



# Children & Young People Long Term Conditions

January 2026

**The purpose of this presentation is to set out an overview and update regarding NHS Long Term Conditions work in Torbay.**

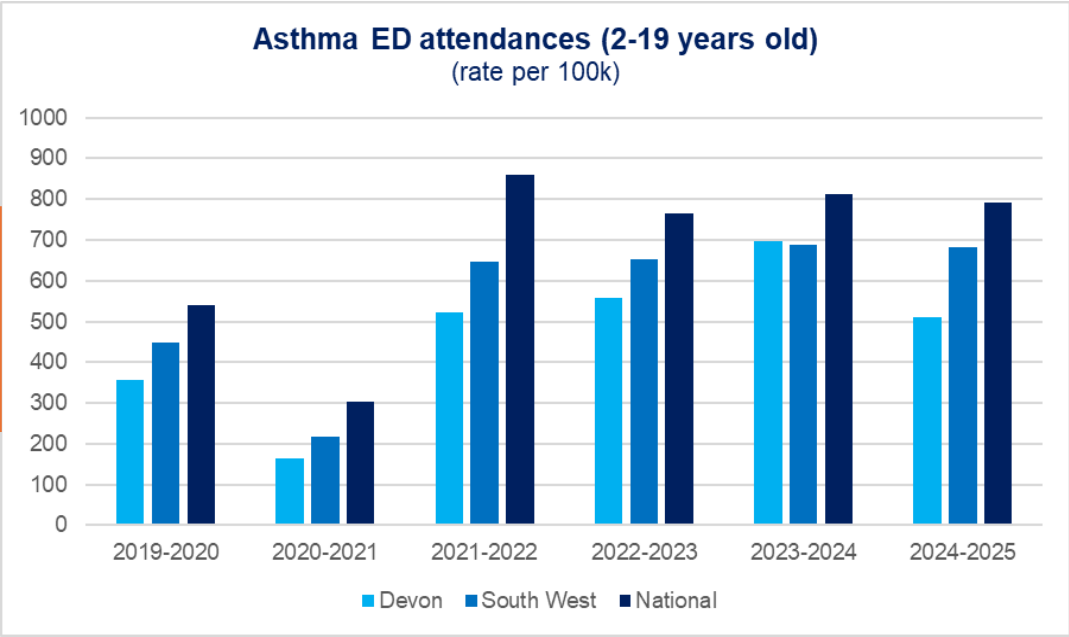
**To note regarding data presented:**

- The prevalence data for long-term conditions and some data through national dashboards is only available at an ICB level and so is presented for One Devon, all other data is presented for Torbay specifically.
- Slide 3 outlines emergency department attendances and admissions for Devon ICB against the Southwest and National averages.
- Slide 4 outlines Devon ICB data on the left and localised Torbay data by Primary Care Network (PCN) on the right.

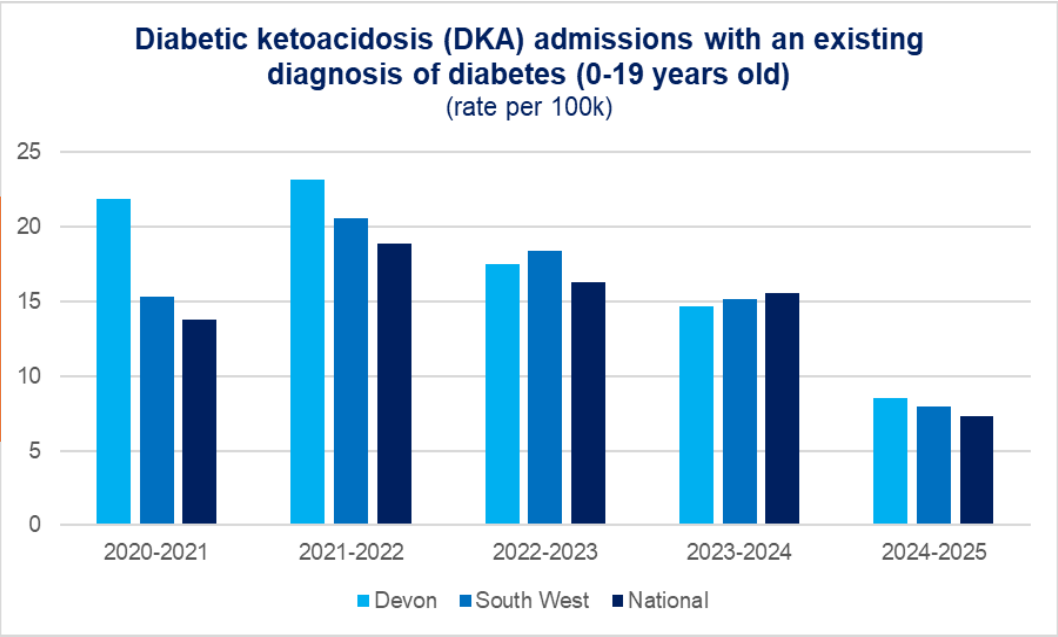


# Long term conditions: Devon Data

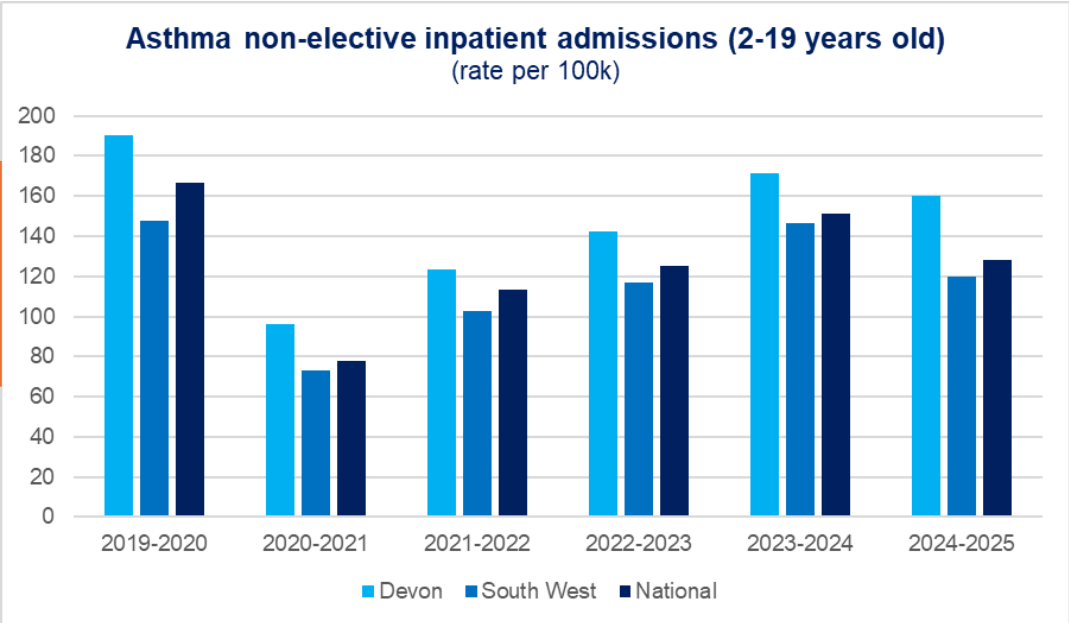
Asthma



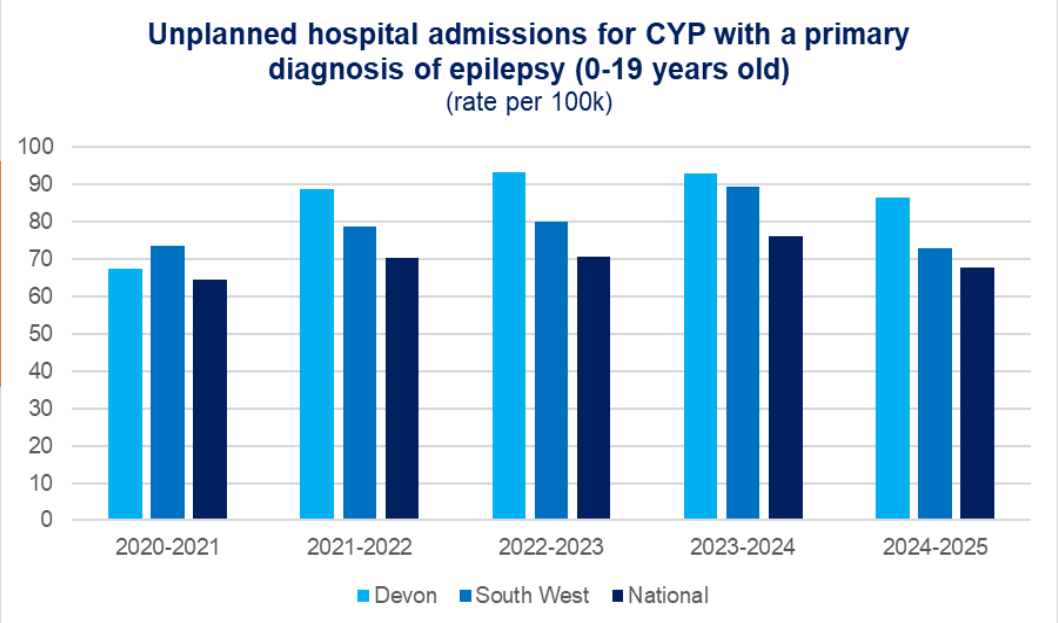
Diabetes



Asthma



Epilepsy



# Asthma Context

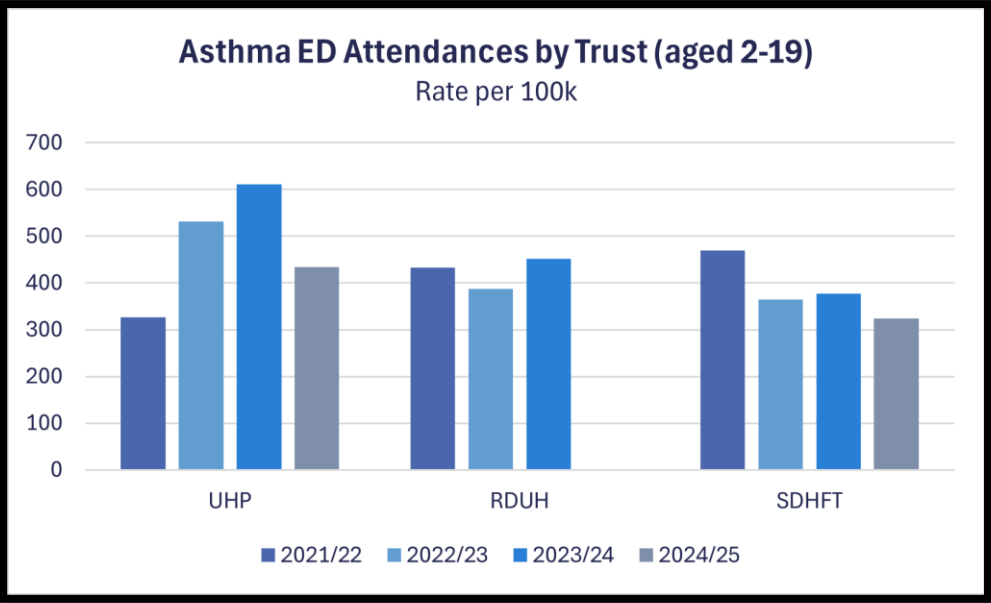
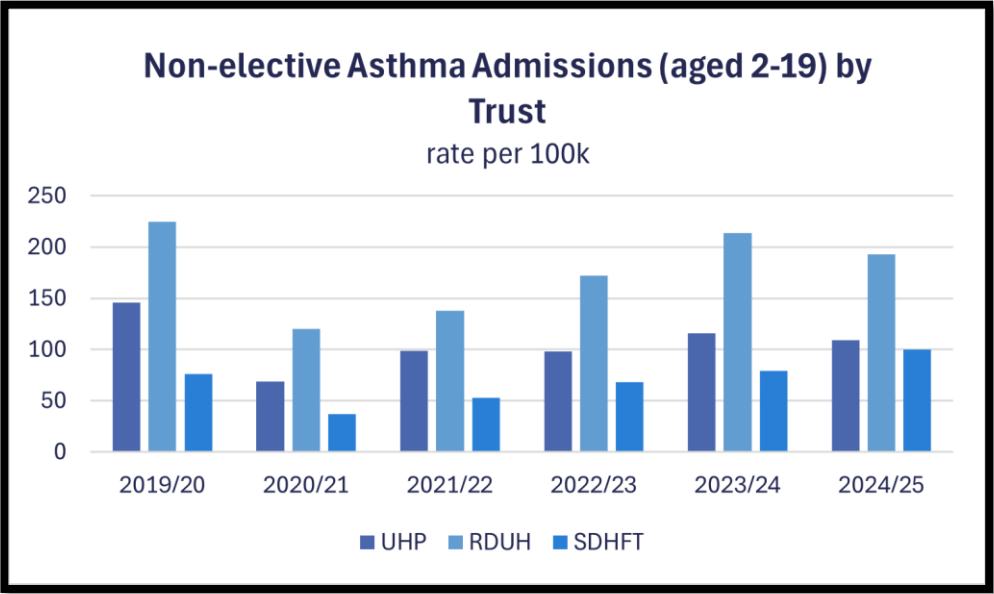
## National Context

Children and Young People account for around 25% of the population. Asthma is the most common long-term condition in Children in the UK with 1 in 11 children living with asthma. The UK has one of the highest prevalence, emergency admission and death rates for childhood asthma in Europe, with marked inequalities.

Asthma attacks, admissions and deaths are largely avoidable.

## Asthma Non-Elective Admissions

Non-elective admissions in Devon have consistently been higher than the regional and national average and admission rates are increasing. Torbay rates have now exceeded their pre-pandemic levels.



Asthma is predominantly managed within primary care with some children under secondary care. We know from prevalence data that not enough CYP are getting a diagnosis due to lack of access to diagnostics, and CYP with severe asthma are not accessing tertiary level care.

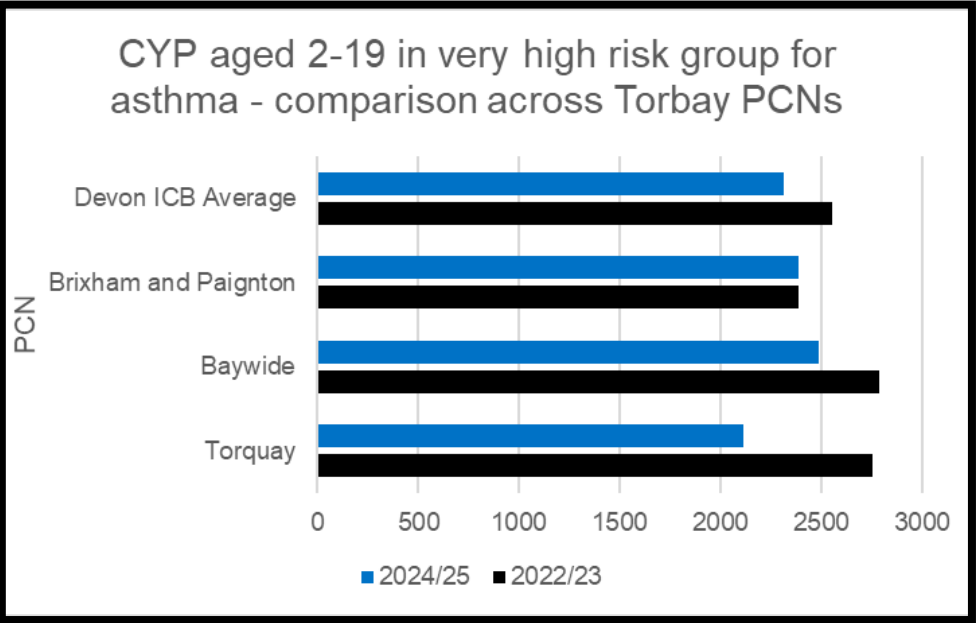
## Avoidable harm to children and young people from asthma can be reduced by:

- Taking a whole system approach to asthma management
- Addressing environmental triggers
- Ensuring a comprehensive education programme
- Promoting personalised care
- Effective preventative medicine
- Improved accuracy of diagnosis

# Asthma Improvements

The NHS England CYP Transformation Dashboard uses pharmacy dispensing data to identify overuse of reliever inhalers and underuse of preventer inhalers.

In Devon, 11,386 individual children, which is 65% of children and young people with asthma are at high or very high risk of exacerbation or admission from asthma based on primary care prescribing alone. 19% are at medium risk with only 16% in the lowest risk category. Devon is the 5<sup>th</sup> worst ICB in England in this regard. The dashboard can be used to identify PCNs and practices where there are the highest risks.

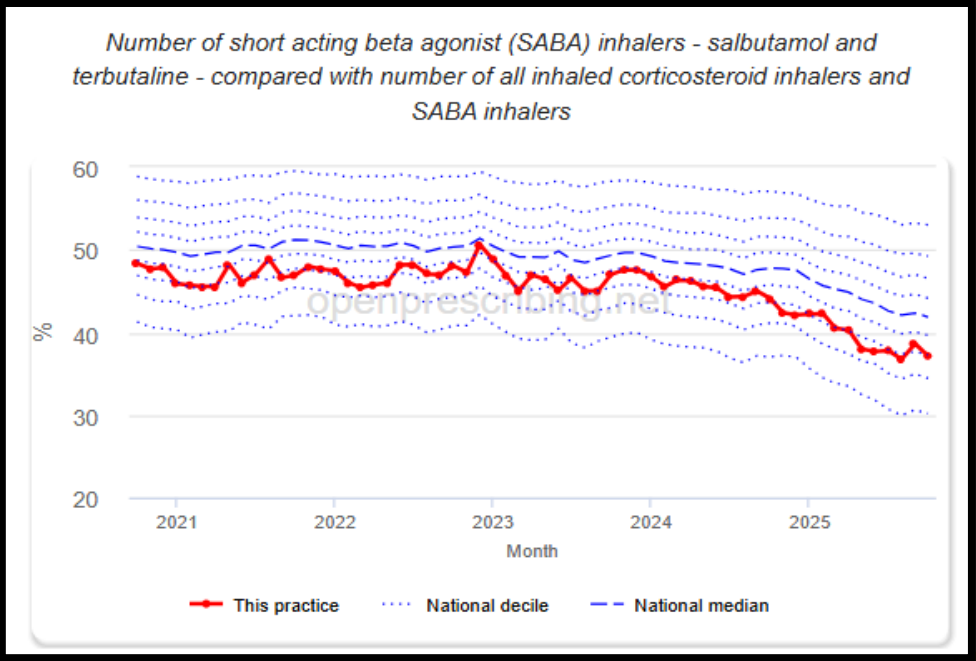


## Torbay Fuel Poverty pilot:

In response to the local data and as part of a pilot across two PCNs (Baywide and Torquay) and the local authority, risk stratification was undertaken with 6 out of the 7 practices. In total 375 CYP were identified as at risk from avoidable harm.

Education and quality improvement work was provided by a specialist asthma practitioner to improve overall asthma care through increase in asthma reviews and effective preventative medicine.

Both graphs to the left show the changes within those practices with a reduction in number of CYP categorised as very high risk and a reduction in the number of reliever medications prescribed.



Integrated care boards (ICB)				
Click an ICB to update the PCN chart, click a risk colour bar to filter by category, and press Ctrl and click for multi-select.				
	per 100k			
NHS NORFOLK AND WAVENEY INTEGRATED CARE BOARD	2,732	2,045	1,660	1,235
NHS GREATER MANCHESTER INTEGRATED CARE BOARD	2,687	2,158	1,525	1,193
NHS BIRMINGHAM AND SOLIHULL INTEGRATED CARE BOARD	2,424	2,150	1,603	1,367
NHS BLACK COUNTRY INTEGRATED CARE BOARD	2,363	2,188	1,610	1,284
NHS DEVON INTEGRATED CARE BOARD	2,678	2,092	1,413	1,163
NHS LANCASHIRE AND SOUTH CUMBRIA INTEGRATED CARE BOARD	2,503	2,018	1,488	1,225
NHS WEST YORKSHIRE INTEGRATED CARE BOARD	2,359			
NHS SUFFOLK AND NORTH EAST ESSEX INTEGRATED CARE BOARD	2,661			
Risk categories				
	Black	= Very high risk		
	Red	= High risk		
	Amber	= Medium risk		
	Blue	= Lowest risk		

# Diabetes Improvements

## Hybrid Closed Loop (HCL)

HCL systems link continuous glucose monitoring (CGM) with insulin pump technology to monitor blood glucose and automatically adjust the amount of insulin given through a pump to people living with type 1 diabetes. HCL can eliminate finger-prick tests and prevent life-threatening hypoglycaemic and hyperglycaemia attacks, which can lead to seizures, coma or even death for people living with type 1 diabetes.

- By Q2 2025/26, **73%** of CYP across the Devon system were on HCL, the highest in the SW and slightly above the national average. By the end of Q2, the remaining under 19-year-olds waiting to start HCL across the Devon system is 190.
- Torbay achieved equity of access between the highest and lowest deprivation deciles, with slightly higher access for those living with the lowest deciles.
- Children and young people have been maintained as a priority group for access to this technology.

## Getting it Right First Time (GIRFT) National improvement programme; 6 care processes

- Getting it Right First Time (GIRFT) National improvement programme review completed in Q3 of 2024/25 identified Devon as one of the lowest performing ICBs in care process completion at 35%, with considerable variation between providers (TSDFT 46%) Providers indicated that audit completion issues had affected the data and latest audit (NPDA) would reflect a higher completion rate of the 6 care processes.
- Recommendations in place for the Devon system:
  - Address staffing gaps and plan for future service demand
  - Ensuring equitable access of HCL
  - Improve data completion
  - Enhance mental health support
  - Improve outcomes and reduce emergency admissions
  - Ensure safe and equitable transition from Paediatric to adult services.

## Torbay Transitions Pilot

- NHS England pilot that has now transitioned into a substantive service within Torbay and South Devon Foundation Trust (TSDFT). The pilot improved the glycaemic control of patients, aged 16-27 year olds with diabetes; significantly reducing hospital activity over the last 24 months and positively impacting system-wide patient flow through reduced ambulance calls outs, emergency department (ED) visits and inpatient admissions.
- Most notable outcomes: 32% patients re-engaged under secondary care, 12% reduction in average HbA1c, 37% reduction in number of Diabetic Ketoacidosis (DKA)\*\* admissions, 289% increase in number of patients on HCL and a reduction in average length of hospital stay by 11.25 hours.

\*Test to measure blood glucose control. \*\*DKA is a serious condition that can happen in people with diabetes. It's where a lack of insulin causes harmful substances called ketones to build up in the blood. It can be life threatening and needs urgent treatment in hospital.