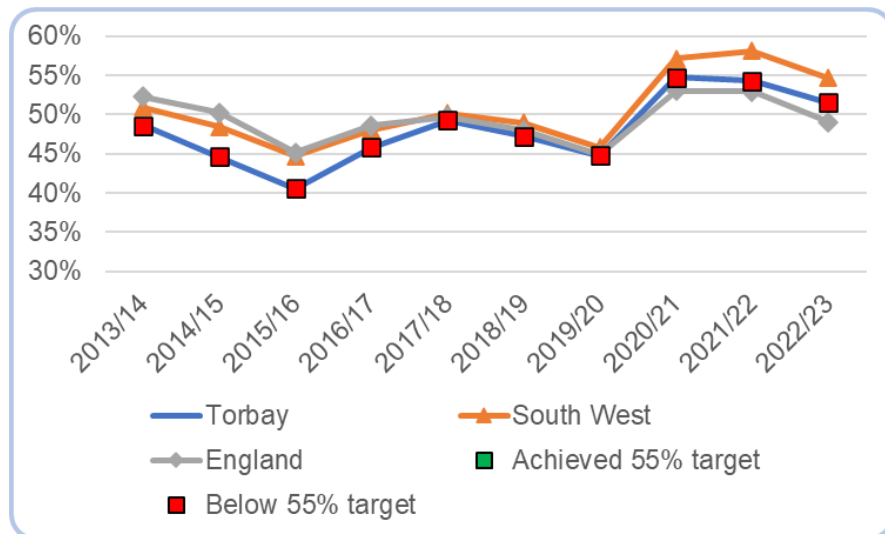
Source: Fingertips



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

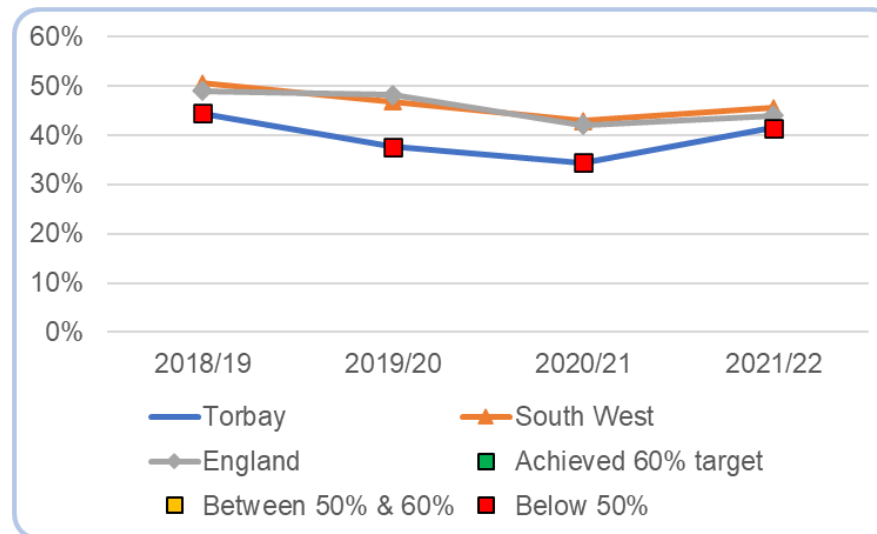


Shingles

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).

Fig 344: Percentage of those aged 71 who have received a shingles vaccination

Source: Fingertips



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

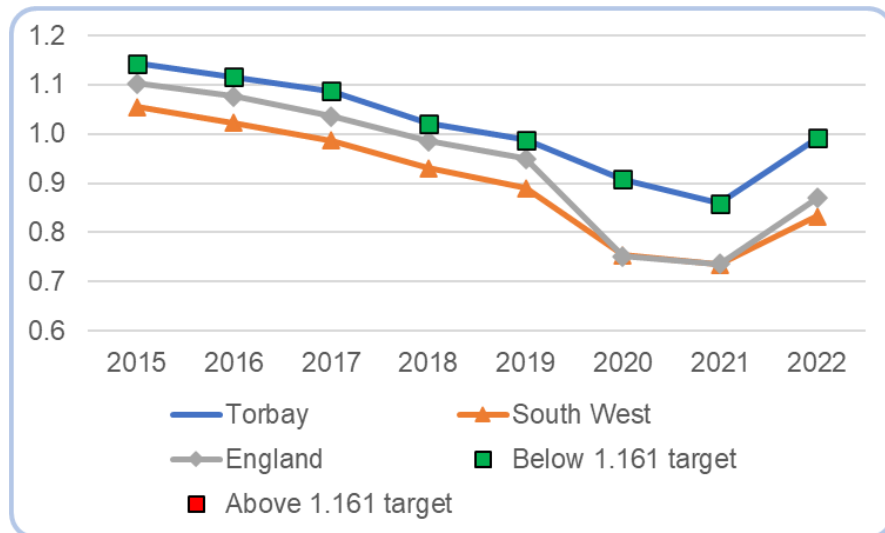
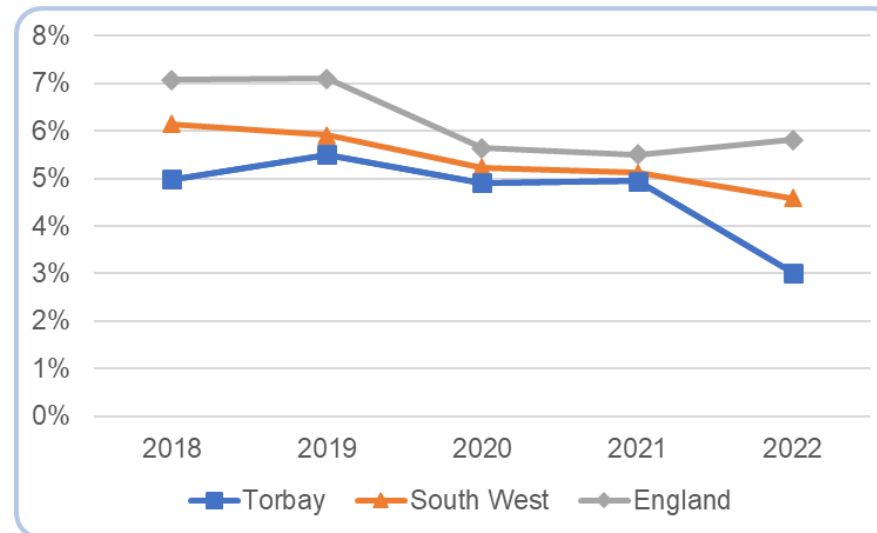


Fig 346: Fraction of mortality attributable to particulate air pollution (new method), age 30+

Source: Fingertips



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

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