

Wednesday, 02 September 2020

Meeting of the Health and Wellbeing Board

Thursday, 10 September 2020 at 3.00 pm via Zoom –joining details below:

<https://us02web.zoom.us/j/82472481820?pwd=VXd1RU9RVnBtMGFVL0xYQjZTKzVpdz09>

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Members of the Board

Councillor Jackie Stockman, Chairwoman

Pat Harris, Healthwatch Torbay

Caroline Dimond, Director of Public Health

Dr Liz Thomas, NHS England

Matt Fox, NHS Devon Clinical Commissioning Group

Jo Williams, Director of Adults Services

Nancy Meehan, Deputy Director Children

Co-opted Board Members

Matt Longman, Devon and Cornwall Police

Pat Teague, Ageing Well Assembly

Ian Ansell, Torbay Safeguarding Children Board

Alison Brewer, Primary Care Representative

Julie Foster, Torbay Adults Safeguarding Board

Tara Harris, Executive Head of Community Safety

Alison Hernandez, Police and Crime Commissioner

David Somerfield, Devon Partnership NHS Trust

Tanny Stobart, Community Development Trust

Adel Jones, Torbay and South Devon NHS Foundation Trust

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HEALTH AND WELLBEING BOARD AGENDA

1. Apologies

To receive any apologies for absence, including notifications of any changes to the membership of the Committee.

2. Declaration of interest

2(a) To receive declarations of non pecuniary interests in respect of items on this agenda

For reference: Having declared their non pecuniary interest Members may remain in the meeting and speak and, vote on the matter in question. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

2(b) To receive declarations of disclosable pecuniary interests in respect of items on this agenda

For reference: Where a Member has a disclosable pecuniary interest he/she must leave the meeting during consideration of the item. However, the Member may remain in the meeting to make representations, answer questions or give evidence if the public have a right to do so, but having done so the Member must then immediately leave the meeting, may not vote and must not improperly seek to influence the outcome of the matter. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

(Please Note: If Members and Officers wish to seek advice on any potential interests they may have, they should contact Governance Support or Legal Services prior to the meeting.)

3. Urgent items

To consider any other items that the Chairman/woman decides are urgent.

4. Updates on focus areas from June meeting:

(Pages 5 - 28)

- Addressing the economic impact of Covid-19 on young people in Torbay;
- Improving digital access and tackling inequality
- Improving Public Mental Health

5. What our data is telling us:

(Pages 29 - 98)

- Covid-19 – current figures and trends
- Impact and recovery
- Joint Strategic Needs Assessment 2020-22
- Joint Health and Wellbeing Strategy Outcomes Table – update August 2020.

6. Planning for Winter: Covid-19 and flu

7. Forward Plan Review

Initial paper to consider how the Health and Well-Being Board and partners could support work to address the impact of economic injury resulting from Covid 19 upon young people

At the meeting in June there was a request to consider how the Board and partners could support work to address the impact of economic injury upon young people in Torbay. This paper is an initial response, outlining some of the available information. Due to the time of year it has not been possible to talk to all partners so this a first draft. It is also a request for members to consider the paper and the recommendations and then to make comments and proposals for the best way forward.

RECOMMENDATIONS

- 1. To consider the paper and the recommendations and then to make comments and proposals for the best way forward.**
- 2. To continue to collect and share data on the size and the scope of the challenge**
- 3. To develop initiatives that bring together voluntary sector organisations, charities, the public and private sectors to find ways to collectively tackle the issues facing the most vulnerable families and young people**
- 4. To receive report/s from the Torbay Post Covid NEET Prevention Board**

Since schools and colleges closed to all but a few students in March, hundreds of children in Torbay have had to stay at home until now. This will mean most children and young people will have missed the best part of six months of formal education, the biggest disruption since the Second World War. During this time, there will have been massive variation in the amount of education different children have received and the amount of learning they will have been able to undertake. We already know that time out of the classroom affects all young people, but those who are disadvantaged much more significantly. Previous research has suggested that up to two thirds of the gap between economically disadvantaged young people and their more affluent peers is accounted for by the six-week summer holidays. This is a period when no young people are undertaking formal education, but where gaps still emerge in their skills and abilities.

The essential public health measures that have been taken to stop the spread of Covid-19 have affected everyone in the country, and many families are struggling with additional financial and social pressures. But there are some young people, who before this crisis were already vulnerable or living in precarious situations, who are now facing particular hardship. They have been cut off from many of the sources of support that they might previously have had – schools, teachers, playgrounds, youth provision, health visitors, networks of family and friends, home visits from social workers – at the same time as their families have been under new stresses and strains from lockdown requirements.

Particularly vulnerable groups include:

Families under increased pressure

- Young people whose parents suffer from mental illness
- Young carers
- Children with SEND

Young people at risk or suffering harm

- Child protection
- Domestic Violence
- Criminal exploitation

Children in Care

- Children in unregulated settings

Young people at risk of falling behind in education

- Children living in poverty
- Children with poor internet access
- Young people with poor housing conditions

The groups highlighted above show just some of the many different ways in which children can be vulnerable. The Children's Commissioner's (England) has with her team developed a series of local area profiles of child vulnerability <https://www.childrenscommissioner.gov.uk/chldrn/> which can provide a way for councils and voluntary organisations working with young people to understand which groups of children are likely to have been more at risk under lockdown, and how many children in their area fall into those groups.

This information also provides a framework for central government to target additional resources at the areas most in need. Local authorities should be factoring this information into their decision making when it comes to Covid-19 responses. It is important to remember that these data show baseline – pre-Coronavirus – levels of needs. These children were already vulnerable before COVID-19, and they are likely to be even more at risk now.

These profiles could be a valuable resource to help local agencies better understand which children are known to be at risk, and which children we need to find out more about. By mapping the levels of current need, we can work together with local partners and ensure that the needs of vulnerable families are prioritised now and in the future.

Families in poverty

New research by Joseph Rowntree Foundation and Save the Children reveals that nearly two thirds of hard-pressed families on Universal Credit are now borrowing money to stay afloat during the Covid-19 emergency, the survey found that six in 10 families on Universal Credit and Child Tax Credits have been forced to borrow money since start of crisis – with many relying on payday loans or credit cards

<https://www.jrf.org.uk/press/nearly-two-thirds-families-universal-credit-forced-lockdown-debt-%E2%80%98nightmare%E2%80%99>

The Torbay helpline and the Torbay Food Alliance both started in March 2020 as a direct response to Covid-19. In the following five months the Helpline received around

12,000 calls, and dealt with more than 3,750 people, with a rapid response team turning out on more than 2,700 occasions. The Food Alliance saw 12 community organisations coming together to meet demand for food as a united front and identified food poverty as a key issue for families in Torbay. They have raised over £30,000 and provided over 140,000 meals to those in need.

Young people's learning

Children recognise the importance of school and although there are always adjustments to be made, there appears to be an increase in the numbers of children worried about returning to school after Covid <https://www.unicef.org/coronavirus/supporting-your-childs-mental-health-during-covid-19-school-return>

In a small local survey during the summer, 72% of the young people responding were worried and only 28% were looking forward to returning and getting on with their studies.

Many young people recognise the value of learning, "You can get jobs quicker as well, with more opportunities. With good grades then you can go further with them, rather than having basic grades and then having to go search for ages getting a job" - Annie, 14-15, Secondary school

But when Covid struck Year 11s were a group at particular risk of falling behind, without the structure they would usually have been given at this point in the year. Normally, year 11s would have had multiple contacts to go to for advice, open days, access to careers guidance, etc. as they moved into college. This would have been less of a problem for those going into school sixth form, or those with an idea of what they want to do, but those without a plan already in place others could slip through the gaps – especially young people in Alternative Provision (AP), who may risk falling out of education or training. In Torbay, the careful linking up of colleagues in the local authority and AP providers to help with support, advice and guidance throughout the summer term was noteworthy.

Covid-19 has increased many of the risks facing teenagers. Not just in terms of the epidemiological risk, but also in terms of the additional risks that the lockdown itself has created, such as an increased risk of poor mental health, exposure to domestic violence and addiction in the home, and exposure to exploitation. These risks have been exacerbated by the closures of schools, youth services, summer schemes, parks and leisure activities; reduction in mental health support and increased strain on families, The effects of this will have been particularly acute on the teenagers who were already vulnerable before Covid-19, especially those who were falling through the gaps and being missed by local services. Mental health and wellbeing is lowest for young women and younger youth (18 – 24). Young people whose education or work was either disrupted or stopped altogether are almost twice as likely to be affected by anxiety/ depression as those who continued to be employed or whose education was on track.

Published in July, a report from the Children’s Commissioner <https://www.childrenscommissioner.gov.uk/report/teenagers-falling-through-the-gaps/> assesses the number of teenagers in England, and in each local area, who were *already* vulnerable and falling through gaps in the education and social care systems before Covid-19. The risks include persistent absence from school, exclusions, alternative provision, dropping out of the school system in Year 11, or going missing from care. These are important signals of children at higher risk of future educational failure and unemployment, as well as of falling into crime and criminal exploitation.

Clearly, the pandemic has changed everything. There are a number of interesting reports, surveys which provide evidence of the effect and impact of the crisis. Not all families were equal going into the crisis and they are certainly not equal coming out. All our lives are different as a result, but these were families that were struggling anyway and support for children as they go back to school that looks beyond just catching up academically, with additional focus on their wellbeing. There is a need for new, longer term solutions to the ‘digital divide’; initiatives that bring together charities, the public and private sectors to find ways to collectively tackle the issues facing the most vulnerable families.

This collaborative approach builds on the work of the Torbay Imagine this... Partnership who, with the support and leadership of Torbay CDT have, despite the challenges imposed by coronavirus developed a series of collaborations. These significantly address the five key themes which young people identified as the most important going forward. Current membership involves 43 partners and the collaborations are successfully enabling continued engagement with children and families building on months of engagement and co-design. Covid 19 has highlighted major concerns around mental well-being and a variety of daily programmes are now in place reaching out to children and young people across the Bay. From the feedback and the responses, we are receiving these interventions are really making a difference.

One example is the collaboration of partners including 0-19, South West Family Values, Action for Children, Children’s Society, Play Torbay, Arts Lab, Funkhead, Doorstep Arts, Sound Communities, Youth Trust and Youth Genesis all of whom have joined forces to develop Let’s Create Packs and Play Packs for children, young people and families with packs specially tailored to meet the different needs of babies, toddlers and teenagers right across the whole 0 – 19 age range. With a central ordering system we have already 487 referrals. 76 of those 137 children/young people are SEND and/or disadvantaged due to postcode/area/housing need.

0-18months	18months - 3	0-3 (pre separation)	3-5	5-12	13-19
5	11	10	61	393	7

There is growing evidence that economic consequences of the COVID-19 pandemic are particularly negative for young people. On the eve of the coronavirus outbreak, workers

aged below 25 were more likely than other workers to be employed in sectors that have been effectively shut down as part of the UK lockdown and they are more likely to have lost their jobs since then. This note shows that the economic repercussions of the pandemic threaten to severely disrupt the career progression of young workers, which suggests negative economic impacts on this age group may last well beyond the easing of the lockdown.

- Over the last decade, young people starting out in the labour market have increasingly been working in occupations that are relatively low-paid.
- Many of these low-paying occupations are in sectors hardest hit by the COVID-19 crisis: for example, hospitality and non-food retail.
- The COVID-19 pandemic has severely dented the career prospects of young people and threatens to have a prolonged negative economic impact on them as a result.
- The proportion of young people not in employment, education or training (the youth NEET rate) has remained stubbornly high over the past 15 years and now stands at 30% for young women and 13% for young men worldwide

It is clear, that this is an important time to especially consider how teenagers might be able to recover from the crisis and have a way of getting back into education, training or work. Careers South West has collected together online resources, tools and information that might be useful for young people and families

<https://cswgroup.co.uk/what-we-do/young-people-csw-group/useful-links/>

The Chancellor has rightly announced a positive package of measures to tackle the risk of long-term youth unemployment and innovative policies to protect jobs in hospitality and tourism. More information still to come from government and will be available from Careers South West; services include:

APPRENTICESHIPS see <https://cswgroup.co.uk/education/apprentices-to-get-jobs-boost/>

- New support service launched to help apprentices who have lost their jobs during the Covid-19 outbreak to find new opportunities.
- Apprentices to also get help to access financial, legal, health and wellbeing support as well as careers advice.
- Employers encouraged to take advantage of new cash incentives to take on apprentices and help more people to kick start a new career.

KICKSTART see <https://www.gov.uk/government/publications/a-plan-for-jobs-documents/a-plan-for-jobs-2020#contents>

The government will introduce a new Kickstart Scheme in Great Britain, a £2 billion fund to create hundreds of thousands of high quality 6-month work placements aimed at those aged 16-24 who are on Universal Credit and are deemed to be at risk of long-term unemployment. Funding available for each job will cover 100% of the relevant

National Minimum Wage for 25 hours a week, plus the associated employer National Insurance contributions and employer minimum automatic enrolment contributions.

MENTORING CIRCLES see <https://invest.ashfield-mansfield.com/launch-of-dwp-mentoring-circles-for-all-16-24-year-olds/>

This scheme started in 2018 but was only open to the BAME community but due to the success, the government has rolled it out Nationwide. The scheme has helped many companies to boost their Social Responsibility Campaigns in terms of giving back to disadvantaged groups.

ADAPT2 <https://cswgroup.co.uk/what-we-do/adapt2/>

Our fast paced and rapidly changing world can be a challenging place for young people who have a vast array of pressures put on them. From education, choices, and the ever-present impact of social media, these all offer challenges that no other generation has faced. At CSW we work with young people affected by these challenges and regularly see the impact they have. Adapt2 was developed from our Intensive Family Support Service, seeing a need for a hands-on tool to support young people to find the strategies to cope and develop the resilience to succeed. The programme was particularly designed to provide early help to those on the CAMHS waiting list or outside the scope of CAMHS.

Torbay Post Covid NEET Prevention Board

A recent IFS report identified Torbay as one of the two most 'at risk' local economies due to the impact of the coronavirus pandemic. This impact is likely to be keenly felt amongst the 16 – 25 year old group as the employment market contracts. Equally, Torbay is starting from a challenging position in the number of young people claiming work related benefits before lockdown.

To address this, Torbay Council would like to work with partners to **identify, support** and **provide** for these young people. A keystone of this work will be the stepping up of a project board with sub boards to lead work on the three strands above.

The aim of the work will be to use multi-agency working to remove barriers to young people accessing training or employment and to then support them in maintaining their placement. We will also seek to both increase provision and signpost existing support and provision.

Torbay Council would like to host a meeting of the first project board at **1500 on Monday 21st September**. The meeting will seek to:

1. Agree terms of reference and membership
2. From 1. Identify any other parties whose engagement would be useful to the project.
3. Agree the roles of any sub boards – the three currently proposed may be subject to change by the group.
4. Identify which board members should be engaged in which elements of the project.

5. Share data to inform the group as to the size and scope of the challenge.
6. Agree a schedule of target dates for meetings.

ALL PARTY PARLIAMENTARY GROUP FOR YOUTH EMPLOYMENT

Before the Covid-19 crisis began there were approximately 750,000 young people not in employment, education or training (NEET). The Resolution Foundation, the Institute for Employment Studies and the Learning and Work institute have predicted there will be at least 600,000 more unemployed young people, with a further 500,000 expected to become NEET over the next 18 months.

Inquiry: 'Making Youth Employment Policy Work'

Following the £3.06bn government investment into new and existing youth employment initiatives in the summer the APPG wants to explore whether or not this investment and the services it intends to deliver will meet the needs of young people and help to minimise the impact of Covid-19 on youth employment.

This inquiry will explore the key youth employment programmes and investment to see what the early indicators of success are; it will aim to provide constructive feedback to the government to accelerate impact or suggest improvements that need to be made. It will also look if there are tensions in the system, particularly for young people with additional barriers and needs who might otherwise fall through the gaps.

Submissions are due by **5pm on 7th November 2020**

Tanny Stobart
Play Torbay September 2020

Vulnerability Profile for Torbay

Group	Indicator	Estimate	Rate	Percentile rank amongst LAs	Source
Estimated prevalence of underlying needs among children in Torbay					
Children in at risk households with multiple vulnerabilities	Modelled prevalence of children in households with any of so called 'toxic trio'		4597.85418 180.9 per 1000 0-17 yr olds	51	CCO prevalence estimates
Children in households suffering domestic abuse	Modelled prevalence of children in households with all 3 of so called 'toxic trio'		213.6739942 8.4 per 1000 0-17 yr olds	2	CCO prevalence estimates
Children in households suffering from mental health problems	Modelled prevalence of children in households where parent suffering domestic abuse		1847.250502 72.7 per 1000 0-17 yr olds	78	CCO prevalence estimates
Children in households suffering from drug/alcohol problems	Modelled prevalence of children in households where parent suffering severe mental health problem		3450.106757 135.7 per 1000 0-17 yr olds	54	CCO prevalence estimates
Children in poverty	Modelled prevalence of children in households where parent suffering alcohol/drug dependency		863.4449082 34 per 1000 0-17 yr olds	8	CCO prevalence estimates
	Children eligible for free school meals		3477 18.8%	73	DfE statistics
	Estimated local unemployment rate (%)	4.3%	4.3%	56	DfE statistics
	Income deprivation affecting children indicator (IDACI) - average score		0.219 N/A	74	MHCLG statistics
Children living in crowded spaces	Households with children claiming universal credit		2184 146.58 per 1000 households with child	56	DWP statistics
	Rate of overcrowded households (occupancy rating for bedrooms of less than -1)	2.6%	2.6%	23	2011 Census
	Flats/maisonettes as a proportion of housing	30.9%	30.9%	76	2011 Census
	Population-based projected rate of overcrowded households in 2018	2.57%	2.57%	23	CCO estimates
Children in households at risk from additional pressure	Number of live births		1220 48 per 1000 0-17 yr olds	19	ONS statistics
	Live births to mothers under 18		13 0.5 per 1000 0-17 yr olds	78	ONS statistics
Children without internet access	Children in households where no home broadband above 2mbps is available at the premises		5 0.2 per 1000 0-17 yr olds	43	Ofcom statistics
	Children in households where no internet above 10mbps (neither home broadband nor mobile data) is available at the premises		224 8.8 per 1000 0-17 yr olds	59	Ofcom statistics
Profile of vulnerable children known to services in Torbay					
Children in households suffering domestic abuse	CIN episodes where a child has domestic abuse identified as a factor at CIN assessment (excluding looked after children)		500 19.7 per 1000 0-17 yr olds	84	CCO prevalence estimates
Children in households suffering from mental health problems	CIN episodes where a child has mental health of parent/someone else in household identified as a factor at CIN assessment (excluding looked after children)		532 20.9 per 1000 0-17 yr olds	97	CCO prevalence estimates
Children in households suffering from drug/alcohol problems	CIN episodes where a child has self-harm identified as a factor at CIN assessment (excluding looked after children)		70 2.8 per 1000 0-17 yr olds	86	CCO prevalence estimates
Children with SEND	CIN episodes where a child has substance misuse by a parent/someone else in household identified as a factor at CIN assessment (excluding looked after children)		355 14 per 1000 0-17 yr olds	85	DfE statistics
	Children with SEND but no EHC plan		2533 99.6 per 1000 0-17 yr olds	77	DfE statistics
	Children with EHC plan		1039 40.9 per 1000 0-17 yr olds	100	DfE statistics
Children with a social worker	Children with an open CIN plan (excluding looked after children)		708 27.8 per 1000 0-17 yr olds	51	DfE statistics
	Children with an open Child Protection Plan		166 6.5 per 1000 0-17 yr olds	86	DfE statistics
Children in care	Children in care		362 14.2 per 1000 0-17 yr olds	98	DfE statistics
	CLA in independent or semi-independent accommodation		21 0.8 per 1000 0-17 yr olds	86	DfE statistics
	Children in the care of LA in secure children's homes		0 0 per 1000 0-17 yr olds	0	DfE statistics
	Children placed in secure children's homes within LA		0 0 per 1000 0-17 yr olds	0	DfE statistics
	Children in care in residential homes		0 0 per 1000 0-17 yr olds	0	DfE statistics
	Children who had more than one missing from care incident during the year		29 1.1 per 1000 0-17 yr olds	89	DfE statistics
Children who are homeless or at risk of homelessness	Rate of households in TA with children (per 1000 households)	0.57 per 1000 households	0.6 per 1000 households	47	MHCLG statistics
	Total number of children in TA		75 3 per 1000 0-17 yr olds	53	MHCLG statistics
Young carers	Estimated number of young carers supported by LAs		554 29.94 per 1000 5-17 yr olds	76	CCO estimates
Children at risk outside the home	CIN episodes where a child has young carer identified as a factor at CIN assessment (excluding looked after children)		84 3.3 per 1000 0-17 yr olds	97	DfE statistics
Children potentially experiencing physical harm	CIN episodes where a child has gangs identified as a factor at CIN assessment (excluding looked after children)		40 1.6 per 1000 0-17 yr olds	78	DfE statistics
	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)		85 122.87 per 10000 0-4 yr olds	51	NHS statistics
	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)		225 104.89 per 10000 0-14 yr olds	60	NHS statistics
Children outside of mainstream education	Number of children in AP/PRUs		129 5.1 per 1000 0-17 yr olds	80	DfE statistics
	Children withdrawn from school to be home educated		93 3.7 per 1000 0-17 yr olds	96	OCC estimates
	Number of children with at least one fixed period exclusion during the year		626 24.6 per 1000 0-17 yr olds per 100 en	95	DfE statistics
	Number of children who are persistently absent during the year		2052 12.1 per 1000 enrolments	95	DfE statistics
Children who are homeless or at risk of homelessness	Rate of households assessed as threatened with homelessness (per 1000 households)	1.4 per 1000 households	1.4 per 1000 households	52	MHCLG statistics
	Rate of households assessed as homeless (per 1000 households)	3.3 per 1000 households	3.3 per 1000 households	97	MHCLG statistics
Children on the edge of social care involvement	Children referred to social services in last year but not meeting thresholds		410 16.1 per 1000 0-17 yr olds	57	DfE statistics
Children in kinship care	Number of children fostered with relatives		40 1.6 per 1000 0-17 yr olds	79	DfE statistics
Children receiving treatment for substance misuse	Number of children receiving treatment for substance misuse		53 2.1 per 1000 0-17 yr olds	80	PHE statistics
Profile of highly vulnerable babies and toddlers in Torbay					
Children in at risk households with multiple vulnerabilities	Modelled prevalence of children aged 0-1 in households with any of so called 'toxic trio'		207 165.95 per 1000 0-1 yr olds	51	CCO prevalence estimates
	Modelled prevalence of children aged 0-4 in households with any of so called 'toxic trio'		1148 165.95 per 1000 0-4 yr olds	51	CCO prevalence estimates
	Modelled prevalence of children aged 0-1 in households with all 3 of so called 'toxic trio'		15 12.14 per 1000 0-1 yr olds	2	CCO prevalence estimates
	Modelled prevalence of children aged 0-4 in households with all 3 of so called 'toxic trio'		84 12.14 per 1000 0-4 yr olds	2	CCO prevalence estimates
	CIN episodes for children aged <1 at 31st March 2019 with any of the so called 'toxic trio' identified as a factor at CIN assessment (excluding looked after children)		67 53.7 per 1000 under 1 yr olds	99	DfE statistics
	CIN episodes for children aged 0-4 at 31st March 2019 with any of the so called 'toxic trio' identified as a factor at CIN assessment (excluding looked after children)		256 37 per 1000 0-4 yr olds	91	DfE statistics
	CIN episodes for unborn children at 31st March 2019 with any of the so called 'toxic trio' identified as a factor at CIN assessment	#VALUE!	N/A	N/A	DfE statistics
Children in households suffering domestic abuse	Modelled prevalence of children aged 0-1 in households where parent suffering domestic abuse		97 78.17 per 1000 0-1 yr olds	78	CCO prevalence estimates
	Modelled prevalence of children aged 0-4 in households where parent suffering domestic abuse		541 78.17 per 1000 0-4 yr olds	78	CCO prevalence estimates
	CIN episodes for children aged <1 at 31st March 2019 with domestic abuse identified as a factor at CIN assessment (excluding looked after children)		48 38.5 per 1000 under 1 yr olds	99	DfE statistics
	CIN episodes for children aged 0-4 at 31st March 2019 with domestic abuse identified as a factor at CIN assessment (excluding looked after children)		176 25.4 per 1000 0-4 yr olds	91	DfE statistics
	CIN episodes for unborn children at 31st March 2019 with domestic abuse identified as a factor at CIN assessment	*	N/A	N/A	DfE statistics
Children in households suffering from mental health problems	Modelled prevalence of children aged 0-1 in households where parent suffering severe mental health problem		144 115.6 per 1000 0-1 yr olds	54	CCO prevalence estimates
	Modelled prevalence of children aged 0-4 in households where parent suffering severe mental health problem		800 115.6 per 1000 0-4 yr olds	54	CCO prevalence estimates
	CIN episodes for children aged <1 at 31st March 2019 with mental health of parent/someone else in household identified as a factor at CIN assessment (excluding looked after children)		47 37.7 per 1000 under 1 yr olds	97	DfE statistics
	CIN episodes for children aged 0-4 at 31st March 2019 with mental health of parent/someone else in household identified as a factor at CIN assessment (excluding looked after children)		177 25.6 per 1000 0-4 yr olds	98	DfE statistics
	CIN episodes for unborn children at 31st March 2019 with mental health of parent/someone else in household identified as a factor at CIN assessment	*	N/A	N/A	DfE statistics
Children in households suffering from drug/alcohol problems	CIN episodes for children aged <1 at 31st March 2019 with substance misuse by a parent/someone else in household identified as a factor at CIN assessment (excluding looked after children)		35 28.1 per 1000 under 1 yr olds	97	DfE statistics
	CIN episodes for children aged 0-4 at 31st March 2019 with substance misuse by a parent/someone else in household identified as a factor at CIN assessment (excluding looked after children)		123 17.8 per 1000 0-4 yr olds	93	DfE statistics
	CIN episodes for unborn children at 31st March 2019 with substance misuse by a parent/someone else in household identified as a factor at CIN assessment	*	N/A	N/A	DfE statistics
	Modelled prevalence of children aged 0-1 in households where parent suffering alcohol/drug dependency		47 37.36 per 1000 0-1 yr olds	8	CCO prevalence estimates
	Modelled prevalence of children aged 0-4 in households where parent suffering alcohol/drug dependency		258 37.36 per 1000 0-4 yr olds	8	CCO prevalence estimates
Children on the edge of social care involvement	Children referred to children's services aged <1 but not meeting thresholds		22 17.6 per 1000 under 1 yr olds	66	DfE statistics
	Children referred to children's services aged 0-4 but not meeting thresholds		104 15 per 1000 0-4 yr olds	54	DfE statistics
	Unborn children at 31st March referred to social services in last year but not meeting thresholds	*	N/A	N/A	DfE statistics
Children with a social worker	Children aged <1 at 31st March 2019 with an open CIN plan (excluding looked after children)		50 40.1 per 1000 under 1 yr olds	92	DfE statistics
	Children aged 0-4 at 31st March 2019 with an open CIN plan (excluding looked after children)		198 28.6 per 1000 0-4 yr olds	80	DfE statistics
	Unborn children with an open CIN plan		12 0.5 per 1000 0-17 yr olds	32	DfE statistics
	Children aged <1 at 31st March 2019 with an open Child Protection Plan		20 16 per 1000 under 1 yr olds	96	DfE statistics

	Children aged 0-4 at 31st March 2019 with an open Child Protection Plan		61 8.8 per 1000 0-4 yr olds		91 DfE statistics
	Unborn children with an open Child Protection Plan at 31st March	*	N/A	N/A	DfE statistics
Children at risk from abuse in the household	CIN episodes for children aged <1 at 31st March 2019 with any abuse or neglect identified as a factor at CIN assessment (excluding looked after children)		33 26.5 per 1000 under 1 yr olds		83 DfE statistics
	CIN episodes for children aged <1 at 31st March 2019 with emotional abuse identified as a factor at CIN assessment (excluding looked after children)		19 15.2 per 1000 under 1 yr olds		85 DfE statistics
	CIN episodes for children aged <1 at 31st March 2019 with neglect identified as a factor at CIN assessment (excluding looked after children)		18 14.4 per 1000 under 1 yr olds		82 DfE statistics
	CIN episodes for children aged <1 at 31st March 2019 with physical abuse identified as a factor at CIN assessment (excluding looked after children)		13 10.4 per 1000 under 1 yr olds		86 DfE statistics
	CIN episodes for children aged <1 at 31st March 2019 with sexual abuse identified as a factor at CIN assessment (excluding looked after children)	*	N/A	N/A	DfE statistics
	CIN episodes for children aged 0-4 at 31st March 2019 with any abuse or neglect identified as a factor at CIN assessment (excluding looked after children)		119 17.2 per 1000 0-4 yr olds		61 DfE statistics
	CIN episodes for children aged 0-4 at 31st March 2019 with emotional abuse identified as a factor at CIN assessment (excluding looked after children)		66 9.5 per 1000 0-4 yr olds		70 DfE statistics
	CIN episodes for children aged 0-4 at 31st March 2019 with neglect identified as a factor at CIN assessment (excluding looked after children)		71 10.3 per 1000 0-4 yr olds		81 DfE statistics
	CIN episodes for children aged 0-4 at 31st March 2019 with physical abuse identified as a factor at CIN assessment (excluding looked after children)		43 6.2 per 1000 0-4 yr olds		73 DfE statistics
	CIN episodes for children aged 0-4 at 31st March 2019 with sexual abuse identified as a factor at CIN assessment (excluding looked after children)		10 1.4 per 1000 0-4 yr olds		47 DfE statistics
	CIN episodes for unborn children at 31st March 2019 with any abuse or neglect identified as a factor at CIN assessment	*	N/A	N/A	DfE statistics
	CIN episodes for unborn children at 31st March 2019 with emotional abuse identified as a factor at CIN assessment	*	N/A	N/A	DfE statistics
	CIN episodes for unborn children at 31st March 2019 with neglect identified as a factor at CIN assessment	*	N/A	N/A	DfE statistics
	CIN episodes for unborn children at 31st March 2019 with physical abuse identified as a factor at CIN assessment		0 0 per 1000 0-17 yr olds		0 DfE statistics
	CIN episodes for unborn children at 31st March 2019 with sexual abuse identified as a factor at CIN assessment		0 0 per 1000 0-17 yr olds		0 DfE statistics
Children potentially experiencing physical harm	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)		85 122.87 per 10000 0-4 yr olds		51 NHS statistics

Further LA information for Torbay

Indicator	Estimate	Percentile rank amongst LAs (1 = 1 Source)
Ofsted: Overall children's services rating	Inadequate	N/A Ofsted inspection reports
Ofsted: Children who need help and protection rating	Inadequate	N/A Ofsted inspection reports
Ofsted: Children looked after and achieving permanence rating	Requires improvement to be good	N/A Ofsted inspection reports
Total LA expenditure per pound in unallocated reserves	£37.07	67 MHCLG statistics
Total CSC expenditure per pound in unallocated reserves	£8.22	95 MHCLG statistics
Low level mental health spend per child 18/19	£6.06	47 CCO 'Early access to mental health support' report

Vulnerability Profile for Torbay

Select Local Authority:	Torbay
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Estimated prevalence of underlying needs among children in Torbay

Group	Indicator	Estimate	Rate	Percentile rank amongst LAs (0 = Lowest rate, 100 = Highest rate)	Source
Children in at risk households with multiple vulnerabilities	Modelled prevalence of children in households with any of so called 'toxic trio'	4,598	180.9 per 1000 0-17 yr olds	51	CCO prevalence estimates
	Modelled prevalence of children in households with all 3 of so called 'toxic trio'	214	8.4 per 1000 0-17 yr olds	2	CCO prevalence estimates
Children in households suffering domestic	Modelled prevalence of children in households where parent suffering domestic abuse	1,847	72.7 per 1000 0-17 yr olds	78	CCO prevalence estimates
Children in households suffering from mental	Modelled prevalence of children in households where parent suffering severe mental health problem	3,450	135.7 per 1000 0-17 yr olds	54	CCO prevalence estimates
Children in households suffering from	Modelled prevalence of children in households where parent suffering alcohol/drug dependency	863	34 per 1000 0-17 yr olds	8	CCO prevalence estimates
Children in poverty	Children eligible for free school meals	3,477	18.8%	73	DfE statistics
	Estimated local unemployment rate (%)	4.3%	4.3%	56	DfE statistics
	Income deprivation affecting children indicator (IDACI) - average score	0.219	N/A	74	MHCLG statistics
	Households with children claiming universal credit	2,184	146.58 per 1000 households with children	56	DWP statistics
Children living in crowded spaces	Rate of overcrowded households (occupancy rating for bedrooms of less than -1)	2.6%	2.6%	23	2011 Census
	Flats/maisonettes as a proportion of housing	30.9%	30.9%	76	2011 Census
	Population-based projected rate of overcrowded households in 2018	2.57%	2.57%	23	CCO estimates
Children in households at risk from additional pressure	Number of live births	1,220	48 per 1000 0-17 yr olds	19	ONS statistics
	Live births to mothers under 18	13	0.5 per 1000 0-17 yr olds	78	ONS statistics
Children without internet access	Children in households where no home broadband above 2mbps is available at the premises	5	0.2 per 1000 0-17 yr olds	43	Ofcom statistics
	Children in households where no internet above 10mbps (neither home broadband nor mobile data) is available at the premises	224	8.8 per 1000 0-17 yr olds	59	Ofcom statistics

Profile of vulnerable children known to services in Torbay

Group	Indicator	Estimate	Rate	Percentile rank amongst LAs (1 = Lowest rate, 100 = Highest rate)	Source
Children in households suffering domestic abuse	CIN episodes where a child has domestic abuse identified as a factor at CIN assessment (excluding looked after children)	500	19.7 per 1000 0-17 yr olds	84	CCO prevalence estimates
Children in households	CIN episodes where a child has mental health of parent/someone else in household identified as a factor at CIN assessment	532	20.9 per 1000 0-17 yr olds	97	CCO prevalence estimates

suffering from mental health problems	CIN episodes where a child has self-harm identified as a factor at CIN assessment (excluding looked after children)	70	2.8 per 1000 0-17 yr olds	86	CCO prevalence estimates
Children in households suffering from	CIN episodes where a child has substance misuse by a parent/someone else in household identified as a factor at CIN	355	14 per 1000 0-17 yr olds	85	DfE statistics
Children with SEND	Children with SEND but no EHC plan	2,533	99.6 per 1000 0-17 yr olds	77	DfE statistics
	Children with EHC plan	1,039	40.9 per 1000 0-17 yr olds	100	DfE statistics
Children with a social worker	Children with an open CIN plan (excluding looked after children)	708	27.8 per 1000 0-17 yr olds	51	DfE statistics
	Children with an open Child Protection Plan	166	6.5 per 1000 0-17 yr olds	86	DfE statistics
Children in care	Children in care	362	14.2 per 1000 0-17 yr olds	98	DfE statistics
	CLA in independent or semi-independent accommodation	21	0.8 per 1000 0-17 yr olds	86	DfE statistics
	Children in the care of LA in secure children's homes	0	0 per 1000 0-17 yr olds	0	DfE statistics
	Children placed in secure children's homes within LA	0	0 per 1000 0-17 yr olds	0	DfE statistics
	Children in care in residential homes	0	0 per 1000 0-17 yr olds	0	DfE statistics
	Children who had more than one missing from care incident during the year	29	1.1 per 1000 0-17 yr olds	89	DfE statistics
Children who are homeless or at risk of homelessness	Rate of households in TA with children (per 1000 households)	0.57 per 1000 households	0.6 per 1000 households	47	MHCLG statistics
	Total number of children in TA	75	3 per 1000 0-17 yr olds	53	MHCLG statistics
Page 14 Young carers	Estimated number of young carers supported by LAs	554	29.94 per 1000 5-17 yr olds	76	CCO estimates
	CIN episodes where a child has young carer identified as a factor at CIN assessment (excluding looked after children)	84	3.3 per 1000 0-17 yr olds	97	DfE statistics
Children at risk outside the home	CIN episodes where a child has gangs identified as a factor at CIN assessment (excluding looked after children)	40	1.6 per 1000 0-17 yr olds	78	DfE statistics
Children potentially experiencing physical harm	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)	85	122.87 per 10000 0-4 yr olds	51	NHS statistics
	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	225	104.89 per 10000 0-14 yr olds	60	NHS statistics
Children outside of mainstream education	Number of children in AP/PRUs	129	5.1 per 1000 0-17 yr olds	80	DfE statistics
	Children withdrawn from school to be home educated	93	3.7 per 1000 0-17 yr olds	96	OCC estimates
	Number of children with at least one fixed period exclusion during the year	626	24.6 per 1000 0-17 yr olds per 100 enrolments	95	DfE statistics
	Number of children who are persistently absent during the year	2,052	12.1 per 1000 enrolments	95	DfE statistics
Children who are homeless or at risk of homelessness	Rate of households assessed as threatened with homelessness (per 1000 households)	1.4 per 1000 households	1.4 per 1000 households	52	MHCLG statistics
	Rate of households assessed as homeless (per 1000 households)	3.3 per 1000 households	3.3 per 1000 households	97	MHCLG statistics

Children on the edge of social care involvement	Children referred to social services in last year but not meeting thresholds	410	16.1 per 1000 0-17 yr olds	57	DfE statistics
Children in kinship care	Number of children fostered with relatives	40	1.6 per 1000 0-17 yr olds	79	DfE statistics
Children receiving treatment for substance misuse	Number of children receiving treatment for substance misuse	53	2.1 per 1000 0-17 yr olds	80	PHE statistics

Profile of highly vulnerable babies and toddlers in Torbay

Group	Indicator	Estimate	Rate	Percentile rank amongst LAs (0 = Lowest rate, 100 = Highest rate)	Source
Children in at risk households with multiple vulnerabilities	Modelled prevalence of children aged 0-1 in households with any of so called 'toxic trio'	207	165.95 per 1000 0-1 yr olds	51	CCO prevalence estimates
	Modelled prevalence of children aged 0-4 in households with any of so called 'toxic trio'	1,148	165.95 per 1000 0-4 yr olds	51	CCO prevalence estimates
	Modelled prevalence of children aged 0-1 in households with all 3 of so called 'toxic trio'	15	12.14 per 1000 0-1 yr olds	2	CCO prevalence estimates
	Modelled prevalence of children aged 0-4 in households with all 3 of so called 'toxic trio'	84	12.14 per 1000 0-4 yr olds	2	CCO prevalence estimates
	CIN episodes for children aged <1 at 31st March 2019 with any of t	67	53.7 per 1000 under 1 yr olds	99	DfE statistics
	CIN episodes for children aged 0-4 at 31st March 2019 with any of	256	37 per 1000 0-4 yr olds	91	DfE statistics
	CIN episodes for unborn children at 31st March 2019 with any of t	#VALUE!	N/A	N/A	DfE statistics
Children in households suffering domestic abuse	Modelled prevalence of children aged 0-1 in households where parent suffering domestic abuse	97	78.17 per 1000 0-1 yr olds	78	CCO prevalence estimates
	Modelled prevalence of children aged 0-4 in households where parent suffering domestic abuse	541	78.17 per 1000 0-4 yr olds	78	CCO prevalence estimates
	CIN episodes for children aged <1 at 31st March 2019 with domestic abuse identified as a factor at CIN assessment (excluding looked after children)	48	38.5 per 1000 under 1 yr olds	99	DfE statistics
	CIN episodes for children aged 0-4 at 31st March 2019 with domestic abuse identified as a factor at CIN assessment (excluding looked after children)	176	25.4 per 1000 0-4 yr olds	91	DfE statistics
	CIN episodes for unborn children at 31st March 2019 with domestic abuse identified as a factor at CIN assessment	*	N/A	N/A	DfE statistics
Children in households suffering from mental	Modelled prevalence of children aged 0-1 in households where parent suffering severe mental health problem	144	115.6 per 1000 0-1 yr olds	54	CCO prevalence estimates
	Modelled prevalence of children aged 0-4 in households where parent suffering severe mental health problem	800	115.6 per 1000 0-4 yr olds	54	CCO prevalence estimates
	CIN episodes for children aged <1 at 31st March 2019 with mental health of parent/someone else in household identified as a factor at CIN assessment (excluding looked after children)	47	37.7 per 1000 under 1 yr olds	97	DfE statistics

health problems	CIN episodes for children aged 0-4 at 31st March 2019 with mental health of parent/someone else in household identified as a factor at CIN assessment (excluding looked after children)	177	25.6 per 1000 0-4 yr olds	98	DfE statistics
	CIN episodes for unborn children at 31st March 2019 with mental health of parent/someone else in household identified as a factor at CIN assessment	*	N/A	N/A	DfE statistics
Children in households suffering from drug/alcohol problems	CIN episodes for children aged <1 at 31st March 2019 with substance misuse by a parent/someone else in household identified as a factor at CIN assessment (excluding looked after children)	35	28.1 per 1000 under 1 yr olds	97	DfE statistics
	CIN episodes for children aged 0-4 at 31st March 2019 with substance misuse by a parent/someone else in household identified as a factor at CIN assessment (excluding looked after children)	123	17.8 per 1000 0-4 yr olds	93	DfE statistics
	CIN episodes for unborn children at 31st March 2019 with substance misuse by a parent/someone else in household identified as a factor at CIN assessment	*	N/A	N/A	DfE statistics
	Modelled prevalence of children aged 0-1 in households where parent suffering alcohol/drug dependency	47	37.36 per 1000 0-1 yr olds	8	CCO prevalence estimates
	Modelled prevalence of children aged 0-4 in households where parent suffering alcohol/drug dependency	258	37.36 per 1000 0-4 yr olds	8	CCO prevalence estimates
Children on the edge of social care involvement	Children referred to children's services aged <1 but not meeting thresholds	22	17.6 per 1000 under 1 yr olds	66	DfE statistics
	Children referred to children's services aged 0-4 but not meeting thresholds	104	15 per 1000 0-4 yr olds	54	DfE statistics
	Unborn children at 31st March referred to social services in last year but not meeting thresholds	*	N/A	N/A	DfE statistics
Children with a social worker	Children aged <1 at 31st March 2019 with an open CIN plan (excluding looked after children)	50	40.1 per 1000 under 1 yr olds	92	DfE statistics
	Children aged 0-4 at 31st March 2019 with an open CIN plan (excluding looked after children)	198	28.6 per 1000 0-4 yr olds	80	DfE statistics
	Unborn children with an open CIN plan	12	0.5 per 1000 0-17 yr olds	32	DfE statistics
	Children aged <1 at 31st March 2019 with an open Child Protection Plan	20	16 per 1000 under 1 yr olds	96	DfE statistics
	Children aged 0-4 at 31st March 2019 with an open Child Protection Plan	61	8.8 per 1000 0-4 yr olds	91	DfE statistics
	Unborn children with an open Child Protection Plan at 31st March	*	N/A	N/A	DfE statistics
	CIN episodes for children aged <1 at 31st March 2019 with any abuse or neglect identified as a factor at CIN assessment (excluding looked after children)	33	26.5 per 1000 under 1 yr olds	83	DfE statistics
	CIN episodes for children aged <1 at 31st March 2019 with emotional abuse identified as a factor at CIN assessment (excluding looked after children)	19	15.2 per 1000 under 1 yr olds	85	DfE statistics

Page 17	Children at risk from abuse in the household	CIN episodes for children aged <1 at 31st March 2019 with neglect identified as a factor at CIN assessment (excluding looked after children)	18	14.4 per 1000 under 1 yr olds	82	DfE statistics
		CIN episodes for children aged <1 at 31st March 2019 with physical abuse identified as a factor at CIN assessment (excluding looked after children)	13	10.4 per 1000 under 1 yr olds	86	DfE statistics
		CIN episodes for children aged <1 at 31st March 2019 with sexual abuse identified as a factor at CIN assessment (excluding looked after children)	*	N/A	N/A	DfE statistics
		CIN episodes for children aged 0-4 at 31st March 2019 with any abuse or neglect identified as a factor at CIN assessment (excluding looked after children)	119	17.2 per 1000 0-4 yr olds	61	DfE statistics
		CIN episodes for children aged 0-4 at 31st March 2019 with emotional abuse identified as a factor at CIN assessment (excluding looked after children)	66	9.5 per 1000 0-4 yr olds	70	DfE statistics
		CIN episodes for children aged 0-4 at 31st March 2019 with neglect identified as a factor at CIN assessment (excluding looked after children)	71	10.3 per 1000 0-4 yr olds	81	DfE statistics
		CIN episodes for children aged 0-4 at 31st March 2019 with physical abuse identified as a factor at CIN assessment (excluding looked after children)	43	6.2 per 1000 0-4 yr olds	73	DfE statistics
		CIN episodes for children aged 0-4 at 31st March 2019 with sexual abuse identified as a factor at CIN assessment (excluding looked after children)	10	1.4 per 1000 0-4 yr olds	47	DfE statistics
		CIN episodes for unborn children at 31st March 2019 with any abuse or neglect identified as a factor at CIN assessment	*	N/A	N/A	DfE statistics
		CIN episodes for unborn children at 31st March 2019 with emotional abuse identified as a factor at CIN assessment	*	N/A	N/A	DfE statistics
		CIN episodes for unborn children at 31st March 2019 with neglect identified as a factor at CIN assessment	*	N/A	N/A	DfE statistics
		CIN episodes for unborn children at 31st March 2019 with physical abuse identified as a factor at CIN assessment	0	0 per 1000 0-17 yr olds	0	DfE statistics
		CIN episodes for unborn children at 31st March 2019 with sexual abuse identified as a factor at CIN assessment	0	0 per 1000 0-17 yr olds	0	DfE statistics
		Children potentially experiencing physical harm	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)	85	122.87 per 10000 0-4 yr olds	51

Further LA information for Torbay

Indicator	Estimate	Percentile rank amongst LAs (1 = Lowest rate, 100 = Highest rate)	Source
Ofsted: Overall children's services rating	Inadequate	N/A	Ofsted inspection reports
Ofsted: Children who need help and protection rating	Inadequate	N/A	Ofsted inspection reports

Ofsted: Children looked after and achieving permanence rating	Requires improvement to be good	N/A	Ofsted inspection reports
Total LA expenditure per pound in unallocated reserves	£37.07	67	MHCLG statistics
Total CSC expenditure per pound in unallocated reserves	£8.22	95	MHCLG statistics
Low level mental health spend per child 18/19	£6.06	47	CCO 'Early access to mental health support' report

Vulnerability Profile for England

Estimated prevalence of underlying needs among children in England

Group	Indicator	National Estimate	National Rate	Highest rate	Lowest rate	Source
Children in at risk households with multiple vulnerabilities	Modelled prevalence of children in households with any of so called 'toxic trio'	2,176,962	182.1 per 1000 0-17 yr olds	243.4 (Hackney)	138.63 (Wokingham)	CCO prevalence estimates
	Modelled prevalence of children in households with all 3 of so called 'toxic trio'	104,497	8.7 per 1000 0-17 yr olds	14.8 (Manchester)	8.21 (Dorset)	CCO prevalence estimates
Children in households suffering domestic	Modelled prevalence of children in households where parent suffering domestic abuse	784,160	65.6 per 1000 0-17 yr olds	104 (Hackney)	48.94 (Wokingham)	CCO prevalence estimates
Children in households suffering from mental	Modelled prevalence of children in households where parent suffering severe mental health problem	1,608,071	134.5 per 1000 0-17 yr olds	189.63 (Manchester)	96.95 (Wokingham)	CCO prevalence estimates
Children in households suffering from	Modelled prevalence of children in households where parent suffering alcohol/drug dependency	475,279	39.8 per 1000 0-17 yr olds	57.88 (Blackpool)	29.45 (Wokingham)	CCO prevalence estimates
Children in poverty	Children eligible for free school meals	1,221,308	15.2%	33.3 (Knowsley)	4.9 (Rutland)	DfE statistics
	Estimated local unemployment rate (%)	3.8%	3.8%	8.4 (Hartlepool)	1.6 (Oxfordshire)	DfE statistics
	Income deprivation affecting children indicator (IDACI) - average score	0.158	N/A	0.33 (Middlesbrough)	0.06 (Wokingham)	DfE statistics
	Households with children claiming universal credit	911,861	134.82 per 1000 households with children	326.96 (Hartlepool)	57.06 (Surrey)	DWP statistics
Children living in crowded spaces	Rate of overcrowded households (occupancy rating for bedrooms of less than -1)	4.64%	4.64%	25.2 (Newham)	1.2 (Rutland)	2011 Census
	Flats/maisonettes as a proportion of housing	22.11%	22.11%	89.2 (Westminster)	6 (Durham)	2011 Census
	Population-based projected rate of overcrowded households in 2018	4.64%	4.64%	26.26 (Newham)	1.23 (Rutland)	CCO estimates
Children in households at risk from additional pressure	Number of live births	625,651	52.3 per 1000 0-17 yr olds	73.57 (Wandsworth)	37.04 (Dorset)	ONS statistics
	Live births to mothers under 18	3,952	0.3 per 1000 0-17 yr olds	1.05 (Middlesbrough)	0.02 (Westminster)	ONS statistics
Children without internet access	Children in households where no home broadband above 2mbps is available at the premises	19,309	1.6 per 1000 0-17 yr olds	12.91 (North Yorkshire)	0 (Blackpool)	Ofcom statistics
	Children in households where no internet above 10mbps (neither home broadband nor mobile data) is available at the premises	156,852	13.1 per 1000 0-17 yr olds	74.55 (Devon)	0.38 (Luton)	Ofcom statistics

Profile of vulnerable children known to services in England

Group	Indicator	National Estimate	National Rate	Highest rate	Lowest rate	Source
Children in households suffering domestic abuse	CIN episodes where a child has domestic abuse identified as a factor at CIN assessment (excluding looked after children)	174,051	14.6 per 1000 0-17 yr olds	34.48 (Calderdale)	5.47 (Trafford)	DfE statistics
Children in households suffering from mental health problems	CIN episodes where a child has mental health of parent/someone else in household identified as a factor at CIN assessment (excluding looked after children)	132,825	11.1 per 1000 0-17 yr olds	31.24 (Blackpool)	0 (West Sussex)	DfE statistics
	CIN episodes where a child has self-harm identified as a factor at CIN assessment (excluding looked after children)	20,350	1.7 per 1000 0-17 yr olds	4.75 (Nottingham)	0.19 (East Riding of Yorkshire)	DfE statistics

Children in households suffering from drug/alcohol problems	CIN episodes where a child has substance misuse by a parent/someone else in household identified as a factor at CIN assessment (excluding looked after children)	108,159	9 per 1000 0-17 yr olds	25.67 (Blackpool)	2.86 (Windsor and Maidenhead)	DfE statistics
Children with SEND	Children with SEND but no EHC plan	1,047,165	87.6 per 1000 0-17 yr olds	124.83 (Liverpool)	50.87 (Havering)	DfE statistics
	Children with EHC plan	271,165	22.7 per 1000 0-17 yr olds	40.87 (Torbay)	6.2 (Newham)	DfE statistics
Children with a social worker	Children with an open CIN plan (excluding looked after children)	323,175	27 per 1000 0-17 yr olds	59.51 (Blackpool)	14.91 (Richmond upon Thames)	DfE statistics
	Children with an open Child Protection Plan	51,002	4.3 per 1000 0-17 yr olds	13.32 (Blackpool)	1.26 (Westminster)	DfE statistics
Children in care	Children in care	78,150	6.5 per 1000 0-17 yr olds	19.65 (Blackpool)	2.53 (Richmond upon Thames)	DfE statistics
	CLA in independent or semi-independent accommodation	6,183	0.5 per 1000 0-17 yr olds	1.62 (Liverpool)	0 (Rutland)	DfE statistics
	Children in secure children's homes	146	0.01 per 1000 0-17 yr olds	N/A	N/A	DfE statistics
	Children in care in residential homes	465	0 per 1000 0-17 yr olds	0.7 (Swindon)	0 (City of London)	DfE statistics
	Children who had more than one missing from care incident during the year	7,670	0.6 per 1000 0-17 yr olds	2.01 (Blackpool)	0.16 (Derbyshire)	DfE statistics
Children who are homeless or at risk of homelessness	Rate of households in TA with children (per 1000 households)	2.7 per 1000 households	2.7 per 1000 households	32.91 (Newham)	0 (Isles Of Scilly)	MHCLG statistics
	Total number of children in TA	127,890	10.7 per 1000 0-17 yr olds	90.58 (Newham)	0 (Isles Of Scilly)	MHCLG statistics
	Rate of households assessed as threatened with homelessness (per 1000 households)	1.6 per 1000 households	1.6 per 1000 households	5.76 (Haringey)	0 (Wandsworth)	MHCLG statistics
	Rate of households assessed as homeless (per 1000 households)	1.5 per 1000 households	1.5 per 1000 households	4.84 (Salford)	0 (Wandsworth)	MHCLG statistics
Young carers	Estimated number of young carers supported by LAs	34,988	4.06 per 1000 5-17 yr olds	29.94 (Torbay)	0 (City of London)	CCO estimates
	CIN episodes where a child has young carer identified as a factor at CIN assessment (excluding looked after children)	15,274	1.3 per 1000 0-17 yr olds	4.09 (Thurrock)	0 (City of London)	DfE statistics
Children at risk outside the home	CIN episodes where a child has gangs identified as a factor at CIN assessment (excluding looked after children)	10,045	0.8 per 1000 0-17 yr olds	3.8 (Tower Hamlets)	0 (City of London)	DfE statistics
	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	97,479	96.09 per 10000 0-14 yr olds	184.86 (Coventry)	45.06 (Derby)	NHS statistics
Children outside of mainstream education	Number of children in AP/PRUs	42,262	3.5 per 1000 0-17 yr olds	10.76 (Blackpool)	0.77 (Portsmouth)	DfE statistics
	Children withdrawn from school to be home educated	24,460	2 per 1000 0-17 yr olds	8.77 (Isle of Wight)	0.38 (Westminster)	OCC estimates
	Number of children with at least one fixed period exclusion during the year	188,503	15.8 per 1000 0-17 yr olds per 100 enrolments	50.08 (Hartlepool)	6.4 (Rutland)	DfE statistics
	Number of children who are persistently absent during the year	771,863	0 per 1000 enrolments	101.56 (Middlesbrough)	35.22 (Rutland)	DfE statistics
Children on the edge of social care involvement	Children referred to social services in last year but not meeting thresholds	193,333	16.2 per 1000 0-17 yr olds	43.01 (Manchester)	0.33 (Calderdale)	DfE statistics
Children in kinship care	Number of children fostered with relatives	10,451	0.9 per 1000 0-17 yr olds	3.38 (Middlesbrough)	0.13 (Richmond upon Thames)	DfE statistics
Children receiving treatment for substance misuse	Number of children receiving treatment for substance misuse	14,831	1.2 per 1000 0-17 yr olds	4.77 (Liverpool)	0.05 (Cumbria)	PHE statistics

National profile of highly vulnerable babies and toddlers

Group	Indicator	National Estimate	National Rate	Highest rate	Lowest rate	Source
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Children in at risk households with multiple vulnerabilities	Modelled prevalence of children aged 0-1 in households with any of so called 'toxic trio'	106,253	166.58 per 1000 0-1 yr olds	223.34 (Hackney)	127.21 (Wokingham)	CCO prevalence estimates
	Modelled prevalence of children aged 0-4 in households with any of so called 'toxic trio'	557,512	166.58 per 1000 0-4 yr olds	223.34 (Hackney)	127.21 (Wokingham)	CCO prevalence estimates
	Modelled prevalence of children aged 0-1 in households with all 3 of so called 'toxic trio'	8,098	12.7 per 1000 0-1 yr olds	21.37 (Manchester)	11.86 (Dorset)	CCO prevalence estimates
	Modelled prevalence of children aged 0-4 in households with all 3 of so called 'toxic trio'	42,491	12.7 per 1000 0-4 yr olds	21.37 (Manchester)	11.86 (Dorset)	CCO prevalence estimates
	CIN episodes for children aged <1 at 31st March 2019 with any of the so called 'toxic trio' identified as a factor at CIN assessment (excluding looked after children)	17,226	27.01 per 1000 under 1 yr olds	75.08 (Hartlepool)	9.81 (Havering)	DfE statistics
	CIN episodes for children aged 0-4 at 31st March 2019 with any of the so called 'toxic trio' identified as a factor at CIN assessment (excluding looked after children)	78,377	23.42 per 1000 0-4 yr olds	58.46 (Blackpool)	9.12 (Trafford)	DfE statistics
	CIN episodes for unborn children at 31st March 2019 with any of the so called 'toxic trio' identified as a factor at CIN assessment	3,565	0.3 per 1000 0-17 yr olds	0.84 (Plymouth)	0.11 (Westminster)	DfE statistics
Children in households suffering domestic abuse	Modelled prevalence of children aged 0-1 in households where parent suffering domestic abuse	45,495	71.33 per 1000 0-1 yr olds	111.87 (Hackney)	52.65 (Wokingham)	CCO prevalence estimates
	Modelled prevalence of children aged 0-4 in households where parent suffering domestic abuse	238,713	71.33 per 1000 0-4 yr olds	111.87 (Hackney)	52.65 (Wokingham)	CCO prevalence estimates
	CIN episodes for children aged <1 at 31st March 2019 with domestic abuse identified as a factor at CIN assessment (excluding looked after children)	11,787	18.48 per 1000 under 1 yr olds	48.05 (Hartlepool)	6.84 (Havering)	DfE statistics
	CIN episodes for children aged 0-4 at 31st March 2019 with domestic abuse identified as a factor at CIN assessment (excluding looked after children)	55,735	16.65 per 1000 0-4 yr olds	39.28 (Calderdale)	6.31 (York)	DfE statistics
	CIN episodes for unborn children at 31st March 2019 with domestic abuse identified as a factor at CIN assessment	2,428	0.2 per 1000 0-17 yr olds	0.59 (Plymouth)	0 (Hammersmith and Fulham)	DfE statistics
Children in households suffering from mental health problems	Modelled prevalence of children aged 0-1 in households where parent suffering severe mental health problem	73,219	114.79 per 1000 0-1 yr olds	161.54 (Manchester)	82.58 (Wokingham)	CCO prevalence estimates
	Modelled prevalence of children aged 0-4 in households where parent suffering severe mental health problem	384,183	114.79 per 1000 0-4 yr olds	161.54 (Manchester)	82.58 (Wokingham)	CCO prevalence estimates
	CIN episodes for children aged <1 at 31st March 2019 with mental health of parent/someone else in household identified as a factor at CIN assessment (excluding looked after children)	9,632	15.1 per 1000 under 1 yr olds	43.64 (Blackpool)	0 (Hammersmith and Fulham)	DfE statistics
	CIN episodes for children aged 0-4 at 31st March 2019 with mental health of parent/someone else in household identified as a factor at CIN assessment (excluding looked after children)	39,838	11.9 per 1000 0-4 yr olds	33.83 (Blackpool)	0 (Hammersmith and Fulham)	DfE statistics
	CIN episodes for unborn children at 31st March 2019 with mental health of parent/someone else in household identified as a factor at CIN assessment	2,215	0.19 per 1000 0-17 yr olds	0.67 (Plymouth)	0 (Hammersmith and Fulham)	DfE statistics
Children in households suffering from	CIN episodes for children aged <1 at 31st March 2019 with substance misuse by a parent/someone else in household identified as a factor at CIN assessment (excluding looked after children)	7,637	11.97 per 1000 under 1 yr olds	37.04 (Hartlepool)	0 (Hammersmith and Fulham)	DfE statistics
	CIN episodes for children aged 0-4 at 31st March 2019 with substance misuse by a parent/someone else in household identified as a factor at CIN assessment (excluding looked after children)	32,428	9.69 per 1000 0-4 yr olds	28.93 (Blackpool)	2.71 (Waltham Forest)	DfE statistics

drug/alcohol problems	CIN episodes for unborn children at 31st March 2019 with substance misuse by a parent/someone else in household identified as a factor at CIN assessment	1,882	0.16 per 1000 0-17 yr olds	0.58 (Middlesbrough)	0 (Hammersmith and Fulham)	DfE statistics
	Modelled prevalence of children aged 0-1 in households where parent suffering alcohol/drug dependency	27,970	43.85 per 1000 0-1 yr olds	63.67 (Blackpool)	32.39 (Wokingham)	CCO prevalence estimates
	Modelled prevalence of children aged 0-4 in households where parent suffering alcohol/drug dependency	146,758	43.85 per 1000 0-4 yr olds	63.67 (Blackpool)	32.39 (Wokingham)	CCO prevalence estimates
Children on the edge of social care involvement	Children referred to children's services aged <1 but not meeting thresholds	9,509	14.91 per 1000 under 1 yr olds	40.22 (Manchester)	0 (Hammersmith and Fulham)	DfE statistics
	Children referred to children's services aged 0-4 but not meeting thresholds	51,468	15.38 per 1000 0-4 yr olds	39.58 (Manchester)	0.39 (East Riding of Yorkshire)	DfE statistics
	Unborn children at 31st March referred to social services in last year but not meeting thresholds	1,650	0.14 per 1000 0-17 yr olds	0.69 (Salford)	0 (Hammersmith and Fulham)	DfE statistics
Children with a social worker	Children aged <1 at 31st March 2019 with an open CIN plan (excluding looked after children)	15,469	24.25 per 1000 under 1 yr olds	65.7 (North East Lincolnshire)	11.27 (Richmond upon Thames)	DfE statistics
	Children aged 0-4 at 31st March 2019 with an open CIN plan (excluding looked after children)	72,736	21.73 per 1000 0-4 yr olds	57.17 (North East Lincolnshire)	9.82 (Richmond upon Thames)	DfE statistics
	Unborn children with an open CIN plan	7,302	0.61 per 1000 0-17 yr olds	1.9 (Blackpool)	0.23 (Barnet)	DfE statistics
	Children aged <1 at 31st March 2019 with an open Child Protection Plan	4,529	7.1 per 1000 under 1 yr olds	23.36 (Blackpool)	1.52 (Barnet)	DfE statistics
	Children aged 0-4 at 31st March 2019 with an open Child Protection Plan	17,377	5.19 per 1000 0-4 yr olds	16.86 (Blackpool)	1.39 (Westminster)	DfE statistics
	Unborn children with an open Child Protection Plan at 31st March	1,207	0.1 per 1000 0-17 yr olds	0.38 (Sunderland)	0 (Hammersmith and Fulham)	DfE statistics
Children at risk from abuse in the household	CIN episodes for children aged <1 at 31st March 2019 with any abuse or neglect identified as a factor at CIN assessment (excluding looked after children)	10,894	17.08 per 1000 under 1 yr olds	51.63 (Blackpool)	0 (Hammersmith and Fulham)	DfE statistics
	CIN episodes for children aged <1 at 31st March 2019 with emotional abuse identified as a factor at CIN assessment (excluding looked after children)	5,316	8.33 per 1000 under 1 yr olds	26.43 (Blackpool)	0 (Hammersmith and Fulham)	DfE statistics
	CIN episodes for children aged <1 at 31st March 2019 with neglect identified as a factor at CIN assessment (excluding looked after children)	5,867	9.2 per 1000 under 1 yr olds	29.29 (Walsall)	0 (Hammersmith and Fulham)	DfE statistics
	CIN episodes for children aged <1 at 31st March 2019 with physical abuse identified as a factor at CIN assessment (excluding looked after children)	3,080	4.83 per 1000 under 1 yr olds	20.82 (North Lincolnshire)	0 (Hammersmith and Fulham)	DfE statistics
	CIN episodes for children aged <1 at 31st March 2019 with sexual abuse identified as a factor at CIN assessment (excluding looked after children)	1,003	1.57 per 1000 under 1 yr olds	7.01 (Hartlepool)	0 (Hammersmith and Fulham)	DfE statistics
	CIN episodes for children aged 0-4 at 31st March 2019 with any abuse or neglect identified as a factor at CIN assessment (excluding looked after children)	52,677	15.74 per 1000 0-4 yr olds	43.26 (Walsall)	0 (Hammersmith and Fulham)	DfE statistics
	CIN episodes for children aged 0-4 at 31st March 2019 with emotional abuse identified as a factor at CIN assessment (excluding looked after children)	26,157	7.82 per 1000 0-4 yr olds	23.99 (Newcastle upon Tyne)	0 (Hammersmith and Fulham)	DfE statistics
	CIN episodes for children aged 0-4 at 31st March 2019 with neglect identified as a factor at CIN assessment (excluding looked after children)	24,468	7.31 per 1000 0-4 yr olds	26.32 (Hackney)	0 (Hammersmith and Fulham)	DfE statistics

	CIN episodes for children aged 0-4 at 31st March 2019 with physical abuse identified as a factor at CIN assessment (excluding looked after children)	16,023	4.79 per 1000 0-4 yr olds	16.41 (North Lincolnshire)	0 (Hammersmith and Fulham)	DfE statistics
	CIN episodes for children aged 0-4 at 31st March 2019 with sexual abuse identified as a factor at CIN assessment (excluding looked after children)	5,465	1.63 per 1000 0-4 yr olds	6.91 (Calderdale)	0 (Hammersmith and Fulham)	DfE statistics
	CIN episodes for unborn children at 31st March 2019 with any abuse or neglect identified as a factor at CIN assessment	2,271	0.19 per 1000 0-17 yr olds	0.76 (Plymouth)	0 (Hammersmith and Fulham)	DfE statistics
	CIN episodes for unborn children at 31st March 2019 with emotional abuse identified as a factor at CIN assessment	1,125	0.09 per 1000 0-17 yr olds	0.4 (Plymouth)	0 (Hammersmith and Fulham)	DfE statistics
	CIN episodes for unborn children at 31st March 2019 with neglect identified as a factor at CIN assessment	1,556	0.13 per 1000 0-17 yr olds	0.72 (Plymouth)	0 (Hammersmith and Fulham)	DfE statistics
	CIN episodes for unborn children at 31st March 2019 with physical abuse identified as a factor at CIN assessment	624	0.05 per 1000 0-17 yr olds	0.28 (Stoke-on-Trent)	0 (Hammersmith and Fulham)	DfE statistics
	CIN episodes for unborn children at 31st March 2019 with sexual abuse identified as a factor at CIN assessment	203	0.02 per 1000 0-17 yr olds	0.15 (Gateshead)	0 (Hammersmith and Fulham)	DfE statistics
Children potentially experiencing physical harm	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)	41,210	123.14 per 10000 0-4 yr olds	284.34 (Rochdale)	52.61 (Hammersmith and Fulham)	NHS statistics

Title: Improving Digital Access

Wards Affected: All

To: Health and Wellbeing Board **On:** 10th Sept, 2020

Contact: Katy Heard – Carers and Volunteer’s Lead - TSDFT

Telephone: 07747 847 569

Email: Katy.heard@nhs.net

1. Background

1.1 The coronavirus pandemic and associated lockdown brought an exponential increase in the necessity for people to use technology, whether for internet shopping, on-line medical appointments or to connect with friends and family / reduce isolation.

1.2 It therefore brought into stark relief the digital divide between those who have access to technology and those who have not. As quoted in The Lancet Digital Health, “There’s a massive overlap between digital exclusion and social exclusion, and then social exclusion and poverty, and poverty and health inequalities.”

1.3 Various statutory and voluntary representatives of both Adults’ and Children’s Services in Torbay are therefore working together to develop a plan to address this.

2. What are the blockages?

2.1 Part of the difficulty is assessing the scale of the issue and prioritising how to address it in a coordinated manner with appropriate funding.

2.2 There are four main barriers to digital inclusion¹

- access - not everyone has the ability to connect to the internet and go online
- skills - not everyone has the ability to use the internet and online services
- confidence - some people fear online crime, lack trust or don’t know where to start
- motivation - not everyone sees why using the internet could be relevant and helpful

2.3 However, as highlighted by the COVID technology funding for vulnerable pupils, issues of access cannot be resolved simply by providing providing tablets / laptops. Consideration needs to be given to how to enable people with limited means to have sustainable access to the internet, before addressing the issues of skills and confidence.

¹ <https://digital.nhs.uk/about-nhs-digital/our-work/digital-inclusion>

3. What is the planned activity for the next six months?

3.1 Due to the scale of the issue, there are a number of avenues being explored contemporaneously. A questionnaire will be offered on-line and over-the-phone by partners to identify both individual need and the areas of greatest demand / need.

3.2 Access: Various partners are attempting to source or have sourced funding to support loan hardware provision. There should be more feedback about the digital loans to vulnerable pupils once they return to school. There is support in some residential homes and some hospital wards where volunteers enable the patients / residents to use communal equipment to maintain social contact with their families. This will require funding to expand.

Discussions are taking place with NRS, providers of Adult Social Care Technology-Enabled Care, to offer people advice about which hardware is likely to best suit their situation. Some people / Carers may be eligible for funding, some may be able to fund privately, and some may be able to access loan hardware as above.

3.3 Skills: Healthwatch Torbay coordinates Digital Health Devon, improving people's skills in accessing various health systems, using video tutorials and over-the-phone or virtual help.

They are piloting providing over-the-phone or virtual help for unpaid Carers in Torbay providing advice, support and guidance for anyone wishing to improve their digital skills. If this is successful, then consideration will be given as to how to make this a sustainable, more widely-available offer.

TSDF Trust is piloting using volunteers to provide over-the-phone / virtual support for people being offered 'Attend Anywhere' video consultation appointments. This enables people to be talked through and practice logging on to a video consultation so that they are more competent and confident for their actual appointment.

3.4 Confidence: All of the above should increase people's confidence, but we are also developing volunteer 'tech buddies' offering over-the-phone or face-to-face informal practice to maintain people's IT skills and hopefully build social links.

3.5 Motivation: Accepting that there will always be people who will never use technology, it is hoped that by improving the above and publicising potential benefits, such as time saved on medical appointments, some cynics may be won over.

3.6 By offering a full range of support to access health services, on-line services, and social media linking with family / local groups / activities it is hoped to address the widest range of motivations.

3.7 As services start to re-open their face-to-face services, it is hoped that many of the partners, libraries and colleges will be able to offer opportunities for people to access IT on-site and improve their skills and confidence accessing all of the above.

Appendices

Appx 1 – Facts from 'Digital inclusion, exclusion and participation' or ONS

Appendix 1 – Facts from ‘Digital inclusion, exclusion and participation’, or Office for National Statistics.

Studies show that overall non-users are increasingly older, less educated, more likely to be unemployed, disabled, and socially isolated ([Helsper, 2016](#))

In 2019, 91% of adults in the UK had used the internet in the last 3 months (up 1% on 2018), but only 78% of disabled adults.

For adults aged 16 to 44 years it was 99%, compared to 47% of adults aged 75 years and over. ([ONS, 2019](#))

In 2018, 12% of those aged between 11 and 18 years (700,000) reported having no internet access at home from a computer or tablet, and a further 60,000 had no internet access at home at all ([ONS, 2019](#)).

The Citizens Advice Scotland survey ([2018](#)) showed only 19% of respondents from the most deprived areas being able to use a computer at all. 51% of respondents living in the most deprived areas reported never using the internet, in comparison to only 8% of respondents living in the least deprived areas.

The Centre for Economics and Business Research ([2015](#)) identifies five areas in which individuals with basic digital skills benefit:

- increased earnings
- higher employability
- cheaper shopping
- improved communication
- time saved through online services

They also argue the benefits of Basic Digital Skills training outweighs the costs involved, showing that the boost in tax receipts and NHS savings alone exceed the investment required.

Background Papers:

The following documents/files were used to compile this report:

The Lancet Digital Health Volume 2, Issue 8, e395-e396, August 01, 2020 'COVID-19 and the digital divide in the UK'

NHS Digital, July 2019, Digital inclusion for health and social care

Evidence Search and Summary Service Outline, April 2020, Digital inclusion, exclusion and participation

Office for National Statistics, May 2019, Internet users, UK: 2019

Centre for Economics and Business Research, 2015. The economic impact of Basic Digital Skills and inclusion in the UK

DRAFT



JOINT STRATEGIC NEEDS ASSESSMENT FOR TORBAY 2020-2021

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Chair of the Health and Wellbeing board

I am pleased to bring to you the latest Torbay Joint Strategic Needs Assessment (JSNA). The JSNA helps us to build a picture of the needs of our communities, covering all aspects of people's lives. It highlights those areas of our population where we need to focus our efforts to tackle poorer health outcomes.

It is ten years since the Marmot Report, *Fair society, Healthy Lives* was published. The Marmot Report showed how inequalities in society led to inequalities in how long we live, and how many years we live with illness or disability. It set out a strategy to address the social determinants of health – the conditions in which we are all born, grow, live, work and age – to reduce inequalities and improve health outcomes for all.

In the intervening years the inequalities gap has not narrowed but widened. And those most adversely affected are the most vulnerable in our communities, who often live in the areas of highest deprivation. It is essential that we work together, across all sectors, to reverse this trend.

The JSNA shows us where our major challenges lie: there is a six year gap in life expectancy between different areas of the Bay. Torbay has the highest levels of deprivation in the South West. We have an ageing population facing the challenges of ill-health, loneliness and frailty. We also have high levels of children living in poverty, child and adult obesity, and suicide. Poorer environmental conditions are inevitably associated with poorer physical and mental wellbeing.

Here in Torbay we want all of our residents to thrive. We want this to be a place where inequalities are reducing, and where our children, families and older people have high aspirations, rewarding jobs, and good quality affordable housing. This is particularly challenging in a year when we have seen a global pandemic, which has had an impact on all aspects of our lives and affects our most vulnerable communities the most.

The original Marmot Report was also all about empowering and sustaining communities. Torbay has a proud history of partnership between statutory and voluntary sectors, with a strong community voice. As a Council we are determined to work alongside our communities to drive improvements in health and wellbeing by improving the conditions in which we all live, work and grow. No one organisation can bridge the inequality gap but together we can make a difference.

Councillor Jackie Stockman
Chair
Torbay Health and Wellbeing Board

Executive Summary

The Joint Strategic Needs Assessment (JSNA) provides an analysis of the current and future health and social care needs of the communities within Torbay.

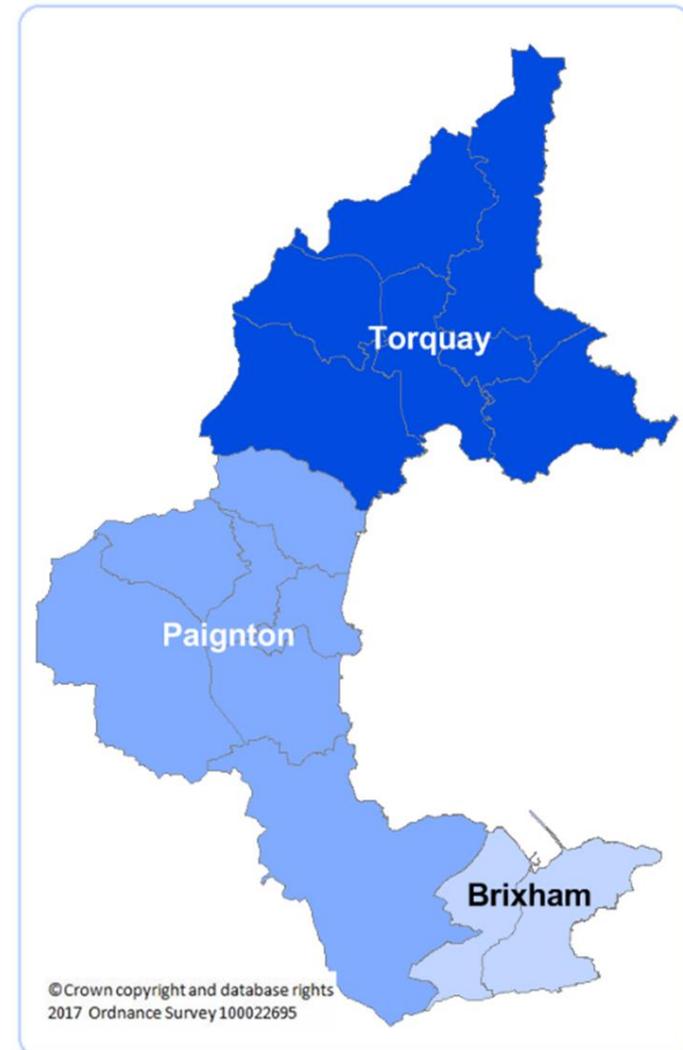
This document takes a lifecourse view of population characteristics and needs, presenting detailed analysis of needs and risks relating to health and wellbeing at different points of life: children and families, working age adults, and those aged 65 and over. Understanding the different risks and needs at the different life stages helps us to target efforts to tackle poor health and inequalities for different population groups, through the services we commission and the plans we put in place.

Figure 1: Geography & demography of Torbay

Spanning the three South Devon towns of Torquay, Paignton and Brixham, Torbay has a collective population of 135,780 (2018 mid-year population estimates). With its rich history, breathtaking natural environment and longstanding reputation as a popular tourist and retirement destination, Torbay has enormous potential to provide individuals and families with the opportunity to live a healthy and fulfilled life.

Like many other coastal towns however, Torbay has its challenges. A predominantly low-wage, low-skill economy that is over reliant on the seasonal tourism industry, it is now amongst the weakest in the country. Torbay also has pockets of significant poverty and deprivation, and is ranked as the most deprived upper-tier local authority in the South West.

Inequalities continue to widen as relative deprivation worsens, and 27% of Torbay residents live in the 20% most deprived areas in England. With high levels of vulnerability across all three towns, Torbay has the second highest rate of looked after children in England, and the highest domestic violence rate in the South West.



Key Facts

Torbay is home to
135,780 people



The average age of a
Torbay resident is **48**

Torbay is home to **42**
state schools



The average price of a
house is **£195,000**



26 out of 100
residents are 65 and over



19 out of 100
residents are children



There are **85** residential
care and nursing homes



The average full-time
salary is **£25,871**



Torbay has approximately **4.5**
million visitors each year



26 beaches to enjoy along **22**
miles of coastline



There were
1,220 births
during 2018



Torbay has **10** GP Practice
groups and **35** Pharmacies



Torbay contains over **70**
parks



Over **100 miles** of footpaths,
permissive routes and horse-riding
routes criss-crossing Torbay



The proportion of
people who live in an
area classified as
amongst the 20%
most deprived areas
of England is



27 out of 100

Torbay residents make
52,000 A&E attendances
and **20,000** emergency
admissions to hospital each
year

JSNA Key Challenges

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

- There is significant variation in health and wellbeing across the bay. In our most affluent areas residents can expect to live on average over six years longer than those living in our more deprived communities.
- Inequalities have been widening as relative deprivation worsens; Torbay is ranked as the most deprived local authority in the South West region.
- Torbay's economy is ranked amongst the weakest in England, and has declined in recent years. With the disruption to the economy caused by COVID-19 the economy is expected to weaken further. Torbay's economy is highly dependent on tourism and unemployment is beginning to rise.
- The number of children looked after by the local authority remains amongst the highest in England and around 1 in 4 children continue to live in households where income is less than 60% of the median income (living in poverty).
- We have an ageing population with the number of people aged over 85 expected to increase by over 50% within the next decade or so. As the population ages it is also expected that we will see more people become frail and require support from health and social care services.
- There are many opportunities for the people of Torbay to be supported to improve their lifestyles. At present:
 - Around 6 out of 10 adults in Torbay are overweight or obese
 - Around 1 in 6 adults in Torbay smoke
 - 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 large part of the JSNA is the district, town and electoral ward profiles which cover the life course. These can be found at: www.southdevonandtorbay.info/jsna

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 Clinical Commissioning Groups have equal and explicit obligations to prepare a JSNA, under the governance of the health and wellbeing board¹

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

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

Information sources

Information that makes up this document comes from a multitude of sources, these will be credited throughout the profile. A very significant amount of information is gathered at the Public Health England 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 shows Torbay's position relative to other local authorities.

The following organisations have also contributed data directly to this JSNA:
Citizens Advice, Torbay & South Devon NHS Foundation Trust, Torbay Community Safety Partnership, Torbay Council Education Department.

¹ Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies, Department for Health, March 2013

Document Overview

The written narrative is themed into the following chapters:

- **Population overview** shows the demography, wider determinants and Index of Multiple Deprivation (IMD) across all ages
- **Starting and developing well** is about understanding the needs of the population between 0 and 24
- **Living and working well** is about understanding the needs of the working age population
- **Ageing well** is about understanding the needs of those aged 65 and over.

Life course

A life course approach affords an understanding of needs and risks to health and wellbeing at different points of life. This is a useful differentiation as our needs as young people are often significantly different to our needs when we reach retirement. Understanding the different risks and needs at the various stages of life enables the opportunity to promote positive health and wellbeing and to prevent future ill health. Also it provides an overview of the potential issues within Torbay that need to be considered when commissioning and delivering services.

An understanding of the life course also shows how a young person's experiences from birth can influence their socioeconomic and health future. An ability to understand these influences may help to mitigate the future levels of ill-health and inequalities.

Wider determinants of health

It is not possible to change some of our individual determinants of health, such as our age, our sex at birth 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.

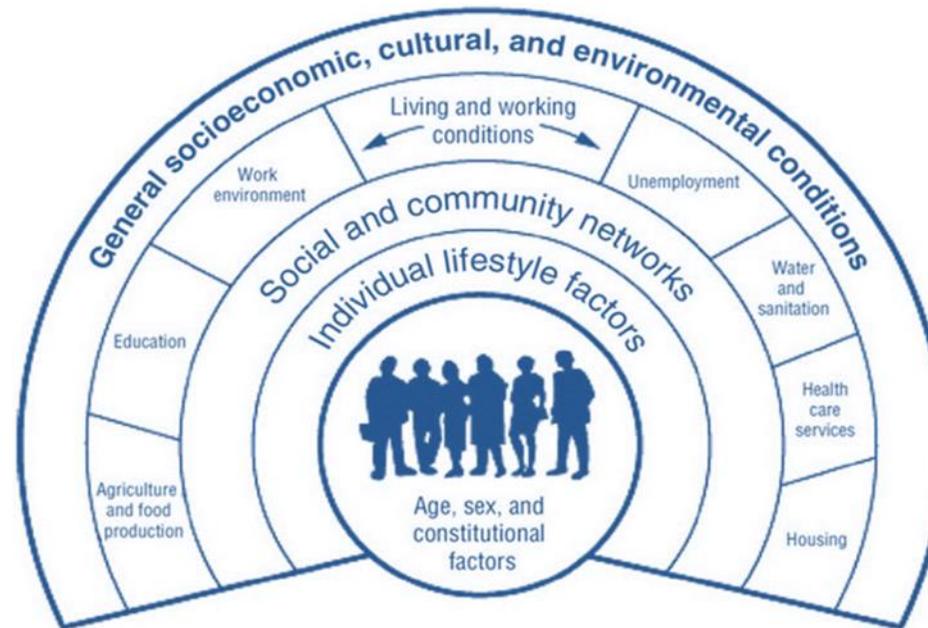
These include the following influences which are presented in Figure 2:

- **Individual lifestyle factors** – Smoking, alcohol, physical activity and diet
- **Social and community network** – 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 gaps in healthy life expectancy.

Figure 2: 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 manifest 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 (Figure 3).

Figure 3: Inequalities and intersection



- **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 nine 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

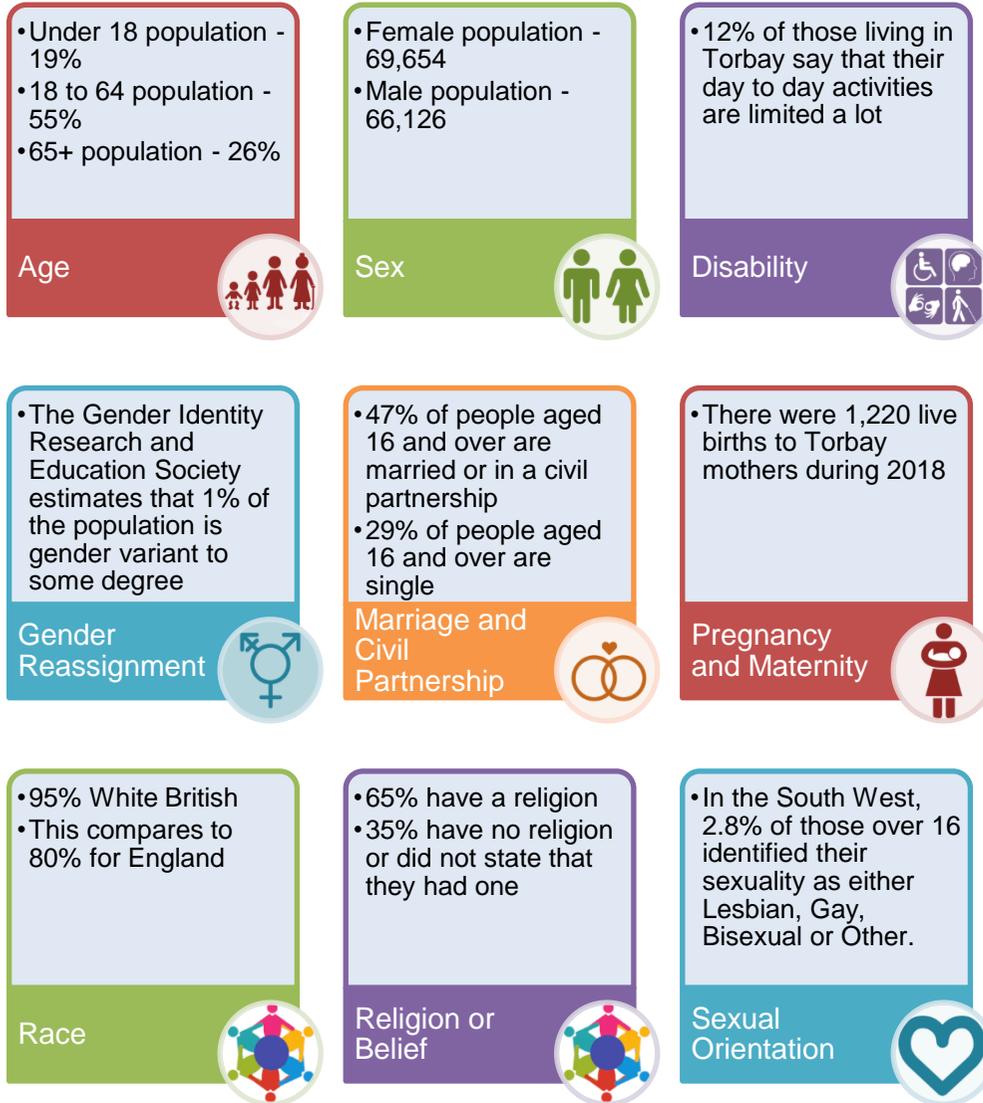
The Chartered Institute of Public Finance and Accountancy (CIPFA) has developed an approach to aid benchmarking and comparing similar local authorities. These are known as nearest neighbours. Torbay’s nearest neighbours are presented below. Within this report Torbay will be compared to a ‘comparator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

Local Authority	% of 2018 population living in 20% most deprived areas (IMD 2019)	Total Population (2018)	Aged 65 & over (2018)	% of population aged 65+
Blackpool	56.7%	139,305	28,402	20.4%
Bournemouth, Christchurch and Poole	11.6%	395,784	85,245	21.5%
Darlington	30.2%	106,566	21,588	20.3%
Dudley	28.1%	320,626	65,175	20.3%
East Riding of Yorkshire	7.8%	339,614	87,485	25.8%
Isle of Wight	13.8%	141,538	39,294	27.8%
North East Lincolnshire	36.6%	159,821	32,299	20.2%
North Tyneside	21.1%	205,985	41,165	20.0%
Northumberland	20.5%	320,274	77,725	24.3%
Redcar and Cleveland	36.0%	136,718	30,435	22.3%
Sefton	30.7%	275,396	64,032	23.3%
Southend-on-Sea	22.9%	182,463	35,097	19.2%
St. Helens	42.9%	180,049	36,788	20.4%
Stockport	17.4%	291,775	58,064	19.9%
Torbay	27.5%	135,780	35,907	26.4%
Wirral	35.8%	323,235	69,811	21.6%

Source: IMD 2019, ONS Mid-year population estimates

Protected Characteristics

Figure 4: Protected Characteristics



Protected characteristics are the nine characteristic groups protected under the Equality Act 2010, these are listed in Figure 4. 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.

Population Overview

Population Overview

Torbay is home to
135,780
people



The average age of
a Torbay resident
is
48 years

Torbay's population is
projected to increase to
149,500 by 2040

There were **1,220**
births during 2018



The average life
expectancy for
females is **83**
years, for males it
is **79** years



Healthy life
expectancy for
females and males
is
62 years



Currently **26 out of 100**
Torbay residents are aged 65 and
over. By 2040 this is projected to rise
to **34 out of 100**



13 out of 100
Torbay households
are experiencing
fuel poverty

The proportion of people
who live in an area
classified as amongst the
20% most deprived areas
of England is
27 out of 100



30 out of 100
children live in the 20%
most deprived areas of
England

There were **12,241**
recorded crimes within
Torbay during 2018/19



There were **3,712**
recorded occurrences of
domestic abuse within
Torbay during 2018/19

The average price of a house in
Torbay is **8** times average full-
time earnings



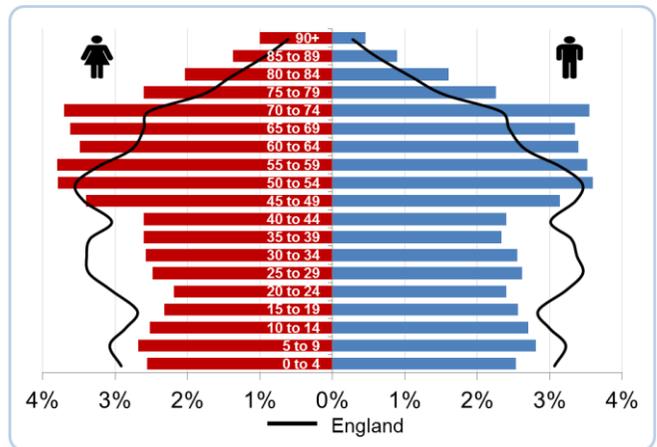
Torbay has significantly lower
levels of air pollution than the
England average.



POPULATION

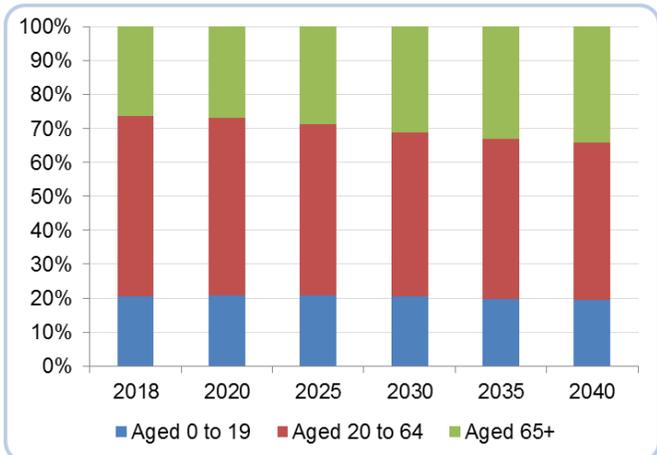
The population profile of an area can help to tell you many things about the potential needs of an area and in the case of population projections it provides a glimpse to future needs. For instance, a projected increase in the number of older people in a population will mean that a rise in demand for health & social care is likely to occur. A rise in the under 18 population would lead to increased demand for educational places, youth activities or possibly increased demand for children’s social care services.

Figure 5
Population pyramid
Torbay (2018)
Source: NOMIS



Torbay has a resident population of 135,780 (ONS Mid-Year Estimate 2018), 51.3% of the population is female and has a significantly older demographic than England, the median age of residents in Torbay is 48 years (England – 39 years). Torbay has higher rates of residents in all age quinquaries above the age of 50 than England and lower rates for all age quinquaries below 50 (Figure 5).

Figure 6
Population projections for Torbay
Source: NOMIS



Torbay’s population is currently projected to rise from 135,780 in 2018 to 149,500 by 2040. The proportion of the population aged 0 to 19 is projected to remain relatively steady, the significant changes in the demographic proportions is projected to take place in the 20 to 64 and 65+ age groups. Those aged between 20 and 64 are projected to fall from 53% to 46% by 2040, the proportion of those aged 65 and over is expected to rise from 26% in 2018 to 34% by 2040 (Figure 6). The projected rate of fall amongst the 20 to 64 age group population is steeper than the projections for England as a whole.

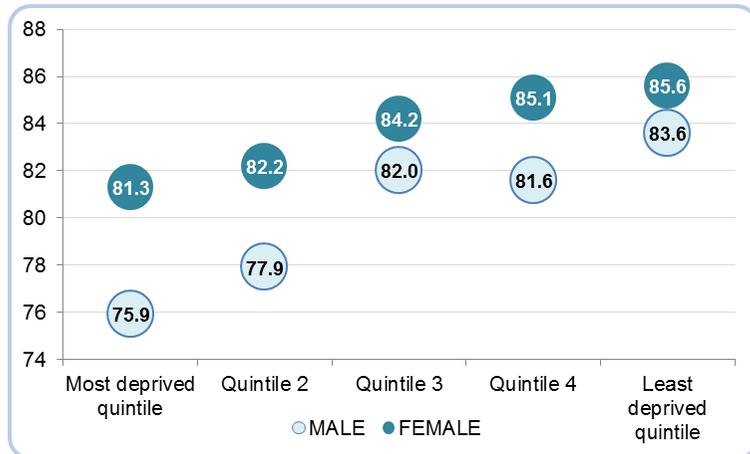
For more information, visit the Life expectancy, births and mortality pages at <http://www.southdevonandtorbay.info>

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 well keep someone alive for longer but the quality of life enjoyed may be relatively poor.

Figure 7
Female and male life expectancy at birth by deprivation quintile Torbay (2013 to 2017)

Source: PCMD, ONS Mid-year population estimates



There has long been a relationship between income and poorer health outcomes. One of these health outcomes is life expectancy. The gap in life expectancy between the most and least deprived quintiles in Torbay is 6 years. The difference between females in most and least deprived quintiles is 4.3 years, for males this gap is 7.7 years (Figure 7). There is very little overall difference in life expectancy when compared to national and comparator groups (CIPFA).

Figure 8
Female healthy life expectancy at birth

Source: Public Health Outcomes Framework (PHOF)

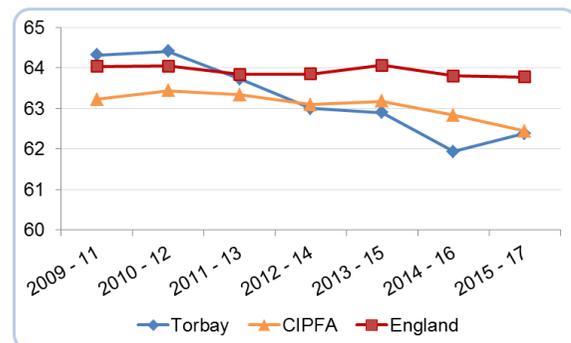
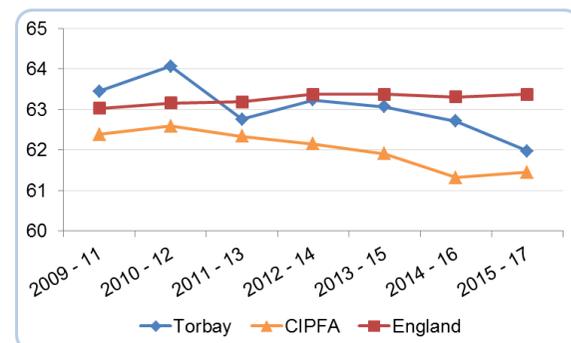


Figure 9
Male healthy life expectancy at birth

Source: Public Health Outcomes Framework (PHOF)

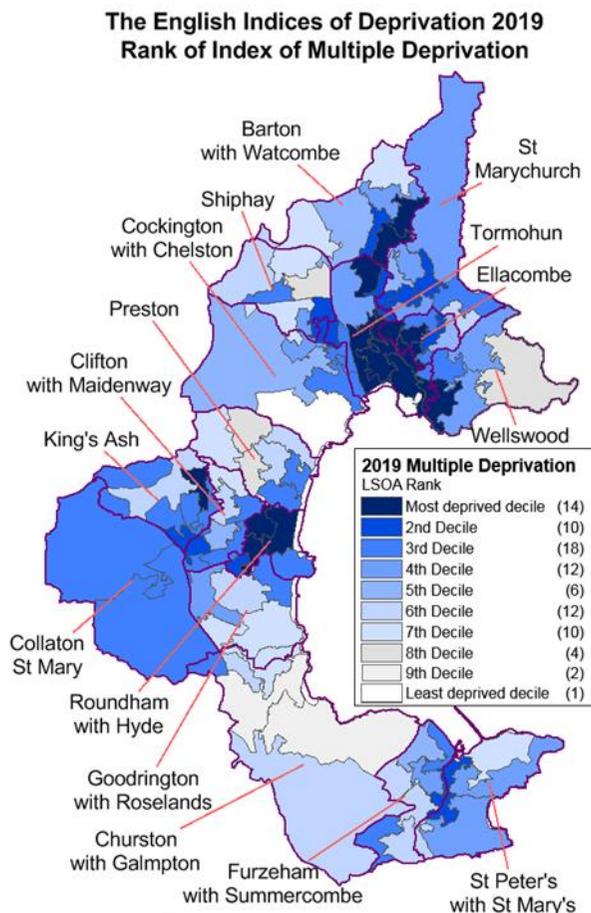


Females in Torbay would expect to live 4 years longer than their male counterparts but the numbers of years spent in good health is the same as males (Figures 8 and 9). This is not significantly different to national and CIPFA comparator rates.

[For more information, visit the Life expectancy, births and mortality pages at http://www.southdevonandtorbay.info](http://www.southdevonandtorbay.info)

DEPRIVATION

Figure 10
Rank of Index of Multiple Deprivation (IMD)



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2017 Ordnance Survey 100022695

Source: Index of Multiple Deprivation (2019)

The latest Index of Multiple Deprivation (IMD) was released in September 2019. The IMD measures **relative** levels of deprivation in small geographical areas called Lower-layer Super Output Areas (LSOA). There are 32,844 LSOAs within England of which 89 make up the area of Torbay. It should be noted that the IMD is measuring **relative** levels of deprivation, for example a better rank in crime deprivation does not mean that Crime levels are falling, simply that levels of crime used to calculate the IMD are not rising as quickly as other local authorities. It is also important to note that not everyone living in a deprived area is deprived and vice versa when applied to a non-deprived area. In general, those people who live in more deprived areas are more likely to die earlier and suffer more ill health.

The IMD is made up of the following deprivation sub-categories (% of weighting indicated in brackets):-

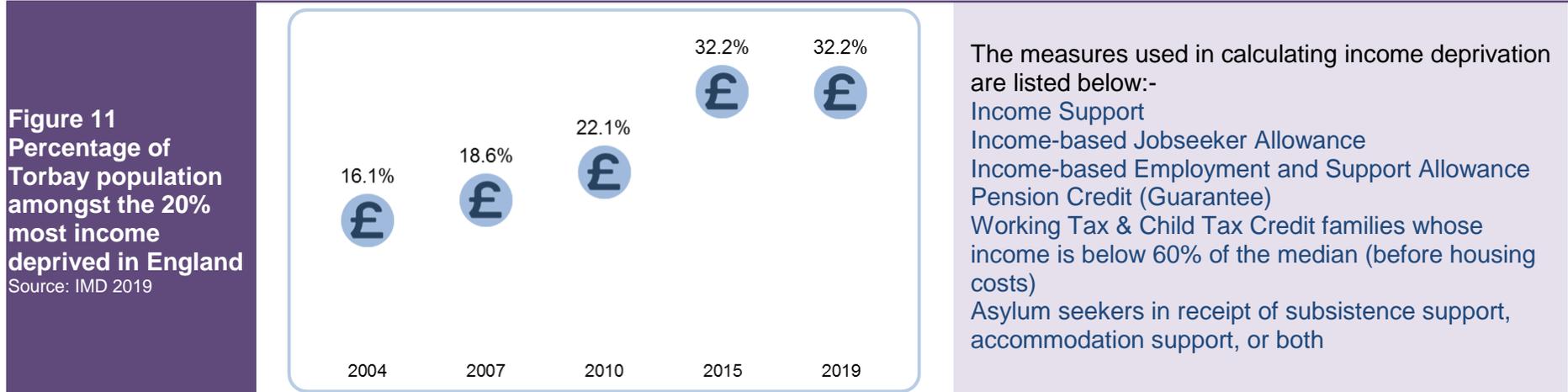
- Income (22.5%)
- Employment (22.5%)
- Education, Skills and Training (13.5%)
- Health and Disability (13.5%)
- Crime (9.3%)
- Barriers to Housing and Services (9.3%)
- Living Environment (9.3%)

The 2019 IMD showed that 24 out of 89 LSOAs within Torbay had levels of deprivation that placed them in the 20% most deprived areas of England (Figure 10), this equates to 27% of the population. This is a small improvement on the previous incarnation of the IMD in 2015 when Torbay had 28 LSOAs in the 20% most deprived areas of England, equating to 32% of the population.

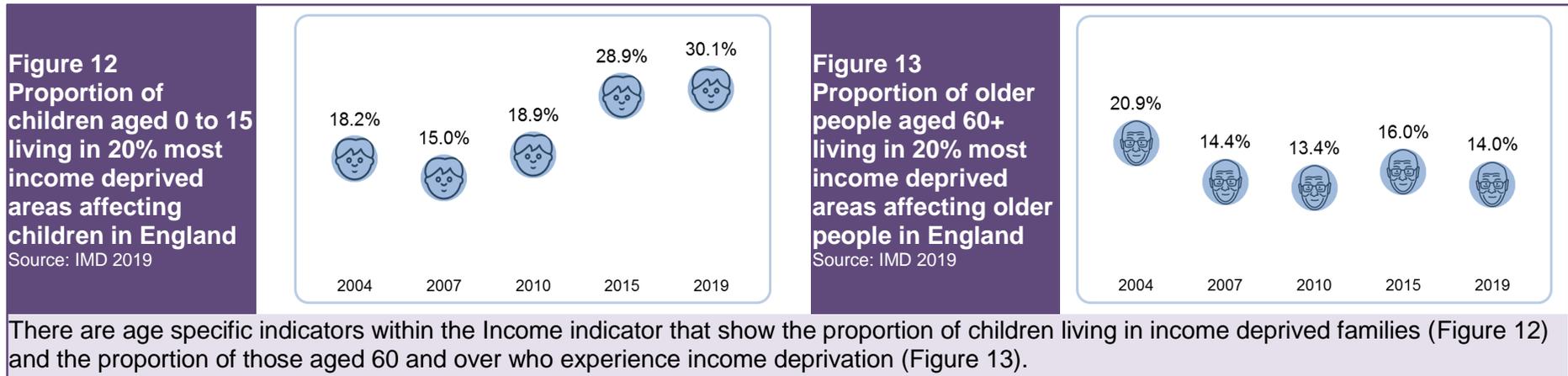
For more information, visit the Deprivation pages at <http://www.southdevonandtorbay.info>

INCOME DEPRIVATION

One of the domains of deprivation is Income deprivation which accounts for 22.5% of the 2019 IMD score. Income deprivation relates to the proportion of the population experiencing deprivation related to low income.



Out of the 151 upper-tier local authorities, Torbay ranked as the 24th most deprived in relation to Income (2015 – 30th). This equates to 32% of Torbay residents living in an area amongst the 20% most deprived areas in England (2015 – 32%) (Figure 11).



There are age specific indicators within the Income indicator that show the proportion of children living in income deprived families (Figure 12) and the proportion of those aged 60 and over who experience income deprivation (Figure 13).

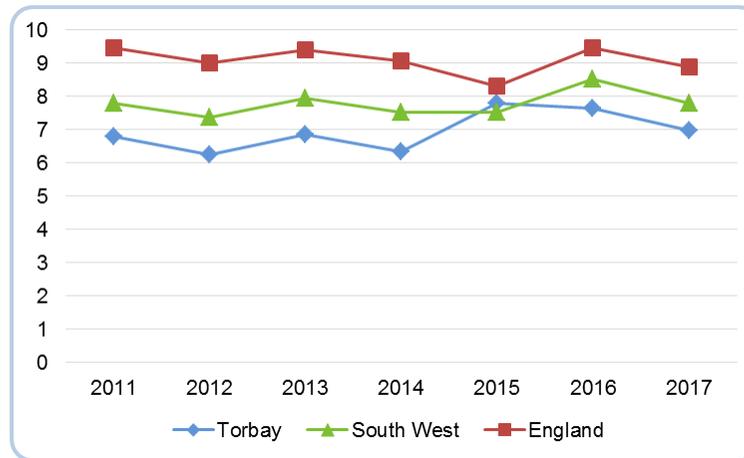
[For more information, visit the Deprivation pages at http://www.southdevonandtorbay.info](http://www.southdevonandtorbay.info)

ENVIRONMENT

Poor air quality is a significant public health issue. There is clear evidence that high levels of fine particulate matter has a significant contributory role towards poor health in a community. Accidents involving road vehicles are significant causes of preventable deaths, particularly in younger age groups. The vast majority of road traffic collisions are preventable and can be avoided through improved education, awareness and vehicle safety.

Figure 14
Air Pollution –
Concentration of
human-made fine
particulate matter

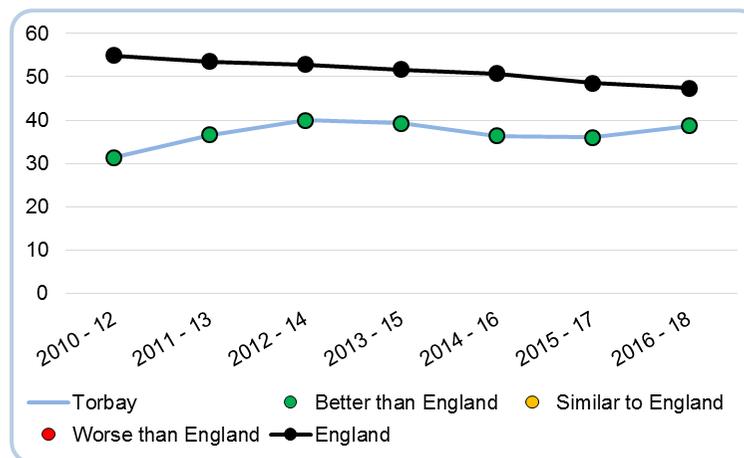
Source: Public Health
Outcomes Framework



Concentration of human-made fine particulate matter within Torbay has been consistently below national and regional levels (Figure 14). Over the seven years shown there has been a degree of variance from year to year, there has been little overall change between 2011 and 2017.

Figure 15
Killed & seriously
injured casualties on
England's roads per
100,000 population

Source: Department for
Transport



The number of Torbay residents killed and seriously injured on England's roads has consistently been below the national rate (Figure 15). It should be noted that figures are the adjusted figures provided by the Department for Transport to take account of changes in severity reporting systems since 2016.

[For more information, visit the Wider Determinants Of Health pages at fingertips.phe.org.uk](http://fingertips.phe.org.uk)

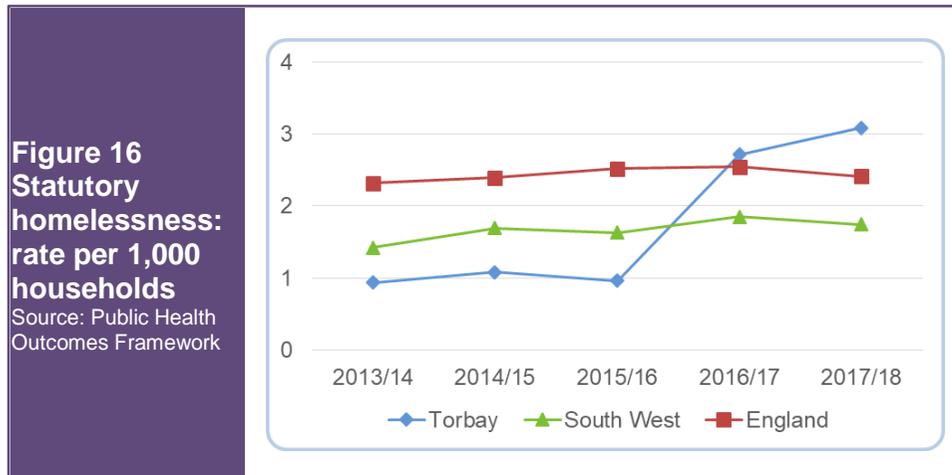
HOMELESSNESS

People can become homeless for various reasons including: eviction, relationship breakdown, domestic abuse, being asked to leave by family/friends, neighbour harassment and a disaster such as fire or flooding.

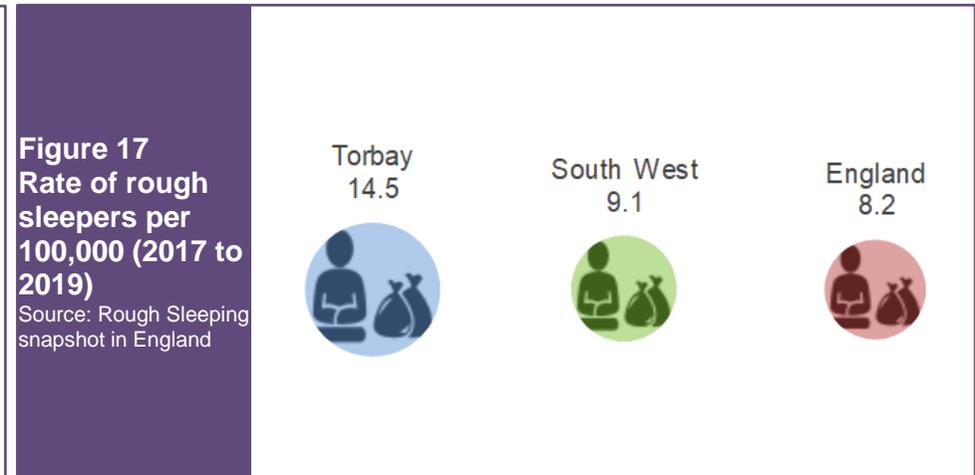
Some people who are homeless end up on the street. The rough sleepers count is a count/estimate by English Local Authorities of the number of people sleeping rough on one night each Autumn. There were 16 rough sleepers counted in Torbay in October 2019 compared to 19 the previous year. Rough sleeping, although a very visible sign of homelessness, is only one type. There are homeless households living in emergency temporary accommodation, placed by Torbay Council under statutory homeless legislation. There are also the hidden homeless such as sofa surfers who stay for short periods with different friends and family because they have nowhere settled to stay. Being homeless or living in poor housing has a detrimental effect on both physical and mental health. Homelessness can be caused by, or lead to, poor mental health and addiction and it is often difficult for homeless people to access health services.

For the year 2018/19, 760 Torbay residents were in treatment at specialist drug misuse services, this is part of a gradual upward trend over the last five years. 385 Torbay residents were in treatment at specialist alcohol misuse services, numbers have been steady for the last four years. These figures comes from the National Drug Treatment Monitoring System.

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Torbay's rate of statutory homelessness has risen significantly since 2015/16 (Figure 16).

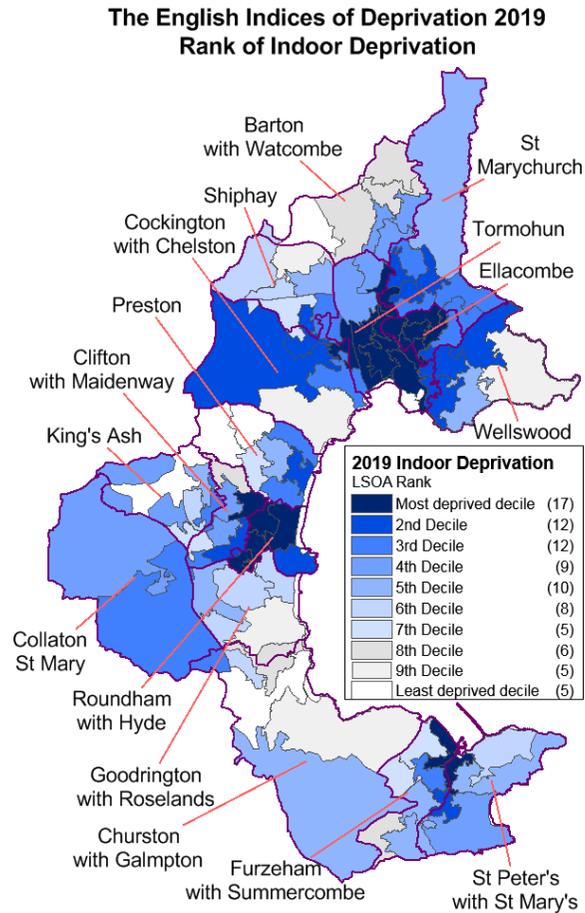


Rates of rough sleepers over the period 2017 to 2019 have been over 50% higher than national and regional rates (Figure 17).

[For more information, visit https://www.torbay.gov.uk/housing/homeless/](https://www.torbay.gov.uk/housing/homeless/)

INDOOR DEPRIVATION & PRE-PAID ELECTRICITY METERS

Figure 18
Rank of Indoor Deprivation



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2017 Ordnance Survey 100022695

Source: Index of Multiple Deprivation (2019)

A sub-domain of the Index of Multiple Deprivation (IMD) relates to Indoor Deprivation, this is a measurement of the quality of housing stock within Torbay in reference to 1) Housing in poor condition and 2) Housing without central heating. Poor housing and heating can exacerbate poor physical and mental health and leave people more vulnerable to illness.

The 2019 IMD shows that 29 out of 89 Torbay LSOAs are classified as being in the 20% most deprived areas for Indoor deprivation in England (Figure 18), this equates to 32.9% of the population. This is a reduction when compared to 2015 (40 LSOAs equating to 45.7% of the population).

Prepayment Electricity meters are where a customer has to pay for their electricity before they use it, this is usually done by adding money to a smart card, which is then inserted into the meter. These meters are often used in rental properties where there has been a history of payment arrears and defaults. Often prepayment customers are charged more for each unit of electricity than customers on standard credit meters.

The highest rates of pre-paid electricity meters are concentrated in the most deprived areas of Torbay such as Tormohun (Central Torquay) and Roundham with Hyde (Central Paignton). These areas have rates over triple the national average. Conversely, the lowest proportions of these meters occurs in the more affluent areas of Torbay such as Churston with Galmpton with rates less than half the national average. This leads to some of the poorest members of our community having to pay higher rates per unit of energy for their electricity compared to the tariffs available to more affluent members of the community. As these people will often rent poor quality housing stock that is colder and more prone to damp, this is likely to lead them not being able to heat their property sufficiently well, which could have significant effects on their health and wellbeing. This data relates to 2017.

Population overview summary profile (Sources in Appendix)

Indicator	Measure	Torbay	CIPFA comparator group	South West	England	RAG Rating compared to England
DEMOGRAPHY						
Average Age (2018)	Years	48	44	43	39	↔
Dependency Ratio (2018)	Ratio	73.1	64.0	62.7	57.0	↑
Life expectancy at birth - Female (2015 - 17)	Years	82.8	82.5	83.7	83.1	↑
Life expectancy at birth - Male (2015 - 17)	Years	78.7	78.8	80.2	79.6	↓
Healthy life expectancy - Female (2015 - 17)	Years	62.4	62.4	65.1	63.8	↑
Healthy life expectancy - Male (2015 - 17)	Years	62.0	61.4	64.7	63.4	↓
Birth rate (2018)	Rate	60.9	59.2	56.3	59.2	↓
Mortality rate (All ages) (2016 - 18)	DSR	1,012	1,008	916	959	↓
Premature mortality (Under 75s) (2016 - 18)	DSR	372	359	302	331	↑
Population living in most deprived areas (2019)	%	27.5%	25.0%	10.4%	20.0%	↓
BAME population (2011)	%	2.5%	4.2%	4.6%	14.6%	↑
WIDER DETERMINANTS						
Crime rates (2018/19)	Rate	90.6	89.3	67.3	88.1	↑
ASB rates (2018/19)	Rate	31.0	25.4	24.1	24.2	↓
Domestic abuse rates (2017/18)	Rate	31.6	Unavailable	19.9	25.1	↑
Fuel Poverty (2017)	%	12.6%	11.6%	10.8%	10.9%	↑
Adult carers who have as much social contact as they would like (2016/17)	%	34.4%	37.0%	32.3%	35.5%	↓
Adult social care users who have as much social contact as they would like (2017/18)	%	43.1%	47.1%	46.0%	46.0%	↓
Smoking Prevalence (2018)	%	16.0%	14.1%	13.9%	14.4%	↑
Children in low income families (2016)	%	21.2%	18.7%	14.0%	17.0%	↑
Percentage of population living in most indoor deprived areas (2019)	%	32.9%	24.0%	30.8%	20.6%	↓
Housing Affordability (2018)	Ratio	8.0	6.5	8.9	7.3	↑
NHS						
Alcohol Admissions (2018/19)	DSR	812	801	688	665	↑
Planned admission rate (16/17 - 18/19)	DSR	16,514	17,632	15,426	16,109	↓
Unplanned admission rate (16/17 - 18/19)	DSR	13,709	12,401	10,392	11,049	↑
A&E attendances rate (16/17 - 18/19)	DSR	38,571	40,925	33,186	37,590	↑

Direction of arrow relates to direction of travel since the previous period

Colour of arrow relates to RAG rating relative to England (Red – Significantly worse, Amber – Not significantly different, Green – Significantly better than England, Black – Not compared to England)

Starting and Developing Well

Starting and Developing Well Overview

Torbay is home to
25,423 children



13 out of 100 babies are born to mothers who were smokers at the time of delivery



There were **51** pregnancies to women aged under 18, **less than half** the rate for 2011



18 out of 100 children have Special Educational Needs



There were **1,220** births during 2018



42 out of 100 infants are breastfed at 6-8 weeks

71 out of 100 children are 'school ready' by the end of reception.
For those children eligible for free school meals this falls to **53 out of 100**



94 out of 100 16 & 17 year olds are in education, employment or training

In Reception **25 out of 100** children are overweight or obese. By Year 6 this rises to **35 out of 100**



35 out of 100 children aged 5 have one or more decayed or filled teeth

64 out of 100 school children are physically active or fairly active



21 out of 100 children are part of a low income family

As of 31 March 2019
Looked After Children - **362**
Children subject to Child Protection Plans - **179**
Children in Need - **1,067**



821 recorded occurrences of domestic abuse where children were present during 2018/19



93 out of 100 5 year olds have had their MMR vaccination (2 doses)



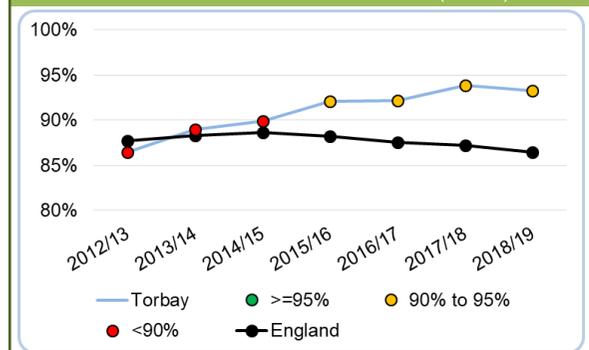
44 out of 100 admissions for self-harm relate to 10 to 24 year olds

This section brings together information around Torbay's 0 to 24 year old population relating to fields such as Health, Education and Social Care. This aims to be an overview of key indicators that indicate the position and experiences of children and younger people in Torbay.

SCREENING AND IMMUNISATIONS

Figure 19
MMR Vaccination coverage for 5 year olds (2 doses)

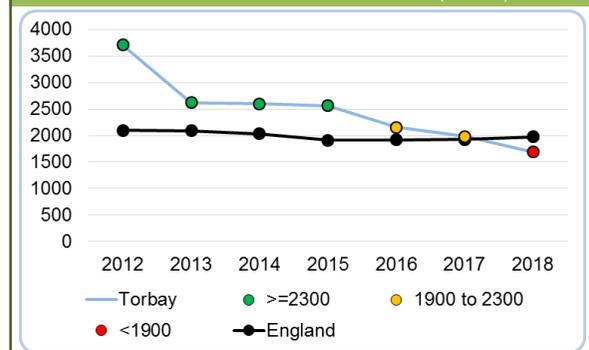
Source: Public Health Outcomes Framework (PHOF)



The **MMR** vaccine provides a safe and effective vaccine that protects against measles, mumps and rubella. The target for this vaccination rate is 95%. Torbay is rated as amber with a 2018/19 rate of 93.3%, this is significantly above the regional rate and the English rate for 2018/19 of 86.4% (Figure 19).

Figure 20
Chlamydia detection rate for 15 to 24 year olds per 100,000

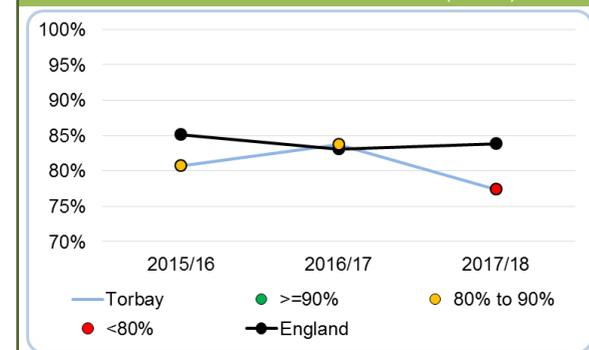
Source: Public Health Outcomes Framework (PHOF)



Chlamydia is the most commonly diagnosed bacterial STI in England, with sexually active young people at highest risk. The chlamydia detection rate amongst under 25 year olds is a measure of chlamydia control activity. An increased detection rate is not a measure of chlamydia rates increasing in the community. The target for chlamydia detection is 2,300 per 100,000 15 to 24 year olds, Torbay's rate has fallen under this since 2016, for 2018 it is significantly lower than England (Figure 20).

Figure 21
HPV vaccination coverage for 13 to 14 year old females (2 doses)

Source: Public Health Outcomes Framework (PHOF)



The **HPV** immunisation programme was introduced to protect against the main causes of cervical cancer. The first dose is usually offered in Year 8 (aged 12-13) and the second dose in Year 9 (aged 13-14). The target for this vaccination rate is 90%. Torbay is rated as red with a 2017/18 rate of 77.4%, this is significantly below the regional rate and the English rate for 2017/18 of 83.8% (Figure 21).

For more information, visit the Health Needs Assessment pages at <http://www.southdevonandtorbay.info>

PHYSICAL ACTIVITY AND WEIGHT

Attitudes towards sport and physical activity are often shaped by experiences in childhood. In adults, those with a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Studies tracking child obesity into adulthood have found that the probability of overweight or obese children becoming overweight or obese adults increases with age. This will lead to additional numbers of adults in the future suffering health complications due to excess weight.

Figure 22
Sport and Physical Activity levels in Torbay 2017/18 (5 to 16 year olds)
Source: Active Lives Children and Young People Survey 2017/18

Active
41%

Fairly active
23%

Less active
36%

Active – Active for average of 60 minutes or more a day
 Fairly active – Active for an average of 30 to 59 minutes a day
 Less active – Active for an average of less than 30 minutes a day

The Chief Medical Officer guidelines state that children should take part in sport and physical activity for at least 60 minutes a day. During 2017/18, Sport England undertook their first ‘Active Lives Children and Young People’ survey. One measurement related to Sport and Physical Activity levels of children and young people between the ages of 5 and 16. Torbay figures were in line with national figures (Figure 22).

Beat the Street is a game that for 6 weeks in Autumn 2018 turned Torbay into a game where children and adults could walk, cycle and run from point to point tapping their ‘Beat the Street’ card on sensors (Beat Boxes) placed on lamp posts. By the end of the 6 week period, 51% of school children in the 30 state primary schools within Torbay had participated in the event.

Figure 23
Prevalence of overweight children
Source: Public Health Outcomes Framework (PHOF)

Year Group	2012/13 to 14/15	2013/14 to 15/16	2014/15 to 16/17	2015/16 to 17/18	2016/17 to 18/19
Year 6 (Torbay)	35%	34%	33%	34%	35%
Year 6 (England)	33%	33%	33%	34%	34%
Reception (Torbay)	26%	24%	24%	24%	25%
Reception (England)	22%	22%	22%	22%	22%

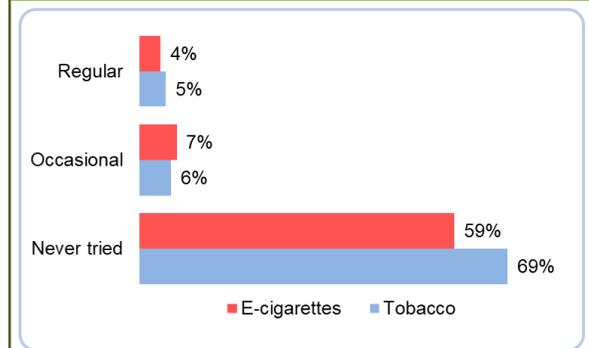
2012/13 was the peak prevalence of overweight (including obese) children in Reception (27.8%) and Year 6 (38.4%). For both age groups there was a fall, followed by a plateauing of the rates with Reception rates remaining consistently above national rates (Figure 23).

[For more information, visit the NCMP and Child Obesity Profile at fingertips.phe.org.uk](http://fingertips.phe.org.uk)

TOBACCO AND ALCOHOL

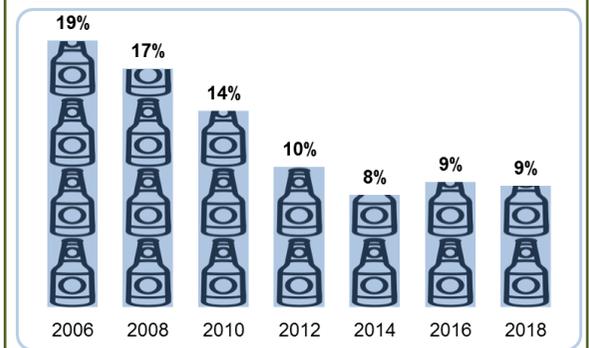
The Tobacco Control Plan <https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-for-england> stresses the importance of reducing the number of young people who take up smoking. One of the national ambitions was to reduce rates of 15 year old regular smokers to 3% by 2022. Alcohol consumption contributes to hospital admissions and deaths in relation to a large range of conditions. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually.

Figure 24
Tobacco & E-cigarette status of 15 year olds – England (2018)
Source: Smoking, Drinking & Drug Use among Young People in England survey (SDD)



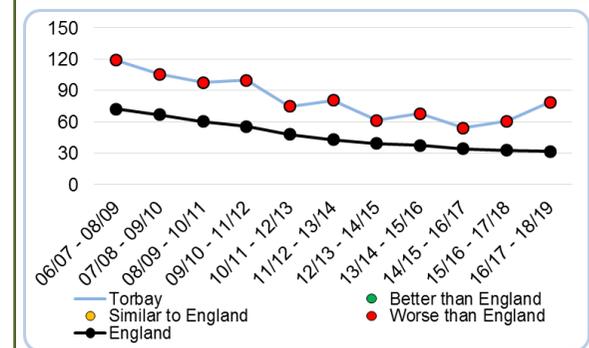
The SDD survey for 2018 shows the proportion of **15 year olds** who are regular smokers stands at 5%, this is down from 14% in 2008. In the 2018 survey, 84% of **11 to 15** year olds have never smoked (2008 – 68%). The survey also looks at E-cigarettes, the number of 15 year olds who have never tried tobacco is higher than those who have never tried e-cigarettes (Figure 24). Graph does not include ex-smokers or those who tried once.

Figure 25: Percentage of 11 to 15 year olds who have been drunk in the last 4 weeks - England
Source: SDD



The SDD report results from a biennial survey of secondary school pupils in England in years 7 to 11. This report indicates a fall in the number of secondary school pupils consuming alcohol, and in particular a fall in those getting drunk since 2006 (Figure 25).

Figure 26: Rate of admission episodes for alcohol specific conditions per 100,000 – Under 18s
Source: Public Health Outcomes Framework



The rate of admissions of under 18s for alcohol specific conditions within Torbay has consistently been above national rates (Figure 26) although they have been generally on a downward trend. It is noticeable that rates have begun to steadily increase over the last couple of periods.

MENTAL HEALTH AND WELLBEING

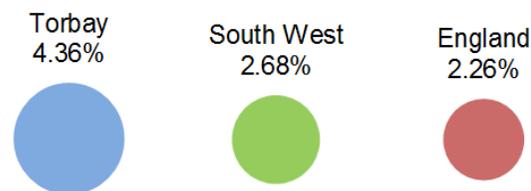
Mental wellbeing is of particular importance to children and young people as it is thought to influence the way in which an individual copes with key life events such as stress, trauma and physical ill-health. 1 in 10 children will have a clinically diagnosed mental disorder at any one point during childhood (*Measuring mental wellbeing in children and young people – PHE (2015)*).

Figure 27
Domestic Abuse where children present - Torbay
Source: Torbay Community Safety Partnership

	2015/16	2016/17	2017/18	2018/19	Total
Domestic Abuse (Crimes & Incidents)	3,413	3,268	3,535	3,712	13,928
Domestic Abuse where children present	1,171	1,023	1,038	821	4,053
Percentage of Domestic Abuse where children present	34.3%	31.3%	29.4%	22.1%	29.1%

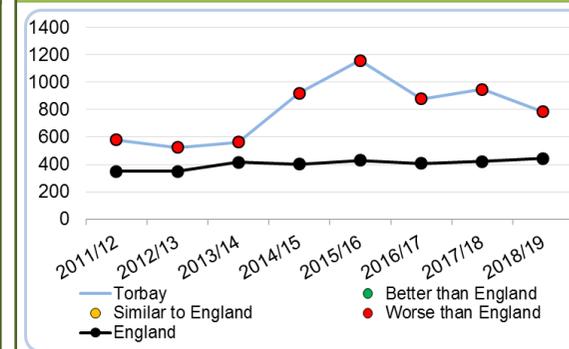
Domestic abuse has a devastating impact on children and young people that can last into adulthood. Over the last four years (2015/16 to 2018/19), there have been 13,928 recorded crimes and incidents which have been flagged as domestic abuse. In 29% of these cases, the police have recorded a child as being present (Figure 27).

Figure 28: Percentage of school pupils with social, emotional and mental health needs as a primary need (2015 – 2018)
Source: Public Health Outcomes Framework



Torbay schools have a significantly higher rate of pupils recognised as having a primary need of social, emotional and mental health (Figure 28). It should be noted that this is a measure of recognised primary need and is likely to be an understatement of the number of school pupils who actually have these needs.

Figure 29: Hospital admissions as a result of self-harm (10 – 24 years)
Source: Hospital Episode Statistics (HES)



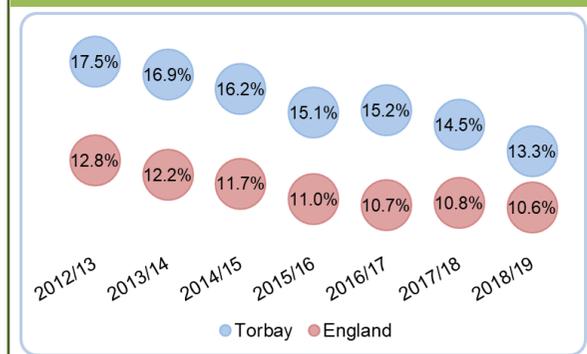
Hospital admissions as a result of self-harm amongst 10 to 24 year olds in Torbay have been significantly higher than England. It should be noted that because of the numbers involved (less than 200 admissions on average per year in Torbay), it is possible for a handful of individuals with significant levels of admissions to skew the figures. However, the pattern for Torbay having significantly higher rates than England is significant (Figure 29).

For more information, visit the Children and Young People’s Mental Health and Wellbeing Profile at fingertips.phe.org.uk

CHILD AND MATERNAL HEALTH

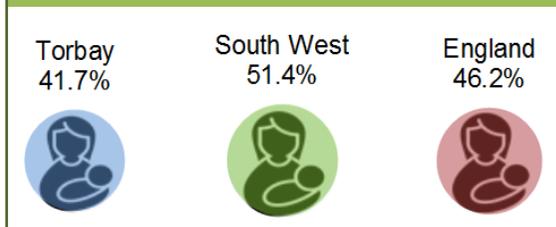
This section has 3 different measures. Firstly, **Smoking at time of delivery**: smoking during pregnancy has significant well known detrimental effects for the growth of the baby and health of the mother. Secondly, **Breastfeeding prevalence**: breast milk provides the ideal nutrition for infants in the first stages of life. Thirdly, **Hospital admissions for dental caries** (tooth decay) which shows not only an indicative rate of tooth decay but also may indicate issues with accessing high street dental services.

Figure 30
Percentage of women smoking at time of delivery
Source: Public Health Outcomes Framework



Torbay has consistently had significantly higher smoking at time of delivery rates than England throughout the decade although the gap has closed (Figure 30).

Figure 31
Breastfeeding prevalence at 6-8 weeks after birth (2018/19)
Source: Public Health Outcomes Framework



Within Torbay, the percentage of women breastfeeding 48 hours after delivery is approximately 72%, this is below the national rate of 74.5%. The prevalence of breastfeeding 6 to 8 weeks after birth during 2018/19 was 41.7%, this is below national and regional rates (Figure 31).

Figure 32: Hospital admissions for dental caries per 100,000 population – 0 to 17 years (2016/17 to 2018/19)
Source: Public Health Outcomes Framework



Hospital admissions for dental caries (tooth decay) in Torbay have been consistently more than double the English average (Figure 32). Extractions with High Street dentists in Torbay are similar to English levels although not all these extractions will be due to caries. The consistently high rates of hospital admissions for dental caries could indicate an issue with children not accessing high street dental services or being unable to access them quickly when emergencies arise.

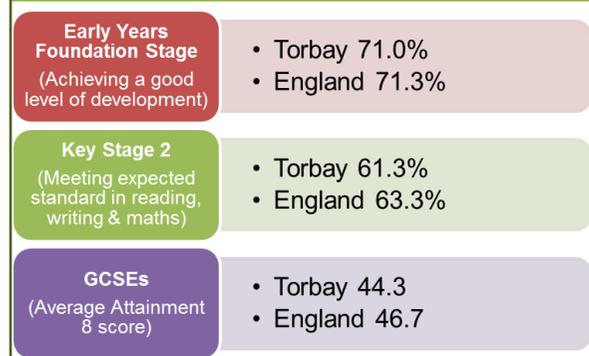
In the latest 2016/17 oral health survey of 5 year old children by the Dental Public Health Epidemiology Programme for England, one in three 5 year olds in Torbay had experience of visually obvious dental decay.

[For more information, visit the Child and Maternal Health Profile at fingertips.phe.org.uk](http://fingertips.phe.org.uk)

EDUCATION

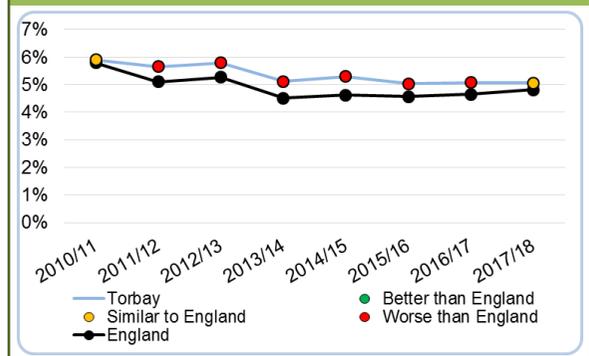
Education is a key determinant of a child’s future life, a good education increases the likelihood of higher earnings, better housing and material resources. These are related to better health outcomes.

Figure 33
EYFS (16/17 to 18/19), Key Stage 2 (16/17 to 17/18) and GCSEs (17/18)
Source: Public Health Outcomes Framework



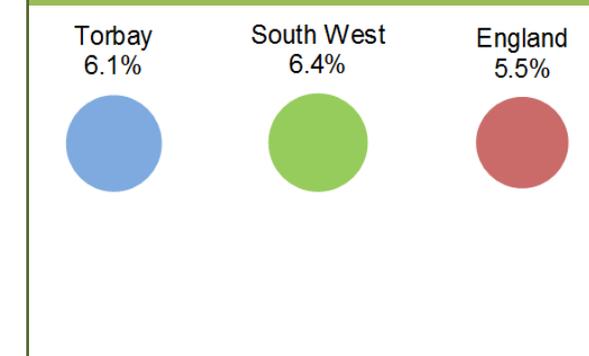
The percentage of children achieving a good level of development at the end of reception is similar in Torbay to regional and national levels. This is also the case with Key Stage 2 pupils meeting the expected standard in reading, writing and maths. In relation to Average Attainment 8 scores based on the local authority of pupil residence, Torbay was significantly lower than regional and national averages (Figure 33).

Figure 34
Pupil Absence
Source: Public Health Outcomes Framework



Significant levels of pupil absence can have a substantial effect on the level of education received and their subsequent educational attainment levels. Absenteeism from schools (Year 1 to Year 11) has generally been higher within Torbay than national and regional rates (Figure 34).

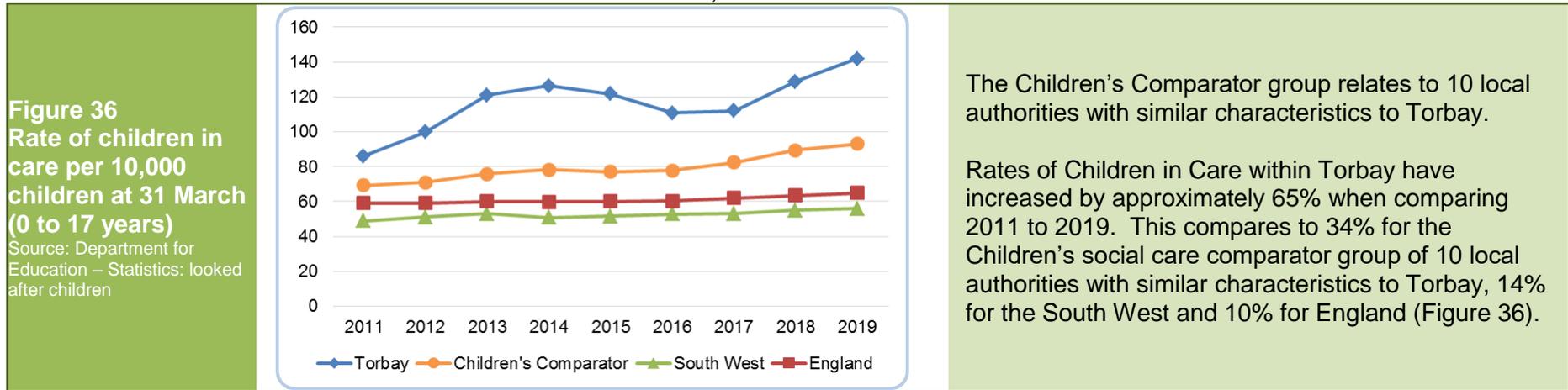
Figure 35
16 and 17 year olds not in education, employment or training – 2018/19
Source: Public Health Outcomes Framework



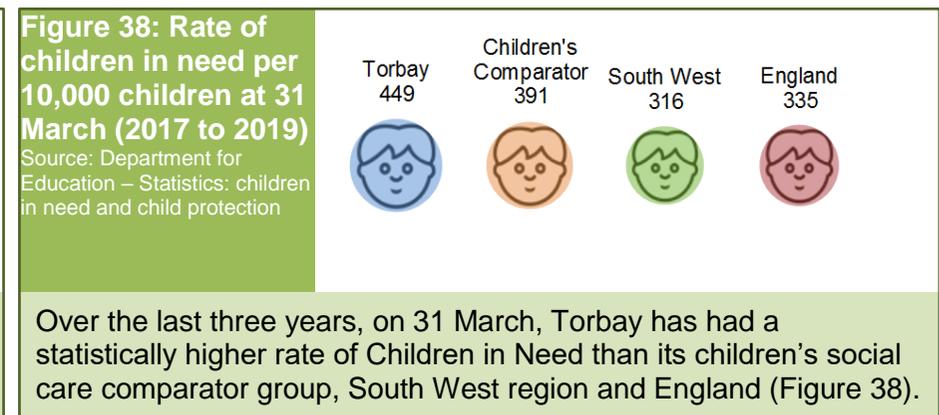
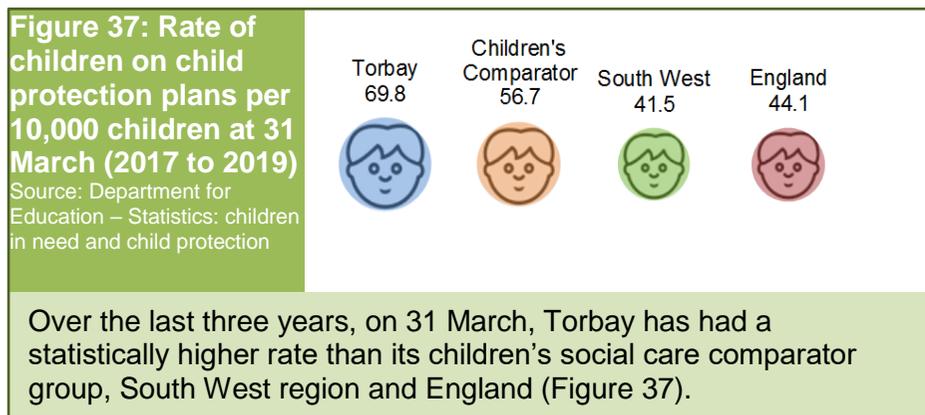
Young people who are not in education, employment or training (NEET) are at greater risk of poor health, depression or early parenthood. It is required that all young people remain in education or training until the end of the academic year in which they turn 17. 160 (6.1%) of 16 to 17 year olds were classified as NEET in Torbay for 2018/19, this is in line with regional and national figures (Figure 35).

SOCIAL CARE

Social Services come into contact with the most vulnerable children in our society. The most serious cases are ‘Looked After Children’ (Children in care) 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 level below this is when a child protection plan is drawn up by the local authority. It sets out how the child can be kept safe, how things can be made better for the family and what support they will need. Finally, below a child protection plan is a ‘Child in Need’ who has been referred to children’s social care services, and who been assessed to be in need of social care services.



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For more information, visit www.gov.uk/government/collections/statistics-looked-after-children

Starting and developing well summary profile (Sources in Appendix)

Indicator	Measure	Torbay	Children's comparator group	South West	England	RAG Rating compared to England
DEMOGRAPHY						
Birth rate (2018)	Rate	60.9	59.0	56.3	59.2	⬇️
Infant mortality (2015 - 17)	Rate	3.2	3.7	3.3	3.9	⬇️
BABIES						
Smoking at time of delivery (2018/19)	%	13.3%	15.7%	10.9%	10.6%	⬇️
Breastfeeding initiation (2016/17)	%	72.0%	66.1%	79.5%	74.5%	⬆️
Breastfeeding prevalence (2018/19)	%	41.7%	37.3%	51.4%	46.2%	⬆️
YOUNGER CHILDREN						
MMR vaccination rates (2018/19)	%	93.3%	90.6%	90.7%	86.4%	⬆️
5 year olds with one or more decayed, missing or filled teeth (2016/17)	%	34.7%	23.2%	20.2%	23.3%	⬆️
EYFS - Good level of development (2018/19)	%	70.8%	70.8%	72.0%	71.8%	⬆️
EYFS - Good level of development of those with Free School Meal status (2018/19)	%	53.3%	55.5%	53.0%	56.5%	⬆️
Classified as overweight or obese (Reception) (2018/19)	%	25.1%	24.7%	22.0%	22.6%	⬆️
Classified as overweight or obese (Year 6) (2018/19)	%	35.2%	34.6%	29.9%	34.3%	⬆️
Key Stage 2 pupils meeting the expected standard in reading, writing & maths (2018)	%	62.7%	63.4%	62.9%	64.9%	⬆️
OLDER CHILDREN						
Alcohol admissions to hospital (2016/17 - 18/19)	Rate	78.7	38.8	44.0	31.5	⬆️
Teenage Conceptions (2015 - 2017)	Rate	24.8	24.1	15.9	19.1	⬇️
Chlamydia detection rates (2018)	Rate	1692.7	1985.1	1917.7	1974.9	⬇️
Average Attainment 8 score (GCSEs) (2017/18)	Score	44.3	44.1	46.7	46.7	⬇️
Not in employment, education or training (2018/19)	%	6.1%	5.7%	6.4%	5.5%	⬆️
ALL CHILDREN						
Hospital admissions for unintentional & deliberate injuries (2016/17 - 2018/19)	Rate	128.6	117.1	114.7	104.9	⬇️
Children with Special Educational Needs (2019)	%	17.6%	16.1%	15.5%	14.8%	⬇️
Children in low income families (2016)	%	21.2%	19.1%	14.0%	17.0%	⬆️
Looked After Children (2019)	Rate	142.4	93.0	55.7	65.4	⬆️
Children in Need (2019)	Rate	420	393	323	334	⬇️
Children with Child Protection Plans (2019)	Rate	70	57	42	44	⬆️
Pupil Absence (2017/18)	%	5.1%	5.0%	5.0%	4.8%	⬇️

Direction of arrow relates to direction of travel since the previous period

Colour of arrow relates to RAG rating relative to England (Red – Significantly worse, Amber – Not significantly different, Green – Significantly better than England, Black – Not compared to England)

Living and Working Well

Living and Working Well Overview

Torbay is home to **74,450** people aged 18 to 64



20 out of 100

working age people are smokers



7,558 issues raised with Citizens Advice by those under 65 years old



13 out of 100

adults suffering from depression



The average full-time salary is **£25,871**



13 out of 100

households experience fuel poverty



The average price of a house in Torbay is **8** times average full-time earnings



The typical rent for a 2 bedroom property is **37%** of a full-time wage

60 out of 100

adults are overweight or obese



61 out of 100 adults state that they eat at least 5 portions of fruit or vegetables a day



71 out of

100 adults define themselves as physically active



There were **12,241** recorded crimes and **4,210** recorded anti-social behaviour incidents during 2018/19



There were **26,526** A&E attendances for Torbay residents aged 20 to 64



There were **3,712** recorded occurrences of domestic abuse during 2018/19

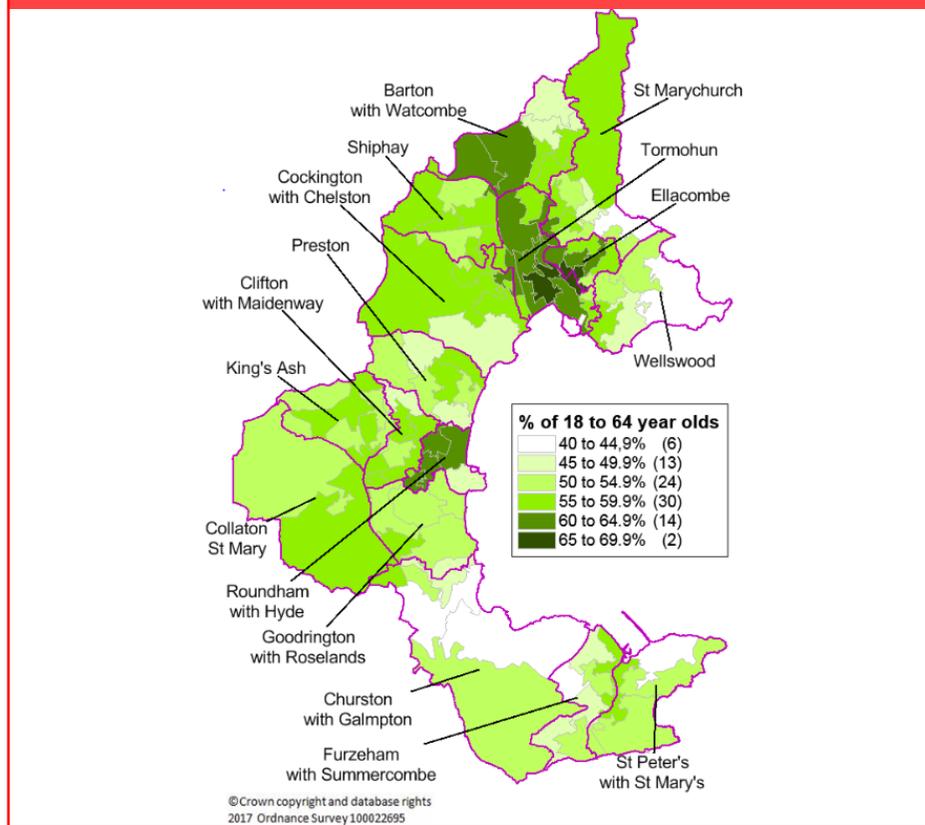


There were **8,650** emergency admissions to hospital for Torbay residents aged 20 to 64

This section relates to Torbay's working age population. This aims to be an overview of key indicators that indicate the position and experiences of working age people in Torbay.

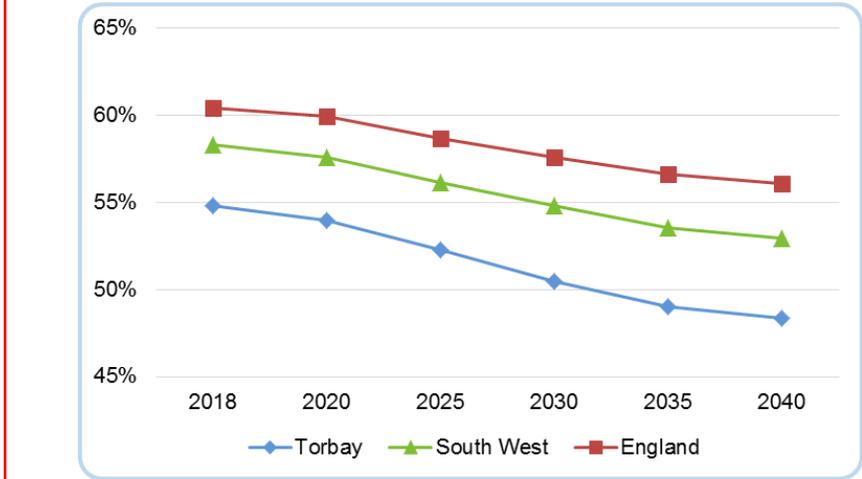
18 TO 64 YEAR OLD DEMOGRAPHICS

Figure 39
Proportion of 18-64 year olds
Source: ONS Mid-year population estimate (2018)



Central Torquay and Paignton have proportions of 18 to 64 year olds that are higher than Torbay in general (Figure 39). These areas are broadly the same as the most deprived areas in our community.

Figure 40
18 to 64 year old population (2018) and projected population (2020 to 2040)
Source: NOMIS



18 to 64 year olds currently make up 55% of the Torbay population, this is lower than England (60.5%) and the South West (58%) (Figure 40). Current projections are for this proportion to fall by 2040 to 48% for Torbay (England – 56%, South West – 53%). This fall in the working age population could lead to significant additional financial pressures across the country as the numbers contributing tax through working will fall. The Business rates retention scheme aims for councils to retain 100% of their business rates. This may be advantageous for areas with high concentrations of active businesses but could leave areas that are struggling, with shortfalls in income as well as bearing the fluctuation in income arising from rises and falls in the local economy.

For more information, visit the Topic Based Overviews pages at <http://www.southdevonandtorbay.info>

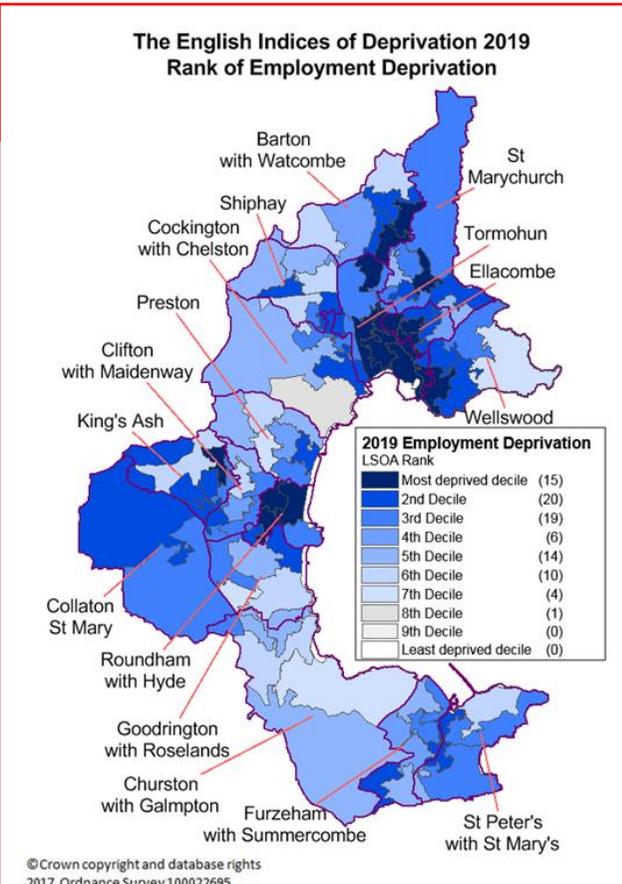
EMPLOYMENT AND INCOME

Levels of employment and pay 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. Lower incomes can sometimes affect a person's ability to afford to actively participate in many activities.

Figure 41
Rank of Employment Deprivation – Torbay 2019
Source: Index of Multiple Deprivation (2019)

Employment deprivation measures the proportion of the working age population involuntarily excluded from the labour market. This can be due to unemployment, sickness, disability or caring responsibilities.

Torbay was ranked as the 11th most deprived upper-tier local authority out of 151 for the 2019 Index of Multiple Deprivation (2015 – 12th). It was also ranked the most deprived in the South West. 15% of the working age population within Torbay are classified as Employment deprived, this is an improvement on the 2015 figure of 17.6% (Figure 41).



For more information, visit the Deprivation pages at <http://www.southdevonandtorbay.info>

Figure 42
Average (Median) Full-time Salary (2019)
Source: NOMIS



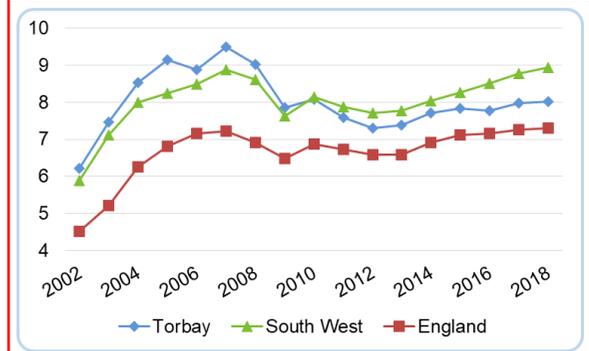
Torbay has consistently had lower average salaries than the national and regional average. The results of the 2019 annual survey of hours and earnings showed that median full-time annual salaries in England were 18.5% higher than those in Torbay, the South West average was 13% higher (Figure 42).

According to the Annual Population Survey (2015 to 2018), approximately 28% of the working-age population (16 to 64) had a degree level or above qualification. This compares to 38% for England and the South West. Unemployment rates are comparable with national figures.

HOUSING

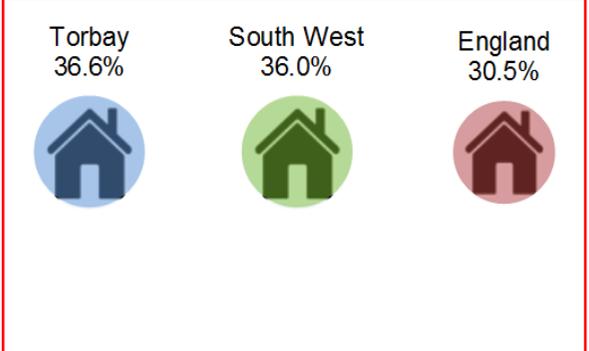
The affordability and quality of housing is one of the most significant issues across the country. The 2019 IMD showed that 29 out of 89 Torbay LSOAs were classified as being in the 20% most deprived areas for Indoor deprivation in England, this equated to 32.9% of the population. This is a reduction when compared to 2015 (40 LSOAs equating to 45.7% of the population).

Figure 43
Housing affordability ratio (Lower quartile house price & salary)
Source: Office for National Statistics



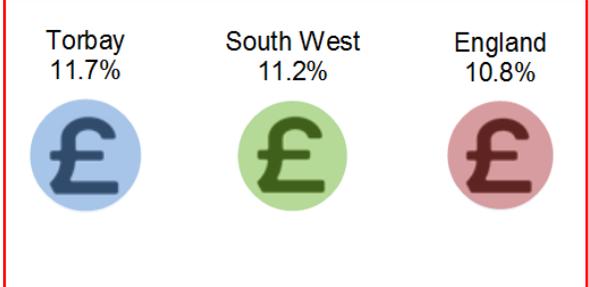
Housing affordability data for 2018 shows the lower quartile house price in Torbay is 8 times the lower quartile earnings. This is a lower ratio than the South West (8.94) but higher than England (7.29). Torbay's ratio peaked in 2007 at 9.49, over the period shown Torbay's affordability relative to England and the South West has improved but is still significantly above average (Figure 43).

Figure 44
Percentage of salary needed for 2 bed rent (based on lower quartile full-time earnings & rent) - 2018/19
Source: Valuation Office Agency



Lower quartile rents for a 2 bedroom property in Torbay are slightly higher than the national average, but the difference in affordability relates primarily to higher earnings in England when compared to Torbay (Figure 44).

Figure 45
Percentage of households in fuel poverty (2013 to 2017)
Source: Public Health Outcomes Framework



Households are considered to be fuel poor if they have residual income **after** fuel costs below the official poverty line. The [Annual Fuel Poverty Statistics report for 2019](#) shows that those living in properties with uninsulated walls are more likely to be in fuel poverty. The most fuel inefficient properties are larger properties and converted flats.

Torbay has a higher percentage than the regional and national rates over the five year period 2013 to 2017 (Figure 45).

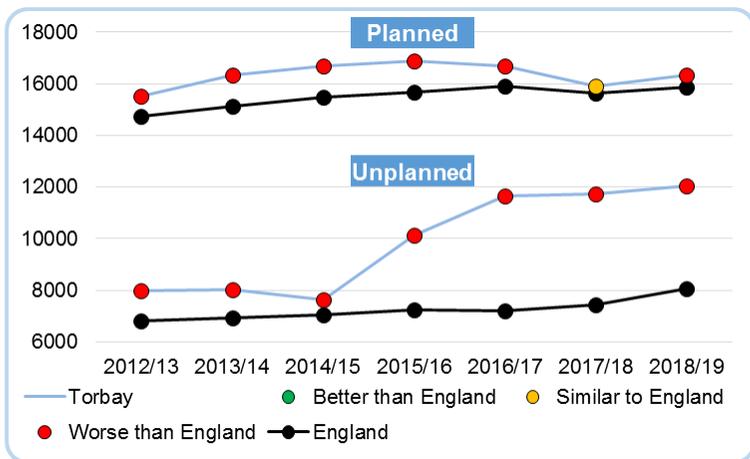
[For more information, visit the Housing Strategy pages at www.torbay.gov.uk/housing-strategy](http://www.torbay.gov.uk/housing-strategy)

HEALTH – ADMISSIONS TO HOSPITAL AND A&E ATTENDANCES

Admissions to hospital are classified as either planned or unplanned (emergency) admissions, an unplanned admission is expensive and frequently preventable through better care outside of hospital. Significant increases in unplanned admissions and A&E attendances among the 20 to 64 age group could occur because of issues accessing adequate medical services to help prevent or manage their conditions in the community. There are also significant links between those with lower incomes and poor health.

Figure 46
Planned and unplanned admissions to hospital for those aged 20 to 64 per 100,000 population (Age standardised)

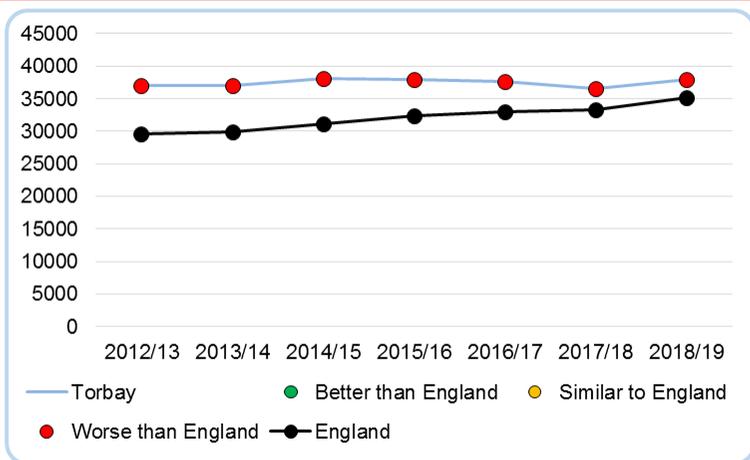
Source: Hospital Episode Statistics



For both planned and unplanned admissions, Torbay has consistently been significantly higher than the national average. From 2014/15 onwards, unplanned admissions have increased markedly in comparison with England (Figure 46). Rates have increased in the 65+ age bracket but not by such a large proportion. Planned admissions have remained relatively steady. These rates are age standardised, this technique allows areas with significantly different age profiles to be compared.

Figure 47
A&E attendances for those aged 20 to 64 per 100,000 population (Age standardised)

Source: Hospital Episode Statistics



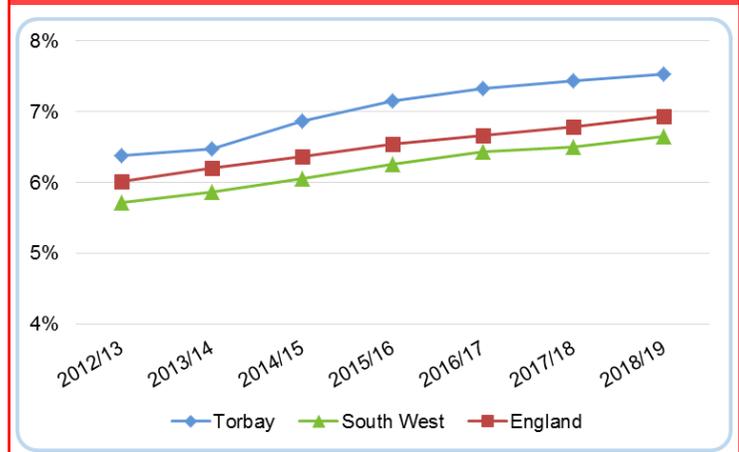
Accident & Emergency attendance rates (age standardised) for Torbay 20 to 64 year olds have been significantly worse than England although the rate has remained steady from 2012/13 to 2018/19. The rise in unplanned admissions is not reflected in emergency attendances. The gap between Torbay and England has narrowed (Figure 47).

For GP Practice Profiles, visit the National General Practice Profiles at fingertips.phe.org.uk

HEALTH – OBESITY AND DIABETES

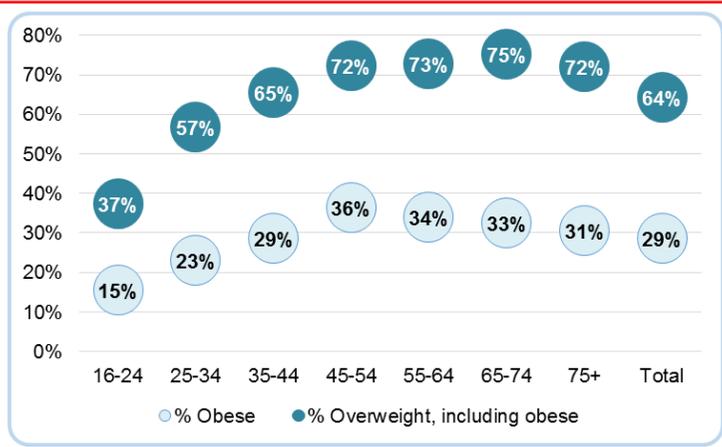
Obesity is a major contributor towards the rise in rates of Diabetes and the accelerated onset of cardiovascular disease. Obesity is defined in adults who have a Body Mass Index (BMI) of 30 or more. A BMI of 25 and over is regarded as overweight. Diabetes is a lifelong condition that causes a person’s 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 type 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.

Figure 48
Diabetes prevalence (17+)
Source: Public Health Outcomes Framework



Diabetes prevalence as recorded by the Quality Outcomes Framework has shown the prevalence of diabetes recorded by GP practices in Torbay to be significantly higher than the national and regional rates (Figure 48).

Figure 49
National Overweight and Obesity percentages by age range
Source: Health Survey for England 2017, NHS Digital



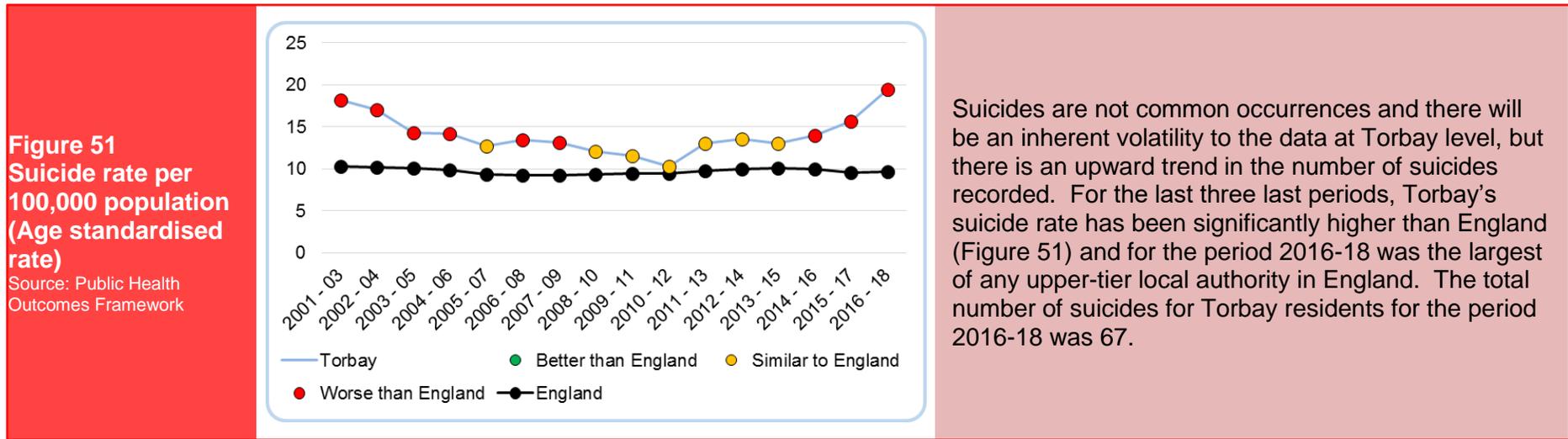
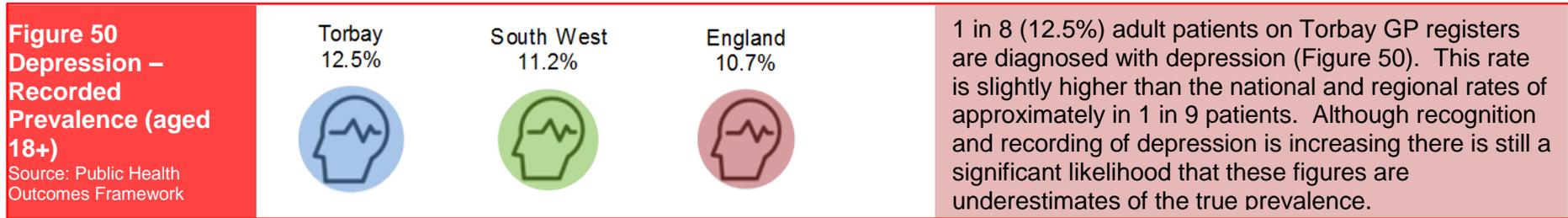
Local figures for obesity are difficult to source, the Quality Outcomes Framework (QOF) records the prevalence of obesity for each GP Practice, however, this is a significant understatement of the true position. A GP will not see sections of their practice list for a significant period of time and the patient’s weight will often not be recorded or be obvious as to classify them as obese by sight. Torbay’s 2017/18 QOF obesity rate for those aged 18 and over is 9.4% (England 9.8%). The Health Survey for England (2017) which measures its participants, recorded 29% of those aged 16 and over as obese and 64% as overweight (including obese). Rates peak in age ranges over 45, 16-34 year olds are the only groups below the national average rates (Figure 49).

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For more information, visit <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2017>

MENTAL HEALTH

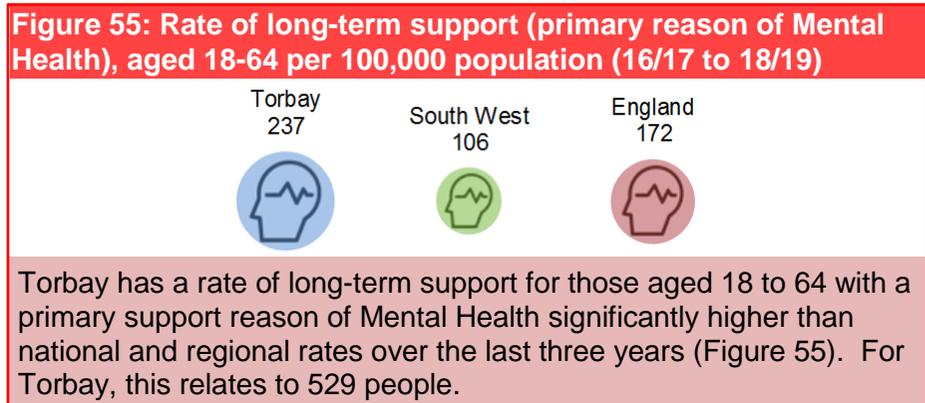
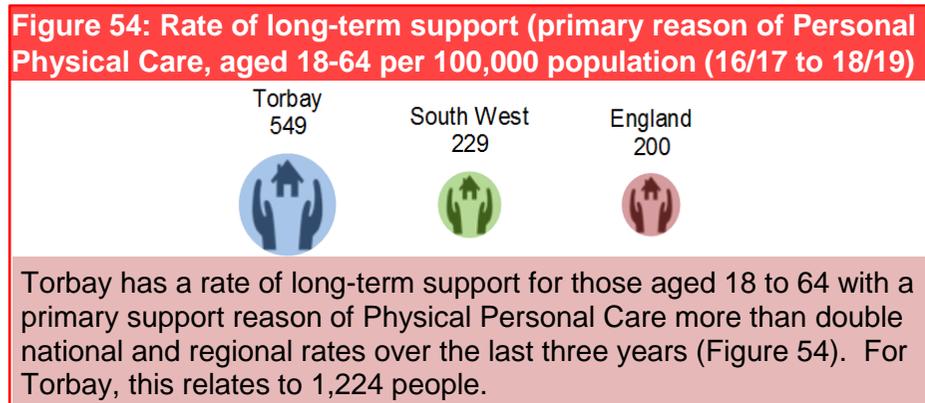
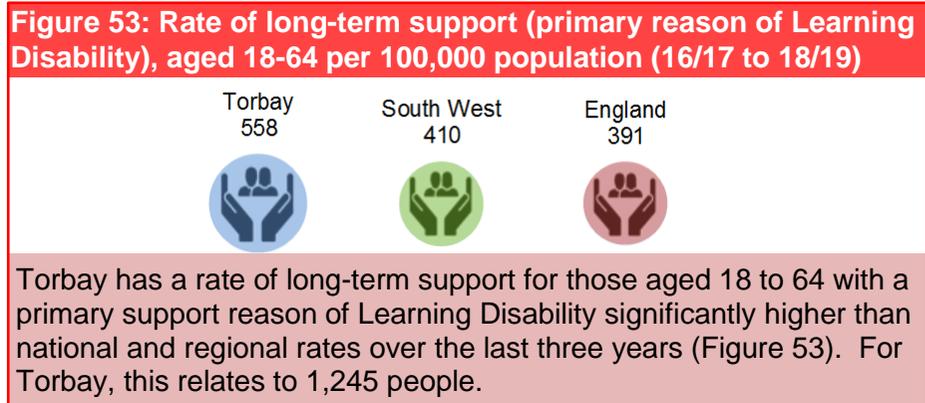
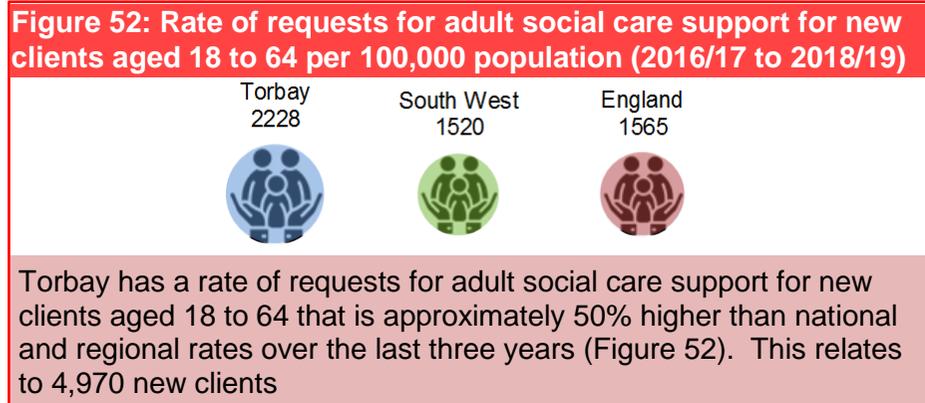
Mental health issues are a significant public health concern. Depression has been a condition that had not been diagnosed for a significant proportion of individuals who had the condition. Rates for England as measured by the Quality Outcomes Framework have been increasing nationally since 2012/13 when 5.8% of patients aged 18+ were diagnosed with depression. The latest rates for 2018/19 are 10.7%, this is a result of increased awareness and recording of those with depression by GPs. Suicide is a significant cause of death in young adults, and is seen as an indicator of underlying rates of mental ill-health.



For more information, visit the Mental Health and Wellbeing JSNA pages at fingertips.phe.org.uk

SOCIAL CARE

Adult social care is support 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. This could be provided in the home or in residential care and nursing homes. For those aged under 65, a significant proportion will relate to those with learning disabilities, this is different to those aged 65 and over where those with learning disabilities make up a small proportion of those receiving social care.



Figures 50 to 53 - Source: Torbay and South Devon Healthcare Trust (Torbay), Adult Social Care Activity & Finance Report (South West, England)

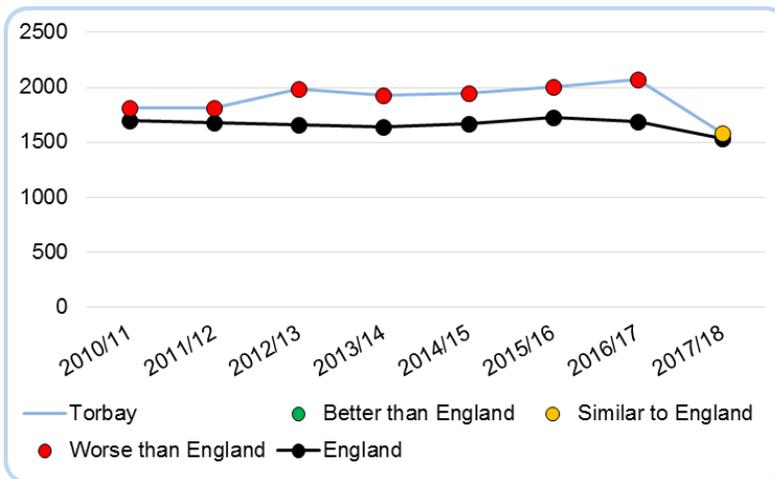
[For more information, visit torbayandsouthdevon.nhs.uk/services/adult-social-care](http://torbayandsouthdevon.nhs.uk/services/adult-social-care)

TOBACCO AND ALCOHOL

Smoking is the biggest cause of preventable ill-health and premature mortality in the UK. It is a major risk factor for many diseases including lung cancer, heart disease and chronic obstructive pulmonary disease. Alcohol consumption is a significant contributing factor to hospital admissions. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually (Public Health England).

Figure 56
Rate of smoking attributable hospital admissions per 100,000 population (Age Standardised Rate)

Source: Public Health Outcomes Framework



The rate of smoking attributable hospital admissions for Torbay has consistently been above England except for 2017/18. The fall in admissions is substantial but we are unable to ascertain whether this is a statistical outlier until we receive future data (Figure 56).

The 2018 Annual Population Survey showed a smoking prevalence amongst 18 to 64 year olds within Torbay of 20%, this is slightly higher than England but the difference is not statistically significant. There is volatility from year to year but the general trend is downwards.

Figure 57
Alcohol admissions (Narrow), aged 20 to 64 per 100,000 population - 2014/15 to 2018/19 (Age Standardised Rate)

Source: Hospital Episode Statistics



Alcohol admission rates for Torbay have been significantly above those of England over the previous five years (Figure 57).

For 2017/18, 378 individuals within Torbay received treatment at a specialist alcohol misuse service (National Drug Treatment Monitoring System). For 2017, the successful completion of alcohol treatment rate was 45.7%, this was significantly higher than the national rate of 38.9%.

For more information, visit the Topic Based Overviews pages at <http://www.southdevonandtorbay.info>

Living and working well summary profile (Sources in Appendix)

Indicator	Measure	Torbay	CIPFA comparator group	South West	England	RAG Rating compared to England
WIDER DETERMINANTS						
Smoking Prevalence (2018)	%	20.0%	16.6%	16.8%	16.5%	↑
Depression Prevalence (2018/19)	%	12.5%	12.5%	11.2%	10.7%	↑
Crime - Violent offences (2018/19)	Rate	37.4	29.5	22.9	27.8	↑
Crime - Sexual offences (2018/19)	Rate	3.1	2.5	2.3	2.5	↓
Suicide rate (2016 - 18)	DSR	19.5	11.5	11.1	9.6	↑
Unemployment (2018)	%	3.6%	4.1%	3.1%	4.1%	↓
Those with no qualifications (2016 - 18)	%	7.1%	8.5%	5.1%	7.7%	↓
Housing affordability (2018)	Ratio	8.0	6.5	8.9	7.3	↑
Rental affordability (2018/19)	%	36.6%	31.5%	36.0%	30.5%	↑
Fuel Poverty (2017)	%	12.6%	11.6%	10.8%	10.9%	↑
Domestic Abuse rates (2017/18)	Rate	31.6	Unavailable	19.9	25.1	↑
SOCIAL CARE						
Requests for ASC support for new clients (2016/17 - 2018/19)	Rate	2228	2210	1520	1565	↑
Long-term support for Learning Disabilities (2016/17 - 2018/19)	Rate	558	485	410	391	↑
Long-term support for Physical Personal Care (2016/17 - 2018/19)	Rate	549	246	229	200	↑
Long-term support for Mental Health (2016/17 - 2018/19)	Rate	237	214	106	172	↑
Long-term support through admission to residential & nursing homes (2016/17 - 2018/19)	Rate	20.6	17.8	15.1	13.6	↑
HEALTH						
Preventable mortality (2016 - 18)	DSR	215	200	167	181	↑
Obesity Prevalence (2017/18)	%	9.4%	11.3%	9.4%	9.8%	↓
Diabetes Prevalence (2018/19)	%	7.5%	7.4%	6.6%	6.9%	↑
Hypertension Prevalence (2017/18)	%	17.6%	16.4%	14.9%	13.9%	↑
Alcohol related admissions (2018/19)	DSR	951	936	777	730	↓
Smoking attributable admissions (2017/18)	DSR	1580	1700	1409	1530	↓
Emergency admissions for ACS conditions (2016/17 to 2018/19)	DSR	657	607	420	479	↓

Direction of arrow relates to direction of travel since the previous period

Colour of arrow relates to RAG rating relative to England (Red – Significantly worse, Amber – Not significantly different, Green – Significantly better than England, Black – Not compared to England)

Ageing Well

Ageing Well Overview

Torbay is home to **35,907** people aged 65 and over



The proportion of those aged 65 and over is predicted to increase from the current level of 26 out of 100 to **34 out of 100** in 2040

A 65 year old woman would be expected to live until **86**



A 65 year old man would be expected to live until **84**

52 out of 100 social care users aged 65 and over have as much social contact as they would like



34 out of 100 carers aged 65 and over have as much social contact as they would like



18 out of 100 of those aged 65 and over are claiming pension credit

1,524 people aged 65 and over registered by GP with dementia



There were **14,411** A&E Attendances made by those aged 65 and over



There were **9,283** emergency hospital admissions made by those aged 65 and over



Those aged 65 and over had **715** emergency hospital admissions for falls

71 out of 100 people aged 65 and over received a flu vaccination



176 local authority funded permanent admissions to residential and nursing care homes for those aged 65+ during 2018/19



4,650 requests for adult social care support for new clients aged 65 and over during 2018/19

1,211 of those aged 65 and over received funded long-term support for Physical Personal Care during 2018/19

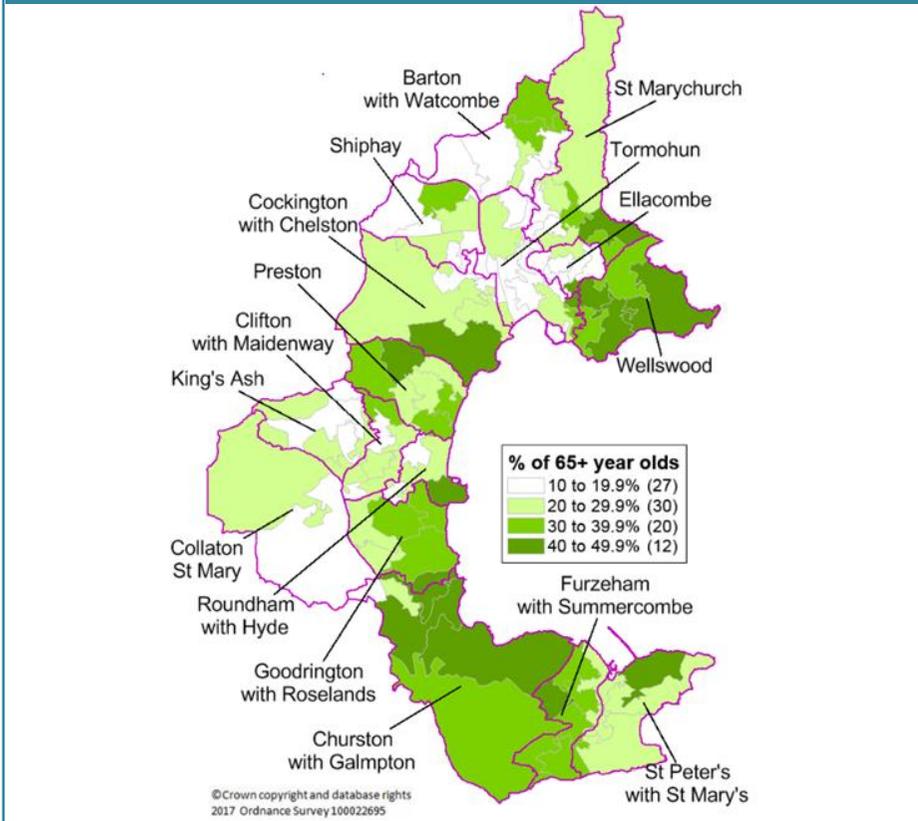


There are approximately **1,750** unpaid carers aged 65 and over

This section relates to Torbay's population which is aged 65 and over. This aims to be an overview of key indicators that indicate the position and experiences of older people in Torbay.

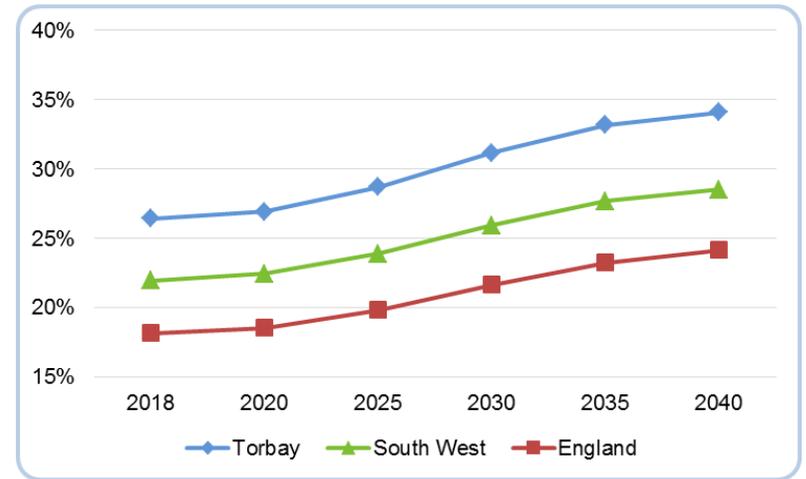
AGED 65 AND OVER DEMOGRAPHICS

Figure 58
Proportion of those aged 65 and over
Source: ONS Mid-year population estimate (2018)



Central Torquay and Paignton have proportions of those aged 65 and over that are smaller than Torbay in general (Figure 58). These areas are broadly the same as the most deprived areas in our community.

Figure 59
65 and over population (2018) and projected population (2020 to 2040)
Source: NOMIS



Those aged 65 and over currently make up 26% of the Torbay population, this is higher than England (18%) and the South West (22%) (Figure 59). Current projections are for this proportion to rise by 2040 to 34% for Torbay (England – 24%, South West – 28.5%). This rise in the 65 and over population will lead to significant additional demands on health and social care services as approximately a third of Torbay's population will be over 65. In 2018, Torbay's 65 and over population is approximately half the size of the 18-64 year old population. By 2040, Torbay's 65 and over population is projected to be 70% of the 18-64 year old population.

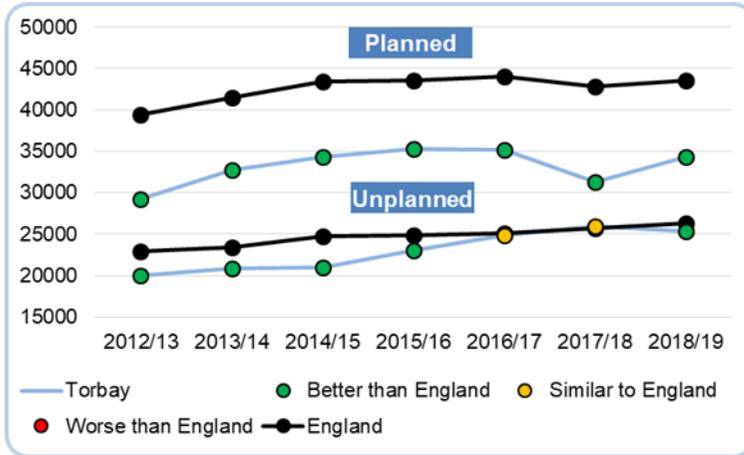
For more information, visit the Topic Based Overviews pages at <http://www.southdevonandtorbay.info>

HEALTH – ADMISSIONS TO HOSPITAL AND A&E ATTENDANCES

Admissions to hospital are classified as either planned or unplanned (emergency) admissions, an unplanned admission is expensive and frequently preventable through better care outside of hospital. Significant increases in unplanned admissions and A&E attendances among the 65 and over age group could occur because of issues accessing adequate medical services to help prevent or manage their conditions in the community. There are also significant links between those with lower incomes and poor health.

Figure 60
Planned and unplanned admissions to hospital for those aged 65 & over per 100,000 population (Age standardised)

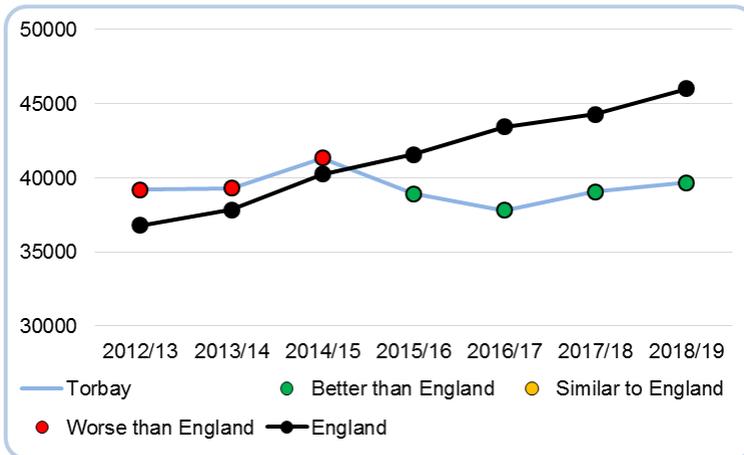
Source: Hospital Episode Statistics



For planned admissions, Torbay has consistently been significantly lower than the national average. From 2014/15 onwards, unplanned admissions have increased in comparison with England (Figure 60). These rates are age standardised, this technique allows areas with significantly different age profiles to be compared.

Figure 61
A&E attendances for those aged 65 & over per 100,000 population (Age standardised)

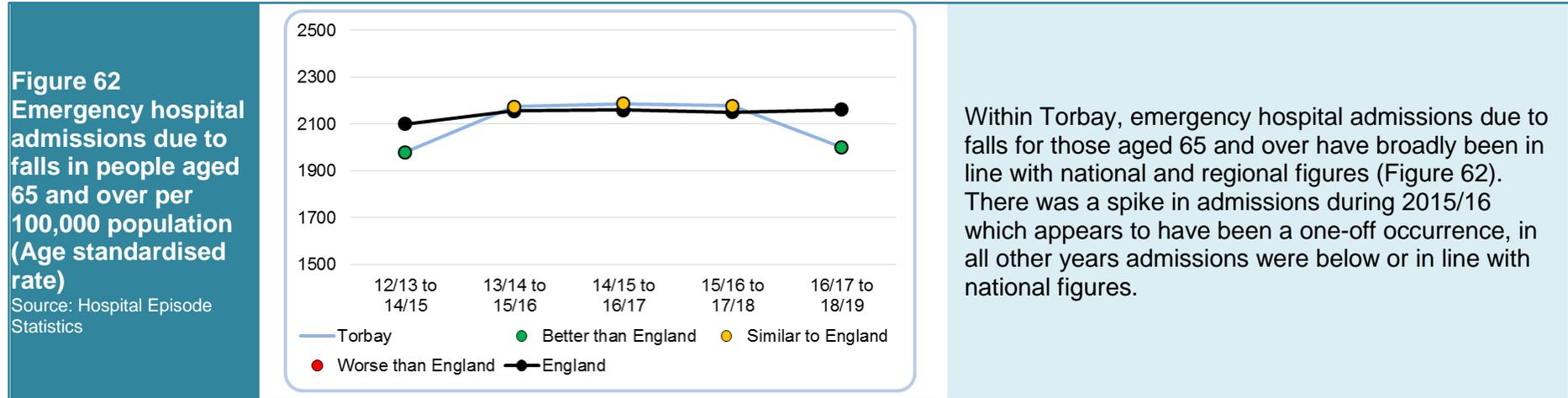
Source: Hospital Episode Statistics



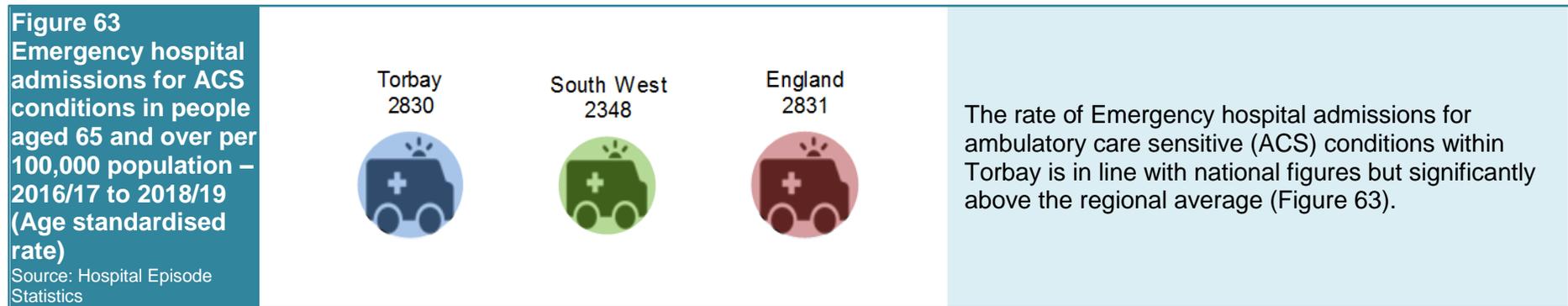
Accident & Emergency admission rates (age standardised) for those aged 65 and over in Torbay have been significantly better than England since 2015/16. Overall, the rate has not increased in Torbay between 2012/13 and 2018/19, this is in marked contrast to the national picture which has seen significant rise in the same period (Figure 61).

HEALTH – ADMISSIONS FOR FALLS AND AMBULATORY CARE SENSITIVE (ACS) CONDITIONS

Falls are the largest cause of emergency hospital admissions for older people. The highest risk of falls is in those aged 65 and over, 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). 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.



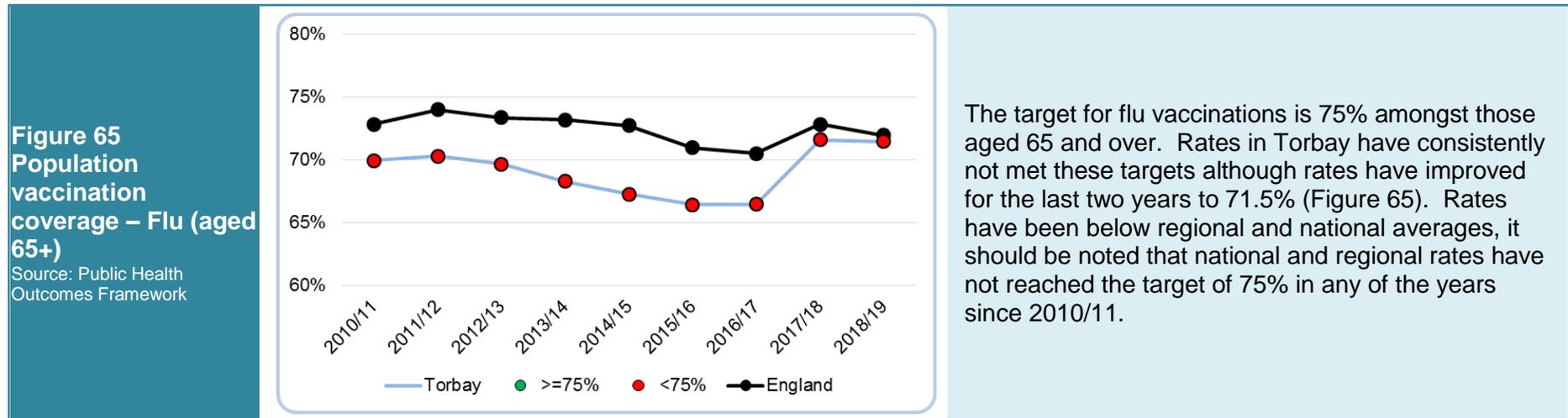
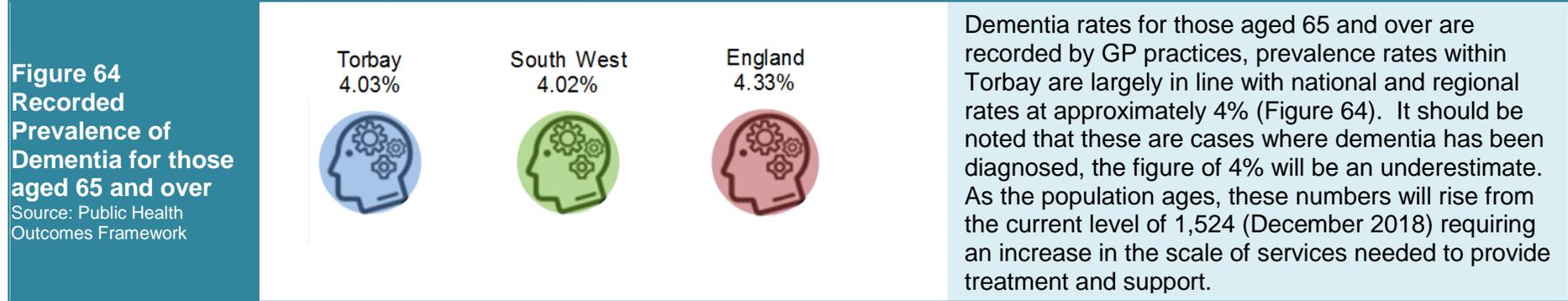
Page 76



For more information, visit the Topic Based Overviews pages at <http://www.southdevonandtorbay.info>

HEALTH – DEMENTIA AND FLU VACCINATIONS

Dementia is a syndrome characterised by a progressive deterioration in intellectual function and is a main cause of late-life disability. The prevalence of dementia increases with age. A flu vaccination is offered each year to high risk groups at greater risk of developing serious complications if they catch flu, amongst those high risk groups are people aged 65 and over. An increase in the uptake of the flu vaccine should contribute to easing winter pressure on primary care services and hospital admissions.

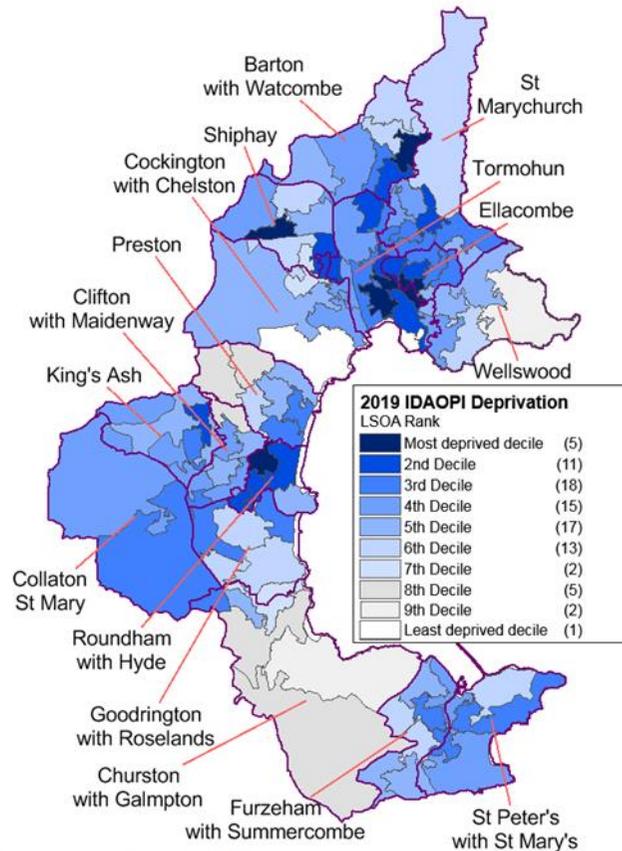


For GP Practice Profiles, visit the National General Practice Profiles at fingertips.phe.org.uk

INCOME DEPRIVATION AFFECTING OLDER PEOPLE

Income deprivation affecting older people measures the proportion of the population aged 60 and over who are in income deprived families. The measure is based upon the proportion of families with a member over 60 who receive either pension credit, income support, income-based Jobseeker’s Allowance or income-based Employment and Support Allowance.

**The English Indices of Deprivation 2019
Rank of Income Deprivation Affecting Older People**



**Figure 66
Rank of Income
Deprivation Affecting
Older People – Torbay
2019**

Source: Index of Multiple Deprivation (2019)

Torbay was ranked as the 42nd most deprived upper-tier local authority out of 151 for the 2019 Index of Multiple Deprivation (2015 – 44th). It was also ranked the most deprived in the South West ahead of Bristol (53rd) and Cornwall (76th).

17.4% of the 60 and over population within Torbay are classified as income deprived, this is an improvement on the 2015 figure of 19.8%. Despite this improvement, Torbay’s rank did not improve as this is a relative measure which implies that other authorities had similar or better improvements (Figure 66).

For more information, visit the Deprivation pages at <http://www.southdevonandtorbay.info>

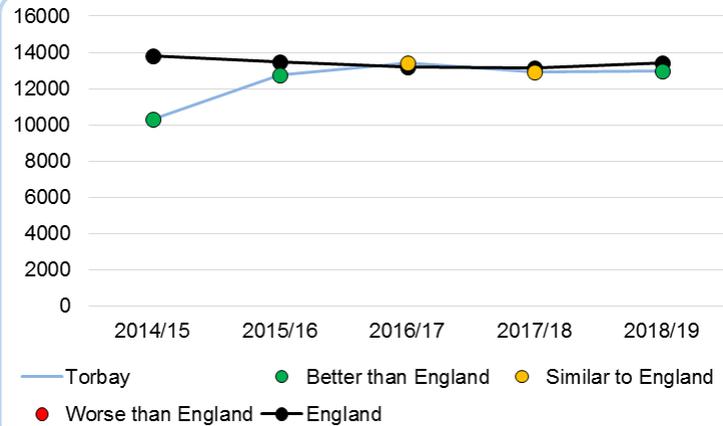
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SOCIAL CARE – NEW CLIENTS AND REABLEMENT/REHABILITATION

Adult social care is support 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. This could be provided in the home or in residential care and nursing homes. The ageing population is likely to lead to increased levels of demand for these services in the future.

Figure 67
Rate of requests for adult social care support for new clients aged 65 and over per 100,000 population

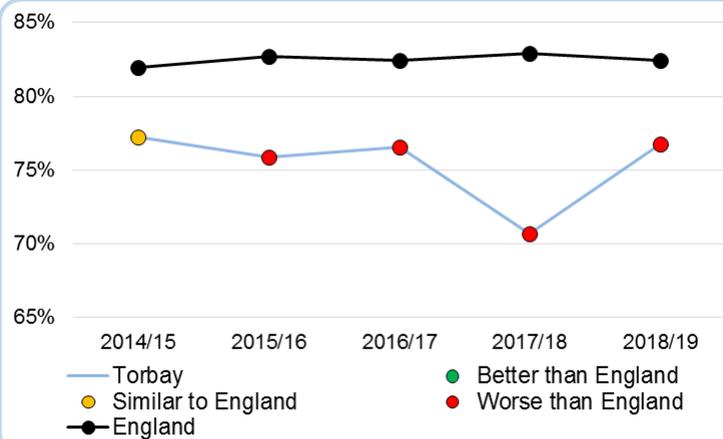
Source: Torbay and South Devon Healthcare Trust (Torbay), Adult Social Care Activity & Finance Report (England)



Over the last three years, Torbay has had a similar rate of requests for adult social care support for new clients compared to England (Figure 67), figures were significantly higher than the South West average. For 2018/19, there were 4,650 requests for those aged 65 and over. A new client is defined as an individual who was not in receipt of long-term support at the time of the request.

Figure 68:
Percentage still at home 91 days after discharge from hospital into reablement/rehabilitation services, aged 65 and over

Source: Torbay and South Devon Healthcare Trust (Torbay), Adult Social Care Activity & Finance Report (England)



Over the last three years, Torbay has had significantly lower rates of older people (65 and over) still at home 91 days after discharge from hospital into reablement and rehabilitation services than England (Figure 68). Rates are also significantly lower than the regional average. For 2018/19, of the 331 older people offered rehabilitation following discharge from a hospital, 254 remained at home 91 days later (76.7%).

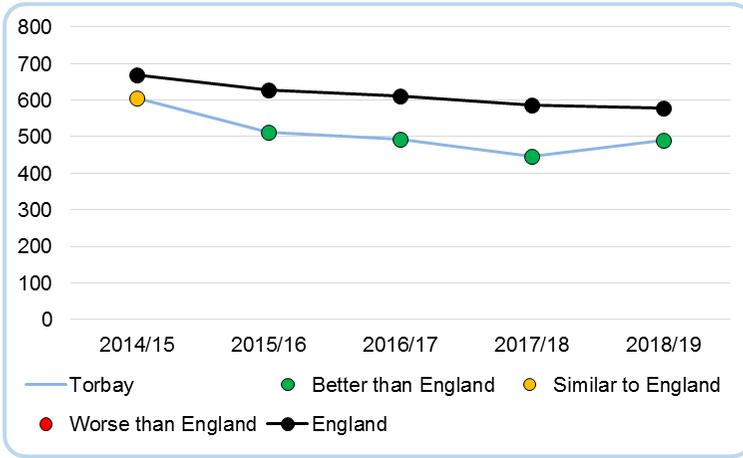
[For more information, visit torbayandsouthdevon.nhs.uk/services/adult-social-care](http://torbayandsouthdevon.nhs.uk/services/adult-social-care)

SOCIAL CARE – RESIDENTIAL/NURSING HOMES AND PERSONAL PHYSICAL CARE

Adult social care is support 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. This could be provided in the home or in residential care and nursing homes. The ageing population is likely to lead to increased levels of demand for these services in the future.

Figure 69: Long-term support met by permanent admission to residential and nursing care homes, aged 65 and over per 100,000 population

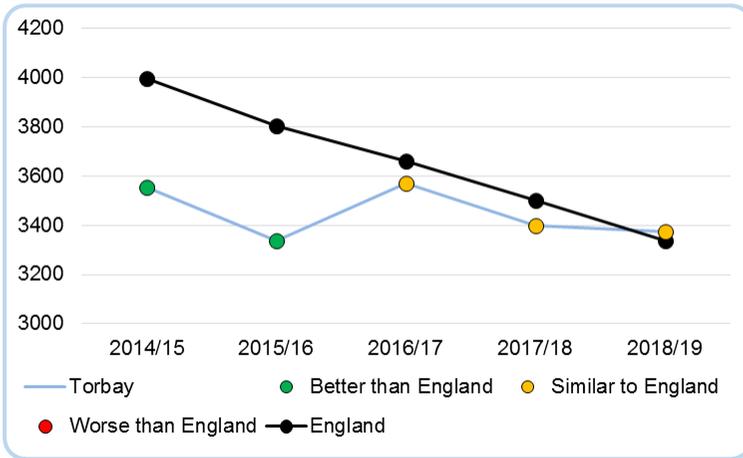
Source: Torbay and South Devon Healthcare Trust (Torbay), Adult Social Care Outcomes Framework (England)



Over the last three years, Torbay has had significantly lower rates of older people (65 and over) whose long-term support needs were met by permanent admission to a residential or nursing home than England (Figure 69). Rates were also significantly lower than the regional average. For 2018/19, 176 older people were permanently admitted to residential and nursing homes.

Figure 70: Rate of long-term support for those with a primary support reason of Personal Physical Care, aged 65 and over per 100,000 population

Source: Torbay and South Devon Healthcare Trust (Torbay), Adult Social Care Activity & Finance Report (England)



Over the last three years, Torbay's rate of long-term support for those with a primary support reason of Physical Personal Care has been in line with England (Figure 70) and higher than the regional average. For 2018/19, there were 1,211 cases with a primary support reason of Physical Personal Care for those aged 65 and over.

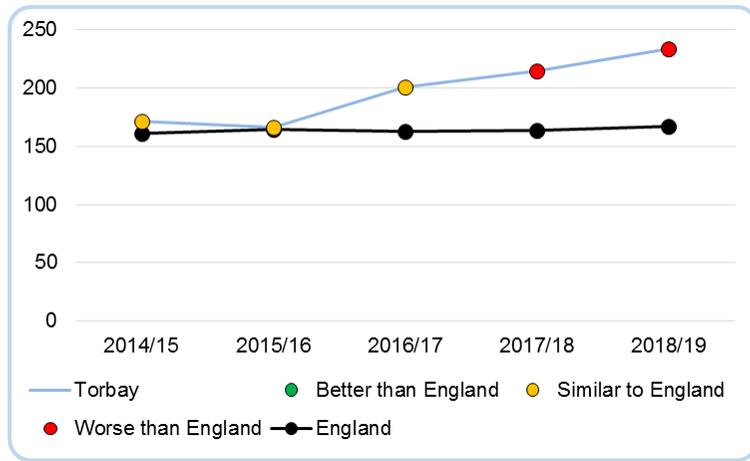
For more information, visit torbayandsouthdevon.nhs.uk/services/adult-social-care

SOCIAL CARE – LEARNING DISABILITY AND MENTAL HEALTH

Adult social care is support 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. This could be provided in the home or in residential care and nursing homes. The ageing population is likely to lead to increased levels of demand for these services in the future.

Figure 71: Rate of long-term support for those with a primary support reason of Learning Disability, aged 65 and over per 100,000 population

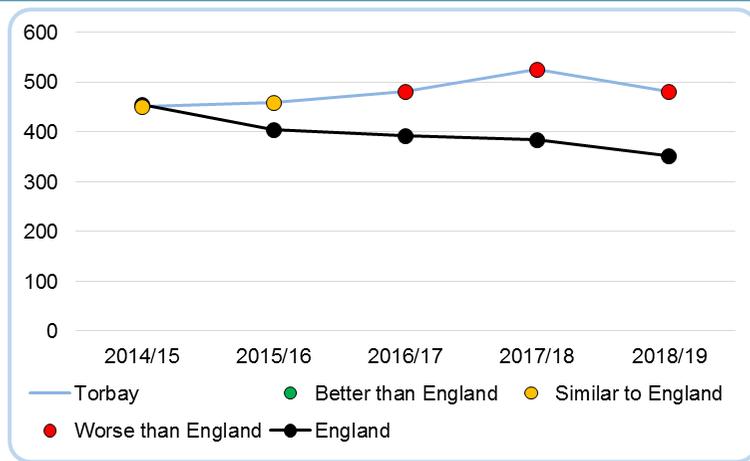
Source: Torbay and South Devon Healthcare Trust (Torbay), Adult Social Care Activity & Finance Report (England)



Over the last three years, Torbay's rate of long-term support for those with a primary support reason of Learning Disability has been significantly higher than England (Figure 71) and the regional average. For 2018/19, there were 84 cases with a primary support reason of Learning Disability for those aged 65 and over.

Figure 72: Rate of long-term support for those with a primary support reason of Mental Health, aged 65 and over per 100,000 population

Source: Torbay and South Devon Healthcare Trust (Torbay), Adult Social Care Activity & Finance Report (England)



Over the last three years, Torbay's rate of long-term support for those with a primary support reason of Mental Health has been significantly higher than England (Figure 72) and close to double the regional average. For 2018/19, there were 173 cases with a primary support reason of Mental Health for those aged 65 and over.

[For more information, visit torbayandsouthdevon.nhs.uk/services/adult-social-care](http://torbayandsouthdevon.nhs.uk/services/adult-social-care)

Ageing well summary profile (Sources in Appendix)

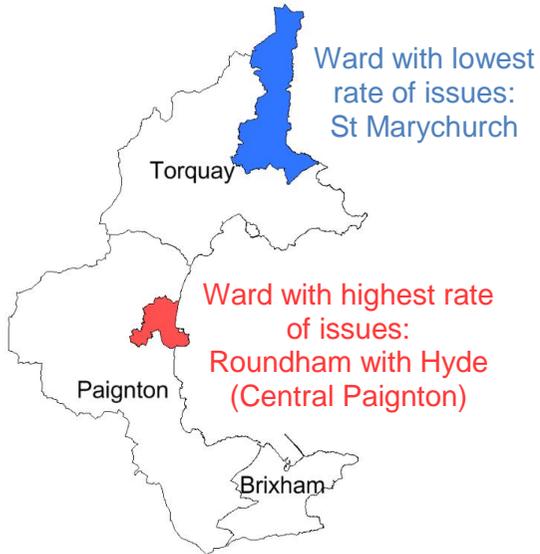
Indicator	Measure	Torbay	CIPFA comparator group	South West	England	RAG Rating compared to England
DEMOGRAPHY						
Dependency ratio (2018)	Ratio	73.1	64.0	62.7	57.0	↑
Life expectancy at age 65 - Female (2015 - 17)	Years	20.8	20.7	21.6	21.1	↓
Life expectancy at age 65 - Male (2015 - 17)	Years	18.6	18.4	19.2	18.8	↑
Excess Winter Deaths - Female (Aug 2015 - Jul 2018)	%	25.8%	25.4%	24.5%	25.0%	↓
Excess Winter Deaths - Male (Aug 2015 - Jul 2018)	%	23.0%	17.6%	17.6%	19.5%	↓
FINANCE						
Pension Credit claimants (2016/17 - 2018/19)	%	17.6%	15.7%	12.1%	14.9%	↓
SOCIAL CARE						
Long-term support for Learning Disabilities (2016/17 - 2018/19)	Rate	217	169	143	165	↑
Long-term support for Mental Health (2016/17 - 2018/19)	Rate	496	531	259	376	↑
Long-term support for Physical Personal Care (2016/17 - 2018/19)	Rate	3447	3466	3019	3499	↑
Requests for ASC support for new clients (2016/17 - 2018/19)	Rate	13083	14618	11982	13259	↑
Long-term support for Social Isolation/Other (2016/17 - 2018/19)	Rate	61	70	112	112	↓
Still at home 91 days after discharge from hospital into reablement/rehabilitation service (2016/17 - 2018/19)	%	74.4%	82.2%	81.6%	82.6%	↑
Permanent admissions to nursing or residential care (2016/17 - 2018/19)	Rate	477	727	546	592	↓
HEALTH						
Prevalence of Dementia (Dec 18)	%	4.0%	4.4%	4.0%	4.3%	↓
Prevalence of Strokes (2018/19)	%	2.7%	2.3%	2.2%	1.8%	↑
Flu vaccination coverage (2018/19)	%	71.5%	73.0%	73.4%	72.0%	↓
Admissions due to falls (16/17 to 18/19)	DSR	2001	2299	2060	2162	↓
A&E attendances (16/17 to 18/19)	DSR	38847	45863	37579	44579	↑
Emergency admissions for ACS conditions (16/17 to 18/19)	DSR	2830	3158	2348	2831	↑
Elective admissions (16/17 to 18/19)	DSR	33580	45682	44090	43455	↓
Non-Elective admissions (16/17 to 18/19)	DSR	25402	26662	22719	25706	↑
Delayed Transfers of Care (2016/17 to 2018/19)	Rate	8.2	10.5	16.1	12.5	↑

Direction of arrow relates to direction of travel since the previous period

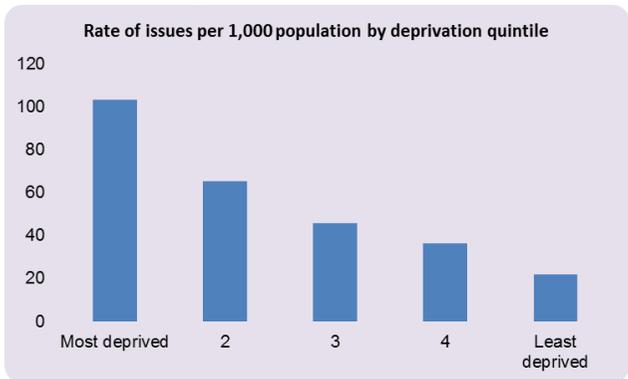
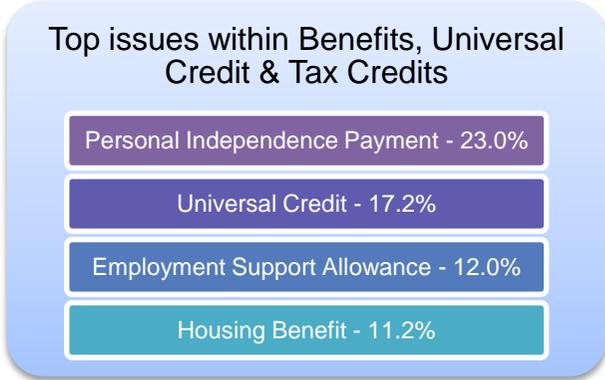
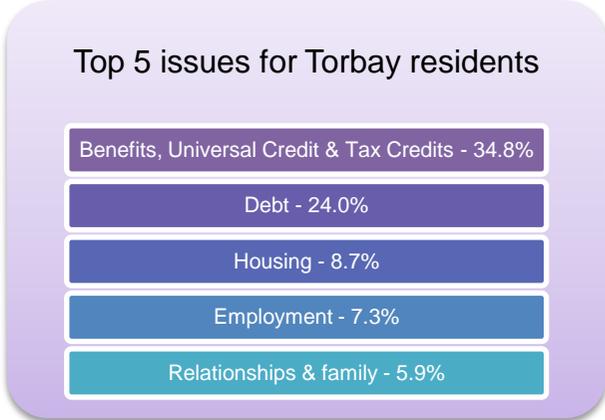
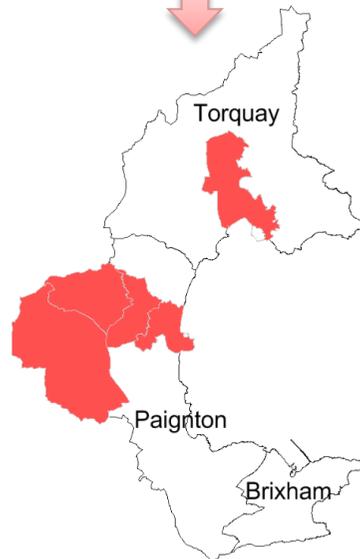
Colour of arrow relates to RAG rating relative to England (Red – Significantly worse, Amber – Not significantly different, Green – Significantly better than England, Black – Not compared to England)

CITIZENS ADVICE

Citizens Advice offers confidential advice online, over the phone, and in person for millions of people across the country. The following data is sourced from Paignton Citizens Advice (Torquay) and Torquay Debt Advice Unit (Torquay). Of the issues raised at these two places during 2018/19, 8,936 issues related to individuals who were Torbay residents (7,558 aged under 65, 1,306 aged 65 and over, 72 had no recorded age). This relates to separate issues and they are counted once regardless of the number of phone calls/visits.



- Wards with rate of issues above Torbay average:
- 1) Roundham with Hyde
 - 2) King's Ash
 - 3) Collaton St Mary
 - 4) Tormohun (Central Torquay)
 - 5) Clifton with Maidenway

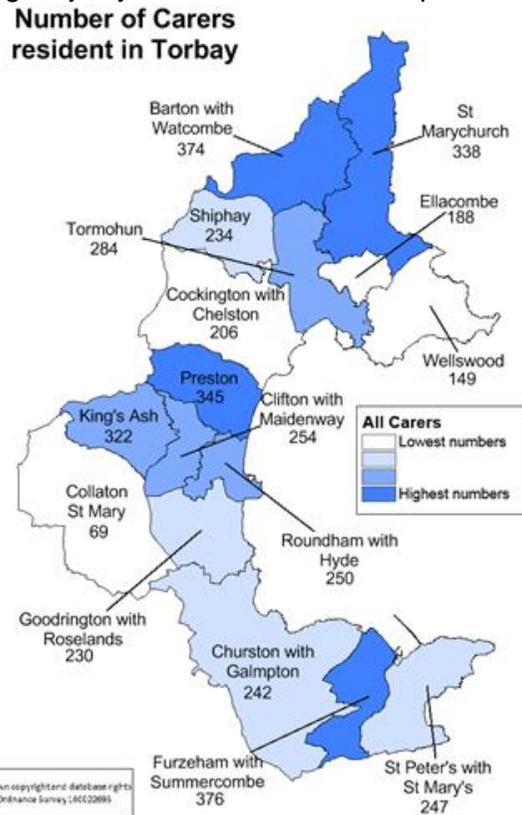


For more information, visit www.citizensadvicetorbay.org.uk

CARER PROFILE

A carer provides help to someone, usually an adult relative or friend, as part of their normal daily life. These are not professional carers or those who work for a voluntary organisation.

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. Many carers are 'hidden' as they do not think of themselves as carers or have not been identified in this way by the health and social care system, meaning they miss out on the support available. Information below relates to a snapshot of unpaid carers on the Torbay carers register during January 2020, the overwhelming majority but not all of these unpaid carers live in Torbay.



There are **4,274** unpaid carers on the Torbay carers register

68 out of 100 unpaid carers are female



32 out of 100 carers aged 18 and over have as much social contact as they would like

42 out of 100 unpaid carers are aged 65 and over



52 out of 100 social care users aged 18 and over have as much social contact as they would like

The most common reason for someone requiring care from an unpaid carer is Physical Disability



For more information, visit www.torbayandsouthdevon.nhs.uk/services/care-service

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RELATIVE DEPRIVATION ACROSS THE BAY

Churston with Galmpton

% of population living in 20% most deprived areas in England – 0%

Average Age – 57

Life expectancy at birth for Females – 84
Life expectancy at birth for Males – 82

% of Children achieving a good level of development at the end of reception – 78%

% of Primary age children who are overweight – 22%

% of pupils eligible for Deprivation Pupil Premium – 17%

Recorded Domestic Abuse Crime & Incident Rate per 1,000 population - 8

Recorded Crime Rate per 1,000 population - 29

Rate of A&E attendances per 100,000 population – 31,485

Rate of unplanned admissions to hospital per 100,000 population – 10,273

Median House Price – £287,500

Roundham with Hyde

% of population living in 20% most deprived areas in England – 79%

Average Age - 50

Life expectancy at birth for Females – 83
Life expectancy at birth for Males - 74

% of Children achieving a good level of development at the end of reception – 62%

% of Primary age children who are overweight – 34%

% of pupils eligible for Deprivation Pupil Premium – 36%

Recorded Domestic Abuse Crime & Incident Rate per 1,000 population – 44

Recorded Crime Rate per 1,000 population - 178

Rate of A&E attendances per 100,000 population – 42,274

Rate of unplanned admissions to hospital per 100,000 population – 15,615

Median House Price – £145,000

The latest Index of Multiple Deprivation (IMD) was released in September 2019. The IMD measures **relative** levels of deprivation in small geographical areas called Lower-layer Super Output Areas (LSOA). There are 32,844 LSOAs within England of which 89 make up the area of Torbay. The IMD showing that Churston with Galmpton was the least deprived ward within Torbay and Roundham with Hyde was the most deprived.

For more information, visit the [Deprivation pages at http://www.southdevonandtorbay.info](http://www.southdevonandtorbay.info)

CANCER – FACTS ACROSS THE LIFE COURSE

Cancer is a condition where cells in a specific part of the body grow and reproduce uncontrollably. The cancerous cells can invade and destroy surrounding healthy tissue, including organs. 1 in 2 people will develop some form of cancer during their lifetime.

In the UK, the 4 most common types of cancer are Breast, Lung, Prostate and Bowel. Cancer is the highest cause of death in England for those under 75. All statistics were obtained from the Public Health Outcomes Framework.

74 out of 100 women eligible for breast cancer screening had a test in the past 3 years. This is in line with the English average



Under 75 mortality from breast cancer for the six year period 2013 – 2018 is **27% lower** than the period 2003 - 2008



611 people under 75 died from cancer in the 3 year period 2016 to 2018. Of these **344** were male and **267** were female.

278 people died from lung cancer in the 3 year period 2016 to 2018. Of these **175** were male and **103** were female.



389 people were newly diagnosed with lung cancer in the 3 year period 2015 to 2017

74 out of 100

women eligible for cervical screening had a test in the past 5½ years. This is slightly higher than the English average



366 people under 75 died from cancers considered preventable in the 3 year period 2016 to 2018.

Of these **204** were male and **162** were female.



62 out of 100 people who were invited to bowel cancer screening had a test in the past 30 months. This is slightly higher than the English average

76 people were newly diagnosed with oral cancer in the 3 year period 2015 to 2017



[For more information, visit www.nhs.uk/conditions/cancer](http://www.nhs.uk/conditions/cancer)

The following shows the sources of data for summary pages where there was not room to quote those sources.

Key Facts (Page 4)

Torbay population: ONS Mid-year population estimates (2018).
Average Age: ONS Mid-year population estimates (2018).
Residents 65 and over: ONS Mid-year population estimates (2018).
Residents who are children: ONS Mid-year population estimates (2018).
State Schools: www.compare-school-performance.service.gov.uk (2020).
Residential and Care Homes: Torbay Adult Social Care (2020).
Average House Price: Median House Price by local authority, Year ended September 2018.
Average Full-time Salary: Median Full-time salary, Annual Survey of hours and earnings – residents (2019).
No of visitors: Torbay Council Destination Management Plan 2017-2021.
No of parks: www.enjoytorbay.co.uk/parks
No of beaches: www.enjoytorbay.co.uk/beaches
Walks: <https://www.torbay.gov.uk/leisure-sports-and-community/parks/walks/>
Births: Live Births, NOMIS (2018).
Deprivation: Index of Multiple Deprivation (2019).
No of GPs: Healthwatch Torbay (2020).
No of Pharmacies: PHE Shape Tool (2020).
A&E Attendances: Hospital Episode Statistics (Provisional) (2019/20).
Emergency admissions: Hospital Episode Statistics (Provisional) (2019/20).

Protected Characteristics (Page 12)

Age: ONS Mid-year population estimates (2018).
Sex: ONS Mid-year population estimates (2018).
Disability: Census (2011).
Gender Reassignment: Gender Identity Research and Education Society (2011).
Marriage and Civil Partnership: Census (2011).
Pregnancy and Maternity: Live Births, NOMIS (2018).
Race: Census (2011).
Religion or Belief: Census (2011).
Sexual Orientation: ONS (2017).

Population Overview infographic (Page 14)

Torbay population: ONS Mid-year population estimates (2018).
Average Age: ONS Mid-year population estimates (2018).
Average Life expectancy: Public Health Outcomes Framework (PHOF) Indicator – Life expectancy at birth (2015-17).
Healthy Life expectancy: PHOF Indicator – Healthy life expectancy at birth (2015-17).
2040 population: ONS population projections (2016).
Births: Live Births, NOMIS (2018).
65 and over resident population: ONS Mid-year population estimates (2018), ONS population projections (2016).
Fuel Poverty: % of households that experience fuel poverty. PHOF Indicator – Fuel Poverty (2017).
Electricity Meter concentration: Department for Business, Energy & Industrial Strategy – LSOA prepayment electricity meter consumption (2017).

Deprivation: Index of Multiple Deprivation (2019).

Crimes/Domestic Abuse: Torbay Community Safety Partnership (2018/19).

Housing Affordability: Ratio of lower quartile house price to lower quartile full-time salary. House prices: ONS-Land Registry. **Salaries:** ONS- Annual Survey of Hours and Earnings.

Pollution: PHOF Indicator-Air pollution fine particulate matter.

Population Overview profile (Page 22)

Average Age: Median age, ONS Mid-year population estimates.

Dependency Ratio: Ratio of those aged under 15 & over 64 divided by number of 15 to 64 year olds, ONS Mid-year population estimates (2018).

Life expectancy at birth: Public Health Outcomes Framework (PHOF) Indicator – Life expectancy at birth.

Healthy life expectancy: PHOF Indicator – Healthy life expectancy at birth.

Birth rate: NOMIS - Live Births, ONS Mid-year population estimates for female population aged 15 to 44 (per 1,000).

Mortality rate: NOMIS – Mortality statistics – All ages & causes, ONS Mid-year population estimates (Age standardised Rate per 100,000).

Premature mortality: NOMIS – Mortality statistics – Under 75 & all causes, ONS Mid-year population estimates (Age standardised Rate for under 75s per 100,000).

Population living in most deprived areas: Index of Multiple Deprivation (2019) - % of population living in 20% most deprived areas in England.

BAME population: NOMIS (Census 2011) % of population not categorised as White.

Crime Rate: Torbay – Torbay Community Safety Partnership. England & South West – ONS Police force area data tables. CIPFA – Home Office Police recorded crime by Community Safety Partnership. Population – ONS Mid-year population estimates. Rate per 1,000 population.

ASB Rate: Torbay – Torbay Community Safety Partnership. England & South West – ONS Police force area data tables. CIPFA – data.police.uk. Population – ONS Mid-year population estimates. Rate per 1,000 population.

Domestic abuse rates: Torbay – Torbay Community Safety Partnership. England & South West – PHOF Indicator - Domestic abuse-related incidents & crimes current method. Population - ONS Mid-year population estimates for 16+. Rate per 1,000 population 16+.

Fuel poverty: % of households that experience fuel poverty. PHOF Indicator – Fuel Poverty.

Adult carers who have as much social contact as they would like: PHOF Indicator – Social Isolation: % of adult carers who have as much social contact as they would like (18+).

Adult social care users who have as much social contact as they would like: PHOF Indicator – Social Isolation: % of adult social care users who have as much social contact as they would like (18+).

Smoking Prevalence: PHOF Indicator – % Smoking Prevalence in adults (18+) – current smokers (APS).

Children in low income families: PHOF Indicator - % of Children in low income families (under 16s).

Percentage of population living in most deprived areas: Proportion of population who live in areas classified as the most deprived 20% for indoor deprivation in England (Index of Multiple Deprivation (2019)).

Housing Affordability: Ratio of lower quartile house price to lower quartile full-time salary. House prices: ONS-Land Registry. Salaries: ONS- Annual Survey of Hours and Earnings.

Alcohol Admissions: Age standardised alcohol attributable admissions (per 100,000) – Hospital Episode Statistics (HES), Population – ONS Mid-year population estimates.

Planned admission rate: Age standardised elective admissions (per 100,000) – Hospital Episode Statistics (HES), Population – ONS Mid-year population estimates.

Unplanned admission rate: Age standardised non-elective admissions rate (per 100,000) - Hospital Episode Statistics (HES), Population – ONS Mid-year population estimates.

A&E attendances rate: Age standardised A&E attendance rate (per 100,000) - Hospital Episode Statistics (HES), Population – ONS Mid-year population estimates.

Starting and developing well profile infographic (Page 24)

Child population: ONS Mid-year population estimates (2018).

Births: Live Births, NOMIS (2018).

Smoking at time of delivery: % of mothers known to be smokers at time of birth. PHOF Indicator – Smoking status at time of delivery.

Breastfeeding prevalence: % of infants totally or partially breastfed at age 6 to 8 weeks. PHOF Indicator – Breastfeeding prevalence at 6-8 weeks after birth (current method).

Under 18 pregnancies: Conceptions in women aged under 18 per 1,000 females aged 15 to 17. PHOF Indicator – Under 18s conception rate/1000.

School ready children: Children defined as having reached a good level of development at the end of the Early Years Foundation Stage (EYFS) as a percentage of all eligible children – Department for Education (2018/19).

School ready children with Free School Meal status: Children with Free School Meal status defined as having reached a good level of development at the end of the Early Years Foundation Stage (EYFS) as a percentage of all eligible children – Department for Education (2018/19).

Children with Special Educational Needs: % of state-funded pupils with special educational needs, based on where pupil attends school – Department for Education (2019).

Not in employment, education or training: % of 16 & 17 years olds not in employment, education or training or whose activity is not known – Department for Education (2018/19).
Overweight children: PHOF Indicator – Reception: Prevalence of overweight (including obesity). PHOF Indicator – Year 6: Prevalence of overweight (including obesity).
Physically active: Children active for 30 mins a day or more on average. Active Lives Children and Young People Survey (2017/18).
Children in low income families: % of under 16s in low income families. PHOF Indicator – Children in low income families (under 16s) - 2016.
Looked After Children/CPP/CIN: Children looked after at 31 March per 10,000 children, by local authority – Department for Education. Children subject to a child protection plan at 31 March, by local authority – Department for Education. Children in need at 31 March per 10,000 children, by local authority – Department for Education.
Self-harm admissions: Hospital Episode Statistics (16/17 to 18/19)
Domestic Abuse where children present: Torbay Community Safety Partnership (2018/19)
MMR vaccination rates: % of children who received two doses of MMR on or after their first birthday up to their fifth birthday. PHOF Indicator – Population vaccination coverage MMR for two doses (5 years old) – 2018/19.

Starting and developing well profile (Page 32)

Birth rate: NOMIS - Live Births, ONS Mid-year population estimates for female population aged 15 to 44 (per 1,000).
Infant mortality: Infant deaths under 1 year of age per 1,000 live births. PHOF Indicator – Infant mortality rate.
Smoking at time of delivery: % of mothers known to be smokers at time of birth. PHOF Indicator – Smoking status at time of delivery.
Breastfeeding initiation: % of mothers who gave their babies breast milk in the first 48 hours after delivery. PHOF Indicator – Breastfeeding initiation.
Breastfeeding prevalence: % of infants totally or partially breastfed at age 6 to 8 weeks. PHOF Indicator – Breastfeeding prevalence at 6-8 weeks after birth (current method).
MMR vaccination rates: % of children who received two doses of MMR on or after their first birthday up to their fifth birthday. PHOF Indicator – Population vaccination coverage MMR for two doses (5 years old).
5 year olds with one or more decayed, missing or filled teeth: PHOF Indicator – Children with one or more decayed, missing or filled teeth.
EYFS – Good level of development: Children defined as having reached a good level of development at the end of the Early Years Foundation Stage (EYFS) as a percentage of all eligible children – Department for Education.
EYFS – Good level of development of those with Free School Meal status: Children with Free School Meal status defined as having reached a good level of development at the end of the Early Years Foundation Stage (EYFS) as a percentage of all eligible children – Department for Education.
Classified as overweight or obese (Reception): PHOF Indicator – Reception: Prevalence of overweight (including obesity).
Classified as overweight or obese (Year 6): PHOF Indicator – Year 6: Prevalence of overweight (including obesity).
Key Stage 2 pupils meeting the expected standard in reading, writing & maths: Key Stage 2 pupils meeting the expected standard in reading, writing & maths – Department for Education.
Alcohol admissions to hospital: Admission episodes for alcohol-specific conditions (per 100,000) – Under 18s – Hospital Episode Statistics (HES).
Teenage Conceptions: Conceptions in women aged under 18 per 1,000 females aged 15 to 17. PHOF Indicator – Under 18s conception rate/1000.
Chlamydia detection rates: PHOF Indicator – Chlamydia detection rate/100,000 aged 15-24.
Average Attainment 8 score (GCSEs): Average Attainment 8 score for all pupils in state-funded schools, based on local authority of pupil residence. PHOF Indicator – Average Attainment 8 score.
Not in employment, education or training: % of 16 & 17 years olds not in education, employment or training or whose activity is not known – Department for Education.
Hospital admissions for unintentional & deliberate injuries: Hospital admissions caused by unintentional & deliberate injuries in children aged 0 to 17 years – Hospital Episode Statistics (HES).
Children with Special Educational Needs: % of state-funded pupils with special educational needs, based on where pupil attends school – Department for Education.
Children in low income families: % of under 16s in low income families. PHOF Indicator – Children in low income families (under 16s).
Looked After Children: Children looked after at 31 March per 10,000 children, by local authority – Department for Education.
Children in Need: Children in need at 31 March per 10,000 children, by local authority – Department for Education.
Children with Child Protection Plans: Children subject to a child protection plan at 31 March, by local authority – Department for Education.
Pupil Absence: % of half days missed by pupils due to overall absence (including authorised and unauthorised absence). PHOF Indicator – Pupil Absence.

Living and working well profile infographic (Page 34)

Torbay working age population: ONS Mid-year population estimates (2018).
Working age smokers: PHOF Indicator – Smoking Prevalence in adults (18-64) current smokers (APS) (2018).
Citizens Advice issues: Torbay Citizens Advice (2018/19)
Depression Prevalence: PHOF Indicator – Depression: Recorded prevalence (18+) (2018/19).
Salaries: ONS- Annual Survey of Hours and Earnings Median Salary (2019).

Fuel Poverty: % of households that experience fuel poverty. PHOF Indicator – Fuel Poverty (2017).
Housing Affordability: Ratio of lower quartile house price to lower quartile full-time salary. House prices: ONS-Land Registry.
Rental affordability: Lower quartile 2 bedroom monthly rent (Valuation Office Agency) divided by lower quartile gross monthly pay for Full-time workers (Annual Survey of Hours & Earnings - residents) (2018/19).
Overweight or obese adults: PHOF Indicator – Percentage of adults (aged 18+) classified as overweight or obese (2017/18).
Diabetes Prevalence: PHOF Indicator – Diabetes: QOF prevalence (17+) (2018/19).
5 portions of fruit or vegetables: PHOF Indicator – Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults) (2017/18)
Physically active adults: PHOF Indicator – Percentage of physically active adults (2017/18)
Crimes/Anti-social behaviour: Torbay Community Safety Partnership (2018/19)
Domestic Abuse: Torbay Community Safety Partnership (2018/19)
A&E Attendances: Hospital Episode Statistics (2018/19)
Emergency Admissions: Hospital Episode Statistics (2018/19)

Living and working well profile (Page 43)

Smoking Prevalence: PHOF Indicator – Smoking Prevalence in adults (18-64) current smokers (APS).
Depression Prevalence: PHOF Indicator – Depression: Recorded prevalence (18+).
Crime – Violent offences: PHOF Indicator – Violent Crime – violence offences per 1,000 population (All ages).
Crime – Sexual offences: PHOF Indicator – Violent Crime – sexual offences per 1,000 population (All ages).
Suicide Rate: PHOF Indicator – Suicide Rate (Persons) per 100,000 population (Age Standardised), Aged 10+.
Unemployment: PHOF Indicator – Unemployment (model-based), Aged 16+.
Those with no qualifications: % of those with no qualifications aged 16 to 64 – Annual Population Survey.
Housing affordability: Ratio of lower quartile house price to lower quartile full-time salary. House prices: ONS-Land Registry. Salaries: ONS- Annual Survey of Hours and Earnings.
Rental affordability: Lower quartile 2 bedroom monthly rent (Valuation Office Agency) divided by lower quartile gross monthly pay for Full-time workers (Annual Survey of Hours & Earnings - residents).
Fuel Poverty: % of households that experience fuel poverty. PHOF Indicator – Fuel Poverty.
Domestic Abuse rates: Torbay – Torbay Community Safety Partnership. England & South West – PHOF Indicator - Domestic abuse-related incidents & crimes current method. Population - ONS Mid-year population estimates for 16+. Rate per 1,000 population 16+.
Requests for ASC support for new clients: Rate per 100,000 population of requests for adult social care support for new clients aged 18 to 64. Torbay – Torbay and South Devon NHS Foundation Trust, CIPFA, South West, England – Adult Social Care Activity and Finance Report.
Long-term support for Learning Disabilities: Rate per 100,000 population of Long-term support for Learning Disabilities aged 18 to 64. Torbay – Torbay and South Devon NHS Foundation Trust, CIPFA, South West, England – Adult Social Care Activity and Finance Report.
Long-term support for Physical Personal Care: Rate per 100,000 population of Long-term support for Physical Personal Care aged 18 to 64. Torbay – Torbay and South Devon NHS Foundation Trust, CIPFA, South West, England – Adult Social Care Activity and Finance Report.
Long-term support for Mental Health: Rate per 100,000 population of Long-term support for Mental Health aged 18 to 64. Torbay – Torbay and South Devon NHS Foundation Trust, CIPFA, South West, England – Adult Social Care Activity and Finance Report.
Long-term support through admission to residential & nursing homes: Rate per 100,000 population of Long-term support through admission to residential & nursing homes aged 18 to 64. Torbay – Torbay and South Devon NHS Foundation Trust, CIPFA, South West, England – Adult Social Care Outcomes Framework.
Preventable mortality: PHOF Indicator – Mortality rate from causes considered preventable (per 100,000, Age Standardised).
Obesity Prevalence: PHOF Indicator – Obesity: QOF prevalence (18+).
Diabetes Prevalence: PHOF Indicator – Diabetes: QOF prevalence (17+).
Hypertension Prevalence: PHOF Indicator – Hypertension: QOF prevalence (all ages).
Alcohol related admissions: Age standardised admissions for alcohol-related conditions (Narrow) (per 100,000) aged 20 to 64 – Hospital Episode Statistics (HES), Population – ONS Mid-year population estimates.
Smoking attributable admissions: PHOF Indicator – Smoking attributable hospital admissions (Aged 35+, per 100,000, Age Standardised).
Emergency admissions for ACS conditions: Age standardised emergency admissions for Ambulatory Care Sensitive conditions (per 100,000) aged 20 to 64 – Hospital Episode Statistics (HES), Population – ONS Mid-year population estimates.

Ageing well infographic (Page 45)

Torbay 65+ population: ONS Mid-year population estimates (2018).
2040 population: ONS population projections (2016).
Life expectancy: PHOF Indicator – Life expectancy at 65 (2015-17).
Social care users social contact: PHOF Indicator – Social isolation: percentage of adult social care users who have as much social contact as they would like (2018/19).
Carers social contact: PHOF Indicator – Social Isolation: percentage of adult carers who have as much social contact as they would like (2018/19).
Pension Credit: Pension Credit Claimants as a percentage of the 65+ population. Stat Xplore (Department for Work & Pensions) (2016/17 to 2018/19).
Prevalence of Dementia: PHOF Indicator – Dementia recorded prevalence (aged 65 years and over).
A&E Attendances: Hospital Episode Statistics (2018/19)
Emergency Admissions: Hospital Episode Statistics (2018/19)
Emergency hospital admissions for falls: Hospital Episode Statistics (2018/19)
Flu vaccination coverage: PHOF Indicator – Population vaccination coverage – Flu (aged 65+) (2018/19).
Funded admissions to residential and nursing homes: Torbay and South Devon NHS Foundation Trust (2018/19)
Requests for adult social care support for new clients: Torbay and South Devon NHS Foundation Trust (2018/19)
Long-term support for Physical Personal Care: Torbay and South Devon NHS Foundation Trust (2018/19)
Unpaid Carers: Torbay and South Devon NHS Foundation Trust (Jan 2020)

Ageing well profile (Page 54)

Dependency ratio: Ratio of those under 15 and those over 64 divided by those aged between 15 and 64. ONS Mid-year population estimates.
Life expectancy at age 65: PHOF Indicator – Life expectancy at 65.
Excess Winter Deaths: PHOF Indicator – Excess winter deaths index.
Pension Credit claimants: Pension Credit Claimants as a percentage of the 65+ population. Stat Xplore (Department for Work & Pensions).
Long-term support for Learning Disabilities: Rate per 100,000 population of Long-term support for Learning Disabilities aged 65+. Torbay – Torbay and South Devon NHS Foundation Trust, CIPFA, South West, England – Adult Social Care Activity and Finance Report.
Long-term support for Mental Health: Rate per 100,000 population of Long-term support for Mental Health aged 65+. Torbay – Torbay and South Devon NHS Foundation Trust, CIPFA, South West, England – Adult Social Care Activity and Finance Report.
Long-term support for Physical Personal Care: Rate per 100,000 population of Long-term support for Physical Personal Care aged 65+. Torbay – Torbay and South Devon NHS Foundation Trust, CIPFA, South West, England – Adult Social Care Activity and Finance Report.
Requests for ASC support for new clients: Rate per 100,000 population of requests for adult social care support for new clients aged 65+. Torbay – Torbay and South Devon NHS Foundation Trust, CIPFA, South West, England – Adult Social Care Activity and Finance Report.
Long-term support for Social Isolation/Other: Rate per 100,000 population of Long-term support for Social Isolation/Other aged 65+. Torbay – Torbay and South Devon NHS Foundation Trust, CIPFA, South West, England – Adult Social Care Activity and Finance Report.
Still at home 91 days after discharge from hospital into reablement/rehabilitation service: % of those still at home 91 days after discharge from hospital into reablement/rehabilitation services aged 65+. Torbay – Torbay and South Devon NHS Foundation Trust, CIPFA, South West, England – Adult Social Care Activity and Finance Report.
Permanent admissions to nursing or residential care: Rate per 100,000 population of Long-term support through admission to residential & nursing homes aged 65+. Torbay – Torbay and South Devon NHS Foundation Trust, CIPFA, South West, England – Adult Social Care Outcomes Framework.
Prevalence of Dementia: PHOF Indicator – Dementia recorded prevalence (aged 65 years and over).
Prevalence of Strokes: PHOF Indicator – Stroke: QOF prevalence (all ages).
Flu vaccination coverage: PHOF Indicator – Population vaccination coverage – Flu (aged 65+).
Admissions due to falls: Age standardised rate (per 100,000) of emergency hospital admissions due to falls in people aged 65+. Admissions - Hospital Episode Statistics (HES), Population – ONS Mid-year population estimates..
A&E Attendances: Age standardised rate (per 100,000) of A&E Attendances for those aged 65 and over. Attendances – Hospital Episode Statistics (HES), Population – ONS Mid-year population estimates..
Emergency admissions for ACS conditions: Age standardised emergency admissions for Ambulatory Care Sensitive conditions (per 100,000) aged 65+ – Hospital Episode Statistics (HES), Population – ONS Mid-year population estimates.
Elective admissions: Age standardised rate (per 100,000) of planned admissions for those aged 65 and over – Hospital Episode Statistics (HES), Population – ONS Mid-year population estimates.

Non-Elective admissions: Age standardised rate (per 100,000) of unplanned admissions for those aged 65 and over – Hospital Episode Statistics (HES), Population – ONS Mid-year population estimates.

Delayed Transfers of Care: Average number of delayed transfers of care on a particular day taken over the year (aged 18 and over) - this is the average of the 12 monthly snapshots collected in the monthly Situation Report (SitRep). Rate is per 100,000 population (18+). Sourced from Adult Social Care Outcomes Framework.

Most and Least deprived wards (Page 57)

% of population living in 20% most deprived areas in England: Index of Multiple Deprivation (2019).

Average Age: Median age, ONS Mid-year population estimates (2018).

Life expectancy at birth: Deaths – PCMD, Population - ONS Mid-year population estimates. (2013 – 17).

EYFS – Good level of development: Children defined as having reached a good level of development at the end of the Early Years Foundation Stage (EYFS) as a percentage of all eligible children – Department for Education (2015 to 2019).

% of Primary age children who are overweight: National Child Measurement Programme (2013 to 2019).

% of pupils eligible for Deprivation Pupil Premium: Torbay Education Department (15/16 to 18/19).

Recorded Domestic Abuse Crime & Incident Rate per 1,000 population: Torbay Community Safety Partnership (16/17 to 18/19).

Recorded Crime Rate per 1,000 population: Torbay Community Safety Partnership (16/17 to 18/19).

Rate of A&E attendances per 100,000 population: Hospital Episode Statistics (16/17 to 18/19).

Rate of unplanned admissions to hospital per 100,000 population: Hospital Episode Statistics (16/17 to 18/19).

Median House Price: ONS Median House price paid by ward, Year ended June 2019.

Joint Health and Wellbeing Strategy Outcomes Table- Torbay, August 2020

Number	Measure	Time period	Type	Torbay	Similar areas ¹	Devon wide (STP ²)	England	Trend of previous figures	RAG rating compared to England/goal ³	Direction of travel since previous figure
Prevention: Work together at scale to promote good health and wellbeing and prevent illness										
1	Life expectancy gap in males	2016-18	Years	10.5	10.7	8.4	9.5			↑
2	Life expectancy gap in females	2016-18	Years	8.1	8.5	6	7.5			↑
3	Adult smoking rate	2019	%	15.0%	14.4%	15.7%	13.9%		●	↓
4	Alcohol related ill health- Hospital attributable admissions (broad)	2018/19	Per 100,000	2,396	2,688	2,070	2,367		●	↑
5	Mortality rate from preventable conditions	2016-18	Per 100,000	214.8	206.3	195.8	180.8		●	↑
Enable children to have the best start in life and address the inequalities in their outcome										
6	Smoking in pregnancy rate	2018/19	%	13.3%	13.9%	11.7%	10.6%		●	↓
7	Breastfeeding at 6-8 weeks after birth	2018/19 ⁴	%	41.7%	Not available ⁵	Not available ⁵	46.2%		●	↑
8	Children in relative low income families	2018/19 (provisional)	%	17%	19%	15%	UK- 18%			↔
9	Children who score at or above the expected level in all 5 areas at 2 - 2.5 years (Ages and Stages Questionnaire)	2018/19	%	87.2%	83.5%	72.6%	84.1%		●	↓
10	Early years good development (at the end of reception)	2018/19	%	70.8%	71.8%	71.4%	71.8%		●	↑
11	Difference between school % of disadvantaged pupils and national % of other pupils achieving an expected score in reading, writing and maths (Key Stage 2)	2019	%	17% lower	South West- 25% lower	23% lower	N/A			↓
12	Pupils with statement of Special Educational Needs (SEN) support	2019	%	12.30%	13.11%	13.27%	11.90%			↓
13	Children overweight or obese in year 6 ⁶	2018/19	%	35.2%	34.3%	29.3%	34.3%		●	↑
14	Children in Need rate	2019	Per 10,000	419.7	446.2	356.3	334.2			↓
15	Children in care/ looked after rate	2019	Per 10,000	142	104.07	90.33	65			↑
16	Population vaccination coverage- MMR for two doses (5 years old)	2018/19	%	93.3%	90.7%	92.4%	86.4%		●	↓

Number	Measure	Time period	Type	Torbay	Similar areas ¹	Devon wide (STP ²)	England	Trend of previous figures	RAG rating compared to England/goal ³	Direction of travel since previous figure
17	Population vaccination coverage- HPV vaccination coverage for two doses (females 13-14 years old)	2018/19	%	83.9%	85.9%	81.3%	83.9%			
Build emotional resilience in young people										
18	School pupils with social, emotional and mental health needs	2018	%	4.26%	2.63%	3.79%	2.39%			
19	Self harm rates- hospital admissions (10-24 years)	2018/19	Per 100,000	784.6	654.6	678.3	444			
Create places where people can live healthy and happy lives										
20	Physically active adults	2018/19	%	69.8%	66.3%	70.5%	67.2%			
21	Parkrun for adults- Number of participants	2019	Number	4,975						
22	Parkrun for juniors- Number of participants	2019	Number	605				No trend- previous yr is from Nov18		
23	Thriving place index- Scorecard results for local conditions	2020	Score 0-10	4.58	4.69	4.87			Medium	
24	Overweight or obese adults	2018/19	%	59.8%	65.4%	63.4%	62.3%			
Support those who are at risk of harm and living complex lives , addressing the underlying factors that increase vulnerability										
25	Domestic abuse crimes and incidents	2019/20	Number	3,645						
26	Homelessness rates (New relief duty cases) ⁷	2019/20	Per 1,000 households	12.7						
27	Successful drug treatment rates	2018	%	5.0%	5.2%	5.2%	5.8%			
28	Successful alcohol treatment rates	2018	%	33.6%	36.8%	30.6%	37.6%			
29	Harmful alcohol use- Hospital admissions for alcohol related conditions (narrow)	2018/19	Per 100,000	808	798	677	664			
Enable people to age well										
30	Proportion of people who use services who reported that they had as much social contact as they would like	2018/19	%	51.8%	46.3%	46.7%	45.9%			
31	Proportion of carers who reported that they had as much social contact as they would like	2018/19	%	32.4%	34.5%	27.2%	32.5%			

Number	Measure	Time period	Type	Torbay	Similar areas ¹	Devon wide (STP ²)	England	Trend of previous figures	RAG rating compared to England/goal ³	Direction of travel since previous figure
32	Feel supported to manage own condition	2018/19	%	58.6%	59.7%	59.2%	58.4%			
33	Fuel poverty	2018	%	10.0%	10.1%	10.6%	10.3%			
34	Population vaccination coverage - Flu (at risk individuals)	2019/20	%	44.8%	46.3%	44.5%	44.9%			
35	Population vaccination coverage - Flu (aged 65+)	2019/20	%	71.5%	73.1%	72.6%	72.4%			
36	Population vaccination coverage - Shingles vaccination coverage (70 years old)	2017/18	%	42.7%	43.9%	46.8%	44.4%			
37	Emergency hospital admissions due to falls in people aged 65 and over	2018/19	Per 100,000	1,915	2,253	1,947	2,198			
38	Hip fractures in people aged 65 and over	2018/19	Per 100,000	517	594	552	558			
39	Dementia- estimated diagnosis rate (aged 65 and over)	2020	%	61.7%	67.8%	59.4%	67.4%			
Promote good mental health										
40	Self reported wellbeing- low happiness score	2018/19	%	8.4%	8.6%	8.0%	7.8%			
41	Campaigning uptake/impact			Fig to be added						
42	Training numbers			Fig to be added						
43	Suicide rate	2016-18	Per 100,000	19.5	11.9	13.4	9.6			
¹ Similar areas - Amalgamation of statistical nearest neighbours										
² Sustainability and Transformation Partnership										
³ RAG (Red, amber, green) rating:										
Torbay value is statistically significantly worse than the England value/ worse compared to the goal										
Torbay value is not statistically significantly different to the England value/ similar compared to the goal										
Torbay value is statistically significantly better than the England value/ better compared to the goal										
⁴ Trend is 2016/17 and 2018/19. 2017/18 is not published for data quality reasons										
⁵ Some LA figures not available due to data quality reasons										
⁶ 2017/18 value not published for data quality reasons										
⁷ The 'relief duty' requires Local Authorities (LAs) to help people who are homeless to secure accommodation. The duty applies when the LA is satisfied that the applicant is both homeless and eligible for assistance. The introduction of the Homelessness Reduction Act 2017 has changed the criteria by which clients are entitled to assistance as well as the duties placed on LAs to assist clients threatened with homelessness, with data from April 2018. Rates are locally calculated using Office for National Statistics household projections										

Key

No.	Name of measure/ Benchmarking against goal
1	A02a- Inequality in life expectancy at birth (Male)
2	A02a- Inequality in life expectancy at birth (Female)
3	Smoking prevalence in adults- current smokers (Annual Population Survey)
4	9.01- Admission episodes for alcohol-related conditions (Broad) (Persons)
5	E03- Mortality rate from causes considered preventable
6	C06- Smoking status at time of delivery
7	C05b Breastfeeding prevalence at 6-8 weeks after birth- current method
8	Children aged under 16 living in relative low income families- Department for Work and Pensions and HM Revenue and Customs
9	C08a- Percentage of children at or above expected level of development in all five areas of development at 2-2½ years- Ages and Stages Questionnaire (ASQ-3)
10	B02a- School Readiness: the percentage of children achieving a good level of development at the end of reception
11	Difference between school % of disadvantaged pupils and national % of other pupils achieving an expected score in reading, writing and maths (Key Stage 2)- Department for Education
12	Percentage of pupils with Statement of Needs (SEN) support (All schools)- as of 31 January of the year- Department for Education
13	C09b- Year 6: Prevalence of overweight (including obesity)
14	Children in need: Rate per 10,000 children aged <18- data as of 31 March of the year- Department for Education
15	Children in care: Children looked after at 31 March (rate per 10,000 population aged under 18 years)- data as of 31 March of the year- Department for Education
16	D04c- Population vaccination coverage- MMR for two doses (5 years old). Benchmarking against goal- <90%= red, 90%-95%= yellow, ≥95%= green
17	D04f- Population vaccination coverage- HPV vaccination coverage for two doses (females 13-14 years old). Benchmarking against goal- <80%= red, 80%-90%= amber, ≥90%= green
18	School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (School age)
19	Hospital admissions as a result of self-harm (10-24 years)
20	Percentage of physically active adults
21	5k Torbay adult parkrun (Saturday mornings)
22	2k Junior parkrun (Sunday mornings)
23	Thriving Places Index- Scorecard for local conditions- https://www.thrivingplacesindex.org/
24	C16- Percentage of adults (aged 18+) classified as overweight or obese
25	Domestic abuse crimes and incidents
26	Homelessness rates: New homeless cases at Relief stage
27	C19a- Successful completion of drug treatment- opiate users
28	C19c- Successful completion of alcohol treatment
29	C21- Admission episodes for alcohol-related conditions- narrow

No.	Name of measure/ Benchmarking against goal
30	Adult Social Care Outcomes Framework 1i(1)- Proportion of people who use services who reported that they had as much social contact as they would like
31	Adult Social Care Outcomes Framework 1i(2)- Proportion of carers who reported they had as much social contact as they would like
32	NHS Outcomes Framework 2.1- Feel supported to manage own condition
33	B17 Fuel poverty
34	D05 - Population vaccination coverage - Flu (at risk individuals). Benchmarking against goal- <55%=red, ≥55%= green
35	D06a - Population vaccination coverage - Flu (aged 65+). Benchmarking against goal- <75%= red, ≥75%= green
36	D06c- Population vaccination coverage - Shingles vaccination coverage (70 years old). Benchmarking against goal- <50%= red, 50%-60%= amber, ≥60%= green
37	2.24i-Emergency hospital admissions due to falls in people aged 65 and over
38	E13- Hip fractures in people aged 65 and over
39	Estimated dementia diagnosis rate (aged 65 and over). Benchmarking against goal- <66.7%(significantly)= red, similar to 66.7%= amber, ≥66.7%(significantly)= green- as in March of the year
40	Self-reported well-being- low happiness score: % of respondents
41	Campaign uptake/ impact
42	Training numbers
43	4.10- Suicide rate